Making Way for Uncertainty:
Gender, Power, and the Epistemology of Illness in Japan, 1585–1953

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Abstract

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This dissertation explores the power dynamics of Japan's enduring medical pluralism and the laywoman's lived experience of illness therein between the late sixteenth and mid-twentieth centuries. Through the lens of agnotology, the study of ignorance, it traces the various epistemologies of illness that lent legitimacy, popularity, and power to a health diagnosis called the "way of blood" (*chi no michi*), which signified "women's illness," especially when symptoms appeared subjective and nonspecific in the eyes of the doctor. The study analyzes knowledge transmission across hegemonic and nonhegemonic therapeutic traditions, together with the epistemic labor of clinicians, patients, and the various communities of practice that rallied behind or against them. The inquiry reframes the mystification of women in healthcare as more than merely an unfortunate outcome of medical sexism. Drawing on medical as well as nonmedical sources, the dissertation argues that clinical uncertainty has been leveraged historically to serve the purpose of leveling the playfield in illness management. Besides making way for lived experiences to rival academic expertise, the lack of certainty in determining the presence and nature of pathology may afford delegitimized epistemologies of illness the opportunity to renegotiate the criteria for knowing, knowledge, and the identity of the knower.

The vernacular notion of the "way of blood" discouraged, evaded, and resisted the exposition of elite physicians of both Chinese-style medicine (*kanpō*) and Western scientific medicine, which reinforced its status as a health condition fraught with diagnostic ambiguity. The laywoman, meanwhile, welcomed the diagnosis over the centuries precisely because its lack of clarity afforded her a versatile tool to create her own meaning around unintended pregnancies, maternal griefs, and other ambivalent health implications of womanhood. The dissertation illuminates the historical operations of ignorance by demonstrating the potential of clinical uncertainty to facilitate autonomy and defiance alike. It invites us to explore epistemic empowerment not only within the context of knowledge production but also by reimagining the distribution of authority among different forms of knowing.

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Dedication

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Notes on Names, Times, and Abbreviations

Following convention, Japanese, Chinese, and Korean names are given family name first. In subsequent references I generally use the family name alone, unless the discussion involves multiple members of the same political lineage or kinship group, or if the family name is not known. A further exception lies with physicians, artists, and authors who are most commonly known by their art names and other sobriquets, in which case I use the latter.

For clarity and consistency, units of time have been converted to the Gregorian calendar and the standard twelve-hour clock. Thus, the "third year of the Kōka era" becomes the year 1846, and "the hour of the ox" is rendered as "between one and three o'clock in the morning."

The abbreviations used in this dissertation are as follows:

KEIO: Keio University Library Fujikawa Collection 慶應義塾大学富士川文庫

KOCHI: Kochi Castle Museum of History 高知城歴史博物館

KOMINE: Komine kenkyūsho 小峰研究所

KOZENJI: Kōzenji shozō Kōgo Tamae kankei monjo 興禅寺所蔵光後玉江関係文書

KYOTO: Kyoto University Library Fujikawa Collection 京都大学富士川文庫

KYUSHU: Kyushu University Library 九州大学附属図書館

NAITO: Naito Museum of Pharmaceutical Science and Industry 内藤記念くすり博物館

NAJ: National Archives of Japan 国立公文書館

NDL: National Diet Library 国立国会図書館

NICHIBUNKEN: International Research Center for Japanese Studies 国際日本文化研究センター

SCM: Sagamihara City Museum 相模原市立博物館

THKK: Tohoku University Library Kano Collection 東北大学狩野文庫

WASEDA: Waseda University Library 早稲田大学図書館

I use abbreviations and upper-case letters to streamline citation in footnotes after the first mention of an archive, museum, or special library collection. For digitized manuscripts, especially those lacking fixed page numbers, I provide the location of the cited text by indicating on which digitized "image" the text appears.

Introduction

A Diagnosis of Ignorance

Celebrated as a trailblazing medical researcher, Kushima Katsuji (1911–2005) was no man of ignorance. Nevertheless, in a sense his work facilitated its institutionalization. Shortly after the Allied Occupation (1945–1952) concluded, the obstetrician-gynecologist coauthored a treatise that would mark his greatest contribution to the field of psychosomatic medicine in postwar Japan.[1] Released for a professional audience in 1953 and building on his previous journal articles, the publication challenged standard nosology with an audacious proposal to rethink disease classification beyond the mind-body divide.[2] At the center of Kushima's argument was a diagnosis that the doctor called the "way-of-blood disorder" (*chinomichi-shō*), coined by Kushima to group together a miscellaneous and open-ended list of symptoms whose complainants were women. Ranging from palpitations, headaches, vertigo, insomnia, fatigue, and hot flashes to generalized sensations of pressure and fear, an additional common ground that all these symptoms shared was their subjective nature.[3] Kushima invoked the "way of blood" (*chi no michi*) to describe a disorder in which women claimed to experience physical or mental distress but presented no objectively discernible signs of disease by the criteria of mid-twentieth-century science.

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[1] See Suzuki Jin'ichi 鈴木仁一, "Kushima Katsuji sensei wo shinonde 九嶋勝司先生を偲んで," *Shinshin igaku* 心身医学 46, no. 9 (2006): 774.

[2] Kushima Katsuji 九嶋勝司 and Suzuki Taizō 鈴木泰三, *Kōnenki shōgai oyobi kōkenki shōgaiyō shōkōgun: Iwayuru chinomichi-shō* 更年期障碍及び更年期障碍様症候群　所謂血の道症 (Igaku shoin, 1953). At the time of the treatise's publication, Suzuki Taizō was a junior colleague of Kushima Katsuji at Fukushima Medical University and likely assisted the latter in his research. Kushima had been promoting the notion of a "way-of-blood disorder" in journal articles and conference presentations since at least 1950, while he was still working at Tohoku University.

[3] For a fuller list of symptoms, see Kushima and Suzuki, *Kōnenki shōgai oyobi kōkenki shōgaiyō shōkōgun*, 4–17.

Although Kushima would later admit that the diagnosis was "vague" and could not "withstand the criticism of modern medicine (*gendai igaku*)," the assigning of a classification to the unknown proved conducive to the discovery of knowledge.[4] The labeling of a "way-of-blood disorder" afforded Kushima an organizing logic by which he could transform patient encounters into statistical data. By the year 1953, Kushima had counted 117 out of 866 outpatients who met his description of the elusive disorder, making it the second most common illness among Kushima's obstetrics and gynecology clientele, trailing closely after salpingitis.[5] To the extent that diagnoses facilitate the classification of people, the "way-of-blood disorder" helped define the female gender as a medically unexplained human kind whose pathology was too enigmatic to be categorized as either a disease of the body or an illness of the mind.[6]

The following chapters trace the shifting landscape of Japan's medical pluralism and the laywoman's lived experience of illness therein from the late sixteenth to the mid-twentieth century. They elucidate how the power dynamics that surrounded differing epistemologies of illness shaped the perceived clinical uncertainty around female pathology, making possible such a seemingly jumbled disease classification as the "way-of-blood disorder." The boldness of Kushima Katsuji's initiative cannot be overstated. Kushima did not coin his "way-of-blood disorder" to account for any known disease, as per the conventions of nosology, but rather to make sense of the ongoing ignorance of medical professionals about women's health concerns. In effect, the obstetrician-gynecologist's choice of terminology crystalized his larger doubts regarding the orthodox medical nomenclature of his time. In the absence of conclusive clinical findings, Kushima's doctor colleagues typically associated the presentation of *chi no michi*–like

[4] Kushima Katsuji 九嶋勝司, "Chinomichi-shō 血の道症," *Sanfujinka no jissai* 産婦人科の実際 3, no. 5 (1954): 4.
[5] Kushima and Suzuki, *Kōnenki shōgai oyobi kōkenki shōgaiyō shōkōgun*, 12.
[6] On the making of people through diagnosis, see Ian Hacking, "The Looping Effects of Human Kinds," in *Causal Cognition: A Multidisciplinary Debate*, ed. Dan Sperber et al. (Oxford University Press, 1996), 351–394.

symptoms in patients with the onset of menopause. Nevertheless, Kushima ruled out "climacteric syndrome" as a possible diagnosis, refusing to turn a blind eye to similar complaints from female patients who were reaching puberty, undergoing menstruation, carrying a pregnancy, or recovering from childbirth.[7] Speculating he had encountered a yet unidentified "psychosomatic disease" that demanded the clinician's attention to the mind-body connection, Kushima likewise walked away from such readymade options as "hysteria," a European-derived disease name.[8] The decision was a sharp departure from Kushima's academic training, which had taken Germany as a central reference point.[9] Notably, the lexical alternative at which Kushima arrived was vernacular rather than academic in origin. Instead of drawing on canonical or cutting-edge scholarship in his effort to establish the "way-of-blood disorder" as a formal diagnosis, Kushima sourced the "way of blood" directly from the layperson's everyday speech, identifying the expression as one that had been used in Japan "since ancient times" yet was difficult to define in "scientific terms."[10]

The "way of blood" was a diagnosis of ignorance when seen through the lens of history. Such is the case not simply because a kaleidoscopic range of meanings were attributed to it over the past four centuries, presenting the historian with unique challenges. Those meanings continued to evolve even within Kushima's lifetime. In fact, Kushima's initiative to elevate what appeared to be a layperson's colloquialism into an official diagnosis would have amounted to a

[7] Kushima and Suzuki, *Kōnenki shōgai oyobi kōkenki shōgaiyō shōkōgun*, 1.
[8] Kushima and Suzuki, *Kōnenki shōgai oyobi kōkenki shōgaiyō shōkōgun*, unpaginated preface. Transliterated from the German Hysterie, hysteria became a formal psychiatric diagnosis in Japan during the late nineteenth century.
[9] For German influences on the Japanese medical system, see John Z. Bowers, "The Adoption of German Medicine in Japan: The Decision and the Beginning," *Bulletin of the History of Medicine* 53, no. 1 (1979): 57–80; Hoi-eun Kim, *Doctors of Empire: Medical and Cultural Encounters Between Imperial Germany and Meiji Japan* (University of Toronto Press, 2014).
[10] Kushima Katsuji 九嶋勝司, "Chi no michi 血の道," *Nihon iji shinpō* 日本医事新報, no. 1348 (1950): 18; Kushima Katsuji et al., "Iwayuru 'chi no michi' shō ni tsuite 所謂「血の道」症に就て," *Sanfujinka no sekai* 産婦人科の世界 2, no. 3 (1950): 15.

grave offence against the authority of scientific knowing had he attempted it upon his graduation from Tohoku Imperial University just a decade and a half earlier. One of the medical periodicals that published Kushima's postwar musings about the "way of blood" had offered a platform for another physician author to condemn the use of the "way of blood" as an "unscientific" disease name as recently as 1937.[11] Before Kushima repurposed the "way of blood," the notion had been despised by elite clinicians as a symbol of ignorance embodied by the women who came under their care. As Japanese society fumbled for direction a year after World War Two's conclusion, the esteemed physiologist Tsuge Hideomi (1905–1983) took the time to pen an article on "women's path toward a scientific life." Tsuge's 1946 essay devoted an entire section to the reasons Japanese women were supposedly "unscientific," while leaving the basic premise that they were ill-suited for scientific reasoning as a given.[12] Insofar as the medical expert's assumptions about the lay patient's credibility as a knower—or rather the lack thereof—proved more enduring against the vicissitudes of time than political regimes, they beg the question of what epistemologies of illness managed to carry over from one historical period to another, by whom, how, and why.

Thankfully, Kushima Katsuji was not pilloried by the postwar medical community for daring to rethink the ordering of women's disorders. Kushima's coinage of a "way-of-blood disorder" captured the interest of Japanese physicians around the country, many of whom had confronted the same phenomenon in their own clinical practices and were struggling to find precise words to articulate a pattern too boundless to make sense in their gaze. Thanks to Kushima, some came to acknowledge that the difficulty of defining the "way-of-blood disorder"

[11] Kushima, "Chi no michi," 18; Tachibana Ryōkichi 橘亮吉, "Kenkō hokenhō wa shibōritsu wo takamuru ya 健康保険法は死亡率を高むるや," *Nihon iji shinpō*, no. 779 (1937): 24.
[12] Tsuge Hideomi 柘植秀臣, "Josei no kagaku seikatsu e no michi 女性の科学生活への道," *Fujin kurabu* 婦人倶楽部 27, no. 9 (1946): 3.

with precision pointed to a diagnostic and therapeutic blind spot in women's healthcare.[13] Others sprang directly into action and explored ways to identify and treat the disorder among their own patients.[14] Many, though not all, regarded Kushima Katsuji as a pioneer for having spearheaded the creative recycling of the humble word of the nondoctor.

The most high-profile exception came from physicians of *kanpō*, the study and adaptation of classical Chinese medicine in Japan. Although *kanpō* had enjoyed prestige as a system of medical knowledge during the Tokugawa period (1603–1868), the institutionalization of Western scientific medicine in imperial Japan (1868–1945) pushed its practitioners to the margins of formal healthcare. No stranger to either social ridicule or academic attack, the leading advocates of *kanpō* after World War Two found a valuable opportunity to reestablish their epistemic authority and professional dignity by claiming intellectual custody of the "way of blood" and, by extension, the "way-of-blood disorder."[15] They had good reason to believe that the "way of blood" was more rightfully theirs to make meaning of than it was Kushima Katsuji's. Yakazu Dōmei (1905–2002), one of the most extraordinary *kanpō* physicians of the twentieth century, had already tried his hand at theorizing the cause, diagnosis, and treatment of the "way of blood" in 1939, precisely with the intention of exposing the ignorance of "modern medicine" in addressing women's illnesses.[16] An even greater number of *kanpō* practitioners had been prescribing classical Chinese herbal formulas for Japanese women's "way of blood" years before

[13] Seo Seiki 瀬尾政記, "Iwayuru chi no michi no chiryō chiken hoi いわゆる血の道の治療知見補遺," *Sanfujinka no sekai* 産婦人科の世界 6, no. 10 (1954): 23.
[14] Ogino Takuji 荻野卓司, "Iwayuru 'chinomichi-shō' ni taisuru ensan purokain jōchū ryōhō chikenrei ni tsuite 所謂「血の道症」に対する塩酸プロカイン静注療法治験例に就いて," *Nihon ishikai zasshi* 日本医師会雑誌 37, no. 7 (1957): 435–437.
[15] Yakazu Dōmei 矢数道明, "Chinomichi-shō no igi to kanpō ryōhō 血の道症の意義と漢方療法," *Kanpō no rinshō* 漢方の臨床 5, no. 5 (1958): 3–15.
[16] Yakazu Dōmei, "Iwayuru 'chi no michi' no kanpō chiryōhō 所謂「血の道」の漢方治療法," *Tōhō igaku* 東邦医学 6, no. 6 (1939): 5–10. See also Chapter Three of the present dissertation.

Kushima took the challenge upon himself. Although it was a diagnosis of ignorance, the debate over the "way of blood" at the same time constituted a dispute regarding the ownership of knowledge and a negotiation over the distribution of epistemic power.

The Potential of Uncertainty

Kushima Katsuji's post–World War Two efforts to legitimate the "way of blood" as a formal diagnosis marked not the beginning of but rather a turning point in a historical process long in the making. Between the seventeenth and the twentieth centuries, the shifting topography of medical pluralism in Japanese society reshaped the hierarchy that prevailed among different epistemologies of illness as well as the criteria for medical knowing and the form in which doctors and nondoctors alike essentialized female pathology. Occupying the middle ground between conclusive medical knowledge and complete medical ignorance, clinical uncertainty consists of the combined state of "not knowing enough" and "not knowing for sure." Historically, it has provided a key interface for negotiations over epistemic authority to take place in Japanese women's healthcare, manifesting conspicuously in the "way of blood." As a symbiosis of femininity and diagnostic ambiguity, the enduring social life of the "way of blood" cut across the early modern–modern divide in Japanese history and East Asian medicine alike. The vernacular concept's resilience was due not simply to the tendency of medical sexism to abet negligence and mystification in women's healthcare but rather thanks to the laywoman's autonomy and resilience as a knower of her own mind and body. Over the centuries, ordinary Japanese women deployed the "way of blood" in order to navigate and communicate the lived experience and embodied knowledge of illness on their own terms.

Rather than seeking a putatively universal answer to the ahistorical question of what the "way of blood" is, this dissertation explores how this unevenly understood "way" can lead to a

deeper and more nuanced understanding of the epistemic potential of uncertainty, especially for those whose ability to know was denied institutional recognition. Initially an androgynous notion concerning circulation, the "way of blood" came to represent the epitome of "women's illness" during the Tokugawa period, when *kanpō* rose to sufficient prominence as a system of medical knowledge that it eclipsed certain native therapeutic traditions—including ones that applied the diagnosis of *chi no michi* regardless of patient age and gender—in prestige and publicity. The interpretive flexibility of the "way of blood" posed minimal threat to the epistemology of illness championed by the literati physicians of *kanpō*, who themselves accepted the centrality of blood in explaining women's disorders. Nor did literati doctors feel any incentive to accentuate a native concept with no presence in Chinese medical classics in the context of scholarly discussions that often involved parsing ancient Chinese texts in a dual exercise of philology and epistemology.[17] As a result, the work of meaning-making around the "way of blood" was left almost entirely to patients, families, communities, artists, native therapeutic traditions, a prospering medical market, and government officials tasked with the rationalization of female transgression. Defined in the collective consciousness of Tokugawa society less by what it *was* than by whom it could allegedly *not* affect, the "way of blood" endured as a health condition that male-bodied persons were considered incapable of experiencing and, for that reason, as a multivalent euphemism for communicating the complex health implications of being a woman.

The government-endorsed institutionalization of Western scientific medicine in imperial Japan introduced both a new nomenclature and a fresh imperative for physicians to ascertain and

[17] Susan L. Burns, "The Politics of Philology in Japan: Ancient Texts, Language, and Japanese Identity," in *World Philology*, ed. Sheldon Pollock et al. (Harvard University Press, 2015), 245–263; Daniel Trambaiolo, "Ancient Texts and New Medical Ideas in Eighteenth-Century Japan," in *Antiquarianism, Language, and Medical Philology: From Early Modern to Modern Sino-Japanese Medical Discourses*, ed. Benjamin A. Elman (Brill, 2015), 81–104.

articulate the cause of diseases.[18] What ensued was a steadily dissipating tolerance toward clinical uncertainty and the latter's growing association with professional ignorance and intellectual disgrace. Unlike their predecessors, who seldom cared enough about the "way of blood" to regard it with open hostility, the new generation of Japanese clinicians, all of whom trained in scientific medicine by legal requirement, sought to retire the vernacular diagnosis in a far-reaching effort to standardize and intellectualize disease classification. Some sought its scientific replacement with European-derived disease categories and turned to the newly established disciplines of psychiatry, neurology, and endocrinology for clues of causality connecting the female gender's allegedly weak nerves, imbalanced hormones, and intractable illness. Others berated the strong-willed laywoman who engaged in epistemic disobedience by continuing to understand and narrate her illness in terms of a vague "way of blood." Physicians of *kanpō*, whose once-respected corpus of knowledge was now denied a place in the official framework for medical education and licensure, found themselves at a crossroads. Some intentionally distanced their craft from so-called folk therapies in order to avoid being reduced to an unscientific "traditional medicine" catering to the ignorant. Others came to appreciate the "way of blood" as a puzzle that scientific medicine had yet to resolve. Overall, *kanpō* physicians of the late nineteenth and early twentieth centuries failed to reach a consensus over the definition of *chi no michi* or its position within their theories of disease and its classification. Much less did they succeed in utilizing the "way of blood" as a rallying point to mobilize a concerted resistance against the emergent hegemony of scientific knowing.

[18] One example is the diagnosis and treatment of beriberi, about which see Alexander R. Bay, *Beriberi in Modern Japan: The Making of a National Disease* (University of Rochester Press, 2012). Similar transformations took place in China between the late nineteenth and early twentieth centuries, on which see Hilary A. Smith, *Forgotten Disease: Illnesses Transformed in Chinese Medicine* (Stanford University Press, 2017).

By the mid-twentieth century, the "way of blood" had time and again proved its capacity to host all manner of hypotheses regarding the essential nature and unresolved enigma of female pathology. Whether it was understood as a blood condition, a nervous disorder, or a hormonal imbalance, the all-encompassing diagnosis offered a solution, albeit only a temporary one, to Kushima Katsuji's taxonomic frustration. Ironically, it was the initiative of Kushima, a medical scientist with little knowledge of or regard for *kanpō*, that rekindled *kanpō* physicians' intellectual enthusiasm for the "way of blood."

The Dynamics of Medical Pluralism

The landscape of meaning cultivated by Yakuzu Dōmei, Kushima Katsuji, and their contemporaries represented but a portion of the larger discourse on the "way of blood" as it had unfolded in Japan over the past four centuries. While the historical rivalry between *kanpō* and Western scientific medicine has shaped the standard for as well as the reality of healthcare in Japanese society over the past century, engendering conflicting interpretations of the "way of blood" in the process, this dissertation resists the temptation to let either epistemology of illness monopolize its investigation into the interplay of gender and clinical uncertainty. It does so in order to avoid obscuring the already underrepresented contribution of nonhegemonic therapeutic traditions to women's illness management and to emphasize that the history of medicine in Japan unfolded within an intricate epistemic pluralism. Existing scholarship has built a strong case against erecting a clearcut dichotomy between scientific and traditional knowledge by exploring the scientization of traditional medicine since the nineteenth century.[19] Following a path less

[19] On the scientific validation of traditional medicine, see Jongyoung Kim, "Alternative Medicine's Encounter with Laboratory Science: The Scientific Construction of Korean Medicine in a Global Age," *Social Studies of Science* 37, no. 6 (2007): 855–880; W Sumarni et al., "The Scientification of Jamu: A Study of Indonesian's Traditional Medicine," *Journal of Physics: Conference Series* 1321, no. 3 (2019): 1–7; J.L.S. Taylor et al., "Towards the Scientific Validation of Traditional Medicinal Plants," *Plant Growth Regulation* 34, no. 1 (2001): 23–37.

trodden, the present study challenges the same dichotomy by interrogating the historical plurality, heterogeneity, and hierarchy that exist within "tradition."

While it is a given that medical pluralism involves multiple medical systems, the question of what constitutes a legitimate form of "medicine" and who qualifies as its practitioner is subject to interpretation. Instead of endorsing any particular historical criteria for "medical knowledge," this dissertation examines the power dynamics that have lent credibility to certain ideas, activities, materials, and people while depriving others of the legitimacy to claim recognition in the craft, trade, and profession of healing. It pursues this analytical strategy on three interrelated levels: the ontological, the epistemic, and the metaphysical.

Posing the ontological question of what "traditional medicine" has been and could be in a Japanese context, this dissertation deconstructs the category not only in relation to its alleged scientific antithesis but also in reference to its own contents at different historical moments. It positions "traditional medicine" in quotation marks in order to mark a deliberate intervention into the historiography of East Asian medicines, whose long-term coevolution across national borders subverts some of the most common organizing logics from which questions in sociomedical sciences are derived. Not only has medical pluralism flourished in the region into the present, but its historical manifestation in Japan also defies the oft-presumed compatibility of such qualities as "traditional," "native," and "alternative." The sociotechnical system now typically considered "traditional Japanese medicine" is *kanpō*, literally "Chinese medicine," which was by historical origin an import. During both their Tokugawa-period heyday and the revival of their popularity in postwar Japan, *kanpō* physicians rejected the conflation of their craft with what they dismissed as folk therapy, while they actively engaged in the interpretation

of Chinese medical classics, if not the Confucian canon.[20] Western influences also preceded the arrival of scientific medicine in imperial Japan, since Iberian medicine had already circulated as a niche tradition in injury care before Dutch medicine took off as an alternative and complement to *kanpō* during the eighteenth century.[21] Historians and anthropologists of East Asia have documented the invented nature of "traditional medicine" in connection with the state's modernizing agendas, nationalist sentiments, and the rise of Western scientific medicine, while sociologists have identified the feminine-coded practice and reception of alternative medicine as a transregional and ongoing phenomenon.[22] Foregrounding women's healthcare, the present dissertation pushes these lines of inquiry further in both time and complexity by probing the relationship between different lineages of "traditional medicine," a classification that precluded neither foreign beginnings nor the provincialization of native therapeutic traditions.

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[20] On the overlap of medical and Confucian learning, see Liu Shiyong 刘士永, *Wu shi dao yu liu ye dao: Riben xi yang yi xue de xing cheng yu kuo san* 武士刀與柳葉刀 日本西洋醫學的形成與擴散 (Guo li Taiwan da xue chu ban zhong xin, 2012), 1–32; Xiang Jingjing 向静静, *Igaku to jugaku: Kinsei higashi Ajia no i no kōryū* 医学と儒学 近世東アジアの医の交流 (Jinbun shoin, 2023).

[21] Regarding Iberian medicine, see Wolfgang Michel, "On the Reception of Western Medicine in Seventeenth Century Japan," in *Higashi to nishi no iryō bunka* 東と西の医療文化, ed. Yoshida Tadashi 吉田忠 and Yasuaki Fukase 深瀬泰旦 (Shibunkaku shuppan, 2001), 3–17; Katja Triplett, "Religion, Medicine, and the Notion of Charity in Early Jesuit Missionary Pursuits in Buddhist Japan," *Journal of Religion in Japan* 8, nos. 1–3 (2019): 46–75. On the reception of "Dutch medicine," see Claire Elise Cooper, "Dutch Formulations and Family Secrets: Medicine and the Marketplace in Early Modern Japan" (PhD diss., Princeton University, 2021), ProQuest (28644989); Ellen Nakamura, *Practical Pursuits: Takano Chōei, Takahashi Keisaku, and Western Medicine in Nineteenth-Century Japan* (Harvard University Asia Center, 2005). For Japanese-language scholarship, see Miyashita Saburō 宮下三郎, *Oranda isho no kenkyū to shoshi* 和蘭医書の研究と書誌 (Inoue shoten, 1997); Tasaki Tetsurō 田崎哲郎, ed., *Zaison rangaku no tenkai* 在村蘭学の展開 (Shibunkaku shuppan, 1992). For Chinese-language scholarship, see Liu, *Wu shi dao yu liu ye dao*, 33–57.

[22] On the invention of "traditional medicine," see Dusty Lynn Clark, "Tradition Reinvented: The Reimagination of Kanpō Medicine in Twentieth Century Japan" (PhD diss., University of Kansas, 2020), ProQuest (28263357); James Flowers, "*Hanbang* Healing for the World: The Eastern Medicine Renaissance in 1930s Japan-Ruled Korea," *Social History of Medicine* 34, no. 2 (2021): 650–671; Xianglin Lei, *Neither Donkey nor Horse: Medicine in the Struggle over China's Modernity* (University of Chicago Press, 2014); Federico Marcon, "*Honzōgaku* After *Seibutsugaku*: Traditional Pharmacology as Antiquarianism After the Institutionalization of Modern Biology in Early Meiji Japan," in *Antiquarianism, Language, and Medical Philology: From Early Modern to Modern Sino-Japanese Medical Discourses*, ed. Benjamin A. Elman (Brill, 2015); Mei Zhan, *Other-Worldly: Making Chinese Medicine Through Transnational Frames* (Duke University Press, 2009). On the feminine-coding of alternative and complementary medicine, see Mary Cameron, "Feminization and Marginalization?" *Medical Anthropology Quarterly* 24, no. 1 (2010): 42–63; Eeva Sointu, "Detraditionalisation, Gender, and Alternative and Complementary Medicines," *Sociology of Health and Illness* 33, no. 3 (2011): 356–371.

This dissertation also forms an epistemic investigation. It interrogates the standards for "medical knowing" and the various yardsticks used to distinguish medical healing from its nonmedical counterparts, to determine who was a doctor versus who was not, and to tell apart different sociotechnical implementations of medical knowledge. Specifically, it evaluates the various therapeutic traditions in Japan's medical pluralism through their responses to the "way of blood." How a system of knowledge reacts to the unknown exposes the unspoken premises and operational logic of its epistemology. Whereas *kanpō* clinicians might measure the pulse in order to discern the location of illness in a patient, their counterparts in Western scientific medicine might, contrastingly, order biochemical testing for sexually transmitted infections or reference psychiatric-evaluation questionnaires to verify the presence of pathology. Meanwhile, the practitioners of native therapeutic traditions might be inclined to take the word of the patient as robust evidence of distress and adequate justification for intervention. To give another example, while a religious healer might feel comfortable forecasting a patient's prognosis upon the performance of a healing ritual, the physician of scientific medicine typically relied on quantifiable data to confirm the outcome of a treatment regimen—sometimes in disregard of the patient's subjective experience of symptoms.[23] In their responses to the unknown, each showed what they believed to constitute proper knowledge and knowing.

In addition to the varying theories and systems of praxis deemed necessary to ascertain the presence or absence of illness, disagreements over what should count as medical knowing often took the form of contention over objects and the technical knowhow involved in their making.[24] Just as *kanpō* dismissed folk therapy for addressing women's "blood" concerns by

[23] For an example in the realm of Tibetan medicine, see Vincanne Adams, "Randomized Controlled Crime: Postcolonial Sciences in Alternative Medicine Research," *Social Studies of Science* 32, nos. 5–6 (2002): 659–690.
[24] On the material culture of East Asian medicine, see He Bian, *Know Your Remedies: Pharmacy and Culture in Early Modern China* (Princeton University Press, 2020); Claire E. Cooper, "Dutch Formulations and Family

utilizing what constituted unrefined "weeds" by the aesthetics of Chinese *materia medica*, Western scientific medicine suspected *kanpō*'s preparation of crude drugs to constitute no more than uneducated tinkering with "grass roots and tree barks." In other words, the hypotheses, procedures, and materials deployed in navigating the "way of blood" promise to reveal the epistemic divergences and convergences of different therapeutic traditions as each negotiated a distinctive course of action in its pursuit of knowledge about the female mind and body.

Finally, on a metaphysical level, this dissertation analyzes uncertainty not as an objective deficiency of information but rather in terms of the subjective cognition of divergence between, on the one hand, one's external reality and, on the other hand, one's internalized criteria for knowledge, knowing, and the identity of a knower. The stance of a given epistemology of illness regarding what amounted to "uncertainty" at one historical moment was not necessarily shared by its contemporary rivals or even by the same institutional authorities within another historical context. Both in interaction and in competition with *kanpō*, the clinicians of the Yoshimasu school, a native therapeutic tradition that had bridged the two highly gendered worlds of battlefield medicine and childbirth medicine since the late sixteenth century, treated what it called the "great way of blood" as a health condition no less real and evident than "stab wounds." Physicians of *kanpō*, who had come to note the perplexing onset and elusive symptomatology of the "way of blood" by the eighteenth century, were by and large comfortable with the level of clinical (un)certainty that the diagnosis conferred, given its basic compatibility with the conceptualization of women's "blood disorders" in their own work. For both therapeutic traditions, knowing that "blood" had a significant bearing on women's health, whether it be

Secrets," 213–259; Angela Ki Che Leung, "Food and Drug: A New Direction in the History of Medicine in China," *Chinese Medicine and Culture* 6, no. 3 (2023): 265–271; Yan Liu, *Healing with Poisons: Potent Medicines in Medieval China* (University of Washington Press, 2021).

stagnant, deprived, or shed during menstruation, pregnancy, miscarriage, abortion, and childbirth, was knowing enough about the essence of female pathology.

Rising to power under government sponsorship from the late nineteenth through the early twentieth century, the clinicians of Western scientific medicine in Japan hardly found in the "way of blood" a notion to inspire confidence. The complaint of a health condition that refused to register itself in laboratory tests or to be measured quantifiably by machines was easily perceived to be a pretense or an insult to the physician. It is perhaps not surprising that Kushima Katsuji would later feel the need to appropriate the "way of blood" so that he could at least make room for the clinical uncertainty surrounding women's illness to be reevaluated as an opportunity for new hypotheses rather than serve as a ruse for undermining the prowess of scientific knowing. Beyond the clinic proper, the medical market likewise experienced a substantial shift in the criteria for accuracy and precision between the nineteenth and twentieth centuries. Once amicable toward the presence of the "way of blood" in drug advertisements and instructions, government officials came to police the specific wording used to describe the efficacy of patent medicines and other pharmaceutical products with unprecedented intensity. By the 1930s, the advertisements of centuries-old folk remedies for the "way of blood" had begun to replace that term with seemingly better-defined and scientific disease names like "hysteria." As the criteria for knowing and certitude varied, so too did the standard for ignorance in women's healthcare, where the anxiety about clinical uncertainty evolved in proportion to the discrepancy between what one aimed to discern, was able to discover, and felt comfortable not finding.

The Agnotology of Female Pathology

With its focus on clinical uncertainty, this dissertation contributes to the field of agnotology, the study of ignorance. Concretely, it makes a case for rethinking the implications of the knowledge

gap in women's health within the negotiations of epistemic power. Resonating with the feminist literature on situated knowledge, standpoint theory, and the epistemology of ignorance, agnotology has been gaining momentum among historians, philosophers, and sociologists of science over the past two decades.[25] Establishing the sociocultural production of ignorance as both an appropriate subject matter and a valuable analytical lens, the new field has inspired meaningful interrogations of the intentional manufacture and dissemination of ignorance in various societies, asking how or why it is that we do not know what we do not know.[26] This dissertation argues that ignorance was not in all instances an ill omen, depending on whom it belonged to and by what criteria it was measured. In the historical long run, the perceived clinical uncertainty of the "way of blood" provided nonhegemonic epistemologies of illness with the leverage to cast doubt on the hegemonic criteria for medical knowing for the purposes of self-advocacy and self-preservation, while the (often) male physician's expert ignorance made way for the laywoman to claim her authority as a knower.

Needless to say, this dissertation makes no attempt to downplay the negative impact of medical ignorance on women's health outcomes in global history. Its engagement with women's healthcare is contemporary in inspiration, sharing the commitment of existing scholarship in agnotology to dismantling the structural ignorance that continues to do harm today. Not only has medicine remained a field of knowledge plagued by sexism and gender bias, but the tendency in clinical research to reduce women's unique health needs to those directly related to their sexual

[25] Jennifer L. Croissant, "Agnotology: Ignorance and Absence or Towards a Sociology of Things That Aren't There," *Social Epistemology* 28, no. 1 (2014): 4–25; Londa Schiebinger, "Agnotology and Exotic Abortifacients: The Cultural Production of Ignorance in the Eighteenth-Century Atlantic World," *Proceedings of the American Philosophical Society* 149, no. 3 (2005): 316–343; Robert Proctor and Londa L. Schiebinger, eds., *Agnotology: The Making and Unmaking of Ignorance* (Stanford University Press, 2008). For Japanese-language scholarship, see Tsuruta Sōto 鶴田想人 and Tsukahara Tōgo 塚原東吾, *Muchigaku e no shōtai*: *'Shiranai koto' wo toinaosu* 無知学への招待 〈知らないこと〉を問い直す (Akashi shoten, 2024).

[26] Proctor and Schiebinger, *Agnotology*, vii.

and reproductive lives—or, to put it more baldly, to those body parts covered by a bikini—has also endured.[27] Precisely for that reason, this dissertation takes up the "way of blood" as a valuable opportunity to confront the historical essentialization of female pathology and the persistence of clinical uncertainty in women's healthcare without simply providing a chronology of "bikini medicine" and thereby reinforcing the reductionism involved in its making. Inhabiting the middle ground between knowledge and ignorance, uncertainty is intrinsically repellent to one-to-one mapping and itemization, a quality that immediately engenders and is in turn reinforced by interpretive flexibility. Thanks to its conceptual malleability as a catchall category, the "way of blood" affords us a panoramic view of the clinician's blind spots and the layperson's outlook on the nature of women's illness across recent centuries of Japanese history.

Instead of taking "how or why we don't know" for granted, this dissertation takes the identity of the "we" as a point of departure in its own investigation. Insofar as the identification of ignorance demands the same set of criteria used to authenticate knowledge, the question of who is in charge of running such epistemic operations becomes relevant to the kinds of outcomes they are liable to produce. Confronting the issue of positionality in the making of the knower, this dissertation asks whose endeavors were expected to yield knowledge about women's illness, and, by contrast, who must fight for their aptitude, authority, and labor to be dissociated from ignorance.

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[27] Kumi Oshima et al., "Entrance Examination Misogyny in Japanese Medical Schools," *Lancet* 393, no. 10179 (2019): 1416; Chelsea Szendi Schieder, "A 'Necessary Evil'? Keeping Women Out of Medical Schools Won't Fix What Ails the Japanese Medical Profession," *Asia-Pacific Journal* 17, no. 7 (2019): e2. The cardiologist Nanette Wenger coined the notion of a "bikini" approach to medicine in 2004 to describe the reductionist tendency in women's healthcare as well as the underrepresentation of women in clinical research outside obstetrics and gynecology. Nanette K. Wenger, "The Feminine Face of Heart Disease 2024," *Circulation* 149, no. 7 (2024): 489–491; Wenger, "Women and Coronary Heart Disease: A Century After Herrick," *Circulation* 126, no. 5 (2012): 604–611; Wenger, "You've Come a Long Way, Baby," *Circulation* 109, no. 5 (2004): 558–560. See also Maya Dusenbery, *Doing Harm: The Truth About How Bad Medicine and Lazy Science Leave Women Dismissed, Misdiagnosed, and Sick* (HarperOne, 2018), 26–29.

As a meaning-making project in itself, this dissertation relates the story of the "way of blood" not as a testimony to the uniqueness of Japanese society but rather as evidence that a global history of ignorance is feasible without Eurocentrism. If anything, what the story of the "way of blood" reveals is an uncannily familiar tale in the meaning-making around women's illness in different parts of the world. In its capacity as a diagnosis deployed by physicians who struggled otherwise to explain women's health complaints, the "way of blood" fulfilled an epistemic function that female hysteria too had performed in European countries and their colonies.[28] Both diagnoses operated as tools in the preservation and subversion of gender expectations, shaping the sociocultural imagination around normative femininity through its perceived perseverance or perversion during illness. Just as some cited hysteria as an explanation for British women's campaign for suffrage, Tokugawa officials considered the "way of blood" a reasonable excuse for Japanese women's acts of deception and aggression toward men.[29] In fact, it was by acting as a domestic equivalent of the similarly feminine and clinically uncertain "hysteria" that the "way of blood" first entered the discourses of psychiatry and neurology in late nineteenth-century Japan. Over the first half of the twentieth century, when hormones came to offer a more tangible and microscopic interpretation of women's health complaints, the "way of blood" promptly acquired the quality of an endocrine disorder, just around the time that "hormones" emerged as an alternative to "hysteria" in the clinical understanding of women's health in Western scientific rhetoric.[30] While the enormous historiography on hysteria has

[28] On hysteria, see Martha Noel Evans, *Fits and Starts: A Genealogy of Hysteria in Modern France* (Cornell University Press, 1991); Sander L. Gilman et al., *Hysteria Beyond Freud* (University of California Press, 1993); Mark S. Micale, *Approaching Hysteria: Disease and Its Interpretations* (Princeton University Press, 1995); Andrew Scull, *Hysteria: The Disturbing History* (Oxford University Press, 2011).
[29] On the representation of suffragists as hysterics, see Lisa Tickner, *The Spectacle of Women: Imagery of the Suffrage Campaign, 1907–14* (University of Chicago Press, 1988), 192–204.
[30] See also Amy Koerber, *From Hysteria to Hormones: A Rhetorical History* (Pennsylvania State University Press, 2018).

succeeded in mapping a highly complex landscape of medical ideas concerning the workings of the female body and mind, the history of the "way of blood" invites a categorical reevaluation of such ideas' cognitive status. That is, if the "way of blood" operated as a diagnostic guess made by physicians in cases where clinical conviction was lacking, did such analogous classifications as "hysteria" and "hormonal disorder" signify what physicians had already learned about women's illness, or did they, too, stand in as placeholders for knowledge that was not yet there?

Patients, too, have something to teach. Beyond the clinician's grasp, the "way of blood" points to a transnational history of disease where the most intimate and practical knowledge about chronic and intractable illness was born directly out of the laywoman's patienthood. The "way of blood" was not unique in its clinical uncertainty, nor should it be generalized into a "cultural-bound syndrome" of the non-Western "other."[31] From sick-building syndrome to migraine to endometriosis, experts in Western societies have repeatedly doubted, denied, or trivialized the laywoman's health complaints when the technologies of science have failed to validate their veracity.[32] Decades before the health movements of the 1970s and 1980s gave rise to homemade equipment, self-help guides, and grassroots services allowing women to "seize the means of reproduction" in the American empire, the laywoman of imperial Japan turned to popular magazines for home remedies, acupuncture techniques, and other do-it-yourself methods for managing her experience of the "way of blood."[33] What the creation of the "way-of-blood

[31] On the problematic notion of the "culture-bound syndrome," see Maddalena Canna, "Visceral Visions: Rethinking Embodiment and Desire in Global Mental Health," *Culture, Medicine, and Psychiatry* 47, no. 1 (2023): 134.
[32] Joanna Leslie Kempner, *Not Tonight: Migraine and the Politics of Gender and Health* (University of Chicago Press, 2014); Michelle Murphy, *Sick Building Syndrome and the Problem of Uncertainty: Environmental Politics, Technoscience, and Women Workers* (Duke University Press, 2006); Kate Seear, *The Makings of a Modern Epidemic: Endometriosis, Gender, and Politics* (Routledge, 2016).
[33] On the epistemic significance of the women's health movement in the United States, see Michelle Murphy, *Seizing the Means of Reproduction: Entanglements of Feminism, Health, and Technoscience* (Duke University Press, 2012); Nancy Tuana, "The Speculum of Ignorance: The Women's Health Movement and Epistemologies of Ignorance," *Hypatia* 21, no. 3 (2006): 1–19.

disorder" during the 1950s indicated, therefore, was nothing less than an epistemic turn in healthcare. On the one hand, the omnipotence of scientific knowing was contested from within through the cooptation of nonacademic and vernacular epistemologies of illness. On the other hand, the scientific clinician showed the willingness to seek redemption for the medical mistreatment of the laywoman by acknowledging value in the latter's illness interpretation.

The two years selected to punctuate the starting and ending points of this dissertation, 1585 and 1953, are of no recognized significance in the historiography of medical knowledge in Japan or East Asia. They commend themselves precisely for the feelings of uncertainty they will undoubtedly evoke, as well as for the symbol they provide of roads not taken. At the opening of the narrative, a manuscript of the Yoshimasu school bearing a preface from 1585 points to an androgynous understanding of the "way of blood" that was not destined to enter mainstream medical discourses. Published in 1953, Kushima Katsuji's coauthored book signifies the humility and courage of postwar Japanese physicians to brave a less-traveled path toward medical knowledge by overcoming long-established academic conventions that placed the foreign ahead of the vernacular in diagnostics and disease classification. Both can make a difference in helping us unlearn and relearn the constructed correlation between clinical uncertainty and the female gender.

As a project in the agnotology of female pathology, this study inevitably engages with the same constraints that threaten to undermine the epistemic and moral agenda of any gender and women's history, namely, the scarcity of unmediated voices from ordinary women. While the laywoman's underrepresentation in archives has obscured her past, the resulting topographies of ignorance, I would like to suggest, can prove as informative as our conventional genealogies of intellect. The relative indifference to the "way of blood" found in *kanpō* and Western scientific

medicine before the respective interventions of Yakazu Dōmei and Kushima Katsuji becomes far more revealing when juxtaposed with the diagnosis' welcome in folk healing, for example. Such unevenly-distributed disregard allows one to map the varying stances on illness and gender that existed across different therapeutic traditions. Interestingly, recent academic scholarship exhibits similar discrepancies in the knowledge claims it makes. Anthropologists conducting fieldwork since the 1980s have interpreted *chi no michi* as a metaphor for menopause, whereas historians working with early twentieth-century documents are more likely to encounter the term in discussions of "hysteria" and "female nervousness" (*fujin shinkei*).[34] Offering the first history of the "way of blood" across the early modern–modern divide, this dissertation seeks to illuminate the complex manifestations of situated ignorance and conditional truth surrounding women's illness, to which no epistemology is inherently immune, including those examined, referenced, and employed in this study.

Chapter Outline

The following analysis traces the meaning-making that has taken place around the "way of blood" across four chapters, which can be read in either a chronological or a thematic order. Chronologically, Chapters One and Two address the laissez-faire characteristics of Tokugawa-period medical pluralism from the seventeenth to the mid-nineteenth century. During that time, the "way of blood" shed its androgynous qualities to become a conspicuously feminine disorder. Chapters Three and Four, by contrast, focus on the authoritarian leanings of medical pluralism in

[34] For examples from anthropology, see Margaret Lock, *Encounters with Aging: Mythologies of Menopause in Japan and North America* (University of California Press, 1994), 17–19; Nancy R. Rosenberger, "Productivity, Sexuality, and Ideologies of Menopausal Problems in Japan," in *Health, Illness, and Medical Care in Japan*, ed. Edward Norbeck and Margaret Lock (University of Hawaii Press, 1987), 151; Jan M. Zeserson, "Chi No Michi as Metaphor: Conversations with Japanese Women About Menopause," *Anthropology and Medicine* 8, nos. 2–3 (2001): 177–199. For a historical study, see H. Yumi Kim, *Madness in the Family: Women, Care, and Illness in Japan* (Oxford University Press, 2022), 97.

imperial Japan, where the intolerance of Western scientific medicine toward clinical uncertainty and epistemic competition prompted new disputes over the nature and treatment of the "way of blood." Viewed thematically, Chapters One and Three investigate the production and transmission of disciplinary knowledge around the "way of blood" through the eyes of the clinician. Chapters Two and Four provide a counterpoint by prioritizing the patient's view and revolve around the lived experience and embodied knowing of the laywoman beyond the immediate scrutiny of the medical gaze.[35]

Together, the four chapters call attention to the evolving essentialization of female pathology over time as well as the asymmetry between expert and vernacular knowledge in the domain of women's healthcare. Tracing the steps taken by the members of two warrior lineages to exchange the sword for the scalpel, Chapter One considers the relationship between the form of knowledge transmission and the assigned gender of illness during the Tokugawa period. Juxtaposing medical and genealogical writings, it retrieves from historical amnesia the parallel stories of two native therapeutic traditions. Named after their respective warrior-turned-physician founders, the Yoshimasu school and the Nakajō school initially treated the "way of blood" on men's battlefields and women's birthing beds alike. Over time, the Yoshimasu school persevered in the secret transmission of its instructions on incised-wound medicine through manuscripts, whereas the Nakajō school endorsed a feminine reading of the "way of blood" after its teachings about childbirth began to circulate openly in print following the return of domestic peace under the Pax Tokugawa. As a result, the Yoshimasu school's androgynous conception of the "way of blood" failed to take hold as common knowledge. By the early eighteenth century, its prescription for the health condition had diminished into a folk remedy sidelined by *kanpō*, to

[35] On the merits of writing the history of medicine from below, see Roy Porter, "The Patient's View," *Theory and Society* 14, no. 2 (1985): 175–198.

which the school would also lose the allegiance of its most talented heir. Drawing on Chinese *materia medica* in conceiving its signature formula, the Nakajō school chose to brand itself first and foremost as a lineage of childbirth medicine and would welcome a drastically different fate than its Yoshimasu counterpart. Ironically, the Nakajō school had *kanpō* physicians to thank (or to blame) for the arbitrary dissemination of its teachings within the public domain, where the "way of blood" would thrive as a clinically ambiguous diagnosis of women for centuries to come.

Centering its analysis on the laywoman's lived experience in Tokugawa society, Chapter Two explores the rise of a culture of the "way of blood" through the trade of health goods and services, the production of art and literature, and the governance of interpersonal, familial, and community relations. Drawing on stage drama, popular literature, travel guides, personal diaries, legal records, board games, and shopping catalogs, in addition to medical texts and objects, the chapter shows how the diagnostic ambiguity of the "way of blood" made it a convenient attribute for advancing a wide range of agendas. The medical marketplace welcomed the "way of blood" as a selling point that would allow businesses to appeal to the broadest possible consumer base by labelling their offerings as a cure for any and all kinds of women's illness. Political authorities, meanwhile, found the "way of blood" a versatile diagnosis both in explaining and in explaining away women's involvement in crimes. Finally, the layperson leveraged the clinical uncertainty of the "way of blood" to communicate the unwanted pregnancies, maternal griefs, and other ambivalent health ramifications of being a maid, wife, or mother who was needed by families, communities, and society as a whole for her reproductive as well as productive labor.

Tracing a story of adaptation across old and new generations of Japanese physicians, Chapter Three examines the power struggles that allowed the "way of blood" to be found and

then lost in translation between various epistemologies of illness in imperial Japan. As an equivocal though popular catchall for "women's illness," the "way of blood" facilitated the reception of Western psychiatry in Japanese society by acting as a native equivalent of the European-derived "hysteria." For doctors of *kanpō*, by contrast, the vernacular concept signified not a shortcut to the future of medicine but rather a path toward the preservation of diagnostic tradition against the emergent hegemony of scientific knowing. A babel of knowledge claims regarding the "way of blood" manifested in medical scholarship as a result, and the search for clarity only amplified confusion. While the colonial expansion of imperial Japan would make military medicine a priority, the term's history as a diagnosis for the formidable blood disorders of men's battlefields had long been lost to Japanese physicians. By the end of World War Two, the "way of blood" had become a problem that the laywoman typically dealt with at home, either without or despite a clinician's intervention.

Contesting the prominence of clinical knowledge in women's healthcare in imperial Japan, Chapter Four evaluates the "way of blood's" survival into the nineteenth and twentieth centuries and contemplates what that continued prevalence suggests about the layperson's experience of illness. Reading between the lines of religious-conversion stories, magazine readers' letters, and psychiatric case records, the chapter explores the nondoctors' epistemic autonomy and defiance toward the clinician's judgement in making sense of women's intractable, chronic, and mental illness. In rural Japan, the "way of blood" formed one of many health concerns that helped new religious movements win their initial following as the nineteenth century came to an end. Challenging the divide between city and countryside, women's magazines of the early twentieth century created a communal space for female readers from various age and socioeconomic backgrounds to share their personal experiences of the "way of

blood" as well as practical knowledge about its eradication. Finally, inside the walls of the wartime psychiatric hospital, the "madwoman" invoked the "way of blood" to weave an alternative account of her lived reality of the home front. Returning to *kanpō*'s claim of ownership over the "way of blood" following Kushima Katsuji's postwar construction of a "way-of-blood disorder," the epilogue reflects on modern science's animosity toward uncertainty, clinical ignorance of the laywoman's cognitive capacity, and the latter's embodied knowledge of the interplay of personal illness and national history.

Chapter One: The Blood of Peacetime

A Symbiosis of Uncertainty and Femininity

Namiko shed her feminine birthname of twenty-eight years in favor of Tamae at the beginning of 1857.[36] Literally translated, the Girl of Waves became known as Jade Inlet. The year proved to be an amalgam of loss and hope, but most assuredly change, for this native of Tsuyama Domain, albeit not due to the political turmoil that has typically marked the twilight years of the Tokugawa period (1603–1868) as a watershed in Japanese history. Having completed twelve years of medical training in 1856, the newly-minted woman doctor opened her own practice in urban Osaka near the Tamae Bridge and became its ostensible namesake, only to return home after a few months to nurse a sick mother. Before the end of 1857, Tamae was bereaved and had taken the tonsure at Kōzenji, a Buddhist temple located in her home village. Amidst Tsuyama's mountainous terrain, she devoted the rest of her life to local women's healthcare.[37]

Women's illnesses are of consequence, and Tamae was keenly aware of their complexity and open-minded about sourcing solutions. Her lengthy medical education took place under the tutelage of Nogami Gen'yū (birthdate unknown–1873), a domain-employed doctor (*han'i*) of Tsuyama and specialist in women's health.[38] Taking after her late physician father, Tamae also

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[36] Tamae 玉江 (1830–1905) will reappear in Chapter Three. She went by several names before settling on Kōgo Tamae 光後玉江 around 1868. See Tsuyama yōgaku shiryōkan, "Heisei nijūsannendo kikakuten hōkoku: Bakumatsu ishin wo kakenuketa joi Kōgo Tamae 平成 23 年度企画展報告　幕末維新を駆け抜けた女医光後玉江," *Itteki* 一滴, no. 20 (2012): 96. Little scholarship exists on Tamae's life and career save for the work of one historian, for which see Sawayama Mikako 沢山美果子, *Sei to seishoku no kinsei* 性と生殖の近世 (Keisō shobō, 2005), 286–332; Sawayama, "Zaison'i no shinsatsu kiroku ga kataru onna no shintai: Nihon ni okeru kinsei kara kindai e no tenkai 在村医の診察記録が語る女の身体　日本における近世から近代への展開," in *Shintai to iryō no kyōiku shakaishi* 身体と医療の教育社会史, ed. Mochida Yukio 望田幸男 and Tamura Eiko 田村栄子 (Shōwadō, 2003), 191–227.

[37] Tsuyama yōgaku shiryōkan, "Heisei nijūsannendo kikakuten hōkoku," 88, 90, 96. Kōzenji (興禅寺) is located in the town of Misaki in today's Okayama Prefecture.

[38] Tamae studied with Gen'yū between 1844 and 1856. Tsuyama yōgaku shiryōkan, "Heisei nijūsannendo kikakuten hōkoku," 88–89, 96.

tapped into Tsuyama's vibrant network of Dutch studies (*rangaku*) and owned some translated European texts, including one on obstetrics.[39] However, it was *kanpō*, literally "Chinese medicine," that inspired most of her prescriptions, and her interest in its luminaries endured even as the epistemic hegemony of that therapeutic tradition dwindled following the Tokugawa shogunate's collapse. While already in her seventies, Tamae acquired the medical writings of the medieval Japanese physician Nagata Tokuhon (1513?–1630?) shortly after their print publication in 1899.[40] Another figure whom she likely revered was the trailblazing Yoshimasu Tōdō (1702–1773), who, like her, had adopted a place name to mark a turn of the tide in his professional life.[41] Hand-copied with ink and brush, an excerpt of Tōdō's *Iji wakumon* (Questions on medicine) found among Tamae's records at Kōzenji relays a note of caution: "The craft of medicine is difficult to master when transmitted casually. It is difficult to master if one does not follow the way (*michi*)."[42]

Heeding Tōdō's words, this chapter explores the mechanisms through which the transmission of medical knowledge came to shape the perceived relationship between gender and illness over the course of the Tokugawa period. It does so by tracing the political and epistemic dynamics that facilitated the feminization of the "way of blood." Although Tamae's surviving

[39] Tsuyama yōgaku shiryōkan, "Heisei nijūsannendo kikakuten hōkoku," 88. The title on obstetrics was *Sanka kanmei* (Childbirth medicine, briefly elucidated), translated into Japanese from a Dutch version of the French original by the physician Mitsukuri Genpo (1799–1863). Tamae's copy now belongs to the document collection Kōzenji shozō Kōgo Tamae kankei monjo (henceforth KOZENJI). See Mitsukuri Genpo 箕作阮甫, trans., "Sanka kanmei 産科簡明" (n.d.), KOZENJI, file no. I-B-3.

[40] Nagata Tokuhon 永田徳本, *Chisokusai Nagata sensei ikō* 知足斎永田先生遺稿, ed. Komatsu Tatewaki 小松帯刀 (Nagano: Komatsu Tatewaki, 1899). Nagata Tokuhon was rumored to have lived from 1513 to 1630, well over a century.

[41] Yoshimasu Tamenori adopted his better-known sobriquet Tōdō 東洞 from the name of the Kyoto street Higashinotōin-dōri 東洞院通り, where he found success after years of struggle.

[42] This note does not appear in the catalog of Tamae's records published in Sawayama Mikako, ed., *Kōzenji shozō monjo mokuroku* 興禅寺所蔵文書目録 (Sawayama Mikako, 1999). See also Yoshimasu Tōdō 吉益東洞, *Yoshimasu Tōdō daizenshū* 吉益東洞大全集, ed. Ogawa Arata 小川新 and Yokota Kanpū 横田観風, vol. 1 (Taniguchi shoten, 2001), 235.

documents provide no conclusive definition of this particular "way," one of Tamae's manuscripts, titled *Sanka yōryaku* (Summary of childbirth medicine), links it to postpartum complications. "As for behaviors such as babbling like a lunatic due to the way of blood after childbirth, all of these are a matter of blood going mad from feebleness."[43] Actions can speak louder than words. Throughout her decades of clinical practice, Tamae frequently prescribed a family formula called Fuōsan—literally meaning the "queen's powder"—to her female patients.[44] Concocted from nineteen crude drugs, Fuōsan was indicated for a list of fifteen health conditions, among which the "way of blood" appeared third, after "the prenatal" and "the postpartum."[45]

Despite the appearance of a prevalent health concern, the "way of blood" is no infectious disease. What better explains its public reach is the frustration expressed by the physician Hirano Jūsei (1790–1867) in his health guide *Byōka suchi* (Must-knows for patients), which earned its author book deals from publishers of eastern and western Japan alike. By the time the title was commercially released in 1832, when Tamae was but a toddler, "calling each and every kind of women's illness the way of blood" without "conviction about its etiology" had become, to Jūsei's dismay, a common phenomenon.[46] The single greatest risk factor for this epitome of diagnostic ambiguity—namely, the "way of blood"—also turned out to be its necessary condition, that is, to be a woman.

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[43] "Sanka yōryaku 産科要略" (before 1868), KOZENJI, I-B-5. The description appears in the manuscript's fifth chapter, dealing with *kyūtsū* (sudden pain).
[44] Kōzenji holds nineteen volumes of Tamae's prescription and case records dating from 1880–1902. See KOZENJI, file no. I-A.
[45] Kōgo Tamae 光後玉江 and Iwamoto Motosada 岩本元貞, "Baiyaku kensa onegai 売薬検査御願" (July 21, 1888), KOZENJI, file no. I-B-19.
[46] Hirano Jūsei 平野重誠, *Byōka suchi* 病家須知, in *Nihon yōjō bunko* 日本養生文庫, ed. Sekine Yasunobu, vol. 1 (Seishi shoin, 1940), 46.

There is an important catch, however, to the symbiosis of clinical uncertainty and femininity that manifested in the "way of blood." Mirroring the classification that it had come to define, the symbiosis itself was historically contingent. At the dawn of the Tokugawa shogunate, observations regarding the "way of blood" were dispersed and lacking in uniformity.[47] In western Kyushu, Jesuit missionaries from Europe interpreted *chi no michi* as an "illness of women caused by blood rushing to their heads," as is recorded in a Japanese-Portuguese dictionary of 1604, notably making no mention of childbirth.[48] Meanwhile, Nagata Tokuhon outright omitted the "way of blood" from the chapter that he dedicated to women (*fujin*) in a medical treatise of 1611, instead situating the classification within gender-neutral chapters such as those on vertigo (*memai*), palsy (*chūfū*), and emotional agitation (*shinki*).[49] Acclaimed for his extensive travels throughout eastern Honshu and his care for patients from all walks of life, Tokuhon located the diagnostic challenge of the "way of blood" in its demographic inclusivity as well as its symptomatic diversity. His classification of it as an archetypal "miscellaneous illness" (*zatsubyō*) reads as follows: "[Selecting its victims] regardless of gender or age, there exists an illness that is difficult to distinguish from other illnesses. Its pulse pattern is normal, with some tendency to race. Its symptom pattern is diverse."[50] As these examples suggest, the "way of blood" had not always been diagnosed as something that male-bodied persons lacked the

[47] I use "gender" in this study to refer not only to the psychological, behavioral, and sociocultural dimensions but also to the biological aspects of such categories as men and women. I use "sex" when giving emphasis to the biological components of reproductive bodies alone. It should be kept in mind that the physicians I examine in this chapter did not draw a clear line between "sex" and "gender" in their own writings, but instead treated anatomy and identity as interlinked.

[48] The *chi no michi* entry appears in a supplement to *Vocabvlario da Lingoa de Iapam* and reads "doença de mulheres causada do sangue lhes subir à cabeça." Doi Tadao 土井忠生, ed., *Nippo jisho* 日葡辞書 (Iwanami shoten, 1960), 676.

[49] Nagata Tokuhon, *Chisokusai baika mujinzō* 知足斎梅花無盡蔵, ed. Ogino Gengai 荻野元凱 (Kyoto: Hayashi Ihei, 1768), Kyoto University Library Fujikawa Collection (henceforth KYOTO), https://rmda.kulib.kyoto-u.ac.jp/item/rb00004121, images 63, 68, 106. The 1768 edition is a print version of Tokuhon's manuscript of 1611.

[50] Nagata, *Chisokusai baika mujinzō*, image 173.

capacity to suffer. Neither was the bonding of femininity to uncertainty necessarily a given in the context of healthcare. How, then, did the "way of blood" wind up as an umbrella classification for women's illnesses two centuries later?

This chapter investigates how that ontological transformation came to be. It does so by examining the evolution of the "way of blood" from the late sixteenth through the mid-nineteenth century within the two realms of medical knowledge that exercised the greatest initiative in its prevention and remedy: incised-wound medicine (*kinsō*) and childbirth medicine (*sanka*).[51] The convergence of these two bodies of knowledge gave rise to a pair of native therapeutic traditions, the Yoshimasu and Nakajō schools (*ryū*), whose practitioners occupy center stage in the pages to follow. Armed with distinct ideas and hierarchies of *materia medica*, practitioners of the two schools traversed both medical specialties, even as a country politically divided by frequent warfare gave way to domestic peace within what historians of Japan have described as a compound state.[52] Before long, they were faced with the same question that Tamae would herself confront centuries later: how best to execute their craft within a shifting landscape of power.

The present chapter examines how the Yoshimasu and Nakajō schools adapted to the new circumstances brought about by the prevailing peace of the Tokugawa era, and the way in which that history resulted in a feminization of the "way of blood." To be sure, an androgynous conception of the "way of blood" continued to enjoy remarkable longevity in the field of incised-wound medicine, of which the Yoshimasu school remained a tenacious champion. Amidst the

[51] The most precise translation for *kinsō* is "[medicine for] incised wounds caused by bladed objects." For convenience, I have shortened this to "incised-wound medicine." Another common translation for *sanka* is "obstetrics," but I use the more direct "childbirth medicine" to differentiate *sanka* from European obstetrics, about which physicians like Tamae were also informed.

[52] On the political structure of Tokugawa Japan, see Mark Ravina, "State-Building and Political Economy in Early-Modern Japan," *Journal of Asian Studies* 54, no. 4 (1995): 997–1022.

violence that gave Japan's Sengoku or "Warring States" period (1467–1573) a befitting moniker, incised-wound medicine had asserted its raison d'être by catering to the health needs of men who fought in and bore the trauma of war.[53] On the pages of manuscripts that facilitated the secret transmission of knowledge within a scribal culture, the "way of blood" posed a conceptually androgynous risk but an effectively masculine concern.

In peacetime, however, such a perception could not compete with the categorically feminine framing of the "way of blood" found in childbirth medicine, of which the Nakajō school became the most notorious representative. Contrary to what existing scholarship has posited, this outcome did not result simply from a change in demand for any given area of medical expertise.[54] Rather, it emerged primarily from the adherence of one therapeutic style to an esoteric paradigm for transmitting knowledge and the submission of another to an exoteric model. It is not surprising that, during an era of domestic stability, the most high-stakes site of life-threatening, blood-related medical emergencies shifted from men's battlefields to women's birthing beds.

Even so, external medicine (*geka*), the parent category of *kinsō*, never fell out of fashion. What the Pax Tokugawa ushered in, more significantly, was the commercial prosperity of a

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[53] I translate *geka* literally as "external medicine" and not as "surgery/surgical medicine" because *geka* during the Tokugawa period also encompassed dermatology. On the development of *kinsō* during the Warring-States era, see Morita Mayu 森田まゆ and Suzuki Tatsuhiko 鈴木達彦, "Nihon ni okeru kinsō chiryō no tenkai: Hakuchōsan wo chūshin ni 日本における金瘡治療の展開　白朝散を中心に," *Nihon ishigaku zasshi* 日本医史学雑誌 56, no. 3 (2010): 458–459. In English, see Andrew Edmund Goble, "Warfare, Wound Medicine, and Song Medical Knowledge," in *Confluences of Medicine in Medieval Japan: Buddhist Healing, Chinese Knowledge, Islamic Formulas, and Wounds of War* (University of Hawaii Press, 2011), 89–112.

[54] There is a conspicuous dearth of scholarship on the history of the "way of blood." Within the existing literature, the writings of *kanpō* physician Koyama Seiji remain exceptional for addressing the condition's conceptual transformation in relation to gender. While I am indebted to Koyama, this chapter takes issue with his argument that the "way of blood" turned into a women's illness because the craft of incised-wound medicine became useless (*muyōka*) following the stabilization of the Tokugawa shogunate. See Koyama Seiji 小山誠次, "Nyoshinsan no rippō to chi no michi no hensen 女神散の立方と血の道の変遷," *Kanpō to shinryō* 漢方と診療 2, no. 1 (2011): 51–53; Koyama, *Shigoroku: Manase Dōsan-ryū igaku no gaiyō* 師語録　曲直瀬道三流医学の概要 (Taniguchi shoten, 2002), 64–67.

popular print culture and the intellectual dominance of *kanpō*, which drew aspiring physicians away from native therapeutic traditions and did not make external medicine a priority. The Yoshimasu school, having kept its wisdom out of public sight through secret manuscript transmission, began to diminish into an obscure folk therapy. By contrast, the Nakajō school was ineffective in controlling the circulation of its knowledge, which inadvertently resulted in the print circulation of its teachings on the commercial book market, where the "way of blood" came to represent a hazard of reproductive femininity.

The following account tracks the paths of Yoshimasu Hanshōsai (1540–1615) and Nakajō Tatewaki (fl. 1579–1644), founders of their respective namesake schools, and of those who carried, forsook, reminisced about, or forgot their names as *kanpō* prevailed to shape the perception of orthodoxy among the most learned and prolific Tokugawa physicians. Although I seek in this as in other chapters to clarify what the "way of blood" represented in specific historical contexts, what no one can offer is a verdict on what it *is*. One reason for this ignorance lies in the fact that the available primary sources yield no consensus over its definition across space and time, and to force certitude defeats the purpose of a project that aims to appreciate the workings of uncertainty. On another level, the very discomfort provoked by uncertainty provides all the more reason to examine one's own criteria and points of reference for its antithesis. This chapter invites readers to sit consciously in such discomfort.

The Convergence of Two Worlds

Masayoshi (dates unknown) took to the road in 1585, running away from what his heritage might entail. Descendants would trace his ancestry to the Hatakeyama of Kii Province in southern

Honshu, who had long held office as provincial constables (*shugo*).[55] Once ranked among the most influential warrior houses beneath the Ashikaga shogunate (1336–1573), the Hatakeyama fell into decline during the second half of the fifteenth century, when the adopted siblings Yoshinari (birthdate unknown–1490) and Masanaga (birthdate unknown–1493) resorted to warfare in a succession rivalry. The ensuing bloodshed not only split the Hatakeyama house apart but also contributed to the calamity of the Ōnin War (1467–1477) that marked the beginning of the Sengoku (Warring States) era.[56] Neither Masanaga's nor Yoshinari's heirs would ever ascend to the status of daimyo warlord in the century to come, although the former made one more attempt to remain relevant in 1584. At their own peril, the Hatakeyama of Kii unwittingly wedged themselves into the contention between two prospective unifiers of Japan. Answering a call from Tokugawa Ieyasu (1543–1616), they mobilized an offence against Toyotomi Hideyoshi (1537–1598), not knowing that the two had made peace in the meantime.[57] In the following year, 1585, Hideyoshi conquered Kii and allegedly stopped just short of eliminating Masanaga's line.[58] Masayoshi fled, eventually arriving in Kawachi Province in the eastern part of today's Osaka Prefecture, another hereditary territory that the Hatakeyama had lost. In 1590, Masayoshi found asylum there under the roof of Yoshimasu Hanshōsai.[59]

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[55] For a list of individuals who served as *shugo* of Kii Province, see Imai Takashi 今井尭 et al., eds., *Nihonshi sōran* 日本史総覧, vol. 2 (Shin jinbutsu ōraisha, 1984), 326.

[56] On the Ashikaga-era Hatakeyama, see Ishida Haruo 石田晴男, *Ōnin, Bunmei no ran* 応仁・文明の乱 (Yoshikawa kōbunkan, 2008); Morita Kyōji 森田恭二, *Kawachi shugo Hatakeyama-shi no kenkyū* 河内守護畠山氏の研究 (Kindai bungeisha, 1993); Yumikura Hirotoshi 弓倉弘年, *Chūsei kōki Kinai kingoku shugo no kenkyū* 中世後期畿内近国守護の研究 (Seibundō shuppan, 2006).

[57] In 1486, Hideyoshi would receive the clan name Toyotomi and become known as Toyotomi Hideyoshi.

[58] Hatakeyama genealogies mention this episode in varying levels of detail: *Kokon saishū* 古今采輯 (Tōkyō daigaku shiryō hensanjo, [1641] 1921), https://clioimg.hi.u-tokyo.ac.jp/viewer/image/idata/200/2071.02/1/0760.tif; Hanawa Hokiichi 塙保己一, ed., "Ryō Hatakeyama keizu 両畠山系図," in *Shoke keizusan* 諸家系図纂, vol. 5-1 (Keizubu) (Zoku gunsho ruijū kanseikai, [1641] 1943), 398; Hotta Masaatsu 堀田正敦, ed., *Kansei chōshū shokafu* 寛政重脩諸家譜, vol. 1 (Kokumin tosho, [1799–1812] 1922), 561.

[59] Yoshimasu Tōdō, *Yoshimasu Tōdō daizenshū*, vol. 1, 487.

Allegedly a fellow descendant of House Hatakeyama through Yoshinari's line, Hanshōsai made a name for himself not by taking lives on the battlefield, as might be expected of his pedigree, but rather through his practice of incised-wound medicine and childbirth medicine as a physician.[60] During his lifetime, the therapeutic style known as the Yoshimasu school achieved prominence. Medicine also acquainted Hanshōsai with such distinguished contemporaries as Manase Gensaku (1549–1632), who hailed from the prestigious Manase family of physicians and attended Emperor Go-Yōzei, among other high-status patients.[61] It was during the same year as Hideyoshi's conquest of Kii, 1585, that Gensaku penned a glowing foreword to Hanshōsai's manuscript *Kankotsu hiroku* (Secret records on bone replacement).[62] At that time, Nakajō Tatewaki, the descendant of another warrior lineage, was but a child of no more than ten years.[63] In one and a half decades, he would grow into a skillful warrior on the battlefield, although he

[60] See "Yoshimasu Kansuke shokan 吉益勘介書簡" in Yoshimasu Tōdō, *Tōdō zenshū* 東洞全集, ed. Geibi igakkai 芸備医学会 (Tohōdō shoten, 1918), 9–12.
[61] Hattori Toshirō 服部敏良, *Muromachi Azuchi Momoyama jidai igakushi no kenkyū* 室町安土桃山時代医学史の研究 (Yoshikawa kōbunkan, 1988), 352.
[62] Manase's preface for *Kankotsu hiroku* is dated 1585. Another common title for the work is *Kankotsu shō* (Records on bone replacement), although other names also exist. Manuscript copies here consulted include Yoshimasu Hanshō 吉益半咲, "Kankotsu shō 換骨抄" (n.d.), KYOTO, https://kokusho.nijl.ac.jp/biblio/100268119/; Yoshimasu Hanshōsai 吉益半咲斎, "Kankotsu shō" (1608), KYOTO, https://kokusho.nijl.ac.jp/biblio/100314785/; Yoshimasu Hanshōsai, "Kankotsu hiroku 換骨秘録" (1631), KYOTO, https://kokusho.nijl.ac.jp/biblio/100268122/; Yoshimasu Hanshōsai, "Kankotsu shō 換骨抄" ([1626] 1646), Kochi Castle Museum of History (henceforth KOCHI), call no. 099–0575–002; Yoshimasu Hanshōsai 吉益半笑斎, "Kinsō sho 金瘡書" (1609), Naito Museum of Pharmaceutical Science and Industry (henceforth NAITO), call no. 49886; Yoshimasu Hanshō 吉益半咲 and Yoshimasu Toyohiro 吉益豊廣, "Geka gokuden 外科極伝" (1616), Kyushu University Library (henceforth KYUSHU), http://hdl.handle.net/2324/1001044305. Due to its incompleteness, NAITO catalogs the manuscript author as its preface writer Manase Gensaku.
[63] There is a lack of consensus in primary sources over Tatewaki's date of birth. *Teizan-kō chika kiroku*, the official chronicle of Sendai Domain during the time of Date Masamune (1567–1636), states that Tatewaki was twenty-five in the fifth year of Keichō (1600), around the time of the Battle of Sekigahara. This would place his date of birth in 1576. Taira Shigemichi 平重道, *Date chika kiroku* 伊達治家記錄, vol. 2 (Hōbundō shuppan, 1973), 474. However, according to *Nakajō-ke monjo*, the documents of the Nakajō family currently housed at Yamagata University, Tatewaki was four years old when his father passed away in the tenth year of Tenshō (1582), which places Tatewaki's birthdate instead in 1579. Nakajō chōshi hensan iinkai 中条町史編さん委員会, ed., *Nakajō chōshi: Shiryōhen* 中条町史　資料編, vol. 1 (Nakajō-machi, 1982), 727.

too would find a calling in medicine.[64] In time, Japanese physicians would cite the Nakajō school that was named after Tatewaki's legacy side by side with the Yoshimasu school of Hanshōsai in their accounts of the most remarkable native therapeutic traditions of Japan, even though the public reception of each in the long run could not be more dissimilar.

Fearing persecution, Masayoshi concealed his identity as a Hatakeyama, adopted the Yoshimasu surname, and lived out the rest of his life practicing medicine. Toyotomi Hideyoshi's death in 1598 did not weaken Masayoshi's determination to stay away from the contest for power. Nor did he reverse that decision when Kii Province entered into the hands of the more-friendly House Asano following the decisive Battle of Sekigahara in 1600, from which Tokugawa Ieyasu emerged as the master of a new age.[65] Established at the dawn of the seventeenth century, the Tokugawa shogunate would enjoy comparative domestic peace until it crumbled under Tamae's watch in the nineteenth century.

What Masayoshi and Hanshōsai's encounter brought to light was the convergence of two seemingly opposite worlds, a dynamic closely connected to the metamorphosis of the "way of blood" during the Tokugawa era. For those faced with the unpredictable rotation of war and peace, military swords and medical lancets were sometimes two edges of the same blade. It was no coincidence that Hanshōsai concentrated on both incised-wound medicine and childbirth medicine. As far as patient demographic is concerned, Hanshōsai's expertise straddled the most feminine and the most masculine worlds of healthcare known to his time. What the two endeavors shared was a frequent confrontation with health complications related to blood, an

[64] Present-day reference works typically render the name as Chūjō Tatewaki. However, I follow the historian Yamagata Shōichi's romanization of the name as Nakajō Tatewaki, a pronunciation that my archival research in primary sources confirms. See Yamagata Shōichi 山形敞一, "Nakajō Tatewaki to Nakajō-ryū sanka 中條帯刀と中條流産科," *Nihon ishigaku zasshi* 30, no. 3 (1984): 253–267.
[65] Yoshimasu Tōdō, *Yoshimasu Tōdō daizenshū*, vol. 1, 487.

intersection that Japanese physicians themselves took notice of as soon as the enduring Tokugawa peace afforded them the clarity of hindsight. Kurokawa Dōyū (1623–1691), a doctor in the employ of Hiroshima Domain, remarked on the phenomenon in his 1663 publication *Honchō ikō* (An evaluation of medicine in our realm) under the entry "external medicine":

> There are by and large two genealogies of surgical medicine (*yōka*) in our realm. One is called Takatori. It is a tradition that originated in our own realm. The other is called the Southern Barbarian school (*Nanban-ryū*). It comes from the Western followers of Jesus (*seiyō Iezusu no to*) and specializes in treating ulcers, sores, boils, swellings, and other types of wounds. Furthermore, our realm has held martial valor and skill in esteem since ancient times and taking the lead on the battlefield has become the duty of samurai (*shi*). Many suffer injuries in every battle as a result. While surgeons (*yōi*) also treat incised injuries caused by bladed objects, there have been a great many who are of samurai rank but specialize in the same practice. They are called physicians of *kinsō*. The likes of the Yoshimasu school and the Nakajō school belong to this group, who extend their practice to treat women's prenatal and postpartum illnesses as well.[66]

Dōyū's cartography of therapeutic techniques depicted seventeenth-century Japan and its recent past as a fertile ground for medical pluralism and versatility. The field of external medicine encompassed contributions from both native and foreign sources, among which the Yoshimasu and Nakajō schools stood out thanks to their shared competence in applying their expertise across the spectrum of gender. While Dōyū expressed no doubts about these two schools' ability to repurpose their techniques amidst the contingency of war, his chronicle invites the question of just how their practitioners would adjust to the healthcare demands of a peacetime society.

The peer attention that the native Yoshimasu and Nakajō schools garnered would long outlive the Tokugawa shogunate's reign. Both would appear within the pages of *Dai-Nihon joka enkaku kō* (Treatise on the history of gynecology in Great Japan), a work of history published in 1882 by the *kanpō* master Kawachi Zensetsu (1834–1908), who attended the imperial family at

[66] Ōtsuka Keisetsu 大塚敬節 and Yakazu Dōmei, eds., *Kinsei kanpō igakusho shūsei* 近世漢方医学書集成, vol. 40 (Meicho shuppan, 1981), 130.

the height of his career.[67] Kawachi enumerated three crucial developments in women's medicine in Japan over the previous millennium. He traced the earliest to the eighth-century reign of Japan's female emperors, whose imperial courts appointed male "professors of women's medicine" (*nyoi hakase*) to train female doctors (*nyoi*) in Chinese medicine.[68] In Kawachi's view, the role of *nyoi hakase* subsequently diminished under the Ashikaga shogunate until it was revived in 1816 through the appointment of Kagawa Ransai (1771–1833), a male member of the Kagawa school of childbirth medicine.[69] Known for innovative surgical procedures "without precedent in either Japan or China," the Kagawa school earned Kawachi's respect as representative of the third and most recent development.[70] Filling the gap between the sixteenth and the eighteenth centuries were the Takatori, Yoshimasu, and Nakajō schools, about whom Kawachi wrote: "With surgical medicine they ventured into women's medicine, and their practice prospered in the regions surrounding Kyoto."[71]

Around the turn of the twentieth century, the Yoshimasu and Nakajō schools' imprint on collective memory was also where *kanpō* practitioners found themselves in rare agreement with their colleagues in Western scientific medicine. In his *Nihon igakushi* (History of medicine in Japan), a 1904 publication by the German-trained physician-historian Fujikawa Yū (1865–1946), the Yoshimasu and Nakajō both ranked high on the list of *kinsō* schools and received recognition

[67] Kawachi Zensetsu was among the few *kanpō* doctors who attended children of the imperial family. See Yakase Yasuaki 深瀬泰旦, "Meiji jūrokunen to dō nijūichinen no jōshinsho kara mita Meiji tennō ōjijo yōsetsu mondai 明治 16 年と同 21 年の上申書からみた明治天皇皇子女夭折問題," *Nihon ishigaku zasshi* 61, no. 2 (2015): 163–178.
[68] Kawachi Zensetsu 河内全節, "Honchō joka enkaku kō 本朝女科沿革考," *Onchi idan* 温知医談, no. 36 (1882): 3–4.
[69] On the Kagawa school, see also Yuki Terazawa, *Knowledge, Power, and Women's Reproductive Health in Japan, 1690–1945* (Springer International, 2018), 77–124.
[70] Kawachi, "Honchō joka enkaku kō," 3.
[71] Kawachi, "Honchō joka enkaku kō," 3.

for their ability to branch outward into childbirth medicine.[72] Musing about the reasons that *kinsō* practitioners thought it feasible to apply their therapeutic techniques on the battlefield within the new context of women's healthcare, Fujikawa opined as follows: "Perhaps it was because in incised-wound medicine there existed the rubric of the 'seven matters of blood' (*ketsurui shichiki*), and since childbirth also falls under [the category of conditions related to] blood, it was seen as the same as trauma."[73] To be sure, the "seven matters of blood" occupied a central place within the interpretive framework of the Yoshimasu school, referring to cuts (*kirikizu*), stab wounds (*tsukikizu*), arrow wounds (*yakizu*), contused wounds (*uchikizu*), the prenatal (*sanzen*), the postpartum (*sango*), and the "great way of blood (*ō-chi no michi*)."[74]

What Fujikawa Yū did not mention was that viewing the blood, body, and healthcare of different genders as possessing a similar nature was not a universal judgement within the longue-durée history of medicine.[75] Among the momentous influences of Chinese medicine on the epistemologies of health in Japan was the belief that women were especially susceptible to illness on the basis of a perceived psychological and behavioral disposition allegedly inherent to the female gender.[76] In *Zōho shigoroku* (Expanded sayings of the master), the analects of Manase

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[72] Fujikawa Yū 富士川游, *Nihon igakushi* 日本医学史 (Shōkabō, 1904), 222–224, 325–327. For a biography of Fujikawa, see Fujikawa Hideo 富士川英郎, *Fujikawa Yū* 富士川游 (Ozawa shoten, 1990).
[73] Fujikawa, *Nihon igakushi*, 224.
[74] This conception of "seven matters" is common in manuscripts attributed to Hanshōsai. See, for example, Yoshimasu Hanshōsai, "Kankotsu hiroku" (1631), KYOTO, images 12 and 13, https://kokusho.nijl.ac.jp/biblio/100268122/.
[75] Historical studies of perceptions of sex and/or gender differences in medicine outside East Asia before the twentieth century include Joan Cadden, *Meanings of Sex Difference in the Middle Ages: Medicine, Science, and Culture* (Cambridge University Press, 1993); Helen King, *The One-Sex Body on Trial: The Classical and Early Modern Evidence* (Ashgate, 2013); Thomas Walter Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Harvard University Press, 1990). On East Asian medical interpretations of sex and gender, see Charlotte Furth, *A Flourishing Yin: Gender in China's Medical History, 960–1665* (University of California Press, 1999); Furth, "Blood, Body, and Gender: Medical Images of the Female Condition in China, 1600–1850," in *Chinese Femininities/Chinese Masculinities: A Reader*, ed. Susan Brownell and Jeffrey Wasserstrom (University of California Press, 2002), 291–314; Yi-Li Wu, "The Menstruating Womb: A Cross-Cultural Analysis of Body and Gender in Hǒ Chun's Precious Mirror of Eastern Medicine (1613)," *Asian Medicine* 11, no. 1/2 (2016): 21–60.
[76] On the linkage of emotions, femininity, and pathology in classical Chinese medicine, see Hsiu-fen Chen, "Between Passion and Repression: Medical Views of Demon Dreams, Demonic Fetuses, and Female Sexual

Gensaku's predecessor and adoptive father Dōsan (1507–1594), an uncredited though nonetheless conspicuous reference to the writings of the Chinese physician Sun Simiao (birthdate unknown–682) provides one such example.[77] "Women relish lechery more than men do, not to mention the fact that they experience compassion (*jihi*), partiality, jealousy, melancholy, and depression, and are unable to feel fulfilled on their own, and therefore they fall ill. For this reason, they are ten times more difficult to treat than men."[78] In such a discourse, emotions not only amounted to a cause of pathology, but they also explained women's peculiar vulnerability to illness. Buddhism too shaped healing practices and promoted the widespread view of female blood as a source of contamination, which conveniently echoed the Shinto belief that deities abhorred blood, including that of childbirth and menstruation, as a type of ritual defilement (*kegare*).[79] By the end of the sixteenth century, the idea was already in circulation that a Blood Pool Hell (*chi no ike jigoku*) existed to impede women's salvation.[80] Operating within a medical pluralism greatly shaped by foreign influences, the means by which the Yoshimasu and Nakajō schools navigated the "way of blood" had as much to do with applying medical knowledge as

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Madness in Late Imperial China," *Late Imperial China* 32, no. 1 (2011): 65; Sabine Wilms, "'Ten Times More Difficult to Treat': Female Bodies in Medical Texts from Early Imperial China," *Nan Nü* 7, no. 2 (2005): 182–215; Yi-Li Wu, "Ghost Fetuses, False Pregnancies, and the Parameters of Medical Uncertainty in Classical Chinese Gynecology," *Nan Nü* 4, no. 2 (2002): 170, 184, 186.

[77] Sun's original text appears in the *fanri* (J. *hanrei*, explanatory notes) of the first volume of *Bei ji qian jin yao fang*. The title was printed in Japan as well. See Sun Simiao 孫思邈, *Bikyū senkin yōhō [Bei ji qian jin yao fang]* 備急千金要方, ed. Lin Yi 林億, vol. 1 (Kyoto: Tsurugaya Kyūbee, 1659), Waseda University Library (henceforth WASEDA), 17 (image 21), https://archive.wul.waseda.ac.jp/kosho/ya09/ya09_00175/ya09_00175_0001/ya09_00175_0001.pdf.

[78] Manase Dōsan 曲直瀬道三, *Zōho shigoroku* 増補師語録 (Edo: Toshikuraya Kihee, 1685), KYOTO, image 103, https://kokusho.nijl.ac.jp/biblio/100314962/.

[79] On gender-related ritual defilement, see Barbara Ambros, "The Medieval Period: Buddhist Reform Movements and the Demonization of Femininity," chap. 5 in *Women in Japanese Religions* (New York University Press, 2015); Katō Mieko 加藤美恵子, "Chūsei no shussan: Chakutai, kaizoe, ketsue 中世の出産　着帯・介添え・血穢," in *Nihon chūsei no bosei to kegarekan* 日本中世の母性と穢れ観 (Hanawa shobō, 2012); Haruo Shirane, "Defilement, Outcasts, and Disability in Medieval Japan: Reassessing *Oguri* and Sermon Ballads as Regenerative Narratives," *Japanese Journal of Religious Studies* 49, no. 2 (2022): 283–330.

[80] A summary of scholarship on the Blood Pool Hell can be found in Hank Glassman, "At the Crossroads of Birth and Death: The Blood Pool Hell and Postmortem Fetal Extraction," in *Death and the Afterlife in Japanese Buddhism*, ed. Jacqueline I. Stone and Mariko Namba Walter (University of Hawaii Press, 2008), 175–206.

with assuming a stance on the pathological implications of gender. Neither school travelled this intellectual journey in isolation, given the many and at times conflicting paths of interpretation already being explored before and during their formative years, to which this chapter will now turn.

The Unfolding of the "Way of Blood"

Despite his best efforts, Mizuno Takusai (dates unknown) found it best to define the "way of blood" through negation in *Yōjōben* (On nurturing life), his 1842 treatise on wellness and healthcare. According to Mizuno, "the 'way of blood' is a Japanese expression and disease name that does not exist in books from China."[81] His statement was half correct. Save for one generic reference to the normal course of blood in the 1804 writings of the physician Chen Xiuyuan (c. 1753–c. 1823), the term was all but invisible in the Chinese medical canon.[82] Yet neither had the "way of blood" always been considered pathological in Japan. In the tenth-century encyclopedia *Wamyō ruijushō* (Classified annotations of Japanese names), *chi no michi* appeared as a vernacular reference to, and as the Japanese translation of, the Chinese characters for the course or pathway of blood.[83]

By the fourteenth century, at least two divergent conceptualizations of the "way of blood" had emerged in the texts of incised-wound medicine. The first may be found in *Kinsō ryōjishō* (Notes on treating incised wounds), compiled in 1357, during the tumultuous early decades of

[81] Mizuno Takusai 水野澤齋, *Yōjōben* 養生辨, vol. 2 (Edo: Suharaya Mohei, 1842), Keio University Library Fujikawa Collection (henceforth KEIO), 31–33 (images 91–92), https://kokusho.nijl.ac.jp/biblio/100244907/. There are disease names and health concepts in Chinese medicine that, in certain contexts, can carry a meaning similar to the "way of blood," and some Japanese medical authorities did in fact use those to explain the latter's meaning. However, the term *chi no michi* (血道 or 血之道) does not appear in classical Chinese literature as the name of any given health condition, despite the fact that many health concepts and disease names are shared between Japan and China.

[82] Xiuyuan Chen 陳修園, *Yi xue san zi jing jian shi* 医学三字經簡釋 (Si chuan ren min chu ban she, 1957), 44.

[83] Minamoto Shitagō 源順, *Wamyō ruijushō* 倭名類聚鈔, vol. 2 (n.p.: Nawa Dōen, 1617), 11, National Diet Library (henceforth NDL), https://dl.ndl.go.jp/pid/2544217/1/12.

the Ashikaga shogunate.[84] One of the oldest surviving texts of incised-wound medicine created in the Japanese archipelago, the manuscript cautions about the abnormality of the "way of blood," defining it as a "matter of gravity" resulting from severe wounds. The preface provides a more extensive prognosis: "When people suffer wounds, their way of blood becomes abnormal, and often they go mad. If they go mad, theirs will absolutely be the kind of madness that drives them to conflict. Do not put long or short swords (*tachi katana*) within their reach."[85] In parallel with the interpretation found in *Wamyō ruijushō*, the manuscript's anonymous author perceived the "way of blood" as part of an internal order whose disruption might well cost individuals their sanity. The resulting symptoms of derangement and violence were alarming due to the presumed social identity of the victims, whose ready access to professionally manufactured weaponry was taken for granted and whose disarmament warranted an explicit reminder. In other words, warrior males who took part in combat were expected to be the most likely victims of an abnormality of the "way of blood."

Not all works of incised-wound medicine endorsed a nonpathological reading of the "way of blood." One autumn day in 1391, shortly before the Ashikaga shogunate consolidated its power, an obliging Tominokōji Norizane (dates unknown) completed *Kihō* (Demonic methods) while sojourning as a guest in the Uji region of Yamashiro Province, the southern part of today's Kyoto Prefecture.[86] Little is known about Norizane's life, save for the fact that he penned *Kihō* on request, perhaps to please his hosts, though not without insisting that its content be kept

[84] A useful English-language study of the period is Thomas Conlan, *State of War: The Violent Order of Fourteenth-Century Japan* (Center for Japanese Studies, University of Michigan, 2003).
[85] "Kinsō ryōjishō 金瘡療治鈔" (1357), International Research Center for Japanese Studies (henceforth NICHIBUNKEN), image 6, https://toshonin.nichibun.ac.jp/webopac/BB10007108.
[86] For a more comprehensive discussion of the title, see Andrew Edmund Goble, "Kinsōi to *Kinsō ryōjishō* 金瘡医と『金瘡療治鈔』," *Nihon ishigaku zasshi* 47, no. 3 (2001): 598–599; Goble, "Warfare, Wound Medicine, and Song Medical Knowledge."

private.[87] Citing oral transmissions associated with Kūkai (774–835), the founder of Shingon Buddhism, the manuscript's opening section discusses techniques for controlling bleeding. "Knead some raw water celery (*seri*) and then apply it. Also, add mugwort (*mogusa*), heat it up, and apply it to the wound. Furthermore, infuse the Penglai plant (*hōrai*), cover the stalks and boil them in a soup. This heals and stops the way of blood."[88] In Norizane's manuscript, the "way of blood" was a complication of wounds that needed to be tackled.

Norizane's desire to keep *Kihō* secret was neither unusual nor unreasonable. Instead, it signaled a defining feature of the emerging genre of medical literature that his work pioneered. References in extant *kinsō* texts to warrior clans or individuals appointed as ceremonial governors (*kami*) of Bungo, Izumi, and other provinces suggest that, as an occupational group, warrior elites contributed substantially to the knowledge production and transmission of incised-wound medicine across the fifteenth and sixteenth centuries.[89] Amidst the civil wars of the Sengoku era, warrior houses that commanded armed forces in great numbers held a vested interest in improving the quality of incised-wound medicine and possessed the incentive to gatekeep its techniques. In the absence of a commercial publishing industry and popular print culture, which would not emerge until the seventeenth century, imparting medical knowledge relied on a combination of oral tradition and scribal exercise.[90] The conviction that treatments for

[87] Tominokōji Norizane 富小路範實, "Kihō 鬼法" (1391), KYOTO, image 32, https://rmda.kulib.kyoto-u.ac.jp/item/rb00001869.
[88] Tominokōji, "Kihō," image 6.
[89] For examples, see "Kinsō hiden no sho 金瘡秘傳之書" (1622), NICHIBUNKEN, image 26, https://toshonin.nichibun.ac.jp/webopac/TW90019545; Yamaga Sokō 山鹿素行, "Heihō shinbu yūbishū 兵法神武雄備集" (1651), Tohoku University Library Kano Collection (henceforth THKK), image 330, https://kokusho.nijl.ac.jp/biblio/100331327/.
[90] On scribal versus print culture, see Hayami Kaori 速水香織, *Kinsei zenki Edo shuppan bunkashi* 近世前期江戸出版文化研究 (Bungaku tsūshin, 2020); Andrew T. Kamei-Dyche, "The History of Books and Print Culture in Japan: The State of the Discipline," *Book History* 14, no. 1 (2011): 270–304; Peter F. Kornicki, "Manuscript, Not Print: Scribal Culture in the Edo Period," *Journal of Japanese Studies* 32, no. 1 (2006): 23–52.

the incised wounds of war carried political weight and should be safeguarded as secrets would not be easily forsaken even during the peacetime of the Tokugawa era.[91]

The effort to keep *kinsō* manuscripts out of the public eye did not mean that the "way of blood" itself operated as an esoteric concept. Nor did the health condition persist as a masculine concern once it was removed from the context of the battlefield. Such was the experience of Sanjōnishi Sanetaka (1455–1537), a high-ranking noble of the imperial court in Kyoto, who found the arrival of summer in 1488 difficult, though not due to any warfare near his home. In the afternoon of an otherwise fair day, the courtier's wife fell victim to the "way of blood," from which she had barely recovered in the spring.[92] "The shock was limitless. I tried various ways to help her rest and recuperate," Sanetaka wrote in his diary.[93] Insofar as the "way of blood" continued to affect men in oases of peace, it did so by proxy through the women in their lives. Rushing to the flustered husband's aid at night was Takeda Suō (also known as Genkei, birthdate unknown–1497), a friend from the Takeda family of physicians, who took the patient's pulse and prescribed a ginseng decoction. "She threw up after taking it but received some relief in the deep of the night," recorded Sanetaka.[94] Unfortunately, the lady's "way of blood" was tenacious. Within two weeks, she developed "abdominal pain," for which a decoction made of the imported Chinese herb *engosaku* (Ch: *yan hu suo*, *Corydalis yanhusuo*) was administered.[95] The medication apparently worked wonders, in response to which an impressed Sanetaka commented

[91] For example, a scroll on incised-wound medicine for fighting personnel speaks of the secrecy of its teachings as late as 1681. See "Gunjin kinsō higoku no maki 軍陣金瘡秘極巻" (1681), NDL, https://kokusho.nijl.ac.jp/biblio/100323103/.
[92] Sanjōnishi Sanetaka 三条西実隆, *Sanetaka-kō ki* 実隆公記, ed. Sanjōnishi Kin'osa 三条西公正, vol. 2 (Sanjōnishi Saneyoshi, 1932), 45.
[93] Sanjōnishi, *Sanetaka-kō ki*, vol. 2, 72.
[94] Sanjōnishi, *Sanetaka-kō ki*, vol. 2, 72.
[95] Sanjōnishi, *Sanetaka-kō ki*, vol. 2, 87.

with awe: "*Engosaku* is the best for treating the abdominal pain of the way of blood. People say it does not grow in Japan, and its potency remains even when worms have fed on it."[96]

Roughly a century later, the Chinese physician Li Shizhen (1518–1593) would detail *engosaku*'s utility in his canonical work on pharmacology *Bencao gangmu* (Compendium of *materia medica*). Prefaced by the statement that "it breaks through [stagnant] blood (*po xue*)," the herb is indicated first and foremost for "women's menstrual irregularity."[97] Other indications include "bound lumps in the abdomen," "all postpartum blood diseases," "blood vertigo," "the sudden rushing-up of blood," and "loss of blood following an injury."[98] The most intriguing observation, however, comes in the form of an appended comment: "It removes the fetus" (*luo tai*).[99]

Insofar as the birthing bed constituted a battlefield where life was both sustained and lost, women did not need to fight like men to experience either the "way of blood" or the madness it triggered. In his diary from 1486, for example, another courtier, Konoe Masaie (1445–1505), described what he expressly framed as a pathological condition. "The nineteenth day of the third month. Rain. Senior lady-in-waiting (*jōrō*) Ishigura moved into the Kyōrinbō temple. She has unexpectedly fallen ill as of late. I heard about emotional agitation, the way of blood, and miasma (*jaki*), and that she goes through periods of frenzy…."[100] It would not be until nearly a month later that Ishigura returned from the temple. Masaie never specified what the "way of blood" entailed or how Ishigura had managed to recuperate, but that was perhaps the point of his

[96] Sanjōnishi Sanetaka, *Sanetaka-kō ki*, vol. 10 (Zoku gunsho ruijū kanseikai, 1959), 506–507.
[97] My rendering of the original benefits from a translation by Paul Unschuld. See Shizhen Li, "Ben Cao Gang Mu, Volume III: Mountain Herbs, Fragrant Herbs," in *Ben Cao Gang Mu, Volume III*, trans. Paul U. Unschuld (University of California Press, 2022), 378.
[98] Li, "Ben Cao Gang Mu, Volume III," 378.
[99] Li, "Ben Cao Gang Mu, Volume III," 378.
[100] Tōkyō daigaku shiryō hensanjo 東京大学史料編纂所, *Dai-Nihon shiryō* 大日本史料, vol. 8 (19) (Tōkyō daigaku, 1938), NDL, 493, https://dl.ndl.go.jp/pid/3450601.

ambiguous diary entry. By virtue of its ontological opacity, the diagnosis helped keep the precise, and potentially scandalous, causes of Ishigura's ordeal in the dark.

By the sixteenth century, the "way of blood" had made its way into medical literature beyond the realm of incised-wound medicine. One example may be found in the family library of the Yamashina, an aristocratic lineage whose interest in medicine blossomed through three consecutive generations. Through the joint efforts of Tokitsuna (1486–1530) and Tokitsugu (1507–1579), who were father and son, *Kaden hihō* (Secret family prescriptions) was passed down privately as the Yamashina family's handwritten copy of texts that lay in the possession of the director of the Bureau of Medicine at court. Dating from 1531, *Kaden hihō* describes the "way of blood" as a condition arising "from the cold."[101] That is, "when it becomes cold, blood freezes and loses the ability to move freely. It rises upward but is unable to descend. That is why one warms the blood and helps it move freely [in order to treat the way of blood]."[102] While the manuscript's tone appears gender-neutral up to this point, readers would soon discover that not all types of "blood" were created equal. "As for the various illnesses of women, when stale blood (*furuchi*) freezes, it causes all of their illnesses," the manuscript continues, identifying female blood's de-facto susceptivity to "the cold" as a culprit for women's poor health.[103] In turn, the text recommends Shimotsutō (Ch: *si wu tang*), a celebrated formula from the twelfth-century imperial pharmacopoeia of China's Northern Song dynasty, as the "chief medicine for women's way of blood."[104]

[101] Kasuo Sanmi Hōgen 糟尾三位法眼, "Kaden hihō 家伝秘方" (1531), Sakamoto Ryūmon bunko, Nara Women's University, image 8, https://www.nara-wu.ac.jp/aic/gdb/mahoroba/y05/html/225/.
[102] Kasuo Sanmi Hōgen, "Kaden hihō," image 8.
[103] Kasuo Sanmi Hōgen, "Kaden hihō," image 8.
[104] Kasuo Sanmi Hōgen, "Kaden hihō," image 28.

Half a century later, Tokitsugu's son Tokitsune (1543–1611) would put the family's painstakingly accumulated medical knowledge into practice. In the early winter of 1586, Tokitsune diagnosed a woman for the "way of blood" and offered her an adjusted formula of Shimotsutō.[105] Two years later, he would prescribe another female sufferer of the "way of blood" Aisuyaku, a family formula made from the humble cowpea (*sasage*), which a male patient too had previously requested for a cut in the thigh.[106] At the time, it should be remembered, Hideyoshi's conquest of Kii Province was still fresh in memory. Yet neither the fate of those defeated in war nor the future of the "way of blood" as a diagnosis was a settled matter at the time. Within two years, Hatakeyama Masayoshi would begin a new life in healing. In Kawachi Province, Yoshimasu Hanshōsai had recently received endorsement from Manase Gensaku for his new manuscript, a text that similarly addressed the gender of illness through the selective use of *materia medica*.

The Yoshimasu's Secret Matters

It was during the war-plagued age of Yoshinari and Masanaga that House Hatakeyama began to appear as a contributor to incised-wound medicine. Under the title *Kinsō sanbu no maki* (Book on incised-wound medicine and childbirth medicine), an undated manuscript defines the Sinitic expression for blood circulation or blood vessel as the "way of blood" (*chi no michi*), while crediting Hatakeyama Yoshinari as one of multiple sources for its eclectic collection of pharmaceutical formulas.[107] Similarly, a surviving copy of *Kinsō hidenshū* (Collection of secret traditions in incised-wound medicine) dating from 1718 identifies the original transmitter of its

[105] Yamashina Tokitsune 山科言經, *Tokitsune-kyō ki* 言經卿記, ed. Tōkyō daigaku shiryō hensanjo, vol. 2 (Iwanami shoten, 1960), 189.
[106] Yamashina, *Tokitsune-kyō ki*, vol. 3 (Iwanami shoten, 1962), 56, 223.
[107] "Kinsō sanbu no maki 金瘡産部巻" (n.d.), NAITO, call no. 36379.

teachings as "Harima Province governor Hatakeyama Sukemori."[108] Carrying Sukemori's torch was Hosokawa Katsumoto (1430–1473), whose tenure as deputy shogun (*kanrei*) for the Ashikaga shogunate and whose role in the controlled circulation of *Kinsō hidenshū* were both succeeded by Hatakeyama Masanaga.[109] Although the Hatakeyama's political influence had long diminished even before Hideyoshi's 1585 campaign in Kii Province, their legacy in incised-wound medicine quietly prevailed, trickling even into the Tokugawa shogunate's last decades. The warrior house's contribution to the craft of healing is documented in *Honchō ika koseki kō* (Evaluation of the medical lineages and old books of our realm), a medical bibliography completed in 1815 by the physician Nakagawa Shūtei (1771–1850). "Among books on incised-wound medicine, many reportedly originated from the Hatakeyama clan or from the Yoshimasu school. Although it is unclear when such books first came into being, they appear to be works from the Sengoku era."[110] In an additional observation, Shūtei continued his discussion of what now seemed distant history.

> Once in a while, there are books that describe what falls under the rubric of the prenatal, the postpartum, and *kinsō* as the seven matters of the way of blood. Those books constitute an independent lineage from ancient times and contain treatments and prescriptions for the aforementioned conditions. Although many of those date from around two or three hundred years ago, there are also some that date back to even earlier times.[111]

The high regard in which the Hatakeyama name and the Yoshimasu school were held within late Tokugawa physicians' reconstruction of the past can be attributed to the efforts of Yoshimasu Hanshōsai. As the losers in the Hatakeyama's fifteenth-century succession rivalry,

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[108] "Kinsō hidenshū 金瘡秘伝集" (1718), National Archives of Japan (henceforth NAJ), image 24, https://www.digital.archives.go.jp/img.pdf/698553.
[109] For a full list of deputy shoguns (*kanrei*) of the Muromachi period, see Imai, *Nihonshi sōran*, 303.
[110] Nakagawa Shūtei 中川修亭, "Honchō ika koseki kō 本朝医家古籍考" (1815), WASEDA, image 33, https://www.wul.waseda.ac.jp/kotenseki/html/ya09/ya09_00911/index.html.
[111] Nakagawa Shūtei, "Honchō ika koseki kō," image 34.

Yoshinari's line suffered overwhelming underrepresentation in most of that house's extant genealogies, with one glaring exception in the form of a scroll completed in 1632 that traces the Yoshimasu bloodline back to Yoshinari.[112] Although the assertion was likely inflated, myths too can shed light on history, especially given that Hanshōsai was an older brother to the scroll's creator and an uncle to its editor.

Hanshōsai's life story unfolds in detail at the end of that singular scroll. Born as Sukehide, the eighth son of Tadasuke (1510–1551), Hanshōsai was twelve years old when his father died during combat in Kawachi Province. Together with his older brother Morihide (c. 1537–1604) and younger brother Takahide (1542–1618), Sukehide numbered among just three of Tadasuke's eight sons to survive the political and military plot that cost their father his life. The eldest of the three, Morihide, took the Buddhist tonsure in the early winter of his twenty-fifth year, disillusioned with a career premised on the contest for power. After pursuing a secular livelihood, the youngest, Takahide, handed over a preliminary draft of the family's genealogy to his son Tadaaki (1586–1659) in the summer of 1616, during the twilight years of his life.[113] Tadaaki proved to be a dutiful and prolific heir. Not only did he bring the family genealogy to completion in 1632, but his archival endeavors also left a trail of clues about the life decisions of his other uncle, Sukehide.

After weathering a traumatic adolescence, Sukehide adopted the sobriquet Hanshōsai, literally the Studio of the Half-Smile, and pursued the craft of healing.[114] In a world where

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[112] Kawaoka Tsutomu 川岡勉, ed., *Hatakeyama-ke monjoshū* 畠山家文書集 (Habikino-shi, 1991), 90. Genealogical studies from the late twentieth century have made a solid case against this claim. That is, while the Yoshimasu were positively connected to the Hatakeyama, the former were not necessarily the direct or legitimate descendants of Yoshinari but more likely the latter's administrative stewards (*bugyōnin*). Kawaoka, *Hatakeyama-ke monjoshū*, 94.

[113] Kawaoka, *Hatakeyama-ke monjoshū*, 45–49.

[114] For a Tokugawa-period claim of Hanshōsai's descent from Hatakeyama Yoshinari, see "Yoshimasu Kansuke shokan," 9–12.

warfare continued to create bloodshed, Hanshōsai became a specialist in external medicine. "From then on," his fellow physician and contemporary Manase Gensaku related approvingly, he had "run to the rescue of those who have suffered beatings from canes or wounds from blades regardless of their social station. His treatment is never ineffective and truly always hits the mark."[115] By the year 1585, Hanshōsai's career had culminated both in the establishment of the Yoshimasu school as a respectable therapeutic style and in a medical manuscript titled *Kankotsu hiroku* (Secret records on replacing bones).

At first glance, *Kankotsu hiroku* displays many of the characteristics that texts of incised-wound medicine from Hanshōsai's time typically shared. Instead of an abstract treatise, the manuscript was first and foremost a compendium of prescriptions based on heterogenous sources. These include a couple of signature formulas from other *kinsō* traditions, crude drugs frequently featured in canonical Chinese medical literature, and miscellaneous remedies concocted from such humble ingredients as "charred deer antler" and "earthworms from the soil of June."[116] Various copies of the manuscript additionally cite the four-ingredient Shimotsutō as a treatment for "injuries, the prenatal, and the postpartum," demonstrating an understanding of Chinese *materia medica*.[117] In line with the work's broad and pragmatic sourcing of therapeutics, the direct communication of practical knowledge takes precedence over scholarly rhetoric on the

[115] Manase Gensaku's preface of 1585 can be found in most copies of the manuscript. See, for example, Yoshimasu Hanshōsai, "Kankotsu hiroku" (1631), KYOTO, image 6; Yoshimasu Hanshōsai, "Kankotsu shō" (1608), KYOTO, image 4.

[116] Yoshimasu Hanshō 吉益半咲, "Kankotsu shō 換骨抄" (n.d.), KYOTO, images 18, 21, https://kokusho.nijl.ac.jp/biblio/100268119/.

[117] For Shimotsutō 四物湯, see Yoshimasu Hanshō, "Kankotsu shō" (n.d.), KYOTO, image 32, https://kokusho.nijl.ac.jp/biblio/100268119/; Yoshimasu Hanshōsai, "Kankotsu hiroku" (1631), KYOTO, image 9; Yoshimasu Hanshōsai, "[Kinsō sho]" (1609), NAITO, call no. 49886, images 19–20. The 1609 manuscript specifically brings up cold and heat patterns, both of which concepts frequently appear in Chinese and Chinese-style medical literature. For Shimotsutō as the ingredient of a separate formula (Shinsōto, "decoction of the divine herb") that treats injuries and childbirth-related complications alike, see Yoshimasu Hanshōsai and Yoshimasu Toyohiro, "Geka gokuden" (1616), KYUSHU, images 23–26.

manuscript's pages, whereas instructions on therapeutic methods other than the external application or oral administration of medications are routinely brief and often abridged. Such is the case, for example, with the "medication and acupuncture for injuries caused by assault (*teoi*) and likewise for the way of blood," regarding which the manuscript commands that the technical details of the treatment regimens be reserved for oral transmission only, a common practice in *kinsō*.[118]

Despite giving the impression that expounding theory was of no urgency to its author, *Kankotsu hiroku* stood out from the majority of works in its genre by virtue of its mode of conceptualizing the subject matter at hand. A departure from the norm for *kinsō*, the defining feature of *Kankotsu hiroku* and the Yoshimasu school lay in Hanshōsai's approach to classification. Using a rubric he dubbed the "seven matters" (*shichiki*), Hanshōsai placed seven conditions in an array: cuts (*kirikizu*), stab wounds (*tsukikizu*), arrow wounds (*yakizu*), contused wounds (*uchikizu*), the prenatal (*sanzen*), the postpartum (*sango*), and the "great way of blood" (*ō-chi no michi*).[119] Never before had a physician intentionally positioned the "way of blood" at the center of their epistemology of illness, nor would another do so until well into the twentieth century.[120] Hanshōsai's selection of the "seven matters" suggests that the historical integration of childbirth medicine into the Yoshimasu school's purview was neither a chance occurrence nor an improvised afterthought but rather a conscious choice, made at a critical historical moment, when military campaigns for political unification were gathering momentum and beginning to show prospects of realization.

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[118] Yoshimasu Hanshō, "Kankotsu shō" (n.d.), KYOTO, image 20.
[119] Often, if not always, manuscripts will include a matrix chart of the "seven matters" and how different variations of a single prescription called Jumeisan match each of the "matters." See Yoshimasu Hanshōsai, "[Kinsō sho]" (1609), NAITO, call no. 49886, image 2; Yoshimasu Hanshōsai, "Kankotsu hiroku" (1631), KYOTO, image 12; Yoshimasu Hanshōsai, "Kankotsu shō, Kankotsu hiroku" ([1626] 1646), KOCHI, image 13.
[120] See Yakazu, "Iwayuru 'chi no michi' no kanpō chiryōhō," 5–10.

Although none of the extant copies of *Kankotsu hiroku* explicitly defines what the "way of blood" meant, Hanshōsai showed no hesitation in explaining its cure. As different copies of the manuscript unanimously agree, the treatment for all "seven matters" was at its base similar. The same six medicinal materials were used on every "matter," although for each "matter" both the absolute dosage and the relative proportion of each ingredient were subject to modification.[121] By sorting the "seven matters" into a single diagnostic category, *Kankotsu hiroku* sheds light on several important aspects of the Yoshimasu school's epistemic position, especially with regard to the implications of gender in disease classification. In the manuscript, the "great way of blood" represented a health concern that warranted the same type of medical intervention as arrow wounds and other traumas of war. While gender may have accounted for the adjustment of their dosage, the six pharmaceutical substances ultimately added up to one integrated formula, known as Jumeisan, literally the "powder of longevity and lucidity."[122] Given that the most common victims of the first four of the "seven matters" were fighting men, and that those directly concerned with prenatal and postpartum complications likely possessed a female anatomy, the formula's application was conspicuously gender-inclusive by design. In the absence of further specification, the "way of blood" was categorically bound to no single gender.

Although they are scarce, surviving copies of the Yoshimasu school's manuscripts on childbirth medicine confirm Hanshōsai's belief in treating patients of all genders as equal though different individuals. This approach can be found, for example, in *Yoshimasu-ryū fujin sanzen sango no shoshitsu ryōji no koto* (Regarding the Yoshimasu school's treatments for women's

[121] To be sure, the Yoshimasu school had other prescriptions for the "way of blood." In fact, most of its prescriptions or treatments were for the "seven matters," which include the "way of blood." I identify Jumeisan as the Yoshimasu's chief or signature prescription because it exhibits the greatest conceptual originality and nearly always appears with a chart of the "seven matters," a distinctive if not eccentric creation of Hanshōsai.
[122] See Yoshimasu Hanshōsai, "[Kinsō sho]" (1609), NAITO, call no. 49886, image 2; Yoshimasu Hanshōsai, "Kankotsu hiroku" (1631), KYOTO, image 12; Yoshimasu Hanshōsai, "Kankotsu shō" ([1626] 1646), KOCHI, image 13.

prenatal and postpartum illnesses). Direct in communicating its agenda, the undated manuscript opens with the claim that "the prenatal, the postpartum, incised wounds, and the seven matters require the same kind of treatment."[123] According to the manuscript, it was because even the slightest changes in the practical handling of those conditions could lead to vastly different outcomes that a separate text had to be dedicated to childbirth medicine for the sake of clarity.[124] Curiously, the "way of blood" rarely makes an appearance in the Yoshimasu school's manuscripts on childbirth, as if such an omission could help prevent the classification from femininization by association. *Yoshimasu fujin ryōjishō* (Notes on the Yoshimasu's treatments for women), a manuscript successively transcribed in 1613, 1719, and 1748, and thus passing through the hands of multiple generations, makes no mention of the disease classification.[125] Even in the aforementioned and trebly voluminous *Yoshimasu-ryū fujin sanzen sango no shoshitsu ryōji no koto*, the "way of blood" appears only as the last of nine indications for a drug called Shinsensan, the first three being incised wounds, hemostasis, and the loss of consciousness in both men and women.[126]

With his gender-inclusive conception of the "seven matters," Hanshōsai proved his capacity to subvert on an epistemic level. Not only had a different understanding of the "seven matters" previously prevailed among Japanese physicians, but the consensus that it enjoyed had transcended temporal, geographic, and political boundaries. An early example may be found in *Ika senjimon* (Thousand-character text on medicine), a medical primer penned in 1293 by the court physician Koremune Tokitoshi (dates unknown). As an officer of the Bureau of Medicine,

[123] "Yoshimasu-ryū fujin sanzen sango no shoshitsu ryōji no koto 吉益流婦人産前産後之諸疾療治之事" (n.d.), NAITO, call no. 45767, image 2.
[124] "Yoshimasu-ryū fujin sanzen sango no shoshitsu ryōji no koto," image 2.
[125] "Yoshimasu fujin ryōjishō 吉益流婦人療治鈔" ([1613, 1719] 1748), NAITO, call no. 36365.
[126] "Yoshimasu-ryū fujin sanzen sango no shoshitsu ryōji no koto," image 69.

Tokitoshi enjoyed broad access to existing medical literature, to which the richness of his citational practice readily testifies. Citing *San yin fang* (A treatise on the three causes of pathology, J: *San'inpō*), a twelfth-century compilation by the Chinese physician Chen Yan (dates unknown), Tokitoshi equated "seven matters" (*shichiki*) with the "seven emotions" (Ch: *qi qing*, J: *shichijō*), which his Chinese source defined as "joy, anger, worry, longing, sorrow, fear, and surprise."[127] Attributed to the fourteenth-century Buddhist priest Yūrin (dates unknown), *Fukudenhō* (Prescriptions of the field of merit) likewise linked the "seven matters" to those same seven emotions, referring to the writings of the Song-dynasty (960–1279) Chinese physician Wang Shuo (dates unknown).[128] The same interpretation repeats itself in the Korean work *Dongui bogam* (Treasured mirror of Eastern medicine, J: *Tōi hōkan*). A masterpiece compiled in literary-Sinitic script by the physician Heo Jun (1539–1615), *Dongui bogam* was initially published in Joseon Korea around 1613.[129] By the early eighteenth century, the title had found its way into Tokugawa print culture and gained ground among physicians of the shogunate.[130] Facing such a powerful orthodoxy, any alternative conception of the "seven matters," such as Hanshōsai's, would necessarily struggle to take hold. Further complicating matters, the same Sinitic orthodoxy upheld the presumption that women were more vulnerable to the harm posed

[127] Chen Yan 陳言, *San'in kyokuitsu byōshō hōron* 三因極一病証方論, vol. 2 (Kyoto: Kodama Kurōemon, 1693), WASEDA, 10 (image 34), https://archive.wul.waseda.ac.jp/kosho/ya09/ya09_00528/ya09_00528_0002/ya09_00528_0002.pdf; Koremune Tokitoshi 惟宗時俊, *Ika senjimon* 医家千字文 (Nagoya: Katano Tōshirō, n.d.), KYOTO, image 27, https://kokusho.nijl.ac.jp/biblio/100253551/.

[128] Wang Shuo 王碩, *Ikanhō* 易簡方, ed. Mochizuki San'ei 望月三英 (Edo: Tokuraya Kibee, 1748), NAJ, 49 (image 54), https://www.digital.archives.go.jp/file/1078229; Yūrin 有隣, *Yūrin fukudenhō* 有林福田方 (Kyoto: Nakano Zesui, 1657), THKK, 18–19 (images 22–24), https://kokusho.nijl.ac.jp/biblio/100382046/.

[129] *Dongui bogam*'s discussion of the "seven matters" as seven emotions appears also in a Japanese adaptation of the work, for which see Heo Jun 許浚, "Tōi hōkan nukigaki 東医宝鑑抜書" (n.d.), KYOTO, image 13, https://kokusho.nijl.ac.jp/biblio/100316316/. In Korean, see Heo Jun, *Dongui bogam* 東医宝鑑 (Seoul: Nan san tang, 1965), 88.

[130] Heo Jun, *Teisei tōi hōkan* 訂正東醫寶鑑, ed. Minamoto Gentsū 源元通 (Kyoto: Doganoi Tōbee, 1723), KYOTO, 153–155, https://kokusho.nijl.ac.jp/biblio/100317353/.

by emotions than men. When understood as "seven emotions," the pathological potential of the "seven matters" was implicitly feminine.

Hanshōsai also deviated from canonical Chinese medicine on a material level, as is demonstrated by the six ingredients that he selected to create Jumeisan for treatment of the "seven matters." Both a testimony to the wartime pragmatism of *kinsō* and a reflection of the Yoshimasu school's resourcefulness, Jumeisan was made from the two fishes *ara* (saw-edged perch, *Niphon spinosus*) and *kara* (dried chum salmon, *Oncorhynchus keta*), the herbaceous plant *akaza* (fat-hen, a variety of *Chenopodium album*), the legume *sasage* (cowpea, *Vigna unguiculata*), and the crude drugs *kawa* (more formally known as *jinkō*, *Aquilaria agallocha*) and *senkotsu* (*Nuphar japonica*).[131] Only the last two frequented the pages of Chinese medical literature as academically recognized pharmaceutical materials. Rather than conforming to the standards and aesthetics of Chinese *materia medica*, the remaining four ingredients were found more familiarly in folk Japanese remedies. For example, *sasage* was a key element of the Yamashina's family formula Aisuyaku, which dated from the Sengoku era.[132] To those who had acquired a knowledge of medicine through established Sinitic canons, Jumeisan might well cause upset in the same way that tossing ketchup on caviar could offend a classically-trained French chef.

Hanshōsai's heterodox approach to drug making came at a cost for the Yoshimasu school's professional prospects in peacetime. The misfortune was unwittingly revealed by the

[131] See Yoshimasu Hanshōsai, "Kankotsu hiroku" (1631), KYOTO, image 12; Yoshimasu Hanshōsai, "Kankotsu shō" ([1626] 1646), KOCHI, image 13; Yoshimasu Hanshōsai, "[Kinsō sho]" (1609), NAITO, call no. 49886, image 2.

[132] Sōda Hajime has discussed this prescription in a 1992 conference presentation. See Sōda Hajime, "Wayaku no kinseishi: Wayaku no seizai no kaihatsu to wayaku no ryūtsū, saibai wo chūshin ni 和薬の近世史　和薬の製剤の開発と和薬の流通・栽培を中心に," *Wakan iyaku gakkai taikai yōshishū* 和漢医薬学会大会要旨集, no. 9 (1992): 5.

physician Kagawa Shūtoku (1683–1755) in a 1738 study of pharmaceutical formulas. Describing the primary clinical efficacy of *akaza* as "breaking through blood stasis (*oketsu*)," Shūtoku lamented the ignorance, elitism, and uncritical conformity that he regarded as endemic among Japanese physicians of his time.[133]

> Schools of medicine in the medieval period used the four ingredients *ara*, *kara*, *aka*, and *kawa* to make what they called a blood-regulating drug, a medication that specifically treats postpartum disorders and women's blood and *qi* (*ki*) illnesses. *Aka* is *akaza*. Nowadays both the formula and the method to make it are lost, and people who know of it are rare. Occasionally, there are old men from rural areas who teach and practice its use secretly. Physicians of the present day not only fail to examine it in depth but even view it as a vulgar folk remedy, treating it with contempt and dread. Isn't that regressive! Little do they know that those four ingredients are far superior to *senkyū* (*Cnidium rhizome*), *tōki* (*Angelicae radix*), *shakuyaku* (*Paeoniae radix*), and *jiō* (*Rehmannia glutinosa*) [the four ingredients of Shimotsutō].[134]

Little did Shūtoku himself know that the formula he nostalgically praised was not restricted to women's use. The Yoshimasu school's Jumeisan was designed for the blood of all genders, but as its craft diminished into a "folk remedy," that knowledge too became lost in memory.

Although the lack of warfare, the subsequent bureaucratization of a pacified warrior class, and the epistemic hegemony of Chinese medicine might all have contributed to this historical amnesia, the course of action chosen by the Yoshimasu school in transmitting Hanshōsai's teachings must also be held accountable.[135] On top of his nonconformity in disease classification and drug development, Hanshōsai possibly entertained a third breakaway from convention. The preface of *Kankotsu hiroku* reveals the physician's indignation towards death by wounds. While discussing the practice of incised-wound medicine among warrior lineages,

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[133] Kagawa Shūtoku 香川修徳, *Ippondō yakusen: Zokuhen* 一本堂薬選　続編 (Kyoto: Bunsendō, 1731), WASEDA, 19 (image 25), https://archive.wul.waseda.ac.jp/kosho/ya09/ya09_00514/ya09_00514_0004/ya09_00514_0004.pdf.
[134] Kagawa, *Ippondō yakusen,* 19 (image 25).
[135] On the bureaucratization of samurai warriors, see Eiko Ikegami, *The Taming of the Samurai: Honorific Individualism and the Making of Modern Japan* (Harvard University Press, 1995).

Hanshōsai asserted that "to die of illness from wounds is to die an unnatural death not in accord with karma (*higō no shi*). Therefore, to heal wounds and aid the life of the sick holds the same merit as making a thousand statues of the Buddha. I have turned this earnest aspiration into a book."[136] One learns from the title's foreword that its author, Manase Gensaku, "requested many times that this text be widely circulated throughout the realm to guard the body and life of people everywhere," a remarkably evangelical stance shared also by Gensaku's adopted father Dōsan.[137] In defiance of the secrecy that had characterized the dissemination of *kinsō* as a system of medical knowledge, *Kankotsu hiroku* could have promoted Hanshōsai's visions broadly among the general public.

Unfortunately, Hanshōsai's wish to break away from convention and make his craft accessible to the multitude would not be granted. To be sure, the Yoshimasu school's expertise remained cherished even as Japanese society moved from frequent warfare to the more peaceful conditions of Tokugawa rule. When House Asano relocated to its newly assigned domain of Hiroshima following the 1600 Battle of Sekigahara, members of the Yoshimasu family followed, having themselves entered into the warrior house's service.[138] The personal documents of Hanshōsai's nephew Tadaaki suggest that Asano Nagaakira (1586–1632), the first Asano daimyo of Hiroshima, numbered among those who valued the Yoshimasu school's texts on incised-wound medicine and childbirth medicine alike.[139] Nevertheless, one characteristic shared across the various surviving copies of *Kankotsu hiroku* was the Yoshimasu descendants' determination

[136] See, for example, Yoshimasu Hanshō, "Kankotsu shō" (n.d.), KYOTO, image 5.
[137] Yoshimasu Hanshō, "Kankotsu shō" (n.d.), KYOTO, image 5. For Dōsan's advocacy of circulating medical knowledge widely, see Andrew Edmund Goble, "Memento Mori: Mōri Warriors, Manase Physicians, and the New Medico-Cultural Nexus of the Late Sixteenth Century," in *Cultural Imprints: War and Memory in the Samurai Age*, ed. Elizabeth Oyler and Katherine Saltzman-Li (Cornell University Press, 2022), 22.
[138] "Yoshimasu Kansuke shokan," 9–12.
[139] Correspondence between Asano Nagaaki and Yoshimasu Tadaaki can be found in Kawaoka, *Hatakeyama-ke monjoshū*, 14–20, 22–23, 25.

to keep the manuscript out of public sight. In this mission they were largely successful. Despite the popular application of print technology and the flourishing of commercial publishing from the seventeenth century onward, all known Tokugawa-period copies of the title were transcribed by hand instead of printed.[140] Warnings were given, and vows were made before the manuscript's contents could be disclosed to nonfamily members. In the afterword of an excerpted copy from 1631, for example, Hanshōsai's nephew Tadaaki was adamant about demanding its recipient's discretion: "Do not casually teach it to others. Should you teach others, the punishment you shall suffer from your oath to the deities (*shinmon*) will manifest itself immediately."[141] The idea that blood, its disorders, and the medical knowledge intended for their treatment encompassed every gender did not make the impact it might have made in peacetime had it been able to reach a wider audience, namely, those ordinary people from all walks of life whom Hanshōsai himself aspired to heal. Meanwhile, gaining traction in a shifting landscape of power was the Nakajō school, whose canny navigation of the new conditions of peacetime ultimately headed in a different direction.

The Nakajō's Public Affairs

The year 1600 marked a political watershed, as the uncertainty created by Toyotomi Hideyoshi's death two years earlier exploded into open warfare. That year, Tokugawa Ieyasu's eastern army thwarted the western army of Toyotomi loyalists at Sekigahara in central Japan. In the northeast of the country, fighting continued among the two military coalitions' participating daimyo before the dust settled. Among House Tokugawa's allies, House Date and House Mogami's troops pursued the retreating enemy forces of House Uesugi near Mount Togami in today's Yamagata

[140] This observation is based on my archival research as well as the National Institute of Japanese Literature's Union Catalogue Database of Japanese Texts.
[141] Yoshimasu Hanshōsai and Yoshimasu Toyohiro, "Geka gokuden" (1616), KYUSHU, image 28.

Prefecture, with the ensuing battle causing hundreds of casualties on both sides.[142] Among those who survived to tell their story was Ishikawa Sanemitsu (fl. 1585–1600), who was celebrated among House Date's retainers for his bravery on the battlefield.[143] Uncharacteristic though it may have been, Sanemitsu's most remarkable act that day was to watch an enemy warrior several years his junior getting away. According to House Date's official chronicle, that young retainer was sitting by himself on a raised footpath between rice fields when Sanemitsu tried to engage him on horseback. Having recently struck down a unit captain (*bugashira*) and seized the sword and banner of the defeated as a token, the young warrior was taking a break from combat with fresh wounds on his body and a spear in his hand. If not for the thick rice fields that held back Sanemitsu's horse, the young man would have had to face off against a seasoned and mounted warrior while holding the disadvantage of being both injured and on foot.[144]

The enemy warrior whom Sanemitsu ultimately failed to challenge was Nakajō Tatewaki, who later in life would trade the blood of men's battlefields for that of women's birthing beds. Born as the second son of a warrior named Nakajō Kageyasu (1558–1582), Tatewaki followed the footsteps of his father and elder brother in swearing allegiance to House Uesugi.[145] At twenty-five, Tatewaki had already been appointed a unit captain and entrusted with nearly two hundred muskets.[146] What interrupted his seemingly promising career as a retainer was not being on the losing side of war in 1600 but rather a miscarriage of duty in its aftermath. In 1607, Tatewaki became legal guardian to the son of his elder brother, whose untimely death left the

[142] Taira, *Date chika kiroku*, vol. 2, 473.
[143] Sendai-shi 仙台市, *Sendai shishi* 仙台市史, vol. 1 (Sendai-shi, 1929), 551–552.
[144] Taira, *Date chika kiroku*. vol. 2, 474.
[145] Nakajō chōshi hensan iinkai, *Nakajō chōshi: Shiryōhen,* 709–711.
[146] Taira, *Date chika kiroku*, vol. 2, 474.

family headship to Tatewaki's nephew. Nevertheless, the following year saw Takewaki taking flight after fatally injuring a relative in a quarrel, leaving his six-year-old ward behind.[147]

Less is known about the cause of Tatewaki's decision to draw blood than its ramifications. By the year 1615, the runaway had pledged loyalty to House Uesugi's wartime adversary, House Date. The latter's official chronicle commends his contribution to the winter and summer campaigns of the historic Siege of Osaka, where House Toyotomi's last significant resistance to a new age crumbled at the Tokugawa shogunate's military might. During the winter campaign, Tatewaki infiltrated Osaka Castle by entering himself into the service of Ōno Harunaga (1565–1615), a devoted vassal of the Toyotomi. Tatewaki's undercover work produced a map detailing the layout of the castle, which he then presented to House Date to aid the military operation that concluded in Osaka Castle's fall in 1615.[148]

During the early decades of the seventeenth century, high-level political developments continued to affect both Tatewaki and House Date. In the aftermath of the Battle of Sekigahara, House Date received the land of Sendai in northeast Japan as its domain, whence the diplomatic mission historically known as the Keichō Embassy embarked on a multiyear journey to Europe (1613–1618), which included an audience with the pope in Rome.[149] At home, meanwhile, the Tokugawa shogunate promulgated a formal ban on Christianity in 1614, a political stance that by the late 1630s involved both torture and persecution in its enforcement.[150] Xenophobia impacted the life fortunes of Tatewaki as well. House Date's chronicle records the content of a 1643 notice issued by the Council of Elders (Rōjō), an institution of governance consisting of the seniormost

[147] Nakajō chōshi hensan iinkai, *Nakajō chōshi: Shiryōhen*, 699, 711.
[148] Taira, *Date chika kiroku*, vol. 3, 286.
[149] On the Keichō Embassy, see Joshua Paul Batts, "Circling the Waters: The Keichō Embassy and Japanese-Spanish Relations in the Early Seventeenth Century" (PhD diss., Columbia University, 2020), ProQuest (10604703).
[150] On the Tokugawa persecution of Christianity, see Nam-lin Hur, *Death and Social Order in Tokugawa Japan: Buddhism, Anti-Christianity, and the Danka System* (Harvard University Asia Center, 2007); Kiri Paramore, *Ideology and Christianity in Japan* (Routledge, 2009).

members of the shogunal administration. "The Father (*bateren*) Ichizaemon has confessed that Nakajō Tatewaki was a Christian until ten years ago, and that he has not truly recanted."[151] Accordingly, the Council requested Tatewaki's presence in Edo, the seat of the Tokugawa shogunate in today's Tokyo.[152]

Tatewaki survived his 1643 trip to Edo, able to convince his inquisitors that he had indeed renounced his Christian faith in 1635.[153] Although it would place limitations on his political career, the scandal did not stop Tatewaki from making history. By the time of Father Ichizaemon's accusation, Tatewaki had long developed a second vocation in medicine. Named after him, the services of the Nakajō school came into demand no later than the 1630s, when the secret transmission of its teachings began through the circulation of manuscripts.[154] Tatewaki's proficiency in childbirth medicine made him no stranger to the shogun's city. Less than two years before being summoned to Edo to answer allegations about his faith, Tatewaki had reportedly been allowed entrance to Edo Castle on more friendly terms when he allegedly assisted with the birth of Ietsuna (1641–1680), who grew up to be the fourth Tokugawa shogun. Recognizing Tatewaki's skills as a valuable asset, the second Sendai daimyo, Date Tadamune (1600–1658), even ordered that his techniques be kept secret.[155]

Unfortunately, nothing could undo the full impact of Father Ichizaemon's accusation. In 1644, Tatewaki retired from public life and relinquished his position as head of the Nakajō family of Sendai, which he had built up after forsaking his prospects with House Uesugi over

[151] Taira, *Date chika kiroku*, vol. 5, 214.
[152] Taira, *Date chika kiroku*, vol. 5, 214.
[153] Taira, *Date chika kiroku*, vol. 5, 214.
[154] At least two manuscripts of the Nakajō school date from the 1630s. "Sanzen no koto, honmi no koto 産前之事, 本味之事" (1639), KYOTO, image 30, https://kokusho.nijl.ac.jp/biblio/100268640/; "Sanzen sango honmi 産前産後本味" ([1630] 1681), KYOTO, image 9, https://kokusho.nijl.ac.jp/biblio/100268639/.
[155] Tanabe Marefumi 田邊希文 et al., *Date seshin kafu* 伊達世臣家譜, vol. 7 (Sendai sōsho kankōkai, 1938), 126; Yamagata, "Nakajō Tatewaki to Nakajō-ryū sanka," 254.

three decades earlier.[156] Upon taking over headship of the household, his son and heir went so far as to change the family name to Yoshie, the surname of Tatewaki's wife, in an explicit gesture to sever ties with the disgraced patriarch, at least on paper. It was not until 1677 that Tatewaki's great-grandson would appeal to reclaim the Nakajō name and received permission for its restoration.[157] Ironically, it was during the very years that Tatewaki's name was publicly invisible that the Nakajō school began to attract an increased following.

Although Japanese physicians from the seventeenth century onward acknowledged the Nakajō school's formal specialization in both incised-wound medicine and childbirth medicine, very few of the school's surviving texts were explicitly categorized as the former. Of the two known and accessible examples, both handwritten, the undated *Nakajō-ryū kinsō oyobi sanzen sango chihō kiwame* (Nakajō-school premier treatments for incised wounds, the prenatal, and the postpartum) made its way into the collection of the present-day Hirosaki City Library in Aomori Prefecture.[158] Dating from 1691, *Nakajō-ryū sanzen sango narabi ni kinsō sho* (Nakajō-school writings on the prenatal, the postpartum, and incised wounds) now belongs to the Nishio City Iwase Archives in Aichi Prefecture.[159] Both manuscripts recommend a wide variety of medications while championing the same seven-ingredient *honmi*, literally a "foundational formula." Concocted from *ninjin* (*Ginseng radix*), *tōki*, *shakuyaku*, *jinkō*, *senkyū*, *byakujutsu* (*Atractylodis rhizoma*), and *kanzō* (*Glycyrrhiza*), the prescription consisted exclusively of what qualified as respectable crude drugs by the standards of Chinese *materia medica*. Intended as a blood-regulating medication, primary indications of the "foundational formula" included prenatal

[156] Sasa Hisashi 佐々久, ed., *Sendai-han kashinroku* 仙台藩家臣録, vol. 1 (Rekishi toshosha, 1978), 216.
[157] Sasa, *Sendai-han kashinroku*, 216.
[158] "Nakajō-ryū kinsō oyobi sanzen sango chihō kiwame 中条流金瘡及産前后治方極" (n.d.), Hirosaki City Library, call no. W490.9-91, https://kokusho.nijl.ac.jp/biblio/924049/.
[159] "Nakajō-ryū sanzen sango narabi ni kinsō sho 中条流産前産後并金瘡書" (1691), Nishio City Iwase Archives, call no. 16-63, https://adeac.jp/iwasebunko/catalog/mp00141900.

and postpartum complications.[160] The vast majority of medical texts attributed to the Nakajō school likewise dedicate their contents to childbirth medicine, where discussions of the "foundational formula" as a treatment for "stale blood" (*furuchi*) harmonize with the sixteenth-century text *Kaden hihō*'s assertion that stale blood is the main reason for women's illnesses and a trigger for the "way of blood."[161]

Although the Nakajō school presented itself primarily as a style of childbirth medicine, the decision to do so is unlikely to have been the result of any devaluation of incised-wound medicine. At first glance, the enduring peace of the Tokugawa period leaves the impression that Tatewaki must have chosen to steer away from incised-wound medicine due to a decline in patient numbers. Yet the official genealogies of all 109 physician families historically employed by Sendai Domain up until the early eighteenth century reveal fifteen physician lineages that specialized in external medicine and merely four that practiced women's medicine. Moreover, that group of four consisted of the Nakajō and three other lineages that either trained in or followed the Nakajō school's therapeutic style.[162] In other words, external medicine remained in much higher political demand than childbirth medicine during the Tokugawa period. It was by focusing on the much less saturated and competitive field of childbirth medicine that Tatewaki paved the way for the Nakajō school to develop an intellectual monopoly over women's medicine in Sendai.

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[160] "Nakajō-ryū sanzen sango narabi ni kinsō sho" (1691) introduces the "foundational formula" and its variations as a prescription for childbirth-related health issues, whereas the undated "Nakajō-ryū kinsō oyobi sanzen sango chihō kiwame" (n.d.) of Hirosaki City Library describes it as a treatment for health complications related to both childbirth and incised wounds (*kinsō*).

[161] On stale blood's responsibility for a range of women's reproductive-health issues, see Nakajō Tatewaki 中条帯刀, "Nakajō-ryū sansho 中条流産書" ([1644], 1683), NAITO, call no. 36327; "Nakajō sanzengo 中条産前後" (1668), NAITO, call no. 30188; "Sanzen sango hiden 産前産後秘伝" (1702), NAITO, call no. T0384. Also see Kasuo Sanmi Hōgen, "Kaden hihō," image 8.

[162] Tanabe et al., *Date seshin kafu*, vol. 7, 1–4, 85, 92, 126, 133.

Tatewaki's vision involved a conspicuously different framing of the "way of blood" than that of Yoshimasu Hanshōsai. Although the Nakajō school did not deliberately cast the "way of blood" in a feminine light, its focus on women's sexual and reproductive health inevitably painted any investigation of the health condition with a feminine brush. To be sure, exceptions did exist. Celebrating the school's expertise in childbirth medicine and incised-wound medicine side by side, the aforementioned *Nakajō-ryū sanzen sango narabi ni kinsō sho* of 1691 warns against using metals to prepare one of its formulas. "When violated by copper and iron, [the formula] brings about grey hair, exhausts the kidney, and causes damage to the way of blood in men and the way of *qi* in women."[163] If anything, this nonpathological description was reminiscent of the early usage of the "way of blood" as a reference to the course of blood as opposed to its distortion.

On the whole, however, the idea that the "way of blood" could also be a health condition of men merited no more than an occasional reminder in the Nakajō school's teachings, which instead dedicated their attention almost exclusively to maternal care. One early example may be found in *Sanzen no koto, honmi no koto* (On the prenatal and the foundational formula), a manuscript dating from 1639, whose anonymous author advocated increasing the dosage of *senkyū* and *kanzō* in the "foundational formula" to treat the "great way of blood" amid a discussion of postpartum complications.[164] Similar to the Yoshimasu school's narrative, the Nakajō school's rhetoric lacked clarity on the precise meaning of the "way of blood," leaving the term's interpretation to one's comprehension of the textual context. Insofar as the Nakajō school's practitioners continued to identify postpartum care as the typical setting for the onset of

[163] "Nakajō-ryū sanzen sango narabi ni kinsō sho" (1691), image 67.
[164] "Sanzen no koto, honmi no koto" (1639), images 10 and 27.

the "way of blood" in the texts they left behind, they effectively—though not necessarily by intention—framed the health condition as an illness of reproductive women.[165]

Despite Tatewaki's withdrawal from public life in the mid-seventeenth century, the Nakajō school's influence continued to grow. Ironically, the very scandal that had led to his retirement now began to invite a different kind of historical amnesia. A manuscript created in 1689, *Oranda Nakajō sansho* (Dutchman Nakajō's book on childbirth) makes no mention of the "foundational formula," nor do its contents point to a focused study of childbirth medicine. Speaking of an unidentified difficult birth within the shogunal family, the title's preface relays an anecdote about "a jailed Dutch Christian called Nakajō" who was supposedly consulted on the occasion and who offered his insights into safe delivery.[166] In the absence of corroborative evidence, one can only speculate what had happened during Tatewaki's fateful trip to Edo and what actually helped secure his safety amidst the political persecution of Christianity. In the interlude between the Council of Elders' letter of 1643 and Tatewaki's retirement in 1644, the shogunal family had indeed welcomed a newborn son named Tsunashige (1644–1678), the younger brother of the fourth Tokugawa shogun Ietsuna, whose birth Tatewaki had reportedly assisted with as well.

Despite the Nakajō school's conformity with the use of therapeutic flora and fauna found in Chinese *materia medica*, what Takewaki's life story came to be associated with in the historical imagination, at least for some, was Japan's early encounter with Western medicine. Overcoming the shogunate's rejection of Christianity, Western learning took off during the eighteenth century through the circulation of Dutch-language books and their translations, which

[165] See Chapter Two.
[166] "Oranda Nakajō sansho 阿蘭陀中条産書" (1689), NAJ, image 3, https://www.digital.archives.go.jp/img/1212871.

brought additional medical ideas to Japanese society from Europe. Among the physicians who embraced the early development of Dutch medicine in Japan were Tatebe Seian (1712–1782) and Sugita Genpaku (1733–1811), whose correspondence between 1770 and 1773 culminated in the 1795 publication of *Oranda iji mondō* (Inquiries and responses on matters of Dutch medicine). Motivated by an unapologetic dissatisfaction with Chinese-style external medicine, Seian argued for a comprehensive introduction of "authentic" Dutch medicine through textual translation. In his letter to Genpaku, Seian cited what he believed to be an exemplary precedent in direct learning without the interference of incompetent interpreters.

> I don't know when this happened, but there was a person named Nakajō Tatewaki who even traveled to the land of the Southern Barbarians (*Nanban*) and brought back the craft of women's medicine. It is said that his craft was wondrously effective, and that his techniques are still preserved in Sendai.[167]

As a former Christian and retainer of House Date—the sponsor of the Keichō Embassy to Europe—Tatewaki might well have been exposed to Iberian medicine through contact with the so-called Southern Barbarians, a derogatory moniker applied to Christian visitors from Europe. However, the claim of his having personally travelled that far away from home was weak, given that the Keichō Embassy was half a world away during Tatewaki's participation in the Siege of Osaka between 1614 and 1615. As history turned into mystery in Tatebe Seian's willful effort to distance Japan from China as well as his eagerness to seek connection with Europe, Tatewaki's misremembered political scandal molded him into an avant-garde hero.

What Seian could assert with greater confidence was that Tatewaki's craft had not just persevered in but also spread far beyond Sendai. Unlike the Yoshimasu school, the Nakajō school proved an utter failure in gatekeeping its proprietary secrets and watched Tatewaki's

[167] Takebe Seian 建部清庵 and Sugita Genpaku 杉田玄白, "Oranda iji mondō 和蘭医事問答," in *Bunmei genryū sōsho* 文明源流叢書, ed. Sugita Hakugen 杉田伯元 and Kokusho kankōkai 国書刊行会, vol. 2 (Kokusho kankōkai, 1914), 388–389.

teachings circulate widely among the public from the late seventeenth century onward. In 1668, nearly a decade before Tatewaki's great-grandson could reclaim the Nakajō name, a two-volume compilation titled *Nakajō-ryū sanzen sango sho* (Nakajō-school writings on the prenatal and the postpartum) hit the book market in Edo without a hint of having received the family or the school's explicit permission, a public debut made possible by the fast-growing business of commercial printing.[168] Roughly a century later, in 1778, the physician Toda Kyokuzan (1696–1769) oversaw the publication of an extended edition ambitiously named *Nakajō-ryū sanka zensho* (Compendium of the Nakajō school of childbirth medicine). Besides applying the Nakajō school's techniques in his own patient encounters, Toda confirmed the school's popularity among the masses. Before the commercial release of his 1778 compendium, a pamphlet of the Nakajō school's teachings that Toda previously published had already become a bestseller.[169]

Whether with respect to family, politics, or religion, Tatewaki suffered various tribulations and cut plenty of ties over the course of his lifetime. Nevertheless, the Nakajō school's perception of "stale blood" as a primary cause of women's illness and Tatewaki's conformist "foundational formula" both endured the test of time, thanks to the print publication of knowledge that had initially passed from one privileged individual to another through secret transmission. Because of its alleged clinical efficacy, Tatewaki's formula made its way even onto the pages of *Sanka sagen* (Miscellaneous accounts of childbirth medicine), the coveted teachings of the renowned surgeon Hanaoka Seishū (1760–1835).[170] In a poetic reunification of external medicine and women's medicine, Hanaoka is noted for having performed in 1804 the

[168] Murayama Rin'eki 村山林益, *Nakajō-ryū sanzen sango sho* 中条流産前産後書, 2 vols. (Edo: Yamagataya Kichibee, 1668), KYOTO, https://kokusho.nijl.ac.jp/biblio/100316271/.
[169] Toda Kyokuzan 戸田旭山, *Nakajō-ryū sanka zensho* 中条流産科全書, 3 vols. (Naniwa [Osaka]: Sekigyokuho, 1778), KYOTO, preface 3 (image 6), https://kokusho.nijl.ac.jp/biblio/100316251/.
[170] Hanaoka Seishū 華岡青洲, "Sanka sagen 産科瑣言" (n.d.), KYOTO, image 48, https://kokusho.nijl.ac.jp/biblio/100268597/.

first documented surgery under general anesthesia on a female patient of breast cancer.[171] While the Nakajō school adapted remarkably well to the transition from wartime to peacetime—even if not entirely by its own design—the same could not be said about Hanshōsai's conception of the gender-inclusive "seven matters" or the Yoshimasu school's antiestablishment formula Jumeisan. Reliant on the transcription of secret manuscripts for knowledge transmission and preservation, both struggled against historical erasure.

Like their predecessors, neither the Yoshimasu school nor the Nakajō school provided much certitude in their respective imaginings of the "way of blood." There was little effort to articulate a definition, let alone an agreed set of diagnostic criteria for the health condition's symptoms. Even so, the Nakajō school's attention to the "way of blood" within the context of childbirth medicine was consequential, as the act itself lent credibility to what can be described as the "situational" femininity of the diagnosis, to which readers of the Nakajō school's published texts were automatically exposed. For those ignorant of the androgynous past of the diagnosis, the fact they were reading about it in the midst of discussions of prenatal care and postpartum complications easily left the impression that the "way of blood" had always been a health concern of women.

Between the mid-eighteenth and the mid-nineteenth centuries, the situational femininity of the "way of blood" gradually became absolute. Although the diagnosis never achieved a substantial presence in the treatises of *kanpō*, a correlation between the "way of blood" and womanhood nonetheless piqued the academic interest of some of the latter's physicians. In a commentary on postpartum care, for example, the *kanpō* doctor Katsugi Gyūzan (1656–1740)

[171] For a biographical study of Hanaoka, see Kure Shūzō 呉秀三, *Hanaoka Seishū sensei oyobi sono geka* 華岡青洲先生及其外科 (Tohōdō shoten, 1923). For a shorter English-language treatment, see Peter Kornicki, "Keeping Knowledge Secret in Edo-Period Japan (1600–1868)," *Textual Cultures* 14, no. 1 (2021): 13–15.

suggested that women replenish their *qi* and blood so as to avoid falling victim to the "way of blood," which he understood as a layperson's diagnosis for what could well develop into a chronic condition.[172] Bearing a preface from 1803 and published in 1820, a medical treatise by Hara Nan'yō (1753–1820) reserves an entire volume for the subject of women's medicine. On the classification of postpartum complications, the distinguished *kanpō* doctor invoked the "way of blood" to account for a variety of women's postpartum symptoms, including "ringing in the ears," "lightheadedness," "feeling startled," "a dislike of light," and "avoidance of contact with other people," all of which are subjective in nature.[173] By the time Mizuno Takusai's *Yōjōben* went to press in 1842, the "way of blood" had become, quite simply, "an illness not found in men."[174]

The Divergence of Two Traditions

Given the Yoshimasu school's adherence to esotericism, it is tempting to assume that the commercial release of the Nakajō school's texts in two editions—first in 1668 and then again in 1778—sealed the deal on the "way of blood's" femininity. Yet it was in fact during the same century between the Nakajō school's two print publications that the Yoshimasu school welcomed its most extraordinary heir in Yoshimasu Tōdō, whose accomplishment in raising a massive cohort of over five hundred disciples alone begs the question of why a more gender-inclusive conception of the "way of blood" failed to take popular hold.[175] Not only would Tōdō's critique of the medical craft later resonate with Tamae, but Tōdō also connects to the present story as

[172] Katsuki Gyūzan 香月牛山, *Gyūzan sensei kattō* 牛山先生活套, vol. 3 (Naniwa [Osaka]: Asano Yahee, 1799), KYOTO, 1 (image 104), https://kokusho.nijl.ac.jp/biblio/100268234/.
[173] Hara Nan'yō 原南陽, *Sōkeitei iji shōgen* 叢桂亭醫事小言, ed. Ōkōchi Masaari 大河内政存 and Tan I 丹彝, vol. 6 (Mito: Suharaya Yasujirō, 1820), NDL, 219 (images 23 and 24), https://dl.ndl.go.jp/pid/2556920/1/1.
[174] Mizuno, *Yōjōben*, 31–33 (images 91–92).
[175] On the number and identity of Tōdō's disciples, see Machi Senjurō 町泉寿郎, "Yoshimasu-ke monjinroku no kōsatsu 吉益家門人録の考察," *Nihon ishigaku zasshi* 47, no. 1 (2001): 5.

Hatakeyama Masayoshi's great-grandson. Furthermore, it was Yoshimasu Hanshōsai's approach to classification that provoked Tōdō's early epistemic stance regarding medicine and medicalization.

Faced with Hideyoshi's incursion into Kii Province in 1585, Masayoshi's decision to seek refuge under Hanshōsai's roof proved to hold long-term consequences for both Hatakeyama lineages. When House Asano departed from Kii to claim lordship of Hiroshima Domain following the Siege of Osaka, Hanshōsai's nephew Tadaaki and Masayoshi's son Masamitsu both followed. As previously discussed, Tadaaki entered into the service of Asano Nagaakira, the first Asano daimyo of Hiroshima, and carefully curated the controlled transmission of the Yoshimasu school's secret knowledge. In contrast, Masamitsu declined when the Asano offered him the opportunity to hold office. Assuming the mantle from Masayoshi, he practiced medicine in Hiroshima and died in 1672 after reclaiming the Hatakeyama name that his father had deserted in order to escape persecution. Masamitsu left behind at least two sons. One took the tonsure just like Hanshōsai's elder brother.[176] The other fathered a boy named Tamenori, who went by the professional name Tōdō in his adult life and would be remembered long after his death as a "leading physician of his era" (*issei no tai'i*).[177]

Retracing a path traveled by his forebears, Tōdō forayed into medicine when aspirations for a political and military career befitting his warrior ancestry met a dead end. Tōdō's biography, compiled by his son and fellow physician Nangai (1750–1813), makes note of Tōdō's initial ambition to revive the lost glory of the Hatakeyama house and his subsequent efforts to study the art of war. Yet even in his youth, Tōdō was forced to acknowledge the reality that "one

[176] Yoshimasu Tōdō, *Yoshimasu Tōdō daizenshū*, vol. 1, 487–488.
[177] When Tōdō received the senior fifth court rank in 1915, official documents described him as a "leading physician of his generation." See Naikaku 内閣, "Ko Yoshimasu Tōdō 故吉益東洞" (Naikaku, June 10, 1915), NAJ, https://www.digital.archives.go.jp/item/3241399.

cannot thrive according to the way of war in an era of peace."[178] From the age of nineteen, Tōdō received an education in the Yoshimasu school's traditions of incised-wound medicine and childbirth medicine from a pupil of his grandfather. In a further reenactment of family history, Tōdō changed his name from Hatakeyama to Yoshimasu. The early decades of his career were fraught with hardship, but Tōdō established a successful practice in his middle age.[179] From 1751 to 1773, his academy trained no fewer than 540 pupils from across the Japanese archipelago.[180]

None of Tōdō's students likely received a medical education designed to honor and preserve Hanshōsai's teachings. As it happens, the first major decision Tōdō made as a student of medicine was to question the validity of Hanshōsai's outlook. "Pregnancy is normal for women, and incised wounds are external injuries. In the absence of disease, one should not prescribe medication. In the presence of disease, one should treat it according to symptom patterns. Why must we split medicine into specialties?"[181] Refusing to medicalize childbirth and suspicious of the compartmentalization of medical knowledge, Tōdō denounced the intellectual heritage of the Yoshimasu school that was his birthright and blazed a path in internal medicine instead.[182] His career contributed to the development of the school of "Ancient Formulas" (*kohō*) within *kanpō*, a phenomenon that paralleled the rise of "Ancient Learning" (*kogaku*) among some of Tokugawa Japan's most accomplished Confucian scholars. Both movements deployed philology in pursuit of a return to millennia-old Chinese classics and displayed a dissatisfaction with their more recent interpretation and application.[183] In an additional act of intellectual

[178] Yoshimasu Tōdō, *Yoshimasu Tōdō daizenshū*, vol. 1, 488.
[179] Yoshimasu Tōdō, *Yoshimasu Tōdō daizenshū*, vol. 1, 488–492.
[180] For a list of Tōdō's disciples between 1751 and 1773, see Machi Senjurō, "Yoshimasu-ke monjinroku 吉益家門人録," pt. 1, *Nihon ishigaku zasshi* 47, no. 1 (2011): 164–178.
[181] Yoshimasu Tōdō, *Yoshimasu Tōdō daizenshū*, vol. 1, 488.
[182] Yoshimasu Tōdō, *Yoshimasu Tōdō daizenshū*, vol. 1, 488–489.
[183] On the shared interest in philology of Confucian scholars and *kanpō* physicians, who often were the same individuals, see Trambaiolo, "Ancient Texts and New Medical Ideas in Eighteenth-Century Japan," 81–104.

defiance, Tōdō expressed an explicit objection to the widely shared perspective of viewing blood as a default target of medical intervention along with the implications of that standpoint in women's healthcare. In his *Iji wakumon*, Tōdō explained the reason "not to fuss over blood in the event of prenatal, postpartum, and other conditions" as follows:

> Pregnancy is normal for women. There is no need to use medication on pregnant women with no disease. Blood is what Nature (*zōka*, literally "the creative and the transformative") controls. It is against the Way of the Sages to confuse what Nature controls with what mankind controls. That is why one should perform treatments without fretting over blood…. Even though my family has been recommending "Yoshimasu's prenatal, postpartum, and incised-wound medicine" to the entire realm since long ago, I do no such thing myself.[184]

In drawing a distinction between the Way of Nature and the Way of Men, Tōdō's ideas about what should fall within the purview of medical intervention unmistakenly evoked the thesis of the *kogaku* scholar Ogyū Sorai (1666–1728), who famously saw the Way as a creation of the Sages rather than the natural principle of Heaven.[185] Like many of his peers, Tōdō's commitments to the philological investigation of Chinese classics pertained to philosophy and medicine alike. Not only did he annotate the *Analects*, but he also embraced the teachings of Sorai. In Tōdō's own words, "a Confucian scholar and a physician are not the same, though both [should] share in common a return to antiquity."[186] What both also shared in common was a commitment to governance, be it of the health of a country or that of the human mind and body.

Notwithstanding his rejection of the Yoshimasu school's medicalization of blood and childbirth, Tōdō bore the Yoshimasu name throughout his professional life and passed it on to his children. His approach to gender in prescription and disease classification likewise betrayed the influence of Hanshōsai. In two of his treatises on pharmacology, *Ruijihō* (Classified

[184] Yoshimasu Tōdō, *Yoshimasu Tōdō daizenshū*, vol. 1, 264–265.
[185] Masao Maruyama, "The Sorai School Revolution," pt. 1 / chap. 3 in *Studies in the Intellectual History of Tokugawa Japan*, trans. Mikiso Hane (Princeton University Press, 1974), 206–222.
[186] Yoshimasu Tōdō, *Tōdō zenshū*, 47–48.

prescriptions) of 1764 and *Yakuchō* (Pharmaceutical indications) of 1771, Tōdō made a conscious choice to discuss the efficacy of Kanpakutaisōtō, a decoction made of licorice, wheat, and dates originally recorded in the work of Chinese physician Zhang Zhongjing (fl. 168–196). Rejecting the Chinese source material's position that the decoction was indicated for "women's organic mania" (Ch: *furen zangzao*, J: *fujin zōsō*), Tōdō routinely omitted the modifier "women's" when citing the disease classification.[187] To Tōdō, "organic mania" needed no gender specification and was applicable to the sudden, pressing agitation and madness of all genders. His editorial choice so idiosyncratically diverged from convention that it ended up drawing attention from none other than Hirano Jūsei. Taking issue with the use of the "way of blood" as a vague catchall for women's illness, Jūsei expressed his disappointment in the lack of clarity over the definition of "women's organic mania" in a manuscript of 1843 as follows. "Despite his greatness, Yoshimasu Tōdō fumbled in this regard, arguing for the removal of the word 'women's' from 'women's organic mania.'"[188] In the eyes of Jūsei, the mania of organs was distinctively feminine, and Tōdō's behavior was eccentric if not nonsensical.

An enigmatic condition characteristically expressed through its sufferers' indulgence in sorrow and tendency to weep, "women's organic mania" would later play a central role in another professional debate over classification. Half a century after Hirano Jūsei quibbled about Tōdō's dissident interpretation of "organic mania" (*zōsō*) as a gender-neutral phenomenon, the founding generation of Japanese psychiatrists would enlist the term as an official translation for "Hysterie," the German word for "hysteria." In light of the femininity and clinical uncertainty that both conditions shared in common, the proposal made perfect sense among the erudite. Yet

[187] For examples, see Yoshimasu Tōdō, *Yoshimasu Tōdō daizenshū*, vol. 2, 306, 433.
[188] Hirano Jūsei, "Ihō kekku 為方絜矩" (1843), Kitasato University Oriental Medicine Research Center, https://www.kitasato-u.ac.jp/toui-ken/research/search-system/search.html.

the scholarly mouthful never gained much popularity among the ordinary public. It was instead the "way of blood" that rose to the occasion as the native Japanese counterpart to the imported Western notion of "hysteria" and supplied the cognitive bridge that facilitated the latter's absorption into the vernacular.[189]

Ironically, it was in the context of Western medicine that the androgynous conceptualization of the "way of blood" to be found in incised-wound medicine would survive as part of the canon. In 1774, one year after the correspondence between Tatebe Seian and Sugita Genpaku concluded, the latter's effort to translate the work of the Prussian anatomist Johann Adam Kulmus came to fruition through the print publication of *Kaitai shinsho* (New text on anatomy). It was in Genpaku's translation, which by Seian's standard would qualify as an introduction to "authentic" Western medicine, that the "way of blood" returned to its androgynous and nonpathological beginnings in the tenth-century dictionary *Wamyō ruijushō*. In multiple illustrations, *Kaitai shinsho* deployed the "way of blood" to indicate the blood veins of various organ systems regardless of gender.[190]

While the femininization of the "way of blood" between the late sixteenth and the mid-nineteenth centuries was contingent on the transmission of medical knowledge, how and why the classification's femininity came to be sustained in the imagination of Tokugawa society constitutes a different question. Whereas the Yoshimasu school consciously followed an esoteric model for imparting its knowledge, the Nakajō school exchanged secrecy for publicity, with long-term effects that would perhaps shock its founder. Upon the commercial circulation of its originally secret knowledge, a process motivated by market demand and unmediated by any

[189] See Chapter Three.
[190] Kulmus Johann Adam, *Kaitai shinsho* 解体新書, trans. Sugita Genpaku 杉田玄白 and Nakagawa Jun'an 中川淳庵, vol. 1 (Muromachi: Suharaya Ichibee, 1774), WASEDA, 7–8, 11, 14 (images 23–24, 27, 30–31), https://archive.wul.waseda.ac.jp/kosho/ya03/ya03_01060/ya03_01060_0001/ya03_01060_0001.pdf.

identifiable members of Tatewaki's family, the Nakajō school ended up leaving a unique legacy. Promoted alongside the "foundational formula" and its promised efficacy for the "way of blood" in the school's secret manuscripts and print publications were also its practical instructions on abortion care. A manuscript dating from 1668, *Nakajō sanzengo* (The Nakajō's prenatal and postpartum) teaches its users to administer a three-ingredient powder to remove pregnancy in a matter-of-fact tone: "Take it with rice wine and not with the foundational formula. The drug does not work when one undergoes abortion frequently. When it is ineffective, take the foundational formula first then take those three ingredients in their powder form."[191] Echoing the manuscript's nonjudgmental advice was *Nakajō-ryū sanzen sango sho*, the school's two-volume print publication from the same year. Whereas the first volume reminded its readers to allow a sufficient discharge of "stale blood" after abortion so as to ease labor in the future, the second recommended the "foundational formula" to those who were concerned about the damage that abortion might cause to one's body.[192]

Thanks to the practical knowledge it offered on abortion, the Nakajō school amassed great popularity among laypeople, so much so that, over time, the "Nakajō" brand came close to functioning as the equivalent of an abortion service performed by what were called "woman doctors" (*onna isha*).[193] Concurrently, the "way of blood" took on cultural and political significance as a euphemism for women's reproductive events, whether they involved pregnancy, childbirth, miscarriage, abortion, or their short- and long-term health implications. When the second print edition of the Nakajō school's texts came out in 1778, short, witty verses known as *senryū* had been teasing the elite ladies-in-waiting of Edo Castle for at least a decade,

[191] "Nakajō sanzengo" (1668), NAITO, image 12.
[192] Murayama, *Nakajō-ryū sanzen sango sho*, vol. 1, 10 (image 18); vol. 2, 18 (image 34).
[193] See Chapter Two for a more detailed examination of the Nakajō school's vernacular reception.

calling their expected sexual celibacy into question by bringing up the occasional onset of the "way of blood" among their rank in an understated reference to unsanctioned sexual intercourse and unintended pregnancy.[194] By the mid-nineteenth century, political authorities too felt the urge to react. In 1842, the Edo magistracy promulgated a ban on abortions performed under the guise of treating the "way of blood" by "woman doctors."[195] Two years later, Kōgo Tamae began her studies under Nogami Gen'yū to become a woman doctor herself, although the meaning of that professional identity would soon be contested.[196] The story of the "way of blood" under the peaceful conditions of Tokugawa rule concerned not just the transmission of medical knowledge but also the social reality faced by individual Japanese women, whose lived experiences will help illuminate the curiously tenacious retention of ambiguity within the "way of blood" in the next chapter.

[194] The poem in question reads "Chi no michi mo tenneki mieru nagatsubone 血の道もてんねき見える長局," meaning "Every once in a while the way of blood may be seen in the attendants' quarters [of Edo Castle])." See Hattori Toshirō, *Edo jidai igakushi no kenkyū* 江戸時代医学史の研究 (Yoshikawa kōbunkan, 1978), 616. Also see Chapter Two.

[195] For instance, an 1842 proclamation of the Edo magistrate banned "woman doctors (*onna isha*)" from assisting in abortion, though not without specifying that those who "treat the way of blood correctly have nothing to worry about." See Hioki Eigō 日置英剛, ed., *Shin kokushi dainenpyō* 新國史大年表, vol. 5–II (Kokusho kankōkai, 2010), 878.

[196] See Chapter Three.

Chapter Two: An Illness of Womanhood

The Illness of No Man

Illness is no laughing matter, nor typically are medication errors. Yet Tokugawa men found humor, as well as resignation, in the mundane uncertainty of both. Such was the case with the Buddhist priest Anrakuan Sakuden (1554–1642), who completed an anthology of amusing anecdotes in 1623. There, Anrakuan relayed a story about the acclaimed poet Shōhaku (1443–1527) under the subheading "Just the Way It Is" (Tada ari).

> Someone who lost their mother came to Shōhaku.
>
> "I feel for your loss. What was the illness?" Shōhaku asked.
>
> "In the beginning it was the way of blood, but she was misdiagnosed by the doctor and treated for a cold (*kaze*, literally "wind illness"), so the drug was wrong," said the bereaved.
>
> "Well, well," responded Shōhaku, "everyone takes the wrong medication at one point or another."[197]

In addition to underscoring the latent perils of any health treatment, Anrakuan's morbid joke offers a useful reminder that narratives of medicine can greatly distort our understanding if they fail to incorporate the perspective of patients, their families, and their surrounding societies. With regard to the "way of blood," the Tokugawa period constituted an era of change for clinical attitudes and the broader sociocultural imagination alike.

Before the seventeenth century ushered in the development of a popular print culture, the "way of blood" had appeared in transcribed medical texts as a reference to the disorder of blood among all genders. As the technology of knowledge transmission evolved, however, so too did the distribution of influence among different understandings of gender and illness. Hidden away

[197] Anrakuan Sakuden 安樂庵策傳, *Seisuishō* 醒睡笑, in *Kindai Nihon bungaku taikei* 近代日本文学大系, ed. Kokumin tosho 国民図書, vol. 22 (Kokumin tosho, 1928), 592.

in the secret manuscripts of incised-wound medicine, an androgynous conception of the "way of blood" ultimately could not compete with the feminine coding of the "way of blood" that characterized the openly-circulating print publications of childbirth medicine. The consequences of this visibility gap proved far-reaching. While the diagnostic ambiguity of the "way of blood" continued to confound and occasionally irritated elite Japanese physicians during the centuries to come, the lay population would sharply exclude half of its members from the disorder's potential victims even before the seventeenth century drew to an end.

The "way of blood" came into possession of a new gender identity not through decree but rather through the everyday repetition of lighthearted and mundane acts of exclusion. One such episode took place in the spring of 1683 and reputedly involved Sawamura Kodenji I (1665–date unknown), a celebrated male actor of female roles (*onnagata*) in the kabuki theater.[198] Upon his return from a temple visit, Kodenji reportedly announced that, having bounced around in a palanquin all day long, he had "come down with the way of blood."[199] Allegedly, his complaint was challenged by Gen'emon, a fellow kabuki actor of male roles (*tachiyaku*), who expressed his doubt that an *onnagata* could ever experience an illness that only affected real women.[200] Coming to Kodenji's defense was the popular author Ihara Saikaku (1642–1693), who pioneered the literary genre of *ukiyo zōshi* by foregrounding the life and culture of townspeople in his prose

[198] On the gender of *onnagata*, see James R. Brandon, "Reflections on the Onnagata," *Asian Theatre Journal* 29, no. 1 (2012): 122–125; Maki Isaka, "The Gender of Onnagata as the Imitating Imitated: Its Historicity, Performativity, and Involvement in the Circulation of Femininity," *Positions: East Asia Cultures Critique* 10, no. 2 (2002): 245–284; Isaka, *Onnagata: A Labyrinth of Gendering in Kabuki Theater* (University of Washington Press, 2015); Samuel Leiter, "Female-Role Specialization in Kabuki: How Real Is Real?," in *Transvestism and the Onnagata Traditions in Shakespeare and Kabuki*, ed. Minoru Fujita and Michael Shapiro (Global Oriental, 2006), 70–81; Katherine Mezur, *Beautiful Boys/Outlaw Bodies: Devising Kabuki Female-Likeness* (Palgrave Macmillan, 2005). Leiter cites Kodenji's example while discussing the importance of *tashinami* in the craft of *onnagata*, although I take issue with his interpretion of the "way of blood" as menstruation.

[199] Hachimonji Kishō 八文字其笑 and Hachimonji Zuishō 八文字瑞笑, *Shinsen kokon yakusha taizen* 新撰古今役者大全, vol. 5 (Kyoto: Hachimonjiya Hachizaemon, 1750), 15 (images 27 and 28), https://hdl.handle.net/2027/keio.10811681092.

[200] Hachimonji and Hachimonji, *Shinsen kokon yakusha taizen*, vol. 5, 15.

fiction. Unlike Gen'emon, Saikaku found authenticity in Kodenji's impossible performance of gender. "Because *onnagata* have devoted themselves to learning the speech of women exclusively from a young age, they react to even the slightest headaches with the expression 'way of blood,' since they train themselves to embody [womanly] ways on a daily basis (*higoro no tashinami*)."[201] The essence of femininity, Saikaku's commentary implied, was enacted through the everyday experience of illness and communicated through the "way of blood," a pathology assigned exclusively to the female gender.

This chapter investigates the essentialization of female pathology in Tokugawa society by surveying the broader culture that surrounded the "way of blood." It sheds light on the common knowledge and lived experience of what it meant to fall ill *as* and *like* a woman between the late seventeenth and mid-nineteenth centuries. The orchestration of humor across different genres of popular literature provides a clue that such a culture thrived in the daily life of ordinary people. For example, *Keisei irojamisan* (Courtesans and the erotic shamisen), a 1701 work of fiction in the *ukiyo zōshi* style by the author and poet Ejima Kiseki (1666–1735), introduces a male entertainer named Sakumasa. In order to be granted leave from attending his patron for a secret rendezvous of his own within Osaka's pleasure quarters, Sakumasa puts on an extravagant performance of dying. He claims to be experiencing the headaches and vertigo of an alleged onset of the "way of blood," but in the end is unable to fool his hostess at the house of assignation (*ageya*), perhaps all too familiar herself with the complaint.[202] In a similarly comic vein, *Yo no naka shareken no ezu* (Illustrated guide to contemporary wittiness), a 1791 satire in the *kibyōshi* genre, the writer and illustrator Santō Kyōden (1761–1816) poked fun at men who,

[201] Hachimonji and Hachimonji, *Shinsen kokon yakusha taizen*, vol. 5, 15.
[202] Ejima Kiseki 江島其磧, *Keisei irojamisen* けいせい色三味線, in *Shin Nihon koten bungaku taikei* 新日本古典文学大系, vol. 78, ed. Hasegawa Tsuyoshi 長谷川強 (Iwanami shoten, 1989), 169–170.

knowing full well the reputation of Jitsubosan as a popular medication for the "way of blood" among troubled "birth mothers" (*jitsubo*), would preposterously compliment the patent medicine's elegance in a pretentious display of wittiness.[203]

That it was absurd for any male-bodied person to be diagnosed or treated for the "way of blood" would not go out of fashion as a building block of hilarity. In *Tōkaidōchū hizakurige* (Along the Eastern Sea Road by Shank's Mare), an 1806 work of fiction in the *kokkeibon* genre, Jippensha Ikku (1765–1831) depicts a chaotic exchange that takes place during a doctor's visit when the pills that the male protagonist Yajirōbee has packed for the road have proven ineffective. Far from resolving the dilemma, the so-called doctor, who turns out to be no more than a physician's incompetent apprentice, comically compounds the muddle by confusing Yajirōbee with an innkeeper's wife and diagnosing the former's abdominal pain as the "way of blood." The young quack makes the error because he believes he is treating a woman about to go into labor and thus expected to experience similar symptoms.[204] The mistake ultimately invites the indignation of the misdiagnosed, who protests that "there's no way for men to have the way of blood!"[205]

The commercial success of these and other works of popular literature depended on their relatable portrayal of the mundane, everyday life of the layperson. Their jokes about the illness of no man worked because it was already common knowledge that the "way of blood" could only affect women. That conviction was in a sense remarkable, because neither the intervention of medical doctors nor the anxiety of the general public had managed to produce a stable

[203] Santō Kyōden 山東京伝, *Yo no naka shareken no ezu* 世上洒落見繪圖, in *Kibyōshi jisshu* 黄表紙十種, ed. Tsukamoto Tetsuzō 塚本哲三 (Yūhōdō shoten, 1914), 159.
[204] Jippensha Ikku 十返舎一九, *Jippensha Ikku shū* 十返舎一九集, ed. Nakayama Yasumasa 中山泰昌, vol. 13 of *Kindai Nihon bungaku taikei* 近代日本文学大系 (Seibundō, 1933), 235–239.
[205] Jippensha, *Jippensha Ikku shū*, 238.

definition of the health condition beyond the issue of patient gender. As the previous chapter argued, *kanpō* physicians showed little interest in adopting the elusive "way of blood" as a formal disease classification. If the clinical uncertainty of the "way of blood" did little to help doctors understand the specific causes of illness, one must ask what other purposes it served in order to deserve such an enduring cultural life in Tokugawa society.

This chapter argues that the "way of blood" endured as a vibrant concept not because it was academically robust but because its symbiosis of femininity and clinical uncertainty possessed utility at different levels of governance. Looking from the top down, the "way of blood" allowed the medical market to target the massive though otherwise divided demographic of women as a single customer base. Providing justification for the failure of maidservants, wives, and mothers to meet the social expectations for their productive and reproductive labor, the diagnosis also proved convenient in serving selected administrative goals. It added credibility to Tokugawa officialdom's claim of authority and revealed an awareness of gender as a mediating factor in decision-making. Meanwhile, from a bottom-up point of view, the layperson deployed the "way of blood" as a highly accessible diagnosis based in a vernacular epistemology of illness. Gender identity both interacted with and sometimes trumped other social identities in shaping and communicating women's lived experience of illness and its management. In Tokugawa Japan's rigidly demarcated landscape of social status, the "way of blood" operated as a common ground that brought together otherwise differentiated demographics.[206] Beyond the pages of medical treatises, the health condition affected women's life and death across all hereditary status and socioeconomic groups. By the beginning of the nineteenth century, the "way of blood" had also come to act as a classifying principle in understanding women from

[206] On the importance of hereditary status (*mibun*) in Tokugawa society, see David L. Howell, *Geographies of Identity in Nineteenth-Century Japan* (University of California Press, 2005).

vastly divergent walks of life, including those not considered "Japanese." Embodying the essence of female pathology, it had become the illness of all women.

Thematically organized, this chapter explores four aspects of the three-way interaction among the "way of blood," the women confronted with the affliction, and the family members, local communities, and political authorities who acted in response. Drawing upon an eclectic collection of textual, visual, and material sources, the chapter investigates the vibrant market that emerged for women's healthcare in Tokugawa society before proceeding to examine the meaning-making around the "way of blood" in three additional dimensions of governance. The latter include the body politics around female fertility, the ideology of benevolence, and the enforcement of law in crimes involving women. A brief discussion of the "way of blood's" use in diagnosing non-Japanese women raises the issue, finally, of the country's broader standing among the nations of the world, which would acquire added political significance for doctors and nondoctors alike in imperial Japan (1868–1945).

A Market for Healthcare

In but a few lines, *Tawaregusa* (Essays in playfulness) captured the spirit of a medical revolution happening from below.[207] The posthumous publication of 1789 immortalized the miscellaneous writings of the scholar and diplomat Amenomori Hōshū (1668–1755), who noted ordinary people's preference for family formulas over doctors' prescriptions to treat the "way of blood" in a brief commentary.[208] As a Confucian scholar, Hōshū would have been understandably upset at laypeople's lack of appreciation for academic knowledge, and undoubtedly had *kanpō* physicians

[207] Susan L. Burns, "The Medical Revolution in Early Modern Japan," in *The New Cambridge History of Japan*, vol. 2, ed. David L. Howell (Cambridge University Press, 2023), 478–506.
[208] Amenomori Hōshū 雨森芳洲, *Tawaregusa* 多波礼草, in *Meika zuihitsushū* 名家随筆集, ed. Mukasa San 武笠三, vol. 2 (Yūhōdō, 1914), 21.

in mind when he suggested that a rivalry for public favor existed between the medical doctor and the pharmaceutical market.

Amid what the historian Susan Burns has characterized as a "medical revolution" from below, prioritizing neither the expert nor specialized knowledge in illness management had become a viable option for many during the Tokugawa period. The era witnessed an unprecedented dissemination of health knowledge and pharmaceutical products among ordinary people, a process greatly facilitated by the rise of a prosperous popular-print culture.[209] Without a centralized licensure system, doctoring was by no means monopolized by the erudite at the national level.[210] Within a medical pluralism loosely bound by laissez-faire principles, such behaviors as following the counsel of print publications on "nurturing life (*yōjō*)," soliciting support from neighbors, attending religious rituals, and consuming patent medicines all constituted perfectly mainstream and sensical approaches to wellbeing.[211] Taking cost-effectiveness into consideration, family formulas sold as patent medicines were not necessarily less desirable a healthcare solution than receiving customized prescriptions from doctors, let alone those dispensed by the real-life incarnations of Ikku's quack-in-training.

For the growing numbers of Tokugawa Japanese who could read, print publications provided a convenient way of learning about therapeutic measures, offering a welcome alternative to counting on one's social and political connections to duplicate secret manuscripts through transcription.[212] Treatments for the "way of blood" were no exception. One reflection of

[209] On Tokugawa print culture, see Mary Elizabeth Berry, *Japan in Print: Information and Nation in the Early Modern Period* (University of California Press, 2006), 209.
[210] Owari and a few other individual domains began to enforce a prototypical licensure regime during the early nineteenth century, on which see Kawanabe Sadao 川鍋定男, "Edo jidai, Kōshū ni okeru isha to iryō ishiki 江戸時代、甲州における医者と医療意識," *Yamanashi kenshi kenkyū* 山梨県史研究, no. 7 (1999): 71–72.
[211] Burns, "The Medical Revolution in Early Modern Japan."
[212] For literacy in Tokugawa Japan, see Laura Moretti, "The Culture of the Written Word," chap.1 in *Pleasure in Profit: Popular Prose in Seventeenth-Century Japan* (Columbia University Press, 2021), 25–66; Richard Rubinger, *Popular Literacy in Early Modern Japan* (University of Hawaii Press, 2007); Umemura Kayo, "Personal Marks and

the shift in knowledge transmission may be found in the seventeenth-century text *Waka shokumotsu honzō* (Poems on medicinal foods). Composed in short verses formatted nearly entirely in the phonetic *kana* script, the anonymous work's recommendations were far easier to appreciate and apply than the abstract theories introduced by medical treatises typically written in highbrow script of literary Sinitic. A robust publication history from 1630 to 1694 testifies to the enduring popularity and commercial success of the poetic title, six of whose verses sang praises of the plant *akaza*.[213] Among them, one urged readers to use *akaza* for ulcers and incised wounds, the latter most frequently borne by men on the battlefield, before declaring the plant to be a "blessing for the way of blood." Another instructed readers to drink charred *akaza* with warm water "after injuries or childbirth, or to cure dizziness." A third vouched that the plant would cure "all kinds of illnesses of the way of blood." [214]

As discussed in the previous chapter, by the early eighteenth century, physicians of *kanpō* had come to dismiss *akaza* as a weed of the poor and of the boor, and instead celebrated the use of crude drugs that were properly documented in the Chinese literature on *materia medica*.[215] The fact that the plant had once made up one of the six ingredients in the native Yoshimasu school's prescription for male and female blood disorders, including the "way of blood," would fade into forgotten knowledge. Before historical amnesia obliterated that knowledge,

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Literacy among Early Modern Japanese Farmers," in *A Social History of Literacy in Japan*, ed. and trans. Richard Rubinger (Anthem Press, 2021), 79–98; Yakuwa Tomohiro, "Literacy in Early Modern Echizen and Wakasa Regions," in *A Social History of Literacy in Japan*, ed. Richard Rubinger, trans. David Nelson (Anthem Press, 2021), 99–126.

[213] Surviving copies of *Waka shokumotsu honzō* 和歌食物本草 date from 1630, 1642, 1646, 1654, 1692, and 1694, as seen in the Union Catalogue Database of Japanese Texts, National Institute of Japanese Literature (NIJL): https://kokusho.nijl.ac.jp/work/65394?ln=en accessed February 15, 2024.

[214] For the relevant excerpts of *Waka shokumotsu honzō*, see Jingū shichō 神宮司庁, ed., *Koji ruien: Shokubutsubu* 古事類苑　植物部, vol. 9 (Jingū shichō, 1914), 37.

[215] For example, *Nōgyō zensho* 農業全書 (Complete works on agriculture, 1697) describes *akaza* as a "vulgar vegetable (*gehin na na*)" consumed by the poor (*hin naru mono*), while *Honchō shokkan* 本朝食鑑 (Foods of Japan, 1697) calls it the food of *yajin*, a derogatory reference to savage or rural people. See Jingū shichō, *Koji ruien*, vol. 9, 36. On *kanpō* physicians' bias against *akaza*, see Chapter One.

seventeenth-century print publications of *Waka shokumotsu honzō* had secured the plant a legitimate place in everyday healthcare, acknowledging its simultaneous effectiveness for the complications of women's childbirth and men's battle wounds. Yet Tokugawa readers would increasingly view the "way of blood" as an exclusively feminine condition.

Given its association with the trauma of war, the vast majority of Tokugawa society's members, not themselves warriors, felt little urgency to recognize the "way of blood" as a serious health challenge for men. For a successful urban merchant like Enomoto Yazaemon (1625–1686), the health condition presented a professional hazard only to the extent that it inconvenienced the women of his household. In 1680, Yazaemon described the family drug Manbyōen, literally a "pill for ten-thousand ailments," as being "good for all sorts of illnesses." However, it was not festering arrow wounds that entered Yazaemon's mind when he described the indications and contraindications of the family formula. Instead, the wealthy merchant noted in his memorandum: "Do not use if pregnant. Good for postpartum abdominal pain and the way of blood."[216] Recommending Manbyōen as a cure, Yazaemon placed the "way of blood" firmly within the context of maternity. The merchant took the trouble to note, furthermore, that Manbyōen was a "native drug" (*jigusuri*) that could be procured locally, as opposed to an import from foreign lands such as Korea or China.

The Tokugawa shogunate, too, increasingly shared Yazaemon's appreciation for what grew on the soil of Japan. The trend was especially conspicuous in the regime's eighth leader, Tokugawa Yoshimune (1684–1751). Dismayed by the archipelago's dependence on the supply of *materia medica* from continental Asia, Yoshimune ordered a number of surveys to inventory native species during his tenure in office. Under shogunal sponsorship, scholars of *honzōgaku*—

[216] Enomoto Yazaemon 榎本弥左衛門, *Enomoto Yazaemon oboegaki: Kinsei shoki shōnin no kiroku* 榎本弥左衛門覚書　近世初期商人の記錄, ed. Ōno Mizuo 大野瑞男 (Heibonsha, 2001), 74–75.

an intellectual field somewhat reminiscent of natural history—scoured the archipelago, their efforts culminating in a national survey of the country's flora and fauna completed in 1736.[217] A standout among the survey's investigators was Uemura Saheiji (1695–1777), a shogunal spy, whose career in information gathering conveniently meshed with what would become yearly expeditions to collect medicinal herbs.[218] In 1728, Saheiji's hunt for human and plant intelligence brought him to the island of Shikoku in southwestern Japan, where his assiduous footwork left a lasting imprint on the documentary archive. In Tosa Province, today's Kōchi Prefecture, local records of his visit include a list of medicinal herbs matched to the villages and counties where they grew. The fact that their habitats are classified not according to the natural environments where they flourished but instead based on units of political jurisdiction is significant. It suggests that, by the middle of the eighteenth century, illnesses and their treatments had become no longer the private concern of individuals and households alone but a matter of significant interest also to those in government. The surviving records of Tosa yield tantalizing information about local solutions to the "way of blood" as well. No more refined than charred *akaza*, one remedy claims that charred squirrels "slightly bigger in size than common rats" are "wonderful for the way of blood." Another identifies *sakaki* (*Cleyera japonica*), an evergreen tree sacred in Shinto, as a "marvelous drug for the prenatal, the postpartum, the way of blood, and for stopping bleeding. It is said that those who live in the mountains always keep it in stock."[219]

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[217] See Federico Marcon, "Inventorying Resources," pt. 3 of *The Knowledge of Nature and the Nature of Knowledge in Early Modern Japan* (University of Chicago Press, 2015), 115–152.
[218] Marcon, *The Knowledge of Nature and the Nature of Knowledge in Early Modern Japan*, 151. For more on Saheiji's trips, see Yoshida Hiroshi 吉田弘, "Uemura Saheiji Masakatsu saiyakkō: Uemura-ke kankei shiryō wo himotoku 植村左平次政勝採薬行　植村家関係資料をひもとく," *Tōkyō kasei daigaku hakubutsukan kiyō* 東京家政大学博物館紀要, no. 14 (2009): 123–131.
[219] Kōchi-ken 高知県, *Kōchi kenshi: Minzoku shiryōhen* 高知県史　民俗資料編 (Kōchi-ken, 1977), 1157.

The ordinary townswoman hardly needed to venture into the mountains to stock up on remedies for the "way of blood." Instead, she could avail herself of a booming domestic market for patent medicines. In this sector of the economy, and of medical pluralism, the clinical uncertainty of the "way of blood" generated substantial opportunities for profit. Attention to the health condition in patent-medicine advertisements would far surpass the scholarly recognition it received in medical treatises, in terms both of scale and of enthusiasm. The Ueda family, for example, had begun to manufacture Shōseisan commercially in 1753 as a cure for "the prenatal and the postpartum" as well as "various women's illnesses."[220] By 1768, the family business was mounting an aggressive national campaign to sell the patent medicine at branch stores in Osaka and Edo, the archipelago's two most populous cities. It boasted twenty-eight distributors in more than a dozen provinces in eastern Japan alone. Instructions for using the drug, which doubled as advertisements, positioned the "way of blood" within the same array of ailments as "prenatal and postpartum cramps or vertigo," "chills or fevers," "headaches," and other "prenatal and postpartum illnesses," all of which were said to be "caused by the cold (*hie*) of the lower body, the disordering of *qi* and blood, and blood stasis (*oketsu*)."[221] The drugmaker promised prospective customers that Shōseisan would help them "warm the lower body, circulate *qi* and blood, strengthen the yang, and get rid of the cold and the damp," before alleging that the drug was equally efficacious for "illnesses developed from the cold" and "hemorrhoids" in all genders.[222] In the process of marketing for profit, advertisers sold pharmaceutical products and vernacular discourses of etiology side by side. Insofar as the implied causes of the "way of

[220] Ueda Jūki 上田重逵, *Shōseisan: Sanzen sango no kusuri, onna no shobyō no kusuri* 正勢散　産前産後薬・女之諸病薬 (Kyoto: Ueda Jūki, 1768), WASEDA, 9 (image 6, left), https://www.wul.waseda.ac.jp/kotenseki/html/bunko10/bunko10_06500/index.html.
[221] Ueda, *Shōseisan,* 1 (image 2, left).
[222] Ueda, *Shōseisan*, 1 (image 2, left), 2 (image 3, right).

blood" in such discourses remained ambivalent and intangible, they invited the buying public to take the initiative in self-discovery by sorting themselves into diagnostic categories on their own.

As seen in the case of Shōseisan, when describing the efficacy of their products, it was not uncommon for pharmaceutical manufacturers to paint a far-reaching, if not far-fetched, picture of their indications. While this marketing strategy blurred the distinctions among health conditions and tested the capacity of diagnostic categories to hold symptoms, it appealed to customers by conveying the impression of versatility. Tōzandō, a pharmacy based in central Japan's rural Shinano region, with a branch store in Edo, hired multiple artists of the renowned Utagawa school to achieve this effect.[223] Woodblock prints commissioned for the main shop labeled Senkitō, Tōzandō's proprietary decoction, as a product sold with the shogunate's official permission (*gomen*). To boost the drug's legitimacy, print designers illustrated the inquiries and purchases of an enthusiastic crowd of varying ages and genders gathered at Tōzandō's storefront, conveying the message that Senkitō served as an elixir for virtually any kind of illness. "Women's way of blood," which could be interpreted in so many different ways, fit well into the promotional narrative of a multipurpose remedy, and was duly listed, along with the "prenatal and postpartum," among Senkitō's plethora of indications. Tōzandō seems to have understood the importance of customer feedback as well, since its Utagawa prints reserve a space at the bottom-left corner for sharing the imaginary woman consumer's decision-making process: "Since this drug works on the way of blood, I shall buy lots of it!"[224]

[223] Shinano roughly overlaps with today's Nagano Prefecture. Utagawa Naomasa 歌川直政, *Shinshū Tōzandō honke kanban no zu* 信州東山堂本家看板之図, Edo period, woodblock print on paper, 34.0 × 45.4 cm, NAITO, call no. K01158; Utagawa Sadafusa 歌川貞房, *Shinshū Tōzandō Edodana no zu* 信州東山堂江戸店図, Edo period, woodblock print on paper, 33.7 × 22.2 cm, NAITO, call no. K01156.

[224] Utagawa Naomasa, *Shinshū Tōzandō honke kanban no zu*. For reference, the National Diet Library (NDL) holds a reprint of the same design with smaller dimensions: https://dl.ndl.go.jp/pid/1307401.

Pharmaceutical marketing also involved other forms of commercial outreach and collaboration, long before the concept of "disease mongering" came into vogue.[225] Vernacular publishers parodied printed sumo rankings to create similarly-formatted posters that listed common illnesses and popular treatments as if they were two wrestling teams. Offering a glimpse into the supply-and-demand conditions of Edo's medical market, one such poster awards the elevated rank of *maegashira* to "The Way of Blood, Firstborn Son of Headrushes (Gyakujō no Tarō Chi no Michi)," assigning an imposing personal name to a health condition that was as familiar as it was lucrative. On the same poster, the patent drug Jitsubosan joins forces with Ryūōtō, literally the "dragon king's decoction," as the patent-medicine camp's *maegashira*.[226] Ryūōtō also appears as one of multiple treatments for "the prenatal, the postpartum, and the way of blood" in the 1824 edition of *Edo kaimono hitori annai* (Self-guided shopping in Edo), a publication that dispensed helpful information about what to buy when visiting the shogunal city.[227] While it is hard to discern which came first, there is no denying that common knowledge about the "way of blood" and the popularity of its treatments came to permeate urban life in ways that were highly visible.

For those visitors who had concluded their stay in Edo, the journey home could present both challenges and opportunities for their wellbeing. While the fictional pills carried on the road

[225] "Disease mongering" has been defined as "widening the boundaries of treatable illness in order to expand markets for those who sell and deliver treatments." Ray Moynihan et al., "Selling Sickness: The Pharmaceutical Industry and Disease Mongering," *British Medical Journal* 324, no. 7342 (2002): 886. See also Ivan Illich, *Limits to Medicine: Medical Nemesis, the Expropriation of Health* (Boyars, 1976); Lynn Payer, *Disease-Mongers: How Doctors, Drug Companies, and Insurers Are Making You Feel Sick* (J. Wiley, 1992).
[226] *Byōyaku dōkekurabe* 病薬道戯競, Edo period, woodblock print on paper, 17.2 × 23.1 cm, Tokyo Metropolitan Library, item no. 4300020171, https://archive.library.metro.tokyo.lg.jp/da/detail?tilcod=0000000014-00041907.
[227] Nakagawa Gorōzaemon 中川五郎左衛門, ed., *Edo kaimono hitori annai* 江戸買物独案内, vol. 2 (Osaka: Yamashiroya Sahee, 1842), 218, NDL. The second volume alone lists 217 pharmaceutical products, among which more than 20 explicitly if not exclusively identify themselves as treatments for the "way of blood." See Nakagawa, *Edo kaimono hitori annai*, 219, 221, 222, 224, 227, 228, 231, 234, 235, 266, 278, 280, 284, 285, 286, 287, 288, 292, 294, 301.

by Yajirōbee had little effect on his misdiagnosed abdominal pain, the carefully selected pharmaceuticals preserved in the medicine box of the Akutagawa family of Edo might well have helped women battle the "way of blood" in real life. Having served House Tokugawa as the hereditary managers of the shogunate's Koishikawa Medicinal Garden since 1712, the Akutagawa family knew only too well the most common ailments that they needed to prepare remedies for. Among the fifteen miniature glass bottles that the compact medicine box holds, five still contain pharmaceuticals explicitly marked as treatments for the "way of blood," one of which is additionally indicated for abdominal pain and another of which is a powder of saffron.[228]

Travel itself opened up new possibilities for healing. A woman on the road, for example, could consult travelers' guides to plan her excursion to a hot spring known for ameliorating the "way of blood."[229] At night, she might dream of the fanciful warfare depicted in popular woodblock prints, where the "way of blood" and Jitsubosan fight each other as humanoid warriors.[230] To ease her boredom while awake, she had the option of playing the board game

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[228] *Keitaiyō kusuribako* 携帯用薬箱, late Edo period, wood, 7.7 × 12 × 6.4 cm, NAITO, call no. Z02662. At the time of my visit to the museum, the bottle for saffron still contained some red powder, although the curator advised against sampling it. For a photo of the box, see the museum's website: https://www.eisai.co.jp/museum/information/event/exhibition/muse18-3.html last accessed February 21, 2024.

[229] Yasumi Roan 八隅蘆庵, *Ryokō yōjinshū* 旅行用心集 (Edo: Suharaya Ihachi, 1810), WASEDA, 53 (image 62, left), https://www.wul.waseda.ac.jp/kotenseki/html/bunko06/bunko06_02230/index.html. For translated passages from this guide, see Constantine Vaporis, "Caveat Viator: Advice to Travelers in the Edo Period," *Monumenta Nipponica* 44, no. 4 (1989): 461–483. Santō Kyōden's unfinished historical novel *Utō Yasukata chūgiden* (Utō Yasukata's story of loyalty) mentions Utari hot springs in today's Kagawa Prefecture as "specifically effective for headaches and the way of blood." Santō Kyōden 山東京伝 et al., *Utō Yasukata chūgiden nihen* 善知安方忠義伝二編, vol. 4 (Osaka: Gungyokudō, 1849), WASEDA, 18 (image 20, right), https://archive.wul.waseda.ac.jp/kosho/he13/he13_01305/he13_01305_0012/he13_01305_0012.pdf. For more on Tokugawa women's spatial mobility, see Laura Nenzi, *Excursions in Identity: Travel and the Intersection of Place, Gender, and Status in Edo Japan* (University of Hawaii Press, 2008); Amy Stanley, *Stranger in the Shogun's City: A Japanese Woman and Her World* (Scribner, 2020).

[230] A measles epidemic in 1862 inspired a corpus of popular calamity prints called *hashikae*, or "measles pictures," some of which depict an army of illnesses led by measles battling drugs or foods that defend people's health. For an example depicting Jitsubosan, see Utagawa Yoshitora 歌川芳虎, *Shobyō shoyaku no tatakai* 諸病諸薬の戦い, Edo period, woodblock print on paper, 35 × 76 cm, International Research Center for Japanese Studies (NICHIBUNKEN), call no. YR/8/Ut, https://toshonin.nichibun.ac.jp/webopac/TW90032824. For a measles print

esugoroku, whose gridded squares easily doubled as tiny display windows for commercial advertisers. Shikitei Kosanba (1812–1852), whose father Sanba (1776–1822) had run a pharmaceutical business in addition to writing popular fiction, codesigned an *esugoroku* to promote the family enterprise, as well as his father's legacy, in 1847. The black-and-white game sheet presents the decoction San'yōtō in one of its squares as a cure for the "way of blood." Alongside lies an explanatory verse: "Worshipping their husbands around the clock like they do Heaven, women are clever for also knowing the way of blood."[231]

The Perils of Motherhood

For at least some women, knowledge of the "way of blood" resulted directly from interacting with men. Published in 1821, *Tōsei ishafurige* (Commentary on the style of contemporary doctors) pays direct homage to Jippensha Ikku's story of Yajirōbee while satirizing the role of male quacks in creating the "way of blood" among women. The story's plot unfolds around the fictional Atsukama Shikian, a rural doctor's son who travels to Kyoto and finds a mentor in Kiten Tonsaku, a successful physician known for his "quick-witted tact."[232] Able to inspire admiration even from patients whose condition has only worsened under his care, Kiten entrusts

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that features the "way of blood," see Utagawa Yoshitsuya 歌川芳艶, *Tōsei zatsugo hashika kassenki* 当世雑語流行麻疹合戦記, Edo period, woodblock print on paper, 36 × 73 cm, NAITO, call no. E22608, https://search.eisai.co.jp/cgi-bin/historyphot.cgi?historyid=E22608. On the history of *hashikae*, see Hartmut O. Rotermund, "Illness Illustrated: Socio-Historical Dimensions of Late Edo Measles Pictures (Hashika-e)," in *Written Texts–Visual Texts: Woodblock-Printed Media in Early Modern Japan*, ed. Susanne Formanek and Sepp Linhart (Hotei, 2005), 251–282; Gregory Smits, "Warding off Calamity in Japan: A Comparison of the 1855 Catfish Prints and the 1862 Measles Prints," *East Asian Science, Technology, and Medicine*, no. 30 (2009): 9–31.

[231] Shikitei Kosanba 式亭小三馬 and Utagawa Toyokuni 歌川豊国, *Nigiwai Shikitei masaru sugoroku* 賑式亭まさる双六, 1847, woodblock print on paper, 33.6 × 45.3 cm, 1847, NDL, https://dl.ndl.go.jp/pid/1310678. A transcription appears in Tsuda Mayumi 津田眞弓 et al., "Shikitei Sanba mise sugoroku 'Nigiwai Shikitei masaru sugoroku:' Honkoku to kaidai 式亭三馬店双六「賑式亭まさる双六」　翻刻と解題," *Keiō gijuku daigaku Hiyoshi kiyō: Jinbun kagaku* 慶應義塾大学日吉紀要　人文科学, no. 38 (2023): 58.

[232] *Kiten* (気転) refers to "tact" and *tonsaku* (頓作) means "quick-witted in improvising."

to Atsukama his secrets for winning over the trust of clients, one of which is to diagnose the "way of blood" in all female patients, "no matter what."[233]

While it may not exactly have been honest, there was still a fair amount of truth in Kiten's rhetoric. What enabled his real-life counterparts to manipulate women even before the coinage of "mansplaining" was a widespread concern about the epidemiology of the "way of blood." By the early nineteenth century, the perceived impact of the health condition on women was inciting considerable anxiety. One example concerns Takizawa Bakin (1767–1848), who studied under Santō Kyōden before becoming a prolific and bestselling fiction writer in his own right. Besides raising his eldest son Sōhaku to become a physician in Edo, Bakin also sold the family formula Shinnyotō, a feminine-coded "decoction of the divine lady" made to treat "the prenatal, the postpartum, and the way of blood." In addition to sharing that drug with his associates, Bakin advertised it amid the front matter of his magnum opus *Hakkenden* (Legend of eight dogs).[234] Despite this demonstration of confidence, when Bakin's daughter Okuwa gave birth in the early winter of 1827, the "way of blood" lay heavy on the minds of both the Takizawa household and their in-laws, the Atsumi family. Whether the health condition would remain a hovering threat or else become an unfortunate reality emerged as an issue of serious concern in the two families' correspondence as well as in the Takizawa's household diary, which noted the arrival of a messenger from the Atsumi home, where Okuwa was laid up, in the early morning. "We were informed that Okuwa had an easy labor at dawn. At half-past eight in the

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[233] Yokoya Nankai 横谷南海, *Tōsei ishafurige* 当世医者風流解 (Naniwa [Osaka]: Okada gungyokudō, 1823), KYOTO, chū 5 (image 47), https://kokusho.nijl.ac.jp/biblio/100253139/. A full transcription appears in Yoshimaru Katsuya 吉丸雄哉, "<Honkoku> *Tōsei ishafurige* shohen < 翻刻 > 当世医者風流解初編," *Mie daigaku Nihongogaku bungaku* 三重大学日本語学文学, no. 27 (2016): 11–35.

[234] Kyokutei Bakin 曲亭馬琴 and Yanagawa Shigenobu 柳川重信, *Nansō Satomi hakkenden* 南総里見八犬伝, vol. 1 (Edo: Sanseidō, 1814), WASEDA, last page of front matter (image 10), https://archive.wul.waseda.ac.jp/kosho/he13/he13_03416/he13_03416_0001/he13_03416_0001.pdf.

morning, Sōhaku headed to the Atsumi home to inquire about her physical condition and learned that a boy was born at five o'clock in the morning. Both mother and child are healthy, and there is no sign of the way of blood. All felt relieved."[235]

Other families were not so fortunate. Within just a day's travel of the Takizawa's Edo residence, the "way of blood" ambushed the household of Kishi Nizaemon (fl. 1815–1827), a villager of present-day Kanagawa Prefecture, shortly before the arrival of the new year in 1821. On the night of an otherwise cloudless day, Nizaemon's wife Miyo suffered an abrupt onset of the "way of blood" and "passed away immediately."[236] The sudden death of Miyo alerted the village headman, Sekiguchi Tōemon (1764–1849), whose son and future heir Teiji (1802–1862) went to console the bereaved the following day.[237] Not two years after the loss of Miyo, the "way of blood" struck again, this time in the person of Omaki, the daughter of an Edo greengrocer whose marriage the Sekiguchi family had helped broker in 1811 and who thus formed part of their social network.[238] A decade into married life, Omaki crossed paths with the "way of blood" during the early winter of 1822. Responding swiftly to the onset, which, like Miyo's, took place at night, the Sekiguchi visited the afflicted household between one and three o'clock in the morning.[239] Omaki lived, eventually divorcing her husband in 1829. Nevertheless, the urgency that the Sekiguchi expressed through their prompt visit speaks volumes about the potentially dire prognosis.

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[235] Takizawa Bakin 瀧澤馬琴, *Kyokutei Bakin nikki* 曲亭馬琴日記, ed. Shibata Mitsuhiko, vol. 1 (Chūō kōron shinsha, 2009), 225.
[236] Ishii Mitsutarō 石井光太郎 et al., eds., *Sekiguchi nikki* 関口日記, Yokohama-shi bunkazai chōsa hōkokusho, vol. 8 (3) (Yokohama-shi kyōiku iinkai, 1973), 583.
[237] Ishii et al., *Sekiguchi nikki*, vol. 8 (3), 583
[238] Omaki's name first appears within the Sekiguchi family's diaries in the entry for the fifteenth day of the eleventh month of Bunka 8 (1811), on the occasion of her wedding, for which see Ishii et al., *Sekiguchi nikki*, vol. 8 (2) (Yokohama-shi kyōiku iinkai, 1972), 53. For the mutually agreed-upon divorce of Omaki and her husband of nearly two decades in 1829, see Ishii et al., *Sekiguchi nikki*, vol. 8 (5) (Yokohama-shi kyōiku iinkai, 1975), 341.
[239] Ishii et al., *Sekiguchi nikki*, vol. 8 (4) (Yokohama-shi kyōiku iinkai, 1974), 165–166.

As the above cases illustrate, illness management in Tokugawa society was both a family matter and a community concern. It took a village—or in this case, a rural official's commitment to local governance and medical learning—to negotiate the "way of blood."[240] In their capacity as village leaders and concerned neighbors, the Sekiguchi family sent medication to at least one acquaintance who developed the illness during pregnancy between 1823 and 1824. Indeed, Sekiguchi Tōemon, who had himself pursued medical learning, was responsible for concocting the family's proprietary powder for combating the elusive yet omnipresent adversary.[241] Perhaps to that family formula's credit, Tōemon's wife Oie (1776–1861) led a long life despite her recurring "way of blood," which more than once confined the mother of five to bed in her middle age.[242]

When they were not weathering their encounters with the illness in private, women of Oie's generation could watch the "way of blood" assume a highly public form, indeed take center stage, within the realm of cultural production. Although it rendered the "way of blood" an illness of women, the previously introduced anecdote about the late seventeenth-century kabuki actor Sawamura Kodenji I offered little elaboration of the "way of blood's" nature or what kind of femininity the artist was performing when he complained he was feeling out of sorts. Kodenji's contemporary, the master dramatist Chikamatsu Monzaemon (1653–1724), similarly stopped short of explicitly qualifying what kind of womanhood to associate with the "way of blood" in his various works for the *jōruri* puppet theater, an art form elevated by his personal talent and success. In *Yari no Gonza kasane katabira* (Gonza the spearman), a 1717 play about

[240] For more on health management within the family, see William Evan Young, "Family Matters: Managing Illness in Late Tokugawa Japan, 1750–1868" (PhD Diss., Princeton University, 2015), ProQuest (3737416).
[241] Ishii et al., *Sekiguchi nikki*, 8 (4), 301, 314.
[242] The Sekiguchi family diaries record two incidences of "way of blood" as befalling Oie, once in 1822, when she was a middle-aged mother of five, and once in 1827. Ishii et al., *Sekiguchi nikki*, 8 (4), 151; Ishii et al., *Sekiguchi nikki*, 8 (5), 91.

adultery, Chikamatsu assigned the misfortune of suffering the "way of blood" to a supporting character, the female protagonist Osai's aging mother. Wrongfully accused of infidelity, Osai elopes with her rumored lover Gonza and effectively substantiates the allegation. The health of Osai's mother worsens when news about her married daughter arrives, exacerbating her chronic case of the "way of blood" and confining her to bed with chest pain.[243] Likewise, the 1720 play *Futago Sumidagawa* (Twins at the Sumida River) discloses the "chronic way of blood" of the female character Hanjo in order to presage her descent into madness following an exhausting adjudication over household succession in the wake of her husband's demise.[244] In this case, too, the playwright assigned the "way of blood" the dual task of representing and foreshadowing women's physical and mental decline but left its root cause unclear. Neither was the expected age at onset specified.[245]

Perhaps the most celebrated onstage sufferer of the "way of blood" appears in the 1825 kabuki play *Tōkaidō Yotsuya kaidan* (Ghost story of Yotsuya on the Eastern Sea Road), whose tragic heroine Oiwa is a filial daughter of samurai lineage. In swift succession, Oiwa unknowingly drinks poison, discovers her husband's intent to marry their neighbor Oume, and falls fatally onto a blade, leaving her infant behind before returning as a vindictive ghost. Many factors contribute to the character's demise, yet it is worth noting that Oiwa would not have met her notorious fate had the "way of blood" not prompted her to swallow a dose of medication in the first place. Oiwa has been gifted the volatile drug by a neighboring samurai household, which suggests that community involvement in managing the "way of blood" may not have been

[243] Chikamatsu Monzaemon 近松門左衛門, *Chikamatsu sewa jōruri* 近松世話浄瑠璃, ed. Aeba Kōson 饗庭篁村 (Tokyo: Hakubunkan, 1897), 143.
[244] Chikamatsu, *Chikamatsu sewa jōruri*, 1016. In his translation, C. Andrew Gerstle renders Hanjo's "chronic way of blood" as "Hanjo's overwrought nerves, always on edge." See Monzaemon Chikamatsu, *Chikamatsu: Five Late Plays*, trans. C. Andrew Gerstle (Columbia University Press, 2001), 80.
[245] It might be noted that the fifteenth-century Noh play *Sumigadawa* that inspired Chikamatsu Monzaemon's work does not relate Hanjo's madness to her health history.

restricted to a rural setting.[246] While the poison horridly disfigures Oiwa's face, the true horror of the play rested in the inevitability of a mother's vulnerability to the "way of blood" and the extent to which that reality had normalized her receiving support unsuspectingly from family and community. Put another way, the betrayal that Oiwa endures in the play from her husband and neighbor might well have happened to Okuwa, Oie, and any of the other women who shared the precarious demands of reproductive labor in real life. Ironically, it is only in death that Oiwa rids herself of the "way of blood" and any delusions she has previously held about matrimony. The nonhuman Oiwa is neither a docile wife nor a selfless mother. In place of those social identities arises a ghost as murderous as she is powerful.

As an anticipated implication of female fertility and a normalized byproduct of childbirth, the "way of blood" came to represent the perils of motherhood within the cultural imagination. An apt example can be found in the opening sequence of the 1802 illustrated tale *Bakemono ichidaiki* (Biography of a monster), where a long-necked female spook named Oroku conceives and gives birth to the fictional biography's protagonist. Taken aback by the announcement that her baby has wound up human despite the monstrosity of both parents, Oroku "extends her neck without thinking and triggers the way of blood."[247] In the accompanying illustration, Oroku's sinuous neck slithers above and over a folding screen to allow her a closer look at her newborn.[248] In Japanese folklore, an extendable neck characterizes a creature known as the *rokurokubi*, yet Oroku, a *rokurokubi* herself, has refrained from elongating her neck during the term of her pregnancy, afraid that such bodily movement, however instinctive, might somehow

[246] Tsuruya Nanboku 鶴屋南北, *Tōkaidō Yotsuya kaidan* 東海道四谷怪談, ed. Gunji Masakatsu 郡司正勝 (Shinchōsha, 2019), 137–168.
[247] Iba Kashō 伊庭可笑 and Torii Kiyonobu 鳥居清長, *Bakemono ichidaiki* 化物一代記, vol. 1 (Edo: Eijudō, n.d.), NDL, image 3, https://dl.ndl.go.jp/pid/9892567/1/3.
[248] Iba and Torii, *Bakemono ichidaiki*, image 3.

harm the fetus.[249] By thus acting against her nature, Oroku is able to pass as human in the eyes of the mountain god, who mistakenly gives her fetus a human soul (*tamashii*).[250] Strikingly, it is only after Oroku has demonstrated an aptitude for giving birth to a human that she falls victim to the "way of blood."

Defining harm within the context of women's reproductive healthcare was a delicate matter. This was especially true when celibacy was expected and pregnancy constituted transgression. Such concerns inform the central plot of *Itozakura honchō sodachi* (The weeping cherry blossom of Honchō), a *jōruri* ballad of 1777. In the sung narrative, a yarn merchant's daughter, Koito, conceives her lover's child despite the chastity code of the samurai house where she works as a maidservant. Out of malice, a lady-in-waiting attempts to force a toxic abortifacient down Koito's throat, hoping to expose the latter's secret through an instant abortion. Saving Koito from losing her pregnancy as well as her reputation is Onoe, another lady-in-waiting, who takes pity on her junior colleague and secretly replaces the abortifacient with Jitsubosan,[251] Tokugawa-era nonfiction works also praised the patent medicine Jitsubosan for safeguarding women's reproductive health, and in particular their pregnancies. For example, in an 1836 guide to the specialty products of Edo, the physician Kinoshita Baian (dates unknown) dedicated a poem in literary Sinitic to Jitsubosan, describing it as a "Japanese formula" that is "applicable to prenatal and postpartum concerns alike" and is "best for cases of women's way of blood."[252]

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[249] Oroku is under the impression that stretching her neck may break the umbilical cord connecting her with the fetus. Iba and Torii, *Bakemono ichidaiki*, image 2.
[250] Iba and Torii, *Bakemono ichidaiki*, image 4.
[251] Ki no Jōtarō 紀上太郎, "Itozakura honchō sodachi 糸櫻本町育," ed. Mizutani Futō 水谷不倒 (Tokyo: Hakubunkan, 1898), 87–92.
[252] Kinoshita Baian 木下梅庵, "Edo meibutsushi shohen 江戸名物詩初編," in *Kinsei bungaku mikanbon sōsho* 近世文学未刊本叢書, ed. Tenri toshokan shisho kenkyūbu 天理図書館司書研究部, vol. 3 (Yōtokusha, 1949), 287.

The "way of blood" imperiled even women who did not desire motherhood. Unlike the fictional character Koito, the real-life maidservants employed by samurai households did not always desire to keep an unintended pregnancy. On the contrary, their need for abortion care was substantial enough to help shape the reputation of the Nakajō school, one of the two native therapeutic traditions introduced in the previous chapter. No more than a few decades after the first print publication of its texts in 1668, the school's name emerged on the pages of *Yoshiwara tsurezuregusa* (Yoshiwara essays in idleness), a commentary on life inside Edo's pleasure quarters, composed by an actual brothel owner between 1704 and 1711. Offering an insider's insights into the shogunal city's sex culture, the manuscript discusses the forbidden fornication of maidservants at samurai houses and their use of abortifacients. It is when such drugs proved futile, the text alleges, that the Nakajō school's practitioners might make their services known: "I will perform the procedure with no fuss if you so request and without letting your master know."[253]

Maidservants' tales point to Tokugawa women's pursuit of bodily autonomy, where the value of female sexuality lay in the fulfillment of women's own desires as opposed to the desires of men for either pleasure or an heir.[254] As a symbiosis of femininity and clinical uncertainty, the "way of blood" provided a convenient euphemism for the daring maidservant who chose to take control of her own body in defiance of her samurai employers, who occupied the upper echelons of the Tokugawa sociopolitical hierarchy. Vernacular poems contesting the chastity of the ladies-in-waiting of Edo Castle had begun to appear by the 1760s, when a popular *senryū* verse brought up the occurrence of the "way of blood" among their order. "Every once in a while the way of

[253] Yūkiya Raiji 結城屋来示, *Yoshiwara tsurezuregusa* 吉原徒然草, ed. Sekiguchi Tendō 関口典堂 (Edo bungaku senshū kankōkai, 1927), 139–140.
[254] On Tokugawa-period maidservants as historical actors, see Amy Stanley, "Maidservants' Tales: Narrating Domestic and Global History in Eurasia, 1600–1900," *American Historical Review* 121, no. 2 (2016): 437–460.

blood may be seen in the female attendants' quarters [of Edo Castle]."[255] Despite the typical expectation of celibacy among the maidservants of samurai houses, unauthorized sexual relations in fact took place and resulted in unplanned pregnancies. Despite being the most powerful of all samurai houses and a masculine military regime by design, the Tokugawa shogunate had failed to control women's bodies in its own interior, an open secret communicated through the "way of blood."

The Nakajō school's notoriety as a birth-control solution grew only stronger during the eighteenth century. A 1773 urban geography of Edo, for example, includes the Nakajō clinic among the famous attractions of the city, featuring its discreet façade along with a visitor's obstructed rear silhouette in one of its illustrations. Having parked her palanquin next to the clinic's signboard, which reads "Nakajō-school treatments for women," a feminine figure clad in kimono makes her entrance. According to the caption, she has visited with the "determination" to "expediate the monthly flow," a euphemism for abortion.[256] Bearing witness to the same phenomenon, the shogunal physician Mochizuki San'ei (1697–1769) lamented the Nakajō school's alleged fall from grace from a decent lineage of women's medicine to a common brand for abortion services.[257] From a business perspective, however, the native therapeutic tradition did not necessarily need his pity. In 1789, the Nakajō clinic would make an unapologetic appearance in the satirical poem collection *Ehon tatoebushi* (Occasions for sayings, a picture book), which boasted about the former's commercial success.[258] Nor did the school's market

[255] Hattori, *Edo jidai igakushi no kenkyū*, 616.
[256] *Gessui hayanagashi* or "expediating the monthly flow" functioned as a euphemism for abortion, after which the menstrual cycle was expected to resume. See Toyoshima Rogetsu 豊島露月, ed., *Meibutsu kanoko* 名物鹿子, vol. 1 (N.p.: n.p., 1733), Tokyo University General Library, 13 (image 15), https://kokusho.nijl.ac.jp/biblio/100412766/15.
[257] Mochizuki San'ei 望月三英, "Rokumon zuihitsu 鹿門随筆" (n.d.), KYOTO, image 8, https://kokusho.nijl.ac.jp/biblio/100253289/8.
[258] Kitagawa Utamaro 喜多川歌麿, *Ehon tatoebushi* 絵本譬喩節, in *Edo fūzoku zueshū* 江戸風俗図絵集, ed. Kokusho kankōkai 国書刊行会, vol. 3 (Kokusho kankōkai, 1986), 30–231.

influence always come at the cost of its dignity as a respectable therapeutic tradition in childbirth medicine. In fact, the best-selling author Takizawa Bakin himself held onto a loaned copy of the Nakajō school's texts among other books on childbirth until two months had uneventfully passed without any incidence of the "way of blood" after his daughter Okuwa gave birth in the winter of 1827.[259]

The Nakajō school continued to exert its influence well into the nineteenth century. In western Japan, its services were said to prosper "everywhere" around the imperial capital of Kyoto, in the words of the Confucian scholar Oyamada Tomokiyo (1783–1847).[260] At the height of its impact, the school all but completely redefined the meaning of the "woman doctor" in Tokugawa society, a development that would come to inflect medical women's perception of history in the early twentieth century.[261] In *Hyakunin jorō shinasadame* (Appraisal of one hundred types of young women), a 1723 publication that introduces a variety of female occupations, the entry for "woman doctors" (*onna isha* or *onna ishi*) simply refers to physicians of the female gender.[262] Before long, however, "woman doctors" would take on the alternative meaning of "doctors for women" and evolve into a familiar moniker for the Nakajō school's practitioners, as well as any woman or man who specialized in performing abortions. Such circumstances would lead Yamaoka Matsuaki (1726–1780), a scholar of national learning (*kokugaku*), to describe the Nakajō school's "woman doctors" as the "bedchamber doctors" of his day when he compiled the late seventeenth-century encyclopedia *Ruiju meibutsu kō*

[259] Takizawa, *Kyokutei Bakin nikki*, 261.
[260] Oyamada Tomokiyo 小山田与清, *Matsuya hikki* 松屋筆記, vol. 3 (Kokusho kankōkai, 1908), 347.
[261] See Chapter Three.
[262] Nishikawa Sukenobu 西川祐信, *Hyakunin jorō shinasadame* 百人女郎品定, in *Edo fūzoku zueshū*, ed. Kokusho kankōkai, vol. 3 (Kokusho kankōkai, 1986), 12.

(Classified inquiry on names and things).[263] Within a rather different genre, a 1838 work of pictorial erotica by the ukiyo-e artist Keisei Eisen (1791–1848) entertained readers by portraying a "Nakajō-school woman doctor" who offers a comprehensive abortion-care package that includes even a Buddhist burial for the removed fetus in addition to an abortifacient marketed as a treatment for the "way of blood"[264] The interpretive flexibility of the diagnosis had by the end of the Tokugawa period transformed it into a paradox. As a health complication intimately linked to childbirth, the "way of blood" signified a rite of passage to motherhood. Nevertheless, the concept could carry an equally heavy load of meaning when motherhood proved to be the road not taken. Ironically, the namesake school of Nakajō Tatewaki, who allegedly assisted in the birth of the fourth Tokugawa shogun, was now thriving on the lucrative business of birth control for the common woman.

The year 1842 saw the Edo magistracy promulgate a curiously worded decree. It outlawed "woman doctors" who performed abortion while clarifying there was no need for their colleagues who engaged "in the correct treatment of the way of blood" to worry.[265] Relayed to Edo's neighborhood chiefs on the same day, the decree would also go into effect in Osaka, hub of the Tokugawa rice economy, two months later.[266] But what exactly were the criteria for the "correct treatment" of a clinically ambiguous condition? As it turns out, while the "way of blood" offered insufficient diagnostic precision to satisfy elite physicians, it more than adequately justified the political performance of benevolence.

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[263] Yamaoka Matsuaki 山岡俊明, *Ruiju meibutsu kō* 類聚名物考, ed. Inoue Yorikuni 井上頼圀 and Kondō Heijū 近藤瓶城, vol. 4 (Kondō kappanjo, 1904), 136.
[264] Keisai Eisen 渓斎英泉, "Shunjō yūbiningyō 春情優美人形," in *Shunjō yūbiningyō* 春情優美人形, ed. Okada Hajime 岡田甫 (Kichō bunken hozonkai, 1955), 42.
[265] Hioki, *Shin kokushi dainenpyō*, 878.
[266] Mitamura Engyo 三田村鳶魚, ed., *Tenpō shinseiroku* 天保新政錄, in *Mikan zuihitsu hyakushu* 未刊随筆百種, vol. 22 (Beisandō, 1929), 177; Ōsaka-shi sanjikai 大阪市参事会, *Ōsaka shishi* 大阪市史, vol. 4-2 (Ōsaka-shi sanjikai, 1915), 1651.

A Reason for Benevolence

In 1737, a first-rank officer, or *kengyō*, of the blind persons' guild named Yamazaki (fl. 1719–1737) assented to a request from the municipal magistrate of Tsuruga, Yamaguchi Shunsui (1692–1771). Coming after a fatal onset of the "way of blood," Yamazaki's concession settled a heated debate over alms collection.[267] Although details of the two men's dispute never emerged into the open, the implications of its resolution would resonate in other parts of Obama Domain, located in today's Fukui Prefecture. In 1762, Kizaki Tekisō (1688–1766), whose family had accrued generational wealth from a bubbling brewing business in the nearby castle town of Obama, would reminisce about the sudden turnaround with the financial acumen and long memory of a merchant:

> The guilds of blind men and women have been visiting weddings, celebrations, and memorial services for alms since ancient times.[268] While three *kanmon* was considered a large sum to give at celebrations during the Genroku period (1688–1704), expectations gradually mounted from the Hōei (1704–1711) and Shōtoku (1711–1716) periods onward.[269] By the Kyōhō period (1716–1736), that amount had reached twenty or thirty *kanmon*. When someone donated less than what they did before, the blind would gather, thirty or fifty strong, thronging the person's home and bawling their curses day and night. The absurdity was beyond words. Even though we appealed to the municipal office (*yakusho*), the latter was never eager to respond. At the time, the national leader (*sōkengyō*) of the blind men's guild was in Edo, the *kengyō* Yamazaki and the *kōtō* Shigeta were in Obama, and the position of guild members was strong.[270] Just when everything seemed hopeless, the guild considered the township collective's appeal in the

[267] Yamaguchi Shigetō 山口重遠, *Yokeihen* 余慶編, ed. Fujii Jōji 藤井譲治, *Fukui-ken monjokan kenkyū kiyō* 福井県文書館研究紀要, no. 10 (2013): 10.

[268] On visual impairment during the Tokugawa period, see Maren Annika Ehlers, *Give and Take: Poverty and the Status Order in Early Modern Japan* (Harvard University Asia Center, 2018); Wei Yu Wayne Tan, *Blind in Early Modern Japan: Disability, Medicine, and Identity* (University of Michigan Press, 2022). For Japanese-language scholarship, see Katō Yasuaki 加藤康昭, *Nihon mōjin shakaishi kenkyū* 日本盲人社会史研究 (Miraisha, 1974); Ōkuma Miyoshi 大隈三好 and Namase Katsumi 生瀬克己, *Mōjin no seikatsu* 盲人の生活 (Yūzankaku, 1998).

[269] One *kanmon* equaled 1000 copper coins.

[270] *Kengyō* was the highest administrative rank within the blind men's guild of the Tokugawa period, which was headed by a national leader, the *sōkengyō* or primary *kengyō*. *Kōtō* ranked directly after *kengyō*.

second year of Genbun (1737) and set the sum to take from the affluent first at ten *kanmon* maximum.[271]

The "way of blood" made its appearance in this meandering history thanks to the determination of Yamaguchi Shunsui, a Confucian scholar and samurai official, to rule with benevolence. As a teen, Shunsui had been inducted into Itō Jinsai's (1627–1705) prominent lineage of Confucian learning. This was followed by a conversion to the Neo-Confucianism of the Chinese philosopher Zhu Xi (1130–1200) in his late twenties, when Shunsui became a pupil of the scholar Wakabayashi Kyōsai (1679–1732) while holding office in Kyoto.[272] Although Shunsui's approach to Confucianism changed over time, his subscription to its core values, be they righteousness, faithfulness, or filial piety, never wavered. Delivered in his twilight years, Shunsui's 1767 lecture on Zhu Xi received a warm welcome among the learned and influential.[273]

Completed in 1788, the posthumous biography of Shunsui, *Yokeihen* (Chronicle of abundant blessings), offers clues about the scholar-official's contribution to the reduced cost of charity after 1737. Across the pages of *Yokeihen,* one notes Shunsui's intellectual engagement with such Confucian aspirations as benevolent rule as well as a more practical commitment to the realization of good governance on the ground.[274] The latter commitment was put to the test

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[271] Kizaki Tekisō 木崎惕窓, *Shūsui zatsuwa* 拾椎雑話, in *Fukui-ken kyōdo sōsho* 福井県郷土叢書, ed. Norimoto Yoshihiro 法本義弘, vol. 1 (Fukui kenritsu toshokan, 1954), 447. For a brief biography of Kizaki, see Kizaki, *Shūsui zatsuwa*, 16–19.

[272] Yamaguchi, *Yokeihen*, 5. Also see Fujii Jōji, "Yamaguchi Shōemon Yasukata to Obama-han chūki no hansei: *Yokeihen* wo sozai ni 山口庄右衛門安固と小浜藩中期の藩政 『余慶編』を素材に," *Fukui-ken monjokan kenkyū kiyō* 福井県文書館研究紀要, no. 10 (2013): 24.

[273] Shunsui's lecture interprets Zhu Xi's *Bai lu dong shu yuan jie shi* 白鹿洞書院解釋, a 1180 pedagogical guide informed by the Confucian classics. As an indication of its warm reception, Yamauchi Toyoteru (1815–1848), the daimyo of Tosa Domain in today's Kōchi Prefecture, personally copied out a manuscript of Shunsui's lecture in 1834. See Yamaguchi Shunsui 山口春水, "Hakurokudō keiji enzetsu 白鹿洞掲示演説" (1767), KOCHI, call no. 099-0713-015, https://kokusho.nijl.ac.jp/biblio/100228025/. For a full English translation and discussion, see John W. Chaffee, "Chu Hsi and the Revival of the White Deer Grotto Academy, 1179–1181 A.D.," *T'oung Pao* 71, no. 1/3 (1985): 54–55.

[274] Yamaguchi, *Yokeihen*, 16.

when Shunsui confronted Yamazaki over the activities of the guild of the blind during the summer of 1737, while serving as a municipal magistrate (*machibugyō*) of Tsuruga.[275] Although blind people were a marginalized demographic, they performed specific roles within the Tokugawa status order. Drawing strength from shogunal patronage and a countrywide network, the blind men's guild (Tōdōza) enjoyed a contractual monopoly on the occupational performance of certain music instruments as well as the practice of massage and acupuncture. Possessing considerable political autonomy and a ranked administrative hierarchy, the blind men of Obama Domain were well-organized and displayed a knack for collective action. According to Itaya Ichisuke (1716–1792), a commercial entrepreneur, a community of nearly a hundred blind people resided in Obama during the two decades leading up to the mid-1730s.[276] Rather than passively subjecting themselves to charity, the local blind demanded that benevolence be paid to their satisfaction.

The dispute between Shunsui and Yamazaki was rooted in just how the blind should be paid. Municipal officials and the blind community had been negotiating over alms collection since 1719, when a series of supposedly "unreasonable, excessive, and greedy exactions" on the part of the blind had created sufficient grievance among the wealthier residents of Tsuruga as to require a visit from Yamazaki in his capacity as *kengyō*.[277] While it was the local daimyo who lorded over the sighted population of Obama Domain, Yamazaki was in charge of governing the region's blind. Following Yamazaki's visit, an agreement was reached to limit alms collection to five types of occasions—weddings, first births, coming-of-age celebrations, lineage successions,

[275] For a list of Tsuruga magistrates, see Tsuruga shishi hensan iinkai 敦賀市史編さん委員会, ed., *Tsuruga shishi: Tsūshihen* 敦賀市史　通史編, vol. 1 (Tsuruga shiyakusho, 1985), 430, 742.
[276] Itaya Ichisuke 板屋一助, *Wakasa kō* 稚狭考, in *Obama shishi* 小浜市史, ed. Obama shishi hensan iinkai 小浜市史編纂委員会, vol. 1 (Obama-shi, 1971), 252–253.
[277] *Shishōroku* 指掌録, in *Tsuruga shishi: Shiryōhen* 敦賀市史　史料編, ed. Tsuruga shishi hensan iinkai 敦賀市史編さん委員会, vol. 5 (Tsuruga shiyakusho, 1979), 205–206.

and memorial services—with no more than three blind men allowed to participate at once. In reality, the implementation of the agreement fell short, and discontent continued to brew over the following decade.[278] At one point in 1727, townspeople came close to a major victory when a waiting period of twenty-one nights after a first birth was proposed to allow the new mother some respite, only to see it reduced to a single day after the blind collectively petitioned guild officers.[279] When Yamaguchi Shunsui came to the negotiation table with Yamazaki, the local *kengyō*, a decade later, he shouldered a burden of proof made extra heavy by an established history of compromise on the municipal office's side.

It took a woman's "way of blood" to let the sighted magistrate Shunsui and the blind *kengyō* Yamazaki see eye to eye in 1737. If anything, Shunsui's initial argument against what he described as an excessive if not riotous solicitation of alms only alienated the blind official, who fired his retort point-blank. "Then how should the blind make a living in this world? We ask no more than a commensurate amount of alms. This is not a matter of my personal opinion (*shi no gi*) but of public justice (*kōgi*)."[280] Sensing Yamazaki's reluctance, Shunsui kept his composure and played his ace:

> It is not that I disagree with what you say about the blind making their way in the world. But when a woman of this town gave birth recently, members of the blind men's guild went to her house en masse while her way of blood had not yet subsided. Not only did they request alms in an unbecoming manner, but they would not even acknowledge it when they received appropriate treatment [in the end]. So rowdily did they resort to quarreling that the blood of the woman, who had just given birth, rushed to her head and she died.[281]

One can only imagine Yamazaki's countenance when Shunsui insinuated the blind men's complicity in fatally exacerbating a woman's "way of blood." "Because of the blind, a wife and

[278] *Shishōroku*, 206.
[279] *Shishōroku*, 206–208.
[280] Yamaguchi, *Yokeihen*, 10.
[281] Yamaguchi, *Yokeihen*, 10.

daughter has died," Shunsui continued, before doubling down by expressing his willingness to "leave the matter to the law."[282] Yamazaki must have known that the tables had turned. The blind official reportedly apologized for his previous attitude before pledging to make sure local guild members would thereafter behave in an orderly manner.[283]

Shunsui played his hand well, because the "way of blood" was a wild card to play. It was easy to believe that a health condition imbued with clinical uncertainty would react capriciously to the slightest change of environment, causing its prognosis to oscillate unpredictably between hope and despair. Because of the "way of blood's" wayward nature, Shunsui could anticipate that Yamazaki would arrive at the conclusion that the blind men's actions were at least circumstantially responsible for the mother's death. Given the prevalence of the "way of blood" as a common childbirth complication, the blind men's behaviors, if continued, could be perceived as a disregard for the wellbeing of mothers of the entire region, an accusation perhaps too serious to face for a few alms. Indeed, policy changes followed Yamazaki's 1737 visit to Tsuruga. Documents of the Tsuruga magistrate's office record several arrangements having been made that year between the blind community and the townspeople, seemingly to the latter's liking. Notably, a waiting period of twenty days before the collection of alms on the occasion of first births came into effect.[284]

As in Tsuruga, political authorities did not always direct their compassion toward "way of blood" sufferers in a timely manner. In some cases, officials prioritized the incentivization of the laywoman's caregiving children over the provision of relief to the patient herself. One finds just such a case in Jinsuke (c. 1695–date unknown), a fish peddler who resided in the castle town

[282] Yamaguchi, *Yokeihen*, 10.
[283] Yamaguchi, *Yokeihen*, 10.
[284] *Shishōroku*, 210.

of Wakamatsu in northeast Japan during the first half of the eighteenth century. Remarkably, Jinsuke became an exemplar of filial piety at the age of forty-nine.[285] Decades later, his virtue as a son would be further publicized in *Kankō kōgiroku* (Official records of filial piety and righteousness), an ideological project born out of concerted political engineering in 1801. Commissioned by the shogunate to showcase a virtuous society under benevolent rule, the multivolume compilation catalogued Japanese exemplars of Confucian values such as filial piety and righteousness, as well as other extraordinary deeds, organizing them by region and listing the rewards the individuals involved were given. Jinsuke collected his own reward in rice from Aizu Domain in 1744. By that time, the destitute fish dealer had been organizing his life around nursing his widowed mother for one and a half decades, while simultaneously providing for an aged uncle.

The official account reveals that Jinsuke's mother had become a parent at barely fifteen years of age and had thereupon developed a chronic case of the "way of blood." The debility prevented her from managing housework and eventually transformed her son into a long-term caretaker. The "way of blood" reportedly compromised the mind of Jinsuke's mother as well. According to *Kankō kōgiroku*, hearing the worries of strangers alone would trigger her illness, and the remarks the mother made in her mid-sixties barely made any sense.[286] In the name of filial piety, the extensive care work necessitated by a woman's prolonged "way of blood" proved a sufficient condition for the glorification of her children's labor. Legitimized through official recognition, the personal devotion of the filial child was repurposed to serve the goals of ideological mobilization. Despite arising from the very want of public welfare, Jinsuke's

[285] Jinsuke's age in 1744 can be found in Sugano Noriko 菅野則子, ed., *Kankoku kōgiroku* 官刻孝義録, vol. 1 (Tōkyōdō shuppan, 1999), 370.
[286] Sugano Noriko, ed., *Kankoku kōgiroku*, vol. 2 (Tōkyōdō shuppan, 1999), 149–150.

hardship as a collateral result of the "way of blood" set the stage for political authorities to perform benevolence through such material rewards as rice, which was the crop commonly used to measure revenue, tax, and the value of land in Tokugawa society.

The experience of Jinsuke and his mother was not unique. In its most intractable form, the "way of blood" offered government officials a reason, as well as an occasion, to display benevolence without having to concern themselves with what exactly fell under the disease classification. If anything, the clinical uncertainty that the "way of blood" entailed lent legitimacy to the gravity of the affliction, helping create the impression that any relief from the government would constitute generous help in times of need. Ironically, the political recognition of filial deeds often took place only after it was too late. In northeast Japan, the domain government of Sendai did not learn of, let alone reward, the filial conduct of a villager named Kyūnojō until 1746, when his mother had already passed away due to a chronic case of the "way of blood" that diminished her physical health as well as her mental faculties. By then, Kyūnojō had been acting as the sole caretaker of his mother since the age of thirteen, a seventeen-year span long enough for him to grow up and come of age.[287] To the boy-turned-man, his mother's death perhaps offered a truer form of relief than any financial reward from political officials, who by then would have had years to coordinate concrete medical support for the family if only their focus had rested on tackling the illness rather than on making an example out of the caretaker.

Even beyond the realm of government propaganda, the "way of blood" charted an odyssey of hardship to which the ultimate response might be more political than medical. Writing from an inn in the castle town of Kagoshima during a visit to Satsuma Domain in the

[287] Sugano Noriko, *Kankoku kōgiroku*, vol. 2, 46–48.

autumn of 1782, the physician Tachibana Nankei (1753–1805) recorded the case of a local village woman in his travelogue. According to Nankei, the "way of blood" had crept up on the mother of two in 1777, after she had hastily returned to the rice paddies for the harvest season shortly after giving birth. She never recovered. Before long, the woman's "way of blood" became chronic and confined her to bed. Although her young children, a boy and a girl, took on farmwork and caregiving at a tender age, their efforts proved to no avail. The mother died of the "way of blood" in the early summer of 1782, after six years of anguish. It was not until the last nine months before her death that her children's filial piety became known to the lord of Satsuma, earning the family rice and money as a reward.[288]

Given that the very purpose of Nankei's journey to Satsuma, in the physician's own words, was to "study the craft of medicine," one might hope that the erudite doctor could offer some insight into the nature of the Satsuma mother's affliction.[289] One could not be more wrong. Despite emotionally relating to the case due to the recent passing of his own mother in 1781, the physician concluded his account with no analysis of women's healthcare needs or the challenges that came with managing chronic illnesses. Instead, Nankei commended the orphaned siblings for being "paragons for all those who are the children of someone" and praised the "omnipresence" of the Satsuma daimyo's "benevolent rule" (*gojinsei*).[290] The clinical uncertainty of the "way of blood" had rendered it too great a puzzle for medicine to solve.

On the positive side, the political tolerance for its uncertainty allowed local officials to utilize the "way of blood" as a justification for demanding political benevolence. Among the requests for government aid submitted between 1815 and 1821 by the village headmen of Isaida

[288] Tachibana Nankei 橘南谿, *Tōzai yūki* 東西遊記, vol. 2 (Heibonsha, 1974), 65–69.
[289] Tachibana, *Tōzai yūki*, vol. 2, 69.
[290] Tachibana, *Tōzai yūki*, vol. 2, 69.

in present-day Wakayama Prefecture, several cite the "way of blood" when justifying the villagers' urgent need for their overlord's "mercy" (*gojihi*) and "rescue" (*osukui*).[291] According to the petitions, no fewer than fourteen households, or roughly one-tenth of the village, were affected by the "way of blood," some across multiple years.[292] All of the individuals who experienced the health condition firsthand were mothers.[293] They included the 27-year-old wife of Rihee, who was breastfeeding an infant, the 29-year-old wife of Kishichi, who suffered prenatal and postpartum "way of blood" while carrying a new pregnancy to term and at the same time raising a girl of ten, and the 36-year-old widow of Yashichi, who, together with her two young daughters, struggled concurrently with scabies.[294] The oldest among the group was the mother of Shinshichi, who had been suffering from a chronic case of the "way of blood" while approaching fifty and shared in the unforgiving journey of aging with the "way of blood" alongside the widow of Sennojō and the wife of Sanbee, who were both one year her junior.[295]

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[291] Tanabe-shi bunkazai shingikai 田辺市文化財審議会 and Tanabe-shi kyōiku iinkai 田辺市教育委員会, eds., *Bandaiki* 万代記, vol. 82/83 (Tanabe-shi kyōiku iinkai, 1987), 25.

[292] This estimation is based on census records from 1832, which describe the village as having a population of 648 (333 male and 315 female) residents belonging to 134 households. See *Nihon rekishi chimei taikei* 日本歴史地名大系 online via JapanKnowledge Lib, accessed April 22, 2024, https://japanknowledge-com.ezproxy.cul.columbia.edu/lib/display/?lid=30020310000262400.

[293] For the petitions, see Tanabe-shi bunkazai shingikai and Tanabe-shi kyōiku iinkai, eds., *Bandaiki*, vols. 80/81 (Tanabe-shi kyōiku iinkai, 1986), 179; Tanabe-shi bunkazai shingikai and Tanabe-shi kyōiku iinkai, eds., *Bandaiki*, vol. 82/83 (Tanabe-shi kyōiku iinkai, 1987), 24, 61, 230, 243, 244, 249; Tanabe-shi bunkazai shingikai and Tanabe-shi kyōiku iinkai, eds., *Bandaiki*, vol. 84 (Tanabe-shi kyōiku iinkai, 1988), 14; Tanabe-shi bunkazai shingikai and Tanabe-shi kyōiku iinkai, eds., *Bandaiki*, vol. 85 (Tanabe-shi kyōiku iinkai, 1989), 50, 51, 100, 105; Tanabe-shi bunkazai shingikai and Tanabe-shi kyōiku iinkai, eds., *Bandaiki*, vol. 86 (Tanabe-shi kyōiku iinkai, 1990), 18, 95; Tanabe-shi bunkazai shingikai and Tanabe-shi kyōiku iinkai, eds., *Bandaiki*, vol. 87 (Tanabe-shi kyōiku iinkai, 1990), 18, 19, 94.

[294] For Rihee's wife, see Tanabe-shi bunkazai shingikai and Tanabe-shi kyōiku iinkai, eds., *Bandaiki*, vol. 87, 19. For Kishichi's wife, see Tanabe-shi bunkazai shingikai and Tanabe-shi kyōiku iinkai, eds., *Bandaiki*, vol. 85, 51; Tanabe-shi bunkazai shingikai and Tanabe-shi kyōiku iinkai, eds., *Bandaiki*, vol. 86, 18, 95. For Yashichi's widow, see Tanabe-shi bunkazai shingikai and Tanabe-shi kyōiku iinkai, eds., *Bandaiki*, vol. 82/83, 249.

[295] For Shinshichi's mother, see Tanabe-shi bunkazai shingikai and Tanabe-shi kyōiku iinkai, eds., *Bandaiki*, vol. 82/83, 230, 244; Tanabe-shi bunkazai shingikai and Tanabe-shi kyōiku iinkai, eds., *Bandaiki*, vol. 84, 14; Tanabe-shi bunkazai shingikai and Tanabe-shi kyōiku iinkai, eds., *Bandaiki*, vol. 85, 50; Tanabe-shi bunkazai shingikai and Tanabe-shi kyōiku iinkai, eds., *Bandaiki*, vol. 86, 18. For Sennojō's widow, see Tanabe-shi bunkazai shingikai and Tanabe-shi kyōiku iinkai, eds., *Bandaiki*, vol. 86, 95. For Sanbee's wife, see Tanabe-shi bunkazai shingikai and Tanabe-shi kyōiku iinkai, eds., *Bandaiki*, vol. 82/83, 24, 230, 244; Tanabe-shi bunkazai shingikai and Tanabe-shi kyōiku iinkai, eds., *Bandaiki*, vol. 84, 14; Tanabe-shi bunkazai shingikai and Tanabe-shi kyōiku iinkai, eds.,

Male officials were not immune to the harm of the "way of blood," despite its being an illness defined by its selection of gender and not socioeconomic class or occupation. In his capacity as headman of Ushizawa village, located in today's Gunma Prefecture, a certain farmer named Rinpei filed a petition in the early summer of 1836. He did so on his own behalf, hoping to be relieved from providing another mandatory loan (*goyōkin*) to the samurai proprietor of his land. Village leadership did not translate into an affluent life for Rinpei, a not-uncommon situation during the late Tokugawa period.[296] On top of providing for an aging father and a young child, Rinpei struggled to cope with the expenses incurred from acquiring medication for his wife, a woman who had been "emaciated from living with the way of blood for a long time."[297] "Naturally," as Rinpei explained in his letter, "I have fallen behind in farming and my harvest of crops has fallen short."[298] When he finally put into words his desperate plea for "my lord's pity" (*gorenbin*), the village headman was barely able to "make a living in the world." While the response of Rinpei's overlord did not survive in the archive, it is clear that the "way of blood" could generate consequences that extended far beyond the household of the sufferer, thus drawing attention from the upper echelons of the sociopolitical hierarchy.[299]

A Search for Justice

The recognition of the "way of blood" as a legitimate cause for political attention extended also to the enforcement of law and order. One particularly illuminating case involves a maidservant named Momiji, whose "way of blood" and its perceived impact on the female psyche proved

Bandaiki, vol. 85, 51; Tanabe-shi bunkazai shingikai and Tanabe-shi kyōiku iinkai, eds., *Bandaiki*, vol. 86, 95; Tanabe-shi bunkazai shingikai and Tanabe-shi kyōiku iinkai, eds., *Bandaiki*, vol. 87, 18.

[296] For the specific case of Ushizawa and nearby villages, see Ōta-shi 太田市, ed., *Ōta shishi: Tsūshihen* 太田市史 通史編, unnumbered volume (Kinsei) (Ōta-shi, 1992), 279–281.

[297] Ōta-shi 太田市, ed., *Ōta shishi: Shiryōhen* 太田市史：史料編, unnumbered volume (Kinsei 1) (Ōta-shi, 1978), 873.

[298] Ōta-shi, *Ōta shishi: Shiryōhen*, unnumbered volume (Kinsei 1), 873.

[299] Ōta-shi, *Ōta shishi: Shiryōhen*, unnumbered volume (Kinsei 1), 873.

crucial in proving her innocent of crime. Within the timeframe of a single month, Momiji was accused of theft, arrested, detained, questioned, tortured, and questioned again. Finding employment in domestic labor, Momiji had been making her living as a maidservant in the household of a man named Genpei resident in Okayama Domain. Her trial was set in motion when Genpei hosted a private guest in the winter of 1670. The reception lasted from evening to almost midnight, and nothing appeared out of order by the time another maidservant, Chōji, went to bed. Chōji would later testify that the family's chest of valuables was locked at the time.[300]

That was no longer the case in the morning, when the household woke up to a crime scene. The lock of the chest had been opened, its key tossed aside, and some of the contents had gone missing.[301] Although nothing suspicious was found among Momiji's personal belongings, the maidservant had behaved uncharacteristically by staying up late the night before, a fact that Genpei's family held against her in their allegation. "Momiji must have been the thief," they unanimously asserted, leading to the maidservant's arrest and interrogation.[302] While Momiji's case record left out details about the violence she endured, it made clear that she had begun to confess under torture. Even so, the maidservant struggled to tell a coherent story. At first, Momiji claimed that she had "stolen and handed everything to the nightsoil collector," only to switch the identity of her supposed accomplice to a pier laborer named Zensuke.[303] When both statements turned out to be false, Momiji claimed that she had left the loot to her younger brother Gosuke, which quickly proved to be yet another lie when Gosuke's employer, the domain physician Yokoi Genshun (c. 1637–unknown), provided the young man with an airtight alibi. The case soon alerted the domain's highest-ranking officials (*rōjū*). Two general inspectors

[300] Okayama-ken 岡山県, *Okayama kenshi* 岡山県史, vol. 24 (Okayama-ken, 1982), 742–743.
[301] Okayama-ken, *Okayama kenshi*, vol. 24, 742–743.
[302] Okayama-ken, *Okayama kenshi*, vol. 24, 743.
[303] Okayama-ken, *Okayama kenshi*, vol. 24, 743.

(*ōyokome*) received orders to join the investigation the following month. It was only then that Momiji recanted her previous confession.

> I had a miscarriage on the eighteenth day of last month and underwent torture while my mind was under the sway of the way of blood (*chi no michi kokoro koreari*). It was so unbearable that I pointed fingers carelessly. I did not steal.[304]

The lost property remained missing, and no other material evidence subsequently surfaced, yet Momiji's sudden change of heart, even in the face of her employers' collective accusation, earned her the necessary credibility. The pair of inspectors sent from the domain, both of them male, recalibrated the direction of the investigation and set out to interview Momiji's former employers. A total of nine men came forth and commented on the maidservant's work ethic and character before a long-overdue consensus was finally established over her unfailing integrity.[305] A month after her arrest, Momiji was released to Genpei, who expressed his intention to continue her employment.[306]

Momiji was able to reclaim her innocence because domain inspectors gave credence to her self-reported health history. The latter's willingness to give her the benefit of the doubt was premised on the belief that the onset of the "way of blood" after miscarriage was a highly probable event as well as on a tacit recognition of the health condition's psychological impact on women's decision-making. Because the law-enforcement officials of Okayama regarded torture as a tool capable of extracting truth, they did not ultimately view it as the reason behind Momiji's false confession. In their minds, it was instead the "way of blood" that had diminished the maidservant's ability to stand her ground and confused her into acting against her own best interests. In other words, the domain inspectors' faith in Momiji's possible innocence in spite of

[304] Okayama-ken, *Okayama kenshi*, vol. 24, 743.
[305] Okayama-ken, *Okayama kenshi*, vol. 24, 743.
[306] Okayama-ken, *Okayama kenshi*, vol. 24, 742.

her initial and repeated dishonesty was contingent on their buy-in to the "way of blood's" ability to enfeeble the female mind.

Believed to have the ability to compromise a woman's mental health, the "way of blood" helped political officials to explain, as well as to explain away, women's involvement in transgression and crime for the remainder of the Tokugawa period. During the early nineteenth century, for example, the writer of comic verse Kurihara Tōzuisha (fl. 1781–1818) chose to open his essay on a supernatural creature called the *tōriakuma* with a reference to the "way of blood." A demon said to prey on absentminded people who let their emotional guard down, the *tōriakuma* would rob its victims of reason and manipulate them into doing harm. If "encountering the *tōriakuma*" served in Tōzuisha's imagination as a fantastical description for the sudden and mysterious onset of madness, then the "way of blood" represented a mundane, secular, and gender-specific route toward insanity.[307] "Since women are not broad-minded, they pile bitterness on top of bitterness, their way of blood goes crazy, they go into a frenzy, and sometimes they descend into madness."[308] Neither for the first time nor the last, women's perceived incompetence at controlling emotions was implied to be a health-risk factor inherent to the female gender.[309]

There was nevertheless a silver lining to the prevailing belief that women possessed enhanced potential for madness, given their capacity to develop the "way of blood." When a woman committed a crime, the health condition provided an affirmative defense around which her family and advocates could rally in support. Those very circumstances aided Masu, the wife

[307] Kurihara Tōzuisha 栗原東随舎, *Kokon zatsudan omoide sōshi* 古今雑談思出草紙, in *Nihon zuihitsu taisei* 日本随筆大成, 3rd ser., ed. Sekine Masanao 関根正直 et al., vol. 2 (Nihon zuihitsu taisei kankōkai, 1929), 468–470.
[308] Kurihara, *Kokon zatsudan omoide sōshi*, vol. 2, 468.
[309] See Chapter One for a more detailed discussion of the alleged correlation between women's emotions and health concerns.

of a shop employee and resident of Edo's Hongō neighborhood, where the Imperial University of Tokyo, a pioneer in psychiatric research, would eventually stand. In 1808, Masu attempted to set fire to the residence of one of her husband's coworkers, a man named Kichiemon, by throwing burning matter into the premises through a sliding window. Fortunately, the flames did not blaze out of control. Tasked with investigating the incident, Ōbayashi Yazaemon (fl. 1796–1810), an official inspector in cases of arson and robbery, consulted the shogunate's high court (Hyōjōsho), whose members held the ultimate authority to decide Masu's fate. Instead of the death penalty that could easily be imposed on arsonists, Yazaemon proposed sending Masu into island exile (*entō*).[310] As part of his reasoning, the inspector brought up the pleas for leniency that he had received:

> Because [Masu] regularly loses her mind when her chronic way of blood flares up, municipal officials and people from the same shop [as her husband] have made pleas, in addition to those received from her husband and brother-in-law. It is true that she has committed arson and that the statements agree with one another, and it is difficult to conclude that she is completely insane. Nevertheless, she possesses the general appearance of imbecility (*gumai*). Furthermore, there was no premeditation. Given such circumstances, [I propose the proper sentence to be] island exile.[311]

In the absence of Masu's personal testimony regarding her own state of mind, Yazaemon's proposal received endorsement from the shogunal high court, which raised no doubts about the actual disease burden of chronic "way of blood." On the contrary, its members drew a parallel between Masu's offence and a previous arson incident of 1796. In that earlier case, a male day laborer named Magosuke had twice set fire to a samurai residence, but was exempted from the death penalty and instead sent into island exile for being "born an imbecile."[312] In the eyes of the high court, the "way of blood" that a woman developed during the course of her lifetime was a

[310] Ishii Ryōsuke 石井良助, ed., *Oshiokirei ruishū* 御仕置例類集, vol. 6 (Meicho shuppan, 1971), 519.
[311] Ishii, *Oshiokirei ruishū*, vol. 6, 519.
[312] Ishii Ryōsuke, ed., *Oshiokirei ruishū*, vol. 4 (Meicho shuppan, 1971), 292–293.

plausible analogue to the intellectual disability that a man had lived with since birth. Both held similar explanatory power in defending arson, an easily catastrophic crime given the prevalent use of wooden structures in architecture and the high population density of Edo. Nevertheless, in both cases, the mental incapacity and perceived "ignorance" of the individual precluded the question of motivation from entering the purview of judicial deliberation with substantial consequence. If Masu committed her felony offense purposely in a desperate attempt to address her unresolved personal grievances against Kichiemon, it never showed in the high court's official records and remains one of the unknown aspects of her life.

In 1846, the health condition played a decisive role in excusing not a woman's crime but rather her death.[313] Tomi was twenty-six when her motionless body was pulled out of a tributary of the Sagami River that ran past the village of Kamimizo in today's Kanagawa Prefecture. The young woman had moved to Kamimizo in 1840 upon marrying a local peasant about a year her senior named Hikozaemon.[314] On the day of her death, Tomi engaged in a loud quarrel with her husband of six years around eight o'clock in the evening. Alerted by the commotion, concerned neighbors rushed to the couple's residence only to find there was no active dispute to interrupt: Tomi had already disappeared from home. A search team combed the area before locating the

[313] I came across Tomi's story through the work of the late historian Osada Kanako (1924–2004) and have consulted the original sources housed at the Sagamihara City Museum as well. See "Hikozaemon ichijō hikae 彦左衛門一条控" (Kamimizo, 1846), Kamimizo-mura Koyama Eichi-ke monjo 上溝村小山栄一家文書, Sagamihara City Museum (henceforth SCM), call no. N01106001; Osada Kanako 長田かな子, "Kamimizo-mura hyakushō Hikozaemon nyōbō Tomi jusui ikken, 上溝村百姓彦左衛門女房とみ入水一件" *Sagamihara shiritsu toshokan komonjoshitsu kiyō* 相模原市立図書館古文書室紀要, no. 4 (1981): 65–82.

[314] For a timeline of Tomi's marriage, see "Hikozaemon ichijō hikae," SCM, document no. 4, images 0619–0621; Osada, "Kamimizo-mura hyakushō Hikozaemon nyōbō Tomi jusui ikken," 69.

young woman by a weir, a discovery that brought more shock than relief. Tomi's hair was disheveled, her head had sustained trauma, and most importantly, she no longer had a pulse.[315]

At the age of twenty-seven, Hikozaemon found himself not only a widower but a person of interest in his late wife's death. Nonetheless, thanks to the "way of blood," the investigation into Tomi's sudden decease would eventually spare him from prosecution. Cosigned by the village headman, the initial request to Edo officials to send an inspector made no mention of Tomi's cause of death in describing the tragic event, save for stating that the young woman had been found deceased. If anything, the document connected Tomi's argument with Hikozaemon to the latter's problematic mental state. "Lately, Hikozaemon has shown signs of madness (*ranshin no tei ni koreari*). He came to quarrel with his wife Tomi around eight o'clock in the evening on the sixth day of this month, and when neighbors rushed over in response to the loud voices, Tomi seemed to have gone elsewhere, and no one could say where she was…."[316] Vaguely accusatory toward Hikozaemon for the argument if not its deadly aftermath, this initial narrative underwent a subtle yet significant makeover once it reached Hirakawaya, a litigation inn (*kujiyado*) in Edo. Like other establishments of its kind, Hirakawaya provided legal services as well as lodgings to those who came to the shogunal city to navigate the complexities of judicial proceedings. Under the experienced penmanship of the innkeeper Seibee, the revised request for inspection removed any suggestion about Hikozaemon's mental state, while specifying that Tomi had "died of drowning."[317] Significantly, the document now asserted the

[315] The state of Tomi's body is described specifically in her postmortem report (*shigai kenbunsho*), for which see "Hikozaemon ichijō hikae," SCM, document no. 3, images 0627–0631; Osada, "Kamimizo-mura hyakushō Hikozaemon nyōbō Tomi jusui ikken," 67–68.
[316] "Hikozaemon ichijō hikae," SCM, document no. 1, images 0607–0608; Osada, "Kamimizo-mura hyakushō Hikozaemon nyōbō Tomi jusui ikken," 65–66.
[317] "Hikozaemon ichijō hikae," SCM, document no. 2, image 0609; Osada, "Kamimizo-mura hyakushō Hikozaemon nyōbō Tomi jusui ikken," 67.

that the couple had come to "quarrel for inconsequential reasons about nothing in particular." To this reassurance was added a crucial detail: "It appears that Tomi had been undergoing a frenzy (*gyakujō*) due to the way of blood since four or five days earlier and drowned herself…."[318]

Fortunately for Hikozaemon, the statement that Tomi had died by means of "drowning herself" would take hold by the time of her post-mortem. So too would the notion that the "way of blood" ultimately caused her death. On the eleventh day of the month, Tomi's mother and brother-in-law met with village officials and the case's assigned inspector, Urabe Sahee (dates unknown), in order to sign the forensic report. While the examination of Tomi's remains did not contest her drowning, it identified two significant incised wounds in her head, one of the cuts measuring around two and a half inches and the other over three inches in length.[319] According to Hikozaemon, who now sat in shackles awaiting his scheduled appearance in Edo, he had come back to an empty home after running an errand on the evening on the fateful day. When Tomi eventually returned, he asked about her earlier whereabouts only to be brushed off, which led to an argument between husband and wife. Regarding the cause of his late wife's head injuries, Hikozaemon stated that at the time of their confrontation, Tomi had "appeared to be in a different mood than usual and was carrying a knife in her pocket."[320] As he attempted to remove the blade, Tomi "hit herself on the tip of the knife amid all the chaos."[321] According to Hikozaemon, Tomi's wounds were entirely her own doing, yet it seemed to him even more relevant that she had "appeared to be affected by the way of blood for the last four or five days."

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[318] "Hikozaemon ichijō hikae," SCM, document no. 2, images 0609–0610; Osada, "Kamimizo-mura hyakushō Hikozaemon nyōbō Tomi jusui ikken," 67.
[319] "Hikozaemon ichijō hikae," SCM, document no. 3, images 0627–0631; Osada, "Kamimizo-mura hyakushō Hikozaemon nyōbō Tomi jusui ikken," 67–68.
[320] See Hikozaemon's statement in "Hikozaemon ichijō hikae," SCM, document no. 5, images 0632–0633; Osada, "Kamimizo-mura hyakushō Hikozaemon nyōbō Tomi jusui ikken," 69–70.
[321] "Hikozaemon ichijō hikae," SCM, document no. 5, image 0633; Osada, "Kamimizo-mura hyakushō Hikozaemon nyōbō Tomi jusui ikken," 70.

Hikozaemon proceeded to conjecture: "I think she was lost in a frenzy (*gyakujō ni magire*) and that's why things turned out the way they did. That said, we were not on bad terms on an average day."[322] In line with his son's statement, Hikozaemon's father too testified that the young couple had always gotten along with each another. In addition, he corroborated the story of his daughter-in-law's "way of blood" with a piece of new information. "Tomi had a small child who died of illness in the fourth month of the past year of the dragon (1844). Perhaps she developed the way of blood after that. In any case, she appeared to be in an irregular mood and, as Hikozaemon said, she ended up the way she did, becoming lost in a frenzy."[323]

Just like that, a narrative emerged to spare Hikozaemon from the suspicion of wrongdoing by portraying Tomi as a victim of maternal grief, from which a detrimental case of the "way of blood" had allegedly developed. The rhetoric shifted her image from that of an insubordinate wife who dismissed and confronted her husband to a bereaved mother who submitted to the negative health outcomes of her lingering sorrow. With the "way of blood" firmly established in common knowledge as a condition no less detrimental to childbearing women than it was prevalent in their midst, Tomi's death took on the symbolic significance of both the anticipated and the pathologized perils of motherhood.

Over the course of the following two weeks, Hikozaemon traveled to Edo and faced his final judgement in the company of Hirakawaya's obliging innkeeper. In the meantime, fellow villagers from Kamimizo launched a campaign to collect signatures for a plea on his behalf.[324] Throughout this period of uncertainty, the "way of blood" remained a leading argument for

[322] "Hikozaemon ichijō hikae," SCM, document no. 5, image 0633; Osada, "Kamimizo-mura hyakushō Hikozaemon nyōbō Tomi jusui ikken," 70.
[323] "Hikozaemon ichijō hikae," SCM, document no. 5, images 0633–0634; Osada, "Kamimizo-mura hyakushō Hikozaemon nyōbō Tomi jusui ikken," 71.
[324] For Hikozaemon's Edo trip and the villager testimonials, see "Hikozaemon ichijō hikae," SCM, document no. 15, images 0645–0648; Osada, "Kamimizo-mura hyakushō Hikozaemon nyōbō Tomi jusui ikken," 78.

Hikozaemon's innocence as well as a favored culprit for Tomi's death. In the official statement submitted to the case inspector, the health condition had paved the way for Tomi to meet her end in a narrative jointly endorsed by her husband, a representative of her neighborhood group, and her village headman.[325] The three men's conviction that the "way of blood" provided a more plausible explanation than a scorned husband's grudge for the wife's bizarre injuries and unnatural death bore fruition. The incredible story that Tomi had hit her own head on a knife, run away from home, and then drowned herself as a result of her "way of blood" ultimately convinced the case inspector, who granted Hikozaemon freedom by ordering that he return to Kamimizo and arrange to give his late wife a proper burial.[326]

The truth about Tomi's death will remain forever shrouded. Yet with or without foul play, there is no denying that the "way of blood" played an effective part in convincing the men involved in her case that a young woman had ceased to breathe of her own accord. Perhaps a few women did too, given that not even Tomi's mother seems to have contested the nature of her death. Meanwhile, Hikozaemon's "madness" ceased to appear in any document save for the village's initial request for an inspector. Whether it was a tactic to lay the groundwork for a future mitigation plea or a sincere opinion about the present state of affairs, the need to bring to attention a man's frenzy dissolved as soon as a woman's "way of blood" supplied a feminine counterpart.

[325] "Hikozaemon ichijō hikae," SCM, document no. 16, images 0649–0650; Osada, "Kamimizo-mura hyakushō Hikozaemon nyōbō Tomi jusui ikken," 79.
[326] "Hikozaemon ichijō hikae," SCM, document no. 17, images 0650–0651; Osada, "Kamimizo-mura hyakushō Hikozaemon nyōbō Tomi jusui ikken," 79.

The Illness of All Women

In its dual capacity as a health condition and a diagnosis, the "way of blood" shaped the reality and perception of women's illness across different levels of governance in Tokugawa society. To the extent that it was able to aggregate Japanese women's diverse experiences of illness under a single disease classification, the "way of blood" helped frame the essence of female pathology in universal terms. Far from assuming the "way of blood" to be a culture-bound syndrome, authorities would begin to "discover" the health condition in non-Japanese communities by at least the eighteenth century. One example may be found in *Shinzoku kibun* (Recorded account of Qing customs), whose text and illustrations provided Japanese audiences with glimpses of everyday life in imperial China at the end of the eighteenth century. During his tenure as Nagasaki magistrate between 1795 and 1796, the samurai official Nakagawa Tadateru (1753–1830) oversaw the title's compilation based on interviews with Chinese merchants who resided in the port city. To aid cross-cultural communication, the resulting publication enlisted two sets of phonetic notations for key terms written in literary Sinitic, with the Chinese reading (*on'yomi*) displayed on a given term's right side and the corresponding Japanese reading (*kun'yomi*) provided to the left. Tellingly, the entry on birth customs in Qing China gave the Japanese reading for *ketsuun*, the literary-Sinitic medical term for anemic fainting, as *chi no michi*, the very pronunciation of the "way of blood."

> For all types of childbirth, there is no such thing as calling a doctor or taking medicine [in China]. In the prenatal and the postpartum stages, [the Chinese] do not use doctors if there are no other illnesses. They call doctors at times of crisis such as when anemic fainting (*chi no michi*, *ketsuun*) happens or during a difficult delivery. When anemic fainting occurs but the doctor cannot arrive in time, they heat up a stone or a piece of iron over the fire, pour vinegar into a porcelain vessel, bring it near the woman in labor, drop

> the stone or iron into the vinegar, and bring the woman back to consciousness by having her sniff [the vapor].[327]

Nakagawa Tadateru was not the only Japanese to deploy the "way of blood," or *chi no michi*, to describe the illnesses of non-Japanese women. An ardent traveler, Matsuura Takeshirō (1818–1888) gained fame and political influence through his extensive exploration of Ezochi, the historical name for territories north of Honshu, including the lands of the Ainu people on today's Hokkaido. Writing in his journal during his third voyage northward in 1849, Takeshirō commented on the region's flora and fauna, along with local customs regarding their use. In one entry, he introduced the Japanese, Ainu, and Chinese names of the Ezo spruce (*Picea jezoensis* var. *jesoensis*) before proceeding to comment on the plant's therapeutic effect on postpartum swelling and the "way of blood."[328] In another journal entry, dating from 1857, Takeshirō sympathized with a local Ainu man named Haremaki who had left home to work in the kelp beds in order to support his wife, a 35-year-old woman who had given birth the previous year and had since been "troubled by the way of blood."[329] The fact that no Ainu name for the "way of blood" appears in either journal entry begs the question of whether no matching word existed in the indigenous language or whether the Japanese explorer purposely used the "way of blood" to render an existent local term more familiar to his own ears. In any event, Takeshirō showed no reservation in projecting the health condition onto women whom he would not consider Japanese. Typical of the average man of his time and positionality, Takeshirō took for granted that the "way of blood" would select its victims exclusively by gender and in complete disregard

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[327] Nakagawa Tadateru 中川忠英, *Shinzoku kibun* 清俗紀聞, ed. Son Hakujun 孫伯醇 and Muramatsu Kazuya 村松 一弥, vol. 2 (Heibonsha, 1966), 67.
[328] Matsuura Takeshirō 松浦武四郎, *Sankō Ezo nisshi* 三航蝦夷日誌, ed. Yoshida Takezō 吉田武三, vol. 3 (Yoshikawa kōbunkan, 1971), 438.
[329] Matsuura Takeshirō 松浦武四郎, *Teishi tōzai Ezo sansen chiri torishirabe nisshi* 丁巳東西蝦夷山川地理取調日誌, ed. Takakura Shin'ichirō 高倉新一郎 and Akiba Minoru 秋葉実, vol. 2 (Hokkaidō shuppan kikaku sentā, 1982), 127.

of ethnicity, race, or ancestry. Living up to its promise as a universal illness of womanhood, the "way of blood" had come to symbolize how all women ought to fall sick.

What men like Takeshirō had internalized as an unchallenged truth about the "way of blood" was but an illusion. The ontological integrity of the "way of blood" began to collapse soon after the Tokugawa period came to an end. Even before a new generation of scientifically-trained physicians began to doubt the utility and credibility of the "way of blood" as a diagnosis, the futility of articulating its definition beyond the specificity of its victims' gender came to the fore. All the political purposes that the health condition's clinical uncertainty had allowed it to serve over the centuries eventually came at an epistemic cost. Concomitant with Japan's integration into the transnational landscape of power from the second half of the nineteenth century onward was a growing market for knowledge that, in many cases, traveled great distances to reach the archipelago. There, the "way of blood" would quietly turn from a vernacular commonplace to a term lost in translation.

Chapter Three: The Babel of Knowledge

Lost in Translation

A medical missionary to both China and Japan, James Curtis Hepburn (1815–1911) was no stranger to the parable of the Tower of Babel. To Western missionaries who ventured into foreign lands to spread God's message, overcoming communication barriers proved essential to promoting faith. To that end, the European Jesuits in Nagasaki had printed the Japanese–Portuguese dictionary *Vocabulario da Lingoa de Iapam* in 1603. Hepburn devoted years of his expatriate life to translation as well. Following in the footsteps of his European forerunners, the American physician developed what would become one of the most prominent romanization systems for the Japanese language and applied it across various editions of his own dictionary. Initially published in 1867, *A Japanese and English Dictionary, with an English and Japanese Index* consists of over 20,000 entries and provides examples of usage that situate what Hepburn described as the "most common words" in their local and everyday contexts.[330]

Where there was a will to translate, there was a way to get lost in translation. Placed second among nine examples under the entry for "blood" (*chi*) in the first edition of Hepburn's dictionary was *chi no michi*, a phrase that refers literally to the "way of blood." In favor of a semantic translation, Hepburn settled on "menses" as the vernacular term's English definition.[331] Perhaps he had previously chanced on a woman doctor of the Nakajō school in Yokohama who promised to resolve the "way of blood" of distressed women, ignorant of one of the expression's

[330] James Curtis Hepburn, *A Japanese and English Dictionary, with an English and Japanese Index*, 1st ed. (London: Trubner, 1867), unpaginated preface.
[331] Hepburn, *A Japanese and English Dictionary*, 1st ed., 38.

meanings as a euphemism for unwanted pregnancies.[332] Maybe menstruation was the first logical response that came to his mind when he overheard local men jesting that the "way of blood," while prevalent among women, was impossible for any male-bodied person to develop. In any event, it took half a decade before Hepburn quietly retracted his initial translation. From the second edition onward, his dictionary replaced the corporeal "menses" with an assortment of intangible sensations. In a standalone entry, the American physician's revised translation of *chi no michi* reads: "n. Dizziness, rush of blood to the head, headache, circulation of blood, only used of women."[333] While Hepburn was unable to trace the health condition back to a single explanation, his unwavering faith in its femininity remained intact.

One cannot help but marvel at Hepburn's effort to pin down the "way of blood" for both its reach and its futility. To his credit, the new definition took into account two historical interpretations that were given respectively in the tenth-century Japanese dictionary *Wamyō ruijushō* and the 1604 supplement of the aforementioned *Vocabulario da Lingoa de Iapam.*[334] It also resonated with the notion's everyday use as a vernacular diagnosis during the recently-ended Tokugawa period. Notwithstanding these improvements, the psychological dimensions of the "way of blood" remained lost on Hepburn despite their conspicuity in Japanese-language records from the same era, not to mention a more distant past when the expression was used also of men whom the trauma of war had driven mad. In Hepburn's defense, clinical uncertainty had long operated as a defining quality of the "way of blood." The gender specificity that had come to characterize its essence over the preceding two centuries had established its status as an illness

[332] Hepburn resided in Yokohama between 1863 and 1892. See William Elliot Griffis, "At Yokohama: A Master of System," in *Hepburn of Japan and His Wife and Helpmates: A Life Story of Toil for Christ* (Westminster Press, 1913), 99–110.
[333] This definition stayed practically unchanged in subsequent editions of the dictionary. See, for example, James Curtis Hepburn, *Japanese-English and English-Japanese Dictionary*, 2nd ed. (Shanghai: American Presbyterian Mission Press, 1872), 48.
[334] Doi, *Nippo jisho*, 676; Minamoto, *Wamyō ruijushō*, 11.

of womanhood without yielding much clarity about what symptoms to include in or exclude from the umbrella classification. The common knowledge that the "way of blood" could only (and would probably eventually) occur in adult women had been sufficient to obviate the need for any articulated medical consensus over its other diagnostic criteria, as a result of which Japanese physicians, with but few exceptions, expressed little concern about the exact implications of the "way of blood" until Japan's imperial era (1868–1945).

Hepburn was not alone in his attempt to ascertain the nature of the ambiguous diagnosis. In a race to join the rank of the great powers as a nation of "civilization and enlightenment" (*bunmei kaika*), the social demand for foreign knowledge in imperial Japan spurred the domestic publication of bilingual dictionaries.[335] Before long, the seemingly straightforward task of locating the correct foreign counterpart to the "way of blood" brought to light a previously invisible disagreement that was less technical than epistemic in nature. Over the early decades of the twentieth century, the authors of Japanese–German and Japanese–Russian dictionaries would typically associate the native term with "hysteria," a psychiatric diagnosis that has since provided historians with a provocative entry point into the interplay of medicine and gender in Western societies.[336] Meanwhile, the vocabulary of "blood" disorders, especially those considered relevant to childbirth, continued to furnish the setting in which users of contemporaneous Japanese–Chinese dictionaries were most likely to encounter *chi no michi*.[337] While neither type

[335] On dictionary publication during the Meiji period, see Sōgō Masaaki 惣郷正明, *Me de miru Meiji no jisho* 目で見る明治の辞書 (Jiten kyōkai, 1989).
[336] Kaneko Naoyuki 金子直行, *Dokuwa jisho* 獨和辭書 (Tokyo: Seishidō, 1885), 301; Matsuda Mamoru 松田衛, *Waro shinjiten* 和露新辭典 (Tōkyōdō, 1925), 100; Mizutani Yumihiko 水谷弓彦, *Wadoku ruibetsu jitsuyō jiten* 和獨類別實用辭典 (Seika shoin, 1915), 51; Tobari Chikufū 登張竹風, *Dai dokunichi jiten* 大独日辞典 (Ōkura shoten, 1933), 731. On the history of hysteria, see Evans, *Fits and Starts*; Koerber, *From Hysteria to Hormones*; Rachel Maines, *The Technology of Orgasm: "Hysteria," the Vibrator, and Women's Sexual Satisfaction* (Johns Hopkins University Press, 1999); Micale, *Approaching Hysteria*.
[337] Ishiyama Fukuji 石山福治, *Shinago daijii* 支那語大辞彙 (Bunkyūdō shoten, 1914), 577; Matsudaira Yasukuni 松平康国, *Nisshin taiyakuhen* 日清対訳編 (Tōa kōshi, 1907), 100.

of dictionary succeeded in providing much clarity on the vernacular diagnosis, the discrepancy between their chosen approaches to understanding women's illness—one concerning the mind and the other emphasizing the body—revealed a babel of competing knowledge claims about the inherent quality of female pathology.

The present chapter, which traces developments in the secular realm, takes this lowercase babel as a point of departure for exploring the types of situated ignorance it was symptomatic of, the evolving criteria for "knowing" it denoted, and the domestic as well as transnational power dynamics that underpinned its foundation. Listening carefully to the voices and silences of imperial Japan's health professionals, it analyzes the cacophony of medical opinions about the "way of blood" that were expressed in academic journals, health communications, case histories, forensic evaluations, and beyond. It argues that the dissonance regarding the vernacular diagnosis pointed to a growing anxiety about diagnostic ambiguity as an indicator of the lack of enlightenment, a phenomenon closely connected with the newfound faith in the omnipotence of scientific knowing. It was precisely in the pursuit of scientific objectivity and precision that the ontological integrity of the "way of blood" began to crumble.

To the extent that the "way of blood" lay in the eye of the beholder, its spectators were no more observant than a group of blind men who fumbled to grasp the essence of an elephant. The rest of this chapter traces the critical forms that the elephant was made to take, namely, a cognitive bridge to help assimilate the European-derived "hysteria," a symbol of Japan's unscientific past in the narration of medical history, and a tool for the revival of tradition among the politically disenfranchised physicians of *kanpō*, the study and practice of classical Chinese medicine in Japan. In each case, the health professionals involved found themselves caught in a

shifting order of epistemic authority, one that did not eliminate Japan's longstanding medical pluralism but reinterpreted it as having fallen into an undesirable state of disorder.

Some of the professionals to be examined here descended from lineages of *kanpō*, whereas others earned their credentials through university degrees or by studying abroad. Not everyone shared the same standards regarding legitimate forms of diagnostics and therapeutics. Yet all played a part in the "way of blood's" evolution as a symbiosis of clinical uncertainty and femininity, a process that unfolded against the backdrop of imperial Japan's expanding ambitions as a regional and colonial power. Among the players in the story were members of three interconnected families—their surnames Ōshima, Komine, and Tsumura—whose decisions to pursue careers in healthcare in a fast-changing society serve as a connecting thread in both the current and the following chapters.

Assimilating Hysteria

A physician based in Tokyo, Ōshima Kenzō (1841–date unknown) opened a new notepad to record his diagnoses in May 1883.[338] He was about to turn a new page in life as well. In six months, his wife Shima (née Inoue, 1856–date unknown) would give birth to their first and only son Shigeyuki (1883–1942), yet Kenzō knew better than to celebrate the arrival of an heir. The craft of *kanpō* in which he had trained had found itself under threat since the promulgation of the Medical Act (Isei) in 1874. Following its enactment, doctoring was no longer lawful without a license, and the licensing examination would evaluate candidates' understanding of Western medical science alone.[339] The Ōshima family did not lose its livelihood thanks to Article 37, which allowed existing practitioners to obtain a license on the basis of their previous track

[338] Ōshima Kenzō 大島研三, "Hōkoku shindansho 報告診断書" (private notes, Kanagawa, 1883), Komine kenkyūsho (henceforth KOMINE), file no. 92–2.
[339] Kōseishō imukyoku 厚生省医務局, ed., *Isei hyakunenshi* 医制百年史, vol. 2 (Gyōsei, 1976), 36–45.

records.[340] The compromise arose more out of pragmatism than out of any intent to preserve therapeutic diversity. There were reportedly over 5000 doctors of Western medicine in Japan between 1874 and 1875, while more than four times as many identified as physicians of *kanpō*.[341] Swept to the margins of the medical system by the state's decree, the latter had neither power nor time on their side.

The existential crisis faced by *kanpō* physicians saw no substantial improvement in the decade that followed. The impasse would continue despite the valiant efforts of such figures as Asada Sōhaku (1815–1894), who was responsible for reviving the infant prince who later ascended the throne as the only surviving son of the Meiji emperor. Asada could in that sense take credit for shaping the course of imperial succession.[342] Nevertheless, for *kanpō* physicians as a whole, the prospects of their own intellectual lineage remained in peril. In 1882, the Home Ministry unlocked a slim window of opportunity for the offspring of existing practitioners to obtain a license provided that they were at least 25 years old by June and they applied by August of the same year.[343] Not only was the Ōshima family ineligible to benefit from this fleeting gesture given the lack of an adult heir, but the Meiji government also went on to promulgate the Medical Licensing Regulations (Ishi menkyo kisoku) and the Medical Licensing Examination Regulations (Ijutsu kaigyō shiken kisoku) in October 1883, shortly before the birth of an Ōshima son. While neither measure revoked the licenses already issued, they made it clear that the only way to earn a new one was either to pass the licensing exam, graduate from an accredited

[340] Kōseishō imukyoku, *Isei hyakunenshi*, vol. 2, 41, 45.
[341] Kōseishō imukyoku, *Isei hyakunenshi*, vol. 3, 45. Also see Yakazu Dōmei, *Meiji hyakujūnen kanpō igaku no hensen to shōrai: Kanpō ryakushi nenpyō* 明治 110 年漢方医学の変遷と将来　漢方略史年表 (Shun'yōdō, 1979), 5.
[342] On *kanpō* physicians' palace employment, see Kawashima Nozomu 川島希, "Meiji-ki ōjijo to kanpōi: Naze kanpōi ga ōjijo no shujii to nari saishūteki ni himen ni itatta ka 明治期皇子女と漢方医　なぜ漢方医が皇子女の主治医となり最終的に罷免に至ったか?" *Nihon ishigaku zasshi* 67, no. 1 (2021): 32–47.
[343] Kōseishō imukyoku*, Isei hyakunenshi*, vol. 2, 55–56.

medical school, or accomplish either in a foreign country.[344] In reality, the only sustainable pathway left for aspiring physicians of *kanpō* to obtain licensure was by first studying Western scientific medicine, the officially designated foundation of medical examination and education.

An informal justification for this detour was given in 1884 by the army physician Ishiguro Tadanori (1845–1941), who suggested that *kanpō* doctors emulate Western missionaries. If the latter could learn the Chinese language and Confucian canons so as to preach Christianity in China, Ishiguro remarked while dining with some of his *kanpō* contacts, including Asada Shōhaku, so ought the former to understand the nomenclature and methods of scientific medicine. [345] Ishiguro, who considered Western medicine "far superior to *kanpō* as a field of knowledge," received promotion to surgeon general in 1889.[346] Within the power dynamics Ishiguro envisioned for *kanpō* and Western medicine, the translation of knowledge—or more precisely, the former's unilateral assimilation into the latter's order—was decisively unequal.

To be precise, the branch of "Western medicine" that most profoundly shaped the priorities of the medical system in imperial Japan was German. Not only were German universities considered the most prestigious of institutions from which to receive medical training among aspiring and practicing Japanese physicians, but the foremost medical schools in imperial Japan itself likewise offered their own curriculum in the German language.[347] The replacement of classical Chinese with German as the language of academic medicine was consequential. Between 1880 and 1886, the Home Ministry committee tasked to compile the initial edition of *Japanese Pharmacopoeia* chose to complete the original draft in German—the

[344] Kōseishō imukyoku*, Isei hyakunenshi*, vol. 2, 56–59.
[345] The exchange took place at the Tokyo restaurant Nakamurarō on November 18, 1884. See Fukagawa Shindō 深川晨堂, *Kan'yō igaku tōsōshi* 漢洋医学闘争史 (Kyūhan to igakusha, 1934), 504–505; Ishiguro Tadanori 石黒忠悳, *Kaikyū kujūnen* 懐舊九十年 (Hakubunkan, 1936), 203–205.
[346] Ishiguro, *Kaikyū kujūnen*, 204.
[347] Kim, *Doctors of Empire*.

working language used by most of its seventeen members—before producing a Japanese translation for official publication.[348] Along with the language came an entire system of medical terminology, which delineated the scope of medical knowledge and facilitated its compartmentalization into such nascent specialties as psychiatry and neurology. Both these particular fields of expertise would prove highly germane to the appropriation and reinterpretation of the "way of blood" in imperial Japan.[349]

Written on with a soft ink brush and bound with hand-stitching, Ōshima Kenzō's notepad of 1883 records the physician's personal efforts to forge a balance between epistemic integration, assimilation, and submission. On two of the final pages of his notes, the *kanpō* doctor added a list of diagnoses, presumably to cite in prescriptions and death certificates according to the requirements set forth in the Medical Act.[350] One of those diagnoses was "hysteria," which Ōshima transliterated as *hesuteri* and annotated as the "way of blood."[351] While such late Tokugawa-period physicians as Hirano Jūsei had regarded the vernacular diagnosis as an example of lay jargon, if not a doctor's excuse to avoid specifying the actual causes of women's health problems, Ōshima was not alone in finding the "way of blood" meaningful.[352]

Among Ōshima's contemporaries was Miyake Hiizu (1848–1938), who trained under an American military doctor and later became one of the first to receive a Doctor of Medicine degree in Japan. In May 1878, while lecturing on "vomiting" to assembled medical staff in Tokyo, Miyake linked women's vomiting to a "decline in nutrition" and the "sensory excitation

[348] Naimushō 内務省, *Nihon yakkyokuhō* 日本薬局方 (Tokyo: Naimushō, 1886), 1.
[349] On the influence of German psychiatry, see Akira Hashimoto, "A 'German World' Shared Among Doctors: A History of the Relationship Between Japanese and German Psychiatry Before World War II," *History of Psychiatry* 24, no. 2 (2013): 180–195.
[350] The formats for prescriptions and death certificates appear in Articles 42 and 43 of the original act of 1874 and in Articles 22 and 24 of its 1875 revision. See Kōseishō imukyoku, *Isei hyakunenshi*, vol. 2, 41–42, 47–48.
[351] Ōshima Kenzō, "Hōkoku shindansho." The list of diagnoses appears on the tenth- and eleventh-to-last pages.
[352] Hirano, *Byōka suchi*, 46.

of nerves" before proceeding to introduce the notion of *hisuterī*, which he equated with the "so-called way of blood" and described as treatable with nourishments and sedatives.[353] Amid the contest for epistemic authority between *kanpō* and Western scientific medicine, Ōshima Kenzō and Miyake Hiizu shared common ground in illuminating hysteria through the "way of blood," a vernacular diagnosis that would cause no barriers to comprehension, whether among the country's medical elites or its lay population.

Other proposals regarding the best way to naturalize hysteria emerged as well. The most high-profile of them surfaced in April 1892, when the mainstream medical periodical *Chūgai iji shinpō* (Domestic and foreign medical news, 1880–1940) featured an essay titled after its thesis: "Hysteria Should Be Translated as Organic Mania (*zōsō*) and Hysterical Madness Should Be Translated as Organic-Manic Madness (*zōsōkyō*)."[354] Discussed anciently in *Jingui yaolüe* (Essential prescriptions of the golden cabinet), a treatise attributed to the Chinese physician Zhang Zhongjing, "organic mania" was neither coined in nor new to the Japanese archipelago.[355]

Although the convoluted proposal called for translating one imported diagnosis by means of evoking another, its advocate was no mad man. Kure Shōzō (1865–1932) hailed from a noted lineage of physicians, studied psychiatry and neurology in Germany and Austria-Hungary, and went on to champion the establishment of psychiatry in Japan as a science of the mind.[356]

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[353] Miyake Hiizu 三宅秀, "Ōto 嘔吐," in *Dairoku daiku iin daishūgō kaijō hikki* 第六大区医員大集合会場筆記, ed. Konishi Bunshū 小西文周, vol. 4 (Tokyo: Oshida Shunzō, 1878), daigo kaijō hikki 7. It is also possible that the gloss of "way of blood" originated with Miyake's notetaker, the physician Konishi Bunshū.

[354] *Zōsō* 臟躁 refers literally to the mania (*sō*) of organs (*zō*). Kure Shūzō 呉秀三, "Hisuterī wo zōsō to yakushi hisuterīkyō wo zōsōkyō to yakusu beshi ひすてりいヲ臟躁ト譯シひすてりい狂ヲ臟躁狂ト譯スヘシ," *Chūgai iji shinpō* 中外医事新報, no. 289 (1892): 354–356.

[355] Although Zhang Zhongjing was active during the late second and the early third centuries, the earliest surviving print copy of the title dates from 1340. For a philological examination, see Mayanagi Makoto 真柳誠 and Kosoto Hiroshi 小曽戸洋, "*Kinki yōryaku* no bunkengakuteki kenkyū『金匱要略』の文献学的研究," pt. 1, *Nihon ishigaku zasshi* 34, no. 3 (1988): 414–430.

[356] Kure Shōzō's father was the Hiroshima Domain physician Kure Kōseki (呉黄石, 1811–1879), who studied both *kanpō* and Dutch medicine. On his mother's side, Shōzō was a grandson of the Tsuyama physician Mitsukuri Genpo

Concerned that the heavy use of transliteration in rendering "hysteria" would hinder its reception among the masses, the young psychiatrist argued for semantically translating the foreign concept instead. Far from a gender-neutral diagnosis, "organic mania" was canonically used as an abbreviation of "women's organic mania" in classical Chinese medicine as well as in *kanpō*. According to *Jingui yaolüe*, the symptoms of "women's organic mania" consisted of "taking a liking to sadness and showing a tendency to cry, the appearance of being possessed by gods and spirits, and frequent yawning and stretching."[357]

University-trained medical elites entertained Kure Shūzō's initiative with the greatest enthusiasm. By August 1892, the psychiatrist's colleagues at the Imperial University of Tokyo, a national hub of psychopathology research, strongly influenced by German practices, had publicly rallied behind "organic-manic madness" as a formal translation for "hysterisches Irresein," or "hysterical madness" in German.[358] At Sugamo Hospital, the country's leading psychiatric facility, with close ties to the university, an annual report of 1894 recorded one male and twenty-eight female inpatients diagnosed under "organic-manic madness."[359] Institutional prestige proved conducive to standard-setting. Regional medical periodicals from Ishikawa, Fukui, Hiroshima, and other prefectures soon followed the example set by Sugamo Hospital, as did the official journals of selected medical societies. Over the next two decades, their pages recorded a

(箕作阮甫, 1799–1863), who numbered among the acquaintances of Hata Keishuku (1794–1854), the physician father of the female doctor Kōgo Tamae. See Chapter One for more on Tamae.

[357] Kure, "Hisuterī wo zōsō to yakushi hisuterīkyō wo zōsōkyō to yakusu beshi," 16.

[358] The text gives the word as "Hysterisches Frresein," for which the correct German spelling is "hysterisches Irresein." See Kure Shūzō, "Seishin ni kansuru nisan no yakugo 精神ニ關スル二三ノ譯語," *Chūgai iji shinpō*, no. 297 (1892): 35–36.

[359] "Meiji nijūshichinen Sugamo byōin iji nenpō 明治二十七年巣鴨病院醫事年報," pt. 2, *Chūgai iji shinpō*, no. 375 (1895): 29.

conspicuous amount of "organic mania," "organic-manic madness," and "organic-manic disorder" in health statistics, forensic evaluations, and other types of medical data.[360]

Despite Kure Shūzō's aspirations for "organic mania," the "way of blood" continued to function as an equivalent of hysteria, circulating among a much broader user base. Hirano Tō (1869–1969), a graduate of the pioneering nursing school of Tokyo Jikei Hospital, incorporated a compact section on hysteria in *Kanbyō no kokoroe* (Instructions on nursing), a beginner's guide to nursing published in 1896 for the average female reader. Activating the prior knowledge of her lay readership, Hirano supplied the "way of blood" in parentheses when annotating the section on *hisuteriya*, her transliteration of "hysteria."[361] A similar use of parentheticals held attraction for others who sought to make a scientific health education accessible. For example, while promising an up-to-date overview of "common knowledge," an encyclopedia released in 1915 by the Greater Japan Family Association (*Dai-Nihon katei kyōkai*) identified "neurogenetic conditions" as a primary cause of "*hisuterī* (also commonly called the way of blood)."[362] In the following year, the groundbreaking radiologist Miyahara Tatsutarō (1878–1936) likewise used the parenthetical "*hisuterī* (the way of blood)" in an article he contributed to the official journal of the Greater Japan Private Hygiene Society (Dai-Nihon shiritsu eiseikai), a leading advocate of public health. There, Miyahara stated unequivocally that the condition affected women

[360] For examples, see Imura Chūsuke 井村忠介, "Danjo ni okeru kiyū naru seishinbyō 男女ニ於ケル稀有ナル精神病," *Fukui-ken igakkai zasshi* 福井県医学会雑誌, no. 46 (1902): 7; Matsubara Saburō 松原三郎, "Seishinbyō no bunrui ni kansuru shiken 精神病ノ分類ニ關スル私見," *Kanazawa igakkai kaihō* 金沢医学会会報, no. 1 (1910): 36; Ōnishi Tan 大西鍛 and Watari Kanzō 亘寛三, "Zōsōkyōsha no keihō ni kansuru jikken 臟躁狂者の刑法に關する實驗," *Hōi gakkai zasshi*, no. 88 (1893): 7–14; Sakura Ken 櫻軒, "Jisatsuron 自殺論," *Hiroshima eisei iji geppō* 広島衛生医事月報, no. 182 (1914): 85–86.

[361] Hirano Tō 平野鐙, *Kanbyō no kokoroe* 看病の心得 (Tokyo: Satō Haru, 1896), 58.

[362] Dai-Nihon katei kyōkai 大日本家庭協会, *Gendai nichiyō hōkan: Shirōto ryōhō to kenkōhō* 現代日用宝鑑　素人療法と健康法, vol. 5 (Dai-Nihon katei kyōkai, 1915), 3.

"regardless of rank or status," thanks to their collectively being "born more feebleminded than men."[363]

It was clear by the second decade of the twentieth century that Kure Shūzō's choice of "organic-manic madness" as a translation for hysteria had failed to catch on. Some of Kure's most accomplished students, including the eldest son of Miyake Hiizu, continued the use of *hisuterī* in their academic publications.[364] Kure gave away his own change of mind across the four-volume publication of his chronologically-arranged forensic evaluations in 1909. The first volume's exclusive use of "organic mania" was undermined by the second volume's addition of *hisuterī* in parentheses and, eventually, by the fourth volume's conspicuous commitment to the disease name's transliteration.[365]

The most open critics of Kure's proposal came from his own intellectual lineage as well. For example, Ōta Kōji (1879–1953) worked at the Imperial University of Tokyo and completed part of his medical training in Germany, a professional trajectory that Kure Shūzō himself had traveled. In a pointed 1917 opinion piece, Ōta criticized his peers' use of nomenclature across a two-page spread of *Ikai jihō* (News of the medical world, 1893–1940), a weekly publication with nationwide distribution. Rebuking his colleagues for mixing foreign words from German, English, and Latin in their speech, the physician asserted that "everything about medicine in Japan should be [spoken of] in Japanese," called for the expulsion of "coined words that are difficult to understand," and proceeded to put "organic-manic disorder" among the first in line

[363] Miyahara Tatsutarō 宮原立太郎, "Shinkei suijaku to musen denki chiryō 神經衰弱と無線電氣治療," *Dai-Nihon shiritsu eisei zasshi* 大日本私立衛生会雑誌, no. 401 (1916): 28–29.
[364] For an example, see Miyake Kōichi 三宅鉱一 and Matsumoto Takasaburō 松本高三郎, *Seishinbyō shindan oyobi chiryōgaku* 精神病診断及治療学 (Nankōdō, 1908), 430–439.
[365] Kure Shūzō, *Seishinbyō kanteirei* 精神病鑒定例, 4 vols. (Tohōdō shoten, 1909).

for the purge of jargon.[366] By then, knowledge of classical Chinese medicine was no longer expected of even the most erudite Japanese physicians.

As hysteria gradually transitioned into a household name in its transliterated, loanword form of *hisuterī*, views of the "way of blood" were affected as well. Although both involved femininized health concerns with contested etiological theories and diagnostic criteria, hysteria distinguished itself by drawing not just medical curiosity—including that of *kanpō* practitioners—but specifically scientific attention. Positioned in its vicinity, the "way of blood" found itself pressed into the same epistemological frame that was mobilized to prop up hysteria's scientific legitimacy. Before long, it came to acquire hysteria's pathological properties, as health communicators continued to deploy the two diagnoses side by side in order to reach the broadest audience possible. Take, for example, the rhetoric of *Hygiene of the Nerves* (Shinkei no eisei), a popular health guide authored by the physician Tamura Kasaburō (1869–date unknown). Despite calling it an "extremely unclear" illness, Tamura did not hesitate to categorize the "way of blood" as a "nervous disease" based on his classification of hysteria, which he then retrospectively estimated to have constituted the majority of cases of the "way of blood."[367] In other words, even as Tamura cited the "way of blood" to make hysteria relatable to the book's lay readers, he simultaneously deployed hysteria to impose a scientific explanation on the "way of blood." Once a health concern linked ambivalently to the reproductive potential and labor of a woman, the "way of blood" was now tangibly and biomedically rewired to the actual fibers

[366] Ōta Kōji 太田孝之, "Igaku yōgo oyobi jutsugo ni tsuite 醫學用語及び術語に就て," *Ikai jihō* 醫海時報, no. 1217 (1917): 2–3.
[367] Tamura based his book on a series of articles he had earlier contributed to the daily newspaper *Yomiuri shinbun*, although his rhetoric remained the same across the original article and different editions of the book. See Tamura Kasaburō 田村化三郎, *Shinkei no eisei* 神経の衛生, 11th ed. (Gan'yōdō shoten, 1913), 26; Tamura, "Shinkei no eisei," pt. 6, *Yomiuri shinbun* 読売新聞, June 15, 1906, morning edition, 3; Tamura, "Shinkei no eisei," pt. 8, *Yomiuri shinbun*, June 18, 1906, morning edition, 3.

connecting her brain and body, all dissectible if not necessarily visible to the naked eye. In fulfilling its role as a cognitive bridge, the "way of blood" underwent a transformation itself.

Ironically, Kure Shūzō's advocacy of "organic mania" over *hisuterī*—or to put it another way, his preference for Chinese jargon over its Western counterpart—hardly drew a reaction from the world of *kanpō*. To be sure, being a canonical yet obscure diagnosis in classical Chinese medicine had long rendered "organic mania" a ready subject for philological and medical debate among *kanpō* physicians. Indeed, a clash over that older concept's clinical application had spilled out onto the pages of *Wakan irin shinshi* (Journal of Japanese and Chinese medicine, 1883–1895) in 1885. Over the course of several months, the prominent *kanpō* journal witnessed an exchange of acerbic accusations of ignorance between the physicians Ōta Ryūsai (1828–1886) and Ikeda Kendō (1848–after 1924) over a patient of neither. In Shizuoka Prefecture, an eleven-year-old girl had reportedly exhibited a capricious behavioral change after undergoing dance training and had begun to act as if possessed for the next two years.[368] While Ōta sided with the girl's attending doctor, who sought confirmation of "organic mania" as the appropriate diagnosis, Ikeda suspected the cause of her condition to be a "brain disease."[369] Before long, Zhang Zhongjing's name came up, as did the assertion that "organic mania" only affected "women" and was therefore inapplicable to a premenarchal girl.[370]

[368] For the original inquiry from the girl's attending physician, see Ichikawa Satarō 市川佐太郎, "Ichikishitsu shitsumon 一奇疾質問," *Wakan irin shinshi* 和漢醫林新誌, no. 59 (1885): 5–6.
[369] For Ōta's confirmation of Ichikawa Satarō's diagnosis, see Ōta Ryūsai 太田立齋, "Daigojūkyūgō ichikishitsu shitsumon no kotae 第五十九號一奇疾質問ノ答へ," *Wakan irin shinshi,* no. 61 (1885): 5. For Ikeda's response to Ōta, see Ikeda Kendō 池田顯道, "Shinano Ōta Ryūsai-kun ga ichikishitsu no kotae wo bakusu 信濃太田立齋君ガ一奇疾ノ答ヲ駁ス," *Wakan irin shinshi*, no. 64 (1885): 3–5.
[370] Ikeda Kendō, "Dairokujūrokugō Ōta Ryūsai-kun no kotae wo futatabi bakuron su 第六十六號太田立齋君ノ答ヲ再ヒ駁論ス," *Wakan irin shinshi*, no. 69 (1885): 3–4; Ōta Ryūsai, "Ikeda Kendō-kun no bakuron ni kotau 池田顯道君ノ駁論ニ答フ," *Wakan irin shinshi*, no. 66 (1885): 4.

In sharp contrast to all this commotion was the lack thereof in 1892, when Kure Shūzō's appropriation of "organic mania" escaped the attention of elite *kanpō* physicians, albeit not without a reason. When the German-trained Japanese psychiatrist repurposed the millennia-old Chinese diagnosis, the *kanpō* community happened to be occupied by a much graver contemporary matter. During the 1892 session of the Imperial Diet, the House of Representatives conducted deliberations over an amendment to the existing Medical Licensing Regulations. Had it been adopted, the bill would have redefined "physicians" as those who had passed a licensure exam in either Eastern or Western medicine, thereby legitimizing *kanpō*'s place in the healthcare system.[371] Despite garnering support from Diet members alarmed by the indiscriminate embrace of Western customs and the impending loss of "national characteristics" (*kokusui*), the amendment bill tumbled through multiple Diet sessions before meeting eventual defeat in 1895.[372] *Wakan irin shinshi* did not print another issue in the aftermath of this disheartening blow, although "organic mania" would remain in vogue among the country's top psychiatrists as an academic translation for "hysteria" for several more years.

Passing as a vulgar disease name among physicians of *kanpō* and Western medicine alike, the "way of blood" was not initially embroiled in either side's claim of epistemic authority. As *kanpō* reached its historical nadir as a system of knowledge, however, its practitioners found themselves both viewing and viewed through the diagnosis in a new light. For instance, when the philosopher Kiyono Tsutomu (1853–1904) dismissively categorized those who prescribed for the "way of blood" as "*kanpō* doctors" while giving an offhand example of a false theory during a

[371] Naikaku kanpōkyoku 内閣官報局, "Shūgiin daisankai teikoku gikai giji sokkiroku 衆議院第 3 回帝国議会議事速記録" (Naikaku kanpōkyoku, 1892), Ref.A07050001500, NAJ, 587–591.
[372] Naikaku kanpōkyoku, "Shūgiin daisankai teikoku gikai giji sokkiroku," 588. For the timeline of the bill, see Yakazu, *Meiji hyakujūnen kanpō igaku no hensen to shōrai*, 9.

lecture on causality in 1903, his disapproval was both old and new.[373] A vocally anti-Western Hirano Jūsei had already criticized the ambiguous vernacular diagnosis for revealing little about etiology in 1832.[374] Yet the learned physician Jūsei would not have lumped himself together with folk healers, patent-medicine traders, or the Nakajō school's "woman doctors," all of whom sold treatments specifically for the lowbrow "way of blood." Even less likely would Jūsei have been to regard this heterogenous group of non-literati healers as "*kanpō* doctors." By the dawn of the twentieth century, however, *kanpō*'s epistemic prestige had been so much weakened that it became a collective identity for any medical healers who did not subscribe to the doctrines of Western scientific medicine. It was more difficult now for *kanpō* practitioners to dismiss the "way of blood" as a folk concept too humble to warrant their attention or affiliation.

Moving into the twentieth century, some within the *kanpō* community began to view the topic in a more favorable light. For example, when Wada Keijūrō (1872–1916) mobilized the "way of blood" in his 1910 monograph *Ikai no tettsui* (An iron hammer for the medical world), he was wielding the concept as an epistemic tool of the politically weak and institutionally marginalized *kanpō* community to protest the increasing hegemony of Western scientific medicine. A physician of *kanpō*, Wada grappled with the discrepancy between the early history of "hysteria" in Europe as a disorder of the "wandering uterus"—a female reproductive organ—and its later discovery in men. Wada gave no credit to the French neurologist Jean-Martin Charcot (1825–1893) for the latter's pioneering recognition of hysteria as a male-inclusive condition decades prior, much less could he have predicted the surge of male hysterics in Europe

[373] Kiyono Tsutomu 清野勉, *Rinrigaku* 論理学 (Tetsugakkan, 1903), 143.
[374] In some of his writings, Hirano Jūsei criticized Dutch medicine for being inferior to Chinese medicine and described Dutch people as "Western barbarians" (*seijū*). See, for example, Hirano Jūsei, *Isseki iwa* 一夕医話, in *Kyōrin sōsho* 杏林叢書, ed. Fujikawa Yū 富士川遊, vol. 5 (Tohōdō shoten, 1926), 164, 170, 173, 187, 191, 199. *Isseki iwa* was originally published in 1865.

that would arise from the carnage of World War One several years later. Nevertheless, Wada stumbled upon an analogy to hysteria in the similarly feminine and symptomatically wayward "way of blood."[375] Having correctly deduced that the latter must have once described "abnormal changes to the course of blood" in not one but all genders, Wada proclaimed that the vernacular diagnosis should apply to both men and women after all.[376] Thanks to the transnational and evolving epidemiology of hysteria and one *kanpō* doctor's determination to prove Japan's epistemic self-sufficiency, the "way of blood" came close to reclaiming its long-sidelined masculinity for a fleeting moment.

Even so, while Wada believed the vernacular term to be a more appropriate disease name for hysteria than "hysteria," he stopped short of advocating replacing *hisuterī* with an androgynously-imagined "way of blood." Instead, Wada's commentary concluded with a frustrating reality check. "So long as a disease name is not imported, it will end up the common laughingstock of society no matter how semantically suitable it is. How sad is that!"[377] While the "way of blood" was indeed a native classification, *kanpō*, which Wada had fiercely defended against both Western medicine and social ridicule throughout his book, was not only imported by origin but also revered in the past, an irony that went unnoticed in the *kanpō* doctor's account.

Reproducing History

In 1892, while members of the Imperial Diet were still debating whether or not to extend medical accreditation to *kanpō* physicians, Ōshima Kenzō hand-copied into his notebook a manuscript of

[375] On the history of "male hysteria" in fin-de-siècle Europe, see Misha Kavka, "Ill but Manly: Male Hysteria in Late Nineteenth-Century Medical Discourse," *Nineteenth-Century Prose* 25, no. 1 (1998): 116–141; Paul Frederick Lerner, *Hysterical Men: War, Psychiatry, and the Politics of Trauma in Germany, 1890–1930* (Cornell University Press, 2003); Mark S. Micale, *Hysterical Men: The Hidden History of Male Nervous Illness* (Harvard University Press, 2008).
[376] Wada Keijūrō 和田啓十郎, *Ikai no tettsui* 医界之鉄椎 (Nankōdō, 1910), 234–235.
[377] Wada, *Ikai no tettsui*, 235.

the Nakajō school dating from 1785. Originally a lineage of incised-wound medicine, the Nakajō school had evolved into the most notorious branch of childbirth medicine during the Tokugawa period, due in no small part to the association of its "woman doctors" (*onna isha*) with abortion care. Promising to furnish a "full record of formulas for the blood of women," the Nakajō text that Ōshima copied introduced a four-ingredient decoction for the "way of blood," whose transformation into the epitomical illness of womanhood had been aided by the school's popularity among the lay population.[378] The transmission of medical knowledge by means of transcribing manuscripts remained a time-honored practice even after the veritable explosion of print culture during the seventeenth century. For the remainder of the Tokugawa period, the manner in which the Nakajō school's "woman doctors" shaped female bodily autonomy persisted as an open secret, while the "way of blood" thrived in common knowledge as an ambivalent classification for the varied outcomes of women's sexual and reproductive potential.

Both the "woman doctor" and the "way of blood" were subject to the reinterpretation of medical history as the nineteenth century drew to an end.[379] The Nakajō school's audacious "woman doctors"—whose gender too became a subject of debate—received no positive recognition from imperial Japan's most-decorated actual women doctors, who themselves won the right to take licensing exams only after the Meiji government's criminalization of abortion in 1880.[380] Ogino Ginko (1851–1913), who in 1884 became the first Japanese woman to receive

[378] Titled *Fujin keppō issaiki* 婦人血方一切記, the copied-out text takes up the first half of Ōshima's notepad. See Ōshima Kenzō, "Yakkyokuhō hayami hikae 薬局方早見扣" (Kanagawa, August 1892), KOMINE, file no. 92-2. The notepad does not contain any page numbers, but the mention of the "way of blood" appears on the twenty-second page by my count, immediately before the page containing a formula for Senkintō 仙金湯.

[379] I use "woman doctor" as an English translation for *onna isha* with the intention of preserving the term's ambiguity. Whether the latter referred to female doctors or to doctors of women (who might themselves be male) is an issue that Japanese physicians of the twentieth century debated. Relatedly, I translate as "female doctors" the separate term *nyoi*, which referred to the young women who trained under *nyoi hakase*, male specialists in women's medicine.

[380] On the criminalization of abortion, see Susan L. Burns, "When Abortion Became a Crime: Abortion, Infanticide, and the Law in Early Meiji Japan," in *History and Folklore Studies in Japan*, ed. David L. Howell and James C.

licensure by passing the exam, gave two reasons behind her decision to become an obstetrician-gynecologist, neither of which concerned the "woman doctors" of the Tokugawa period. In addition to her familiarity with written accounts of "female doctors" (*nyoi*) having been employed at Japan's eighth-century court, Ogino reported having at one point experienced personal distress at needing to consult male doctors for a "uterine disorder"—her euphemism for gonorrhea.[381] While Ogino's infection was contracted through marriage and not prostitution, a common cause of the transmission of venereal diseases at the time, the future physician found her naked body just as exposed to the gaze of unacquainted men as that of a sex worker.[382] One of Ogino's most accomplished successors, Yoshioka Yayoi (1871–1959), the founder of Tokyo Women's Medical College, dated the official recognition of female doctors (*joi*) in Japan to Ogino Ginko's year of licensure, thus ignoring existing practitioners who obtained licensure without passing an exam.[383] The latter group included the nun-physician Kōgo Tamae (1830–1905), who trained in *kanpō*, provided maternal care in rural Tsuyama, and prescribed a family formula for the "way of blood" throughout the second half of the nineteenth century.[384]

Baxter (International Research Center for Japanese Studies, 2006), 37–55; Hidemi Kanazu, "The Criminalization of Abortion in Meiji Japan," trans. Marjan Boogert, *U.S.–Japan Women's Journal*, no. 24 (2003): 35–58;

[381] Ogino, "Nihon joi no yurai oyobi zento," 482; Suzuki Motoko 鈴木源子, "Kindai saisho no joi ga keireki (Ogino Ginko no koto) 近代最初の女醫が經歷（荻野吟子の事）," *Jogaku zasshi* 女学雑誌, no. 354 (1893): 12; Yoshioka Yayoi 吉岡弥生, "Shin Nihon no joi ni tsukite 新日本の女医に就きて," *Fujin mondai* 婦人問題 2, no. 1 (1919): 55–56. Ogino Ginko came upon the exclusively female *nyoi* while reading about *Ryō no gige* 令義解, a ninth-century commentary on the eighth-century legal and administrative code *Yōrō ritsuryō* 養老律令, which Kawachi Zensetsu 河内全節 also consulted in writing his history of women doctors (see Chapter One).

[382] On Ogino's experience of gonorrhea, see Ellen Nakamura, "Ogino Ginko's Vision: 'The Past and Future of Women Doctors in Japan' (1893)," *U.S.–Japan Women's Journal*, no. 34 (2008): 10–11. For the perceived link between prostitution and sexually-transmitted infections and the latter's stigmatization, see Susan Burns, "Bodies and Borders: Syphilis, Prostitution, and the Nation in Japan, 1860–1890," *U.S.–Japan Women's Journal, English Supplement*, no. 15 (1998): 3–30.

[383] Yoshioka Yayoi, <*Nichijō eisei*> *Wakaki fujin no kokoroe* 〈日常衛生〉若き婦人の心得 (Taisanbō, 1917), 297.

[384] The surviving prescription records of Kōgo Tamae cover every year between 1880 and 1904 with the exceptions of 1881, 1886, 1892, 1895, and 1897. Although Tamae began practicing medicine in 1857, her early prescriptions and patient records do not survive. See Chapter One.

Any judgement of Yoshioka's oblivion must also take into consideration such factors as state-sanctioned exclusion and the precarious minority position of women in a male-dominated profession. When the young descendants of existing medical practitioners were briefly allowed to obtain licensure in 1882, Osaka Prefecture reported receiving applications from some eligible women, inquired whether it was "impossible to grant them permits," and received confirmation to that effect from the Home Ministry.[385] Ogino Ginko and Yoshioka Yayoi, who struggled with widespread sexism, both campaigned for women's access to medical licensure and education in a period when those institutions already revolved around the promotion of Western scientific medicine. Their activism aimed at securing not the legal right for women to work as physicians per se but specifically the political recognition of women's ability to practice scientific medicine. Given their own epistemic allegiances, it is not surprising that Ogino and Yoshioka would overlook the existence of Kōgo Tamae and deny those who trained in non-Western therapeutic traditions the reimagined collective identity of a "woman doctor." Perhaps due to the same urge to guard their reputation as elite women of science, neither Ogino nor Yoshioka chose to raise the topic of the "way of blood" in their academic publications as a worthy line of inquiry for exploring the complex health implications of being a woman in imperial Japan. Ironically, the person whom both credited as an ally to their cause was Ishiguro Tadanori.[386] Despite taking a dislike to *kanpō* as a field of knowledge, the army doctor proved himself a steadfast advocate for

[385] "Ōsaka-fu yori naimushō e ukagai narabi ni shirei 大坂府ヨリ内務省へ伺並指令," *Iji shinbun* 医事新聞, no. 67 (1882): 15.

[386] Yoshioka Yayoi, *Joi no shōrai to sono shimei* 女医の将来と其使命 (Kanehara shoten, 1936), 7–8; Yoshioka, *Yoshioka Yayoi senshū* 吉岡弥生選集, ed. Yoshioka Hiromitsu 吉岡博光, vol. 3 (Mokumokusha, 2000), 56. In sharp contrast to his reception among *kanpō* physicians, Ishiguro Tadanori's support of Ogino Ginko earned him a reputation as a devoted benefactor (*onjin*) of women doctors, who in this case consisted by default of women qualified as physicians of Western medicine. See Tagawa Sumi 多川澄, "'Ishiguro Tadanori kaikyū kujūnen' wo yomu 「石黒忠悳懐舊九十年」をよむ," *Nihon joikai zasshi* 日本女医会雑誌, no. 74 (1936): 40–42.

women's representation in the profession of healthcare so long as they pursued the study of Western scientific medicine.

Notwithstanding the lack of scholarly attention from imperial Japan's women doctors, the "way of blood" came to feature in the often-male reproduction of medical history as the epitome of "women's illnesses." The classification's association with both Western-derived diagnoses and a non-Western understanding of female pathology generated communication and confusion alike as physicians and patients negotiated the precise nature of the latter's health history. Few captured the unfolding of this dynamic more vividly than Takeoka Yūsen (dates unknown), a former domain physician whose acquaintances included the novelist and future surgeon general Mori Ōgai (1862–1922).[387] In 1889, the two men bonded over a shared interest in developing a code of conduct for their profession, which culminated in *Iji shūdan* (Collected discussions of medical affairs), Takeoka's monograph on physician ethics, etiquette, and best practices, published in 1891.[388]

Critical of Hirano Jūsei's categorical disapproval of the "way of blood," Takeoka called into question an absolutist adherence to "correct" terminologies—that is to say, correct according to the standards of Western medicine—in favor of a strategic hybridization of scientific and vernacular disease classifications so as to facilitate physician-patient interaction.[389] In the addendum of *Iji shūdan*, Takeoka reviewed the meandering case history of a female patient who had thrice changed doctors while seeking treatment for the same chronic condition in order to

[387] The friendship of Mori Ōgai 森鴎外 and Takeoka Yūsen 竹岡友仙 is discussed by the latter's daughter Ishihara Chiho 石原千穂 in Ōtani Kōichi 大谷晃一, *Onna no kindaishi: Fūsetsu wo ikita gojūrokunin no shōgen* おんなの近代史　風雪を生きた五六人の証言 (Kōdansha, 1972), 27–31.
[388] Part of *Iji shūdan* was originally published in 1889 in the medical journal *Tōkyō iji shinshi* 東京医事新誌, where it received Mori Ōgai's positive review. See Takeoka Yūsen 竹岡友仙, *Iji shūdan* 医事集談 (Bunkyūdō shoten, 1891), preface, 1.
[389] Takeoka, *Iji shūdan*, 242–243, 249–251.

make his point. Initially diagnosed with "hysteria," the woman struggled with recovery and lamented the misfortune of contracting an unheard-of foreign disease: "I'd have no regrets if only I could die of a disease that's always been around in Japan!"[390] "Uterine disorder," the second opinion she received, offered no relief either. Since the woman had been faithfully married since the age of eighteen, contracting what sounded suspiciously like a disease of "lewdness" (*in'itsu*) if not adultery only added to her misery, a sentiment Ogino Ginko in particular would have been able to appreciate. By the time a third doctor had diagnosed the woman for the familiar "way of blood," she already doubted her own assessment of having possibly developed the condition postpartum. It was not until her encounter with Takeoka that the woman's perplexity began to resolve and she finally learned that "hysteria" was but a foreign name for the "way of blood," while "uterine disorder" indicated the same condition by referring to the location of the illness.[391] Led to self-doubt, the unnamed woman endured years of mental agony simply because her physicians spoke a babel of medical languages.

One important institutional backdrop for the experience of Takeoka's patient was the ongoing structural renegotiation of patient-physician as well as physician-physician relationships to the benefit of the attending doctor. The newly minted generation of Japanese clinicians expected patients to behave in ways that helped streamline diagnosis according to the protocols of Western scientific medicine. Ironically, however, they tolerated the latter's unsolicited opinion less and less. Under the didactic title of "How to See a Doctor," a 1911 article in *Fujin eisei zasshi* (Journal of women's hygiene, 1888–1926) chastised women for bringing up the "pathology of antiquity"—including the "way of blood"—during a doctor's visit. In particular, the author condemned the habit of calling into question the treatment regimen of the attending

[390] Takeoka, *Iji shūdan*, 248.
[391] Takeoka, *Iji shūdan*, 249.

doctor by suggesting that the "way of blood" was the true reason for one's slow recovery and grounds for a change of approach.[392] In other words, the ultimate judge of what constituted health knowledge was deemed to be the physician rather than the patient herself. Operating outside the systemic order of scientific nomenclature, the antiquated "way of blood" earned the ire of imperial Japan's medical elites by giving voice to the layperson's casual defiance when scientific medicine failed to impress the very women whose ignorance it both presumed and patronized.

Emerging reservations about physician-physician consultation also helped shape the asymmetry of power. By the double standards of "How to See a Doctor," it was perfectly acceptable for an attending doctor to enlist the help of one or more consulting colleagues. Yet the same initiative from the patient without the attending clinician's knowledge—and even more so a wish on her part to change doctors—was deemed both "rude" and bound to "do more harm than good."[393] The push for a more hierarchized physician-physician relationship was already underway by the time *Iji shūdan* was published in 1891. While the medical pluralism of the Tokugawa period had accommodated the possibility of engaging multiple doctors for a single patient and dealing with each of them independently, Takeoka Yūsen supported a clear division of labor and authority between attending and consulting physicians, predicated on the latter's subordination. In Takeoka's opinion, what allowed consultations over etiology to run smoothly before the Meiji period (1868–1912) had been no more than a "lack of precision and comprehensiveness in diagnosis" and the use of equivocal diagnoses such as the "way of blood."[394] Harmony was easy to achieve when diagnostic ambiguity was embraced, allowing the

[392] "Ishi wo ogu kokoroe 医師を招ぐ心得," *Fujin eisei zasshi* 婦人衛生雑誌, no. 257 (1911): 51–52.
[393] "Ishi wo ogu kokoroe," 49–51.
[394] Takeoka, *Iji shūdan*, 171.

clinical uncertainty of the "way of blood" to prevent debate by accommodating diverse interpretations of a woman's poor health. Unlike the imported notion of "organic mania," the vernacular classification was also spared philological debate due to its absence in the Chinese medical canon. Even that vagueness, however, could not prevent disagreement from arising among clinicians over how actually to treat a patient in practical terms, which Takeoka considered a cause of conflict among his predecessors. While Takeoka did not deny the value of consultation per se and supported taking advantage of the "way of blood" in patient-physician communications, he dismissed those physicians who deployed the diagnosis formally only to fight later about its treatment, looking down upon their behavior as an unfortunate "vestige" amidst the "scholarly progress of the present day."[395] Despite its use by doctors as an expedient way of informing the laywoman of her health condition at the discretion of her attending doctor, the "way of blood" was not allowed to challenge the scientific characterization of her medical history.

One reason that the "way of blood" gave the appearance of being a historical vestige in late nineteenth- and early twentieth-century medical writings was its literal association with older, if not deceased, generations of Japanese women. A few examples help to illustrate this narrative pattern. Detailing the progression of an uncommon onset of male hysteria, an 1894 case report published in the official journal of the Tokushima Medical Society remarked that the 48-year-old patient's mother had been "without remarkable illness" save for her death from the "way of blood" at the age of 64.[396] At a 1906 medical conference, the psychiatrist Kitabayashi Sadamichi (1872–1948) similarly spoke of the "inherited neuropathy" of a female hysteric whose

[395] Takeoka, *Iji shūdan*, 170–171.
[396] N m [sic], "Danshi shisuterī jikken 男子歇私的里実験," *Tokushima igakkai zasshi* 徳島医学会雑誌, no. 16 (1894): 37.

mother had suffered from the "way of blood."[397] In a 1915 special issue of the official journal of Fukuoka Medical University, Takeya Hiroshi (1875–1941), an internist by training, listed a mother of nine who died from the "way of blood" as the parent of a nineteen-year-old patient of syphilitic meningitis.[398] Finally, while compiling a forensic psychiatric evaluation in 1934, a prolific author on criminal psychology described among the "hereditary relations" of a female arsonist a mother who had fallen victim to "what is commonly known as the way of blood."[399] In all these cases, the offspring's diagnosis under the rubric of Western scientific medicine was juxtaposed with a female parent's prior and often fatal encounter with the "way of blood," a repeatedly noted though never fully elaborated element of the case history.

What this mishmash of diagnoses revealed was the unevenly experienced formation of a new epistemic order. On the one hand, scientifically trained physicians who embraced the diagnostics of Western scientific medicine and prided themselves on their knowledge of technologies and nomenclatures designed to exceed the average person's comprehension were rising in both number and power. On the other hand, neither their lay patients nor the latter's families could yet reliably reproduce "correct" disease names that had only recently taken root in Japanese society, where the "way of blood" persevered as a familiar explanation for women's illnesses before the assimilation of such Western-derived diagnoses as "hysteria." Without the ability to travel back in time and open a scientific investigation on the "true" genesis of one mother's chronic illness or the "real" cause of another female relative's death, biomedical

[397] Kitabayashi Sadamichi 北林貞道, "Kinchōkyō ni 'hisuterī' wo kanetaru kanja no 'demontorachion' 緊張狂に「ヒステリー」を兼ねたる患者の「デモントラチオン」," *Geibi iji* 芸備医事 11, no. 5 (1906): 112.
[398] Takeya Hiroshi 武谷廣, "Shinkei keitō no baidoku 神經系統ノ黴毒," *Fukuoka ika daigaku zasshi* 福岡醫科大學雜誌, special issue (1915): 215.
[399] Kikuchi Jin'ichi 菊地甚一, "Hōka ni okeru hinin no kenkyū 放火に於ける否認の研究," pt. 4, *Nō* 腦 8, no. 6 (1934): 14.

doctors had little choice in practice but to accept the "way of blood" as it was reported to them while reconstructing their patients' medical histories.

To the extent that such acceptance represented a compromise between the medical expert's judgement and the lay population's collective memory, the "way of blood" struggled to escape its association with the past. As time went by, the vernacular diagnosis diminished into increasing obscurity in Japanese discourses of scientific medicine. When the Cabinet Statistics Bureau released updated guidelines for the proper documentation of death certificates in 1933, dying of the "way of blood" was officially categorized as meeting one's end under "uncertain diagnoses and unknown causes."[400] Neither "uncertain diagnoses" nor "unknown causes" constituted a value-free acknowledgment of the epistemic limitations of scientific knowing. In a 1937 opinion piece in *Nihon iji shinpō* (Japan medical journal, 1921–present), the surgeon Tachibana Ryōkichi (dates unknown) lambasted the general public's "near absolute lack of knowledge of basic medicine" by citing the "unscientific" nature of such terms as the "way of blood."[401] Trained in scientific medicine, Tachibana resented the enduring coexistence of "unscientific therapies" and "authentic treatments" in Japanese society. He was either unaware of or indifferent to the fact that, in the year 1782, his very own ancestor and fellow physician Tachibana Nankei (1753–1805) had documented the "way of blood" in a mother of two without questioning the diagnosis' legitimacy.[402]

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[400] Naikaku tōkeikyoku 内閣統計局, *Shibō shindansho no shibō gen'in oyobi shokugyō ki'nyūhō ni tsuite* 死亡診断書の死亡原因及職業記入方に就て (Tōkyō tōkei kyōkai, 1933), 67.
[401] Tachibana, "Kenkō hokenhō wa shibōritsu wo takamuru ya," 24.
[402] See Chapter Two for a discussion of Nankei's travelogue. On the family relation of Nankei and Ryōkichi, see Sakuma Shōen 佐久間正円, *Tachibana Nankei* 橘南谿 (Tachibana Nankei denki kankōkai, 1971), 228.

Reviving Tradition

Far from allowing themselves to become frustrated by the unscientific nature of the vernacular diagnosis, *kanpō* doctors, whose calling underwent a revival between the 1920s and 1930s, gradually began to find promise in the clinical uncertainty of the "way of blood." Ōshima Shigeyuki, the aforementioned eldest son of Ōshima Kenzō, witnessed the process unfolding even though he did not ultimately take over his father's *kanpō* practice. Instead, Shigeyuki joined the Komine family as an adopted son-in-law, completed his Doctor of Medicine at the Imperial University of Tokyo, and inherited the psychiatric facility of his adoptive father—a nondoctor who sought to recruit a medically-knowledgeable heir—while directing a Western-style hospital of his own.[403] Despite his formal training in neuropsychiatry and rigorous application of its techniques, Komine Shigeyuki showed no hesitation in venturing beyond the purview of scientific medicine. For example, his name appears on the membership directory of the Japan Society of Kanpō Medicine (Nihon kanpō igakkai) within a year of its founding in 1934, and his own son wed a daughter from the Tsumura family of pharmaceutical manufacturers.[404] Over the first half of the twentieth century, the latter's family formula, Chūjōtō, triumphed in the domestic medical market as one of the most coveted over-the-counter drugs for the "way of blood." [405]

The interplay of Western scientific medicine, *kanpō,* and folk remedies that characterized Komine Shigeyuki's professional and personal network underscores the continuing presence of medical pluralism in imperial Japan, where the "way of blood" came to show promise as a useful epistemic tool at *kanpō* doctors' disposal. By the 1930s, "*kanpō* doctors" had evolved into a

[403] Jinji kōshinjo 人事興信所, *Jinji kōshinroku* 人事興信録, 8th ed. (Jinji kōshinjo, 1928), ko-63.
[404] "Nihon kanpō igakkai kaiin meibo daiikai happyō 日本漢方医学会会員名簿第一回発表," *Kanpō to kan'yaku* 漢方と漢薬 1, no. 7 (1934): 109. Also see Jinji kōshinjo, *Jinji kōshinroku*, 13th ed., vol. 2 (Jinji kōshinjo, 1941), tsu-9.
[405] On Chūjōtō, see also Susan L. Burns, "Marketing 'Women's Medicines': Gender, OTC Herbal Medicines, and Medical Culture in Modern Japan," *Asian Medicine* 5, no. 1 (2009): 156–167.

scientifically-educated community of practitioners who purposefully pursued their craft after obtaining a license designed to certify recipients' credentials in Western scientific medicine. Komine Shigeyuki did not directly challenge the capacity of scientific reasoning to provide quality healthcare, but he welcomed the insights of those who did. When compiling a study of double suicides, for example, Komine made sure to consult the eminent *kanpō* physician Tatsuno Kazuo (1905–1976) for his wisdom.[406] Ironically, the requirement that aspiring *kanpō* practitioners must first receive a Western medical education ended up furnishing them with a foolproof source of legal protection. The state-endorsed epistemic hegemony of Western medicine meant that the knowledge of its sciences effectively granted physicians the freedom to try out other therapeutic techniques at no cost to their medical license. Rather than driving its epistemic rivals into extinction, the institutionalized dominance of scientific medicine may actually have aided the survival of *kanpō*, a politically weaker epistemology of illness, thanks to those clinicians who dared question the omnipotence of scientific knowing and change their epistemic allegiance.

Katō Genpaku (fl. 1920–1928) was one such figure. Having witnessed *kanpō*'s empirical efficacy in treating chronic illnesses when Western scientific medicine failed, the physician defected from his formal biomedical training, embarked on a new intellectual odyssey, and eventually established a *kanpō* hospital in Tokyo.[407] By the mid-1920s, Katō had gone on to categorize the chronic inflammation of the endometrium, fallopian tubes, and ovaries, along with their associated "hysteria-like symptoms," under the rubric of the "way of blood." Such a

[406] Komine kenkyūsho, *Zaidan hōjin Komine kenkyūsho kiyō* 財団法人小峰研究所紀要, vol. 6 (Komine kenkyūsho, 1938), 181, 301.
[407] For Katō's career, see "Ikai kanwa 医界閑話," *Nihon no ikai* 日本之醫界 11, no. 44 (1921): 1176; Katō Genpaku 加藤玄伯, *Manseibyō no chiryō to kanpō ijutsu* 慢性病の治療と漢方医術 (Kanehara shoten, 1926), unpaginated preface.

standpoint allowed Katō to rethink the onset of these conditions through reference to "blood stasis" (*oketsu*), an age-old concept shared across classical Chinese medicine and *kanpō*.[408] Rather than appropriating the "way of blood" as a disposable communication device to aid patient-physician interaction, Katō mobilized it as a legitimate disease classification while rethinking the organizing logic behind women's long-term health issues. In so doing, Katō rendered the vernacular diagnosis into a tool of epistemic defiance against the authority of scientific medicine to dictate what constituted the most effective line of inquiry to pursue in understanding the female mind and body.

Looming behind the revival of *kanpō* between the 1920s and the 1930s was a resistance to Western influences and a reevaluation of tradition that had long been gaining broader traction within Japanese society.[409] Amidst the rise of urban consumerism, the association of exploitative capitalism with Western societies and growing anxiety over the former's expansion in Japan manifested also in social criticisms about the healthcare sector. One of the most persistent voices was that of the journalist Nakayama Tadanao (1895–1957), who in a monograph of 1927 lambasted Western medicine as a despicable trade of profiteering and called for the restoration of the "way of medicine" (*idō*) as a "benevolent craft" (*jinjutsu*) through the renaissance of *kanpō*, a thesis he had already explored in an elaborate treatise the year prior.[410] The concern over a capitalist takeover of healthcare was not new, as mainstream medical journals had been sounding alarms about the corruption of care providers who prioritized monetary gain over patients'

[408] Katō, *Manseibyō no chiryō to kanpō ijutsu*, 21, 41–45.
[409] On the backlash against Western influences, see Jason G. Karlin, *Gender and Nation in Meiji Japan: Modernity, Loss, and the Doing of History* (University of Hawaii Press, 2014); Tetsuo Najita and H. D. Harootunian, "Japanese Revolt Against the West: Political and Cultural Criticism in the Twentieth Century," in *The Cambridge History of Japan*, vol. 6, ed. Peter Duus (Cambridge University Press, 1989), 711–774.
[410] Nakayama Tadanao 中山忠直, *Kanpō igaku no shinkenkyū* 漢方医学の新研究 (Hōbunkan, 1927), preface, 4–5. Also see Nakayama Tadanao 中山忠直, "Kanpō igaku fukkōron 漢方醫學復興論," *Nihon oyobi Nihonjin* 日本及日本人, no. 109 (1926): 1–74.

wellbeing since at least the beginning of the 1920s.[411] Instead, what Nakayama's rhetoric shrewdly accomplished was to turn biomedicine's advantageous share of the medical profession against it by correlating contemporary doctors' supposed lack of moral rectitude with an education in Western medicine. Although logically flawed, Nakayama's accusation was superficially plausible, given that the majority of Japanese physicians active in the 1920s, including those who had committed egregious acts of malpractice, had indeed trained in Western scientific medicine according to the legal prerequisites for licensure since 1883.

In a 1938 journal article, Tatsuno Kazuo—the aforementioned collaborator of Komine Shigeyuki—reminisced about Nakayama's unparalleled success in drawing favorable public attention toward *kanpō*'s ongoing revival. Not only had Tatsuno himself been convinced to study *kanpō* while he was a young student, but a series of professional *kanpō* organizations and periodicals had also mushroomed shortly after the publication of the journalist's writings.[412] The rekindled circulation of *kanpō* journals would soon reveal the lack of an interpretative consensus over the "way of blood" among the country's leading practitioners. Launched in 1934, the official publication of the Japan Society of Kanpō Medicine presented no fewer than three approaches to understanding the folk diagnosis within the first five years of its run. Yakazu Yūdō (1908–1946), who specialized in the "Later Age" or *gosei* school of *kanpō*, called the esteemed neuropsychiatrist Morita Masatake (1874–1938) a "layman" for defining the "way of blood" narrowly as a symptom of nervosity (*shinkeishitsu*).[413] Kurihara Kōzō (c. 1888–1979), whose

[411] For examples, see "Shikai to kyūryō jigyō to no keigōten 斯界と救療事業との契合點," *Ikai jihō*, no. 1350 (1920): 8–9; "Shiteki igyō to kōteki igyō 私的医業と公的医業," *Ikai jihō*, no. 1393 (1921): 11.
[412] Tatsuno Kazuo 滝野一雄, "Kanpō igaku no genjō 漢方医学の現状," *Kanpō to kan'yaku* 5, no. 5 (1938): 150–151.
[413] Yakazu Yūdō 矢数有道, "Shinkeishitsu no kanpō igakuteki ryōhō 神経質の漢方医学的治療法," pt. 2, *Kanpō to kan'yaku* 1, no. 7 (1934): 19. For Morita's interpretation, see Morita Masatake 森田正馬, *Kenkō to henshitsu to seishin ijō* 健康と変質と精神異常 (Jinbun shoin, 1936), 177. For additional discussion of Shimotsutō and Jitsubosan, see Chapters One and Two.

expertise lay in *materia medica*, challenged specialists in the emerging field of hormone studies to conduct research on the "way of blood" before he resorted to prescribing the centuries-old herbal formulas of Shimotsutō and Jitsubosan for the health condition, which he termed an "inexplicable illness of women."[414] Like many others, the pharmacist organized his practical knowledge of illness around tangible therapeutics without committing to any specific etiological clarification. Finally, Ōtsuka Keisetsu (1900–1980), who trained in the "Ancient Formula" or *kohō* school of *kanpō*, listed the "way of blood" and "hysteria" side by side as the primary indications of Hangekōbokutō, a formula featured in Zhang Zhongjing's *Jingui yaolüe*, from which the diagnosis "women's organic mania" also originated.[415] While innovations in health technology over the course of the nineteenth and twentieth centuries had invited a high turnover of etiological theories in scientific medicine, *kanpō* practitioners found continuity both in the material culture of organic remedies and in age-old diagnoses.

The remarkable individual who sought to create an alternative epistemic order out of that continuity was Yakazu Yūdō's elder brother Dōmei (1905–2002). In 1939, Dōmei contributed an article to *Tōhō igaku* (Medicine of the East, 1936–1941) for a special issue focusing on "*kanpō*'s critique of modern medicine." Titled "*Kanpō* Treatments for the So-Called 'Way of Blood,'" the article opened with a brief survey of the folk diagnosis' differing definitions across a range of dictionaries and encyclopedias, highlighting the fact that "modern medicine" (*gendai igaku*) had not yet been able to offer a clear explanation of the condition's "ontology" (*hontai*).[416] The rest of the article addressed the author's own interpretations of the "way of blood's" etiology, symptomatology, pathology, and treatment.

[414] Kurihara Kōzō 栗原広三, "Fujinbyō no yakusō 婦人病の薬草," *Kanpō to kan'yaku* 4, no. 4 (1937): 85–87.
[415] Ōtsuka Keisetsu, *Shōkanron, Kinki yōryaku yōhō kaisetsu* 傷寒論・金匱要略要方解説 (Takushoku daigaku kanpō igaku kōza, 1939), 98–99. Another reading of Ōtsuka's given name is Yoshinori.
[416] Yakazu, "Iwayuru 'chi no michi' no kanpō chiryōhō," 5.

Although it was brief, Yakazu Dōmei's article was pathbreaking because of the author's unusual degree of critical awareness. Unlike those who came before him, Yakazu understood the lack of academic knowledge about the "way of blood" to have arisen as a combined result of ignorance and neglect shared across scientific medicine and *kanpō*. Remarking on the former in particular, he pointed out that it was common for physicians of "modern medicine" to use the "nebulous term 'way of blood'" as a rhetorical technique to reduce the "ontologically uncertain illnesses of women" to nervous disorders.[417] In extreme cases, Yakazu charged, the doctors of "modern medicine" would go so far as to call their female patients "neurotic or hysterical without taking them seriously."[418] Being critical of "modern medicine" did not cloud Yakazu Dōmei's judgement when it came to the obliviousness of *kanpō*. Rather, the *kanpō* master was candid in admitting that there were "extremely few written records" from any system of medicine on the causes of the "way of blood."[419] Yakazu then set out to fill in this blank with a theoretical framework that could better ascertain the health condition's etiology and pathology, a challenge that was rarely registered, let alone elaborately addressed, before his time.

Strikingly, Yakazu Dōmei's proposed explanations for the "way of blood" exhibited a rigid epistemic duality that completely excluded the insights of Japan's native and folk therapeutic traditions. On the one hand, the *kanpō* doctor in Yakazu cited eleven established formulas from eight Chinese medical treatises as treatments for the "way of blood," while attributing the condition's root causes to women's "blood stasis" and "water toxin" (*suidoku*), thereby indicating a clear influence from the medical thought of his Tokugawa-period

[417] Yakazu, "Iwayuru 'chi no michi' no kanpō chiryōhō," 7.
[418] Yakazu, "Iwayuru 'chi no michi' no kanpō chiryōhō," 7.
[419] Yakazu, "Iwayuru 'chi no michi' no kanpō chiryōhō," 5.

predecessor Yoshimasu Nangai (1750–1813).[420] On the other hand, Yakazu's training in Western scientific medicine led him to synthesize the symptoms of the "way of blood" in unmistakably biomedical terms. In Yakazu's own words, the "uniquely subjective symptomatology" of the health condition pointed first and foremost to "neurological symptoms" specific to the "dysfunction of the female reproductive organs," observable in three interlinked timeframes: the postpartum period, the menstrual cycle, and menopause (*kōnenki*).[421] Covering the entire span of time from a woman's menarche to menopause, Yakazu's conceptualization in effect endorsed the centuries-old vernacular understanding of the "way of blood" as a ubiquitous obstacle course that every adult woman needed to navigate as opposed to a mere nervous disorder.

In his effort to reclaim *kanpō*'s epistemic authority, Yakazu Dōmei turned to ordinary Japanese women as an ally. Whether they took the form of headaches, dizziness, insomnia, or hot and cold flashes, the symptoms of the "way of blood" were by nature nonspecific and subjective. Neither independently nor in combination did they point to a single disease, while their verification more often than not depended on the sheer trust that physicians chose to place in their female patients' storytelling. The unfortunate reality, as Yakazu noted in his 1939 article, was that the tests and examinations of "modern gynecology" were simply inadequate to detect meaningful biological changes in women who reported the typical yet equivocal symptoms of the "way of blood." Expressing sympathy with such patients, Yakazu suggested that nothing would cause them greater suffering than the invalidation of their health struggles, as this type of

[420] For an overview of Nangai's medical thought, see Ōtsuka Yasuo, "Yoshimasu Nangai no kikessuisetsu wo megutte 吉益南涯の気血水説をめぐって," *Nihon tōyō igakkaishi* 日本東洋医学会誌 25, no. 4 (1975): 213–214. While contemporary *kanpō* practitioners typically translate *suidoku* as "fluid disturbance," I adopt the more literal translation "water (*sui*) toxin (*doku*)."

[421] Yakazu, "Iwayuru 'chi no michi' no kanpō chiryōhō," 5. Literally meaning "turn of life," *kōnenki* was and still is the formal Japanese translation for "menopause." For an early usage, see "Sanka fujinka kenkyūkai sangatsu daiichi jōkai 産科婦人科研究会三月第一常会," *Chūgai iji shinpō*, no. 191 (1888): 41–42.

not knowing made patients feel they must "endure the pain of illness alone" and resulted in unceasing complaints—as if they had "contracted every single disease in the world all by themselves."[422] Being on the receiving end of disregard from "modern medicine," *kanpō* shared much in common with the average Japanese woman. Both possessed nonscientific knowledge of illness, both protested the rejection and marginalization of their insights, and both witnessed their claims dismissed according to the prevailing scientific criteria for what could and should legitimately fall within the purview of medical inquiry.

Despite Yakazu Dōmei's foresight, the *kanpō* community as a whole neither actively pursued nor reached any consensus over either the ontology of the "way of blood" or the nature of women's nonspecific health complaints. It would not be until the post–World War Two period (1945–) that the folk diagnosis would unleash its potential as a "tool of the weak" against the epistemic hegemony of scientific medicine for Japanese women and *kanpō* practitioners alike. To begin with, Yakazu was himself ambivalent about endorsing the "way of blood" as a formal disease classification. In August 1940, he spoke on the subject of women's healthcare during a summer course on *kanpō* at Takushoku University, a school dedicated to the study of colonial policy. There, the *kanpō* physician described "blood stasis" and "water toxin" as the ultimate causes not of the "way of blood" but, rather more vaguely, of "women's illnesses" (*fujinbyō*), omitting the vernacular diagnosis entirely from the official transcript of his speech.[423]

Yakazu Dōmei's reservations must be understood within the larger context of imperial Japan's colonial ambitions and *kanpō* revivalists' collective reckoning of their priorities therein. At the time of their thwarted attempt to amend the Medical Licensing Regulations in 1895,

[422] Yakazu, "Iwayuru 'chi no michi' no kanpō chiryōhō," 6.
[423] Yakazu Dōmei, "Fujinkateki shikkan ni taisuru kanpō chiryō no tokuchō 婦人科的疾患に対する漢方治療の特徴," *Tōa igaku* 東亜医学, no. 21 (1940): 2–4.

kanpō practitioners had been goaded with the suggestion that they ought to bring their craft to Japan's "occupied territories."[424] The 1895 annexation of Taiwan followed a victorious war against the Qing Empire, encouraging a perception of China as a backward land whose people disliked Western medicine, delighted in the "grass roots and tree barks of Chinese medicine," and therefore constituted ideal recipients of *kanpō*, a system of medical knowledge already "of no use in Japan."[425] Although intended as mockery, the proposal took on a more serious character as Japan's military expansion progressed. Between the invasion of Manchuria in 1931 and the outbreak of total war against the Republic of China in 1937, *kanpō* revivalists had themselves come to recognize the opportunities that their craft's ancient homeland on the continent presented. They received a degree of encouragement in 1936, when practitioners of classical Chinese medicine won the legal right to licensure in Manchukuo, a Japanese puppet state in northeast China. It may well not be a coincidence that Takushoku University lent its classroom to a *kanpō* lecture for the first time that same year.[426] The growing Japanese influence in Republican China continued to inspire *kanpō* physicians over the years to come, albeit unfortunately in connection with a more literal way of blood. When the Suzhou Hospital of National Medicine came into being in 1939, leading *kanpō* physicians saw in its founding the prospect of Sino-Japanese collaboration in reviving Eastern medicine and civilization alike.[427]

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[424] "Ikai jihō no waruguchi 醫界時報の悪口," *Keikō ihō* 継興医報, no. 17 (1895): 42.
[425] "Ikai jihō no waruguchi," 42.
[426] On the Manchukuo law, see Bridie Andrews, *The Making of Modern Chinese Medicine, 1850–1960* (UBC Press, 2014), 4; Kanazu Hidemi 金津日出美, "'Tōa igaku' to teikoku no gakuchi: 'Teikei, renkei' to shinryaku no hazama de 「東亜医学」と帝国の学知—「提携・連携」と侵略のはざまで," *Nihon gakuhō* 日本学報, no. 90 (2012): 208. For the full text, see Takikawa Masajirō 滝川政次郎 and Kitamura Hisanao 北村久直, eds., *Manshū seisai hōki: Nichibun* 満洲制裁法規　日文, 3rd ed. (Daidō inshokan, 1937). On Takushoku University's *kanpō* lectures, see "Kono shigatsu kara dekiru 'kanpō' no ika daigaku この４月から出来る「漢方」の医科大学," *Tōkyō asahi shinbun* 東京朝日新聞, February 3, 1937, evening edition, 3.
[427] Keiko Daidoji and Eric I. Karchmer, "The Case of the Suzhou Hospital of National Medicine (1939–41): War, Medicine, and Eastern Civilization," *East Asian Science, Technology, and Society* 11, no. 2 (2017): 161–183.

There surely was a demand for the hospital. Nearly all Western-style medical facilities would close in Suzhou after 1937, when the Imperial Japanese Army brutally occupied the city along with much of the Yangtze River Delta at the cost of great bloodshed.[428]

It is perhaps understandable that, as an illness of women far from the battlefield, the "way of blood" did not claim the foreground in Yakazu Dōmei's overarching visions for the future of *kanpō*. At a public speech in 1940, Yakazu attributed *kanpō*'s decline during the Meiji period to its failure to respond to "societal demands" for public health along with its deficiencies in the three domains of military, trauma, and forensic medicine.[429] As war continued to rage on the European continent and in China, Yakazu argued for the independence of Japanese medicine and advocated substituting imported synthetic drugs with domestically-cultivated medicinal plants used in *kanpō*. The advantage of *kanpō* over Western scientific medicine, in Yakazu's view, was that it served the nationalist agenda of "establishing the East's own medicine under the [banner of the] holy war."[430] In a front-page article in the October 1940 issue of *Tōa igaku* (East Asian medicine, 1939–1941), his fellow revivalist Tatsuno Kazuo similarly described the mission of *kanpō* as providing a "useful tool to the nation" in its opposition to Western medicine.[431] Since Yakazu and Tatsuno's interests revolved around serving an empire no less than they did benefiting the individual layperson, theirs was a goal that tackling women's subjective, equivocal, and often chronic symptoms could hardly deliver. Given their priorities, Japanese women's everyday healthcare stood little chance of taking precedence over military medicine and other specialties that more directly shaped the course of warfare. *Kanpō* doctors were not

[428] Daidoji and Karchmer, "The Case of the Suzhou Hospital of National Medicine (1939–41)," 166.
[429] Yakazu Dōmei, "Kanpō sōron 漢方総論," *Kanpō to kan'yaku* 7, no. 5 (1940): 51–52.
[430] Yakazu, "Kanpō sōron," 56, 58.
[431] Tatsuno Kazuo 龍野一雄, "Meiji ishin no kaiko to warera no shimei 明治維新の回顧と我等の使命," *Tōa igaku*, no. 21 (1940): 1.

alone in their patriotic commitments. The year 1940 also saw Komine Shigeyuki's son Yoshishige (1881–1940) draw his last breath in southern China as a military doctor.

Found at Home

Even as the "way of blood" met with limited tolerance from scientific medicine and disorganized attention from *kanpō*, it continued to be warmly welcomed outside the domain of academic medicine proper. Beyond the direct control of either group of clinicians, the pharmaceutical market championed over-the-counter drugs for the "way of blood," while the lay population kept the vernacular diagnosis relevant as a cue to recall embodied knowledge. In some cases, medical researchers regarded over-the-counter treatments with open suspicion. As part of a multiyear project spearheaded by his mentor Kure Shūzō, Kashida Gorō (birthdate unknown–1938), for example, came across the "way of blood" in 1914 while carrying out field research on mental-health conditions in Toyama Prefecture, a center for the manufacture and trade of patent medicines since the Tokugawa period. Published in 1920 under the auspices of the Bureau of Hygiene under the Home Ministry, Kashida's report features Toyama in a standalone section on "folk and superstitious remedies for mental illnesses" and identifies "charred deer fetus" as a local solution for the "way of blood."[432]

Taking place inside the layperson's home, beyond expert supervision, the intersecting operations of patient medicines, folk therapies, and family formulas continued to attract the attention of medical professionals during the decades to come. Following the establishment of the Institute of Population Research (1939), the National Eugenics Law (1940), and other wartime population measures, doctors of scientific medicine found a new incentive to question

[432] Kure Shūzō and Kashida Gorō 樫田五郎, *Seishinbyōsha shitaku kanchi no jikkyō oyobi sono tōkeiteki kansatsu: Tsuketari, minkan ryōhō no jikkyō tō* 精神病者私宅監置ノ実況及ビ其統計的観察　附・民間療方ノ実況等 (Naimushō eiseikyoku, 1920), 100.

the persisting demand of patent medicines marketed for the "way of blood" among childbearing Japanese women.[433] Writing from his post at a South Manchuria Railway hospital in today's Inner Mongolia, the gynecologist-obstetrician Ikeuchi Masumi (dates unknown) was initially baffled by follow-up reports of vaginal bleeding by women patients who had been asymptomatic upon their discharge from the hospital following surgical abortion or regular labor. It was not until he learned that the consumption of patent medicines for postpartum "way of blood" was common that he began to contemplate a connection.[434] Working at a Christian hospital in Tokyo, the physician Yashiro Shūji (1900–date unknown) reached a similar conclusion in 1941, suggesting that Jitsubosan, Chūjōtō, and a number of other popular patent medicines for women's "prenatal, postpartum, and way of blood" might cause uterine bleeding and even induce miscarriage.[435]

The reception of patent medicines was more nuanced among *kanpō* practitioners than among their biomedical counterparts. Kimura Chōkyū (1910–1945), whose practice of internal medicine drew on both the "Ancient Formula" and "Later Age" schools, was representative of those who openly took issue with equating folk healing with *kanpō*. In a 1934 journal article, the internist conceded that both therapeutic traditions effectively utilized "grass roots and tree barks" in devising treatments, but nevertheless objected to the recognition of folk healing as a form of "medicine."[436] Folk healing, in Kimura's opinion, was characterized by the generic use of a

[433] On population policies, see Aya Homei, *Science for Governing Japan's Population* (Cambridge University Press, 2022); Miho Ogino, "From Natalism to Family Planning: Population Policy in Wartime and the Post-War Period," trans. Leonie Stickland, in *Gender, Nation, and State in Modern Japan*, ed. Andrea Germer et al. (Routledge, 2014), 198–210.
[434] Ikeuchi Masumi 池内真澄, "Baiyaku fukuyō ni yoru shikyū shukketsu ni tsuite 売薬服用による子宮出血に就いて," *Chiryō oyobi shohō* 治療及処方 20, no. 10 (1939): 114–115.
[435] Yashiro Shūji 屋代周二, "Baiyaku fukuyō ni motozuku seiki shukketsu 売薬服用による性器出血," *Rinshō no Nihon* 臨床之日本 9, no. 10 (1941): 132–134.
[436] Kimura Chōkyū 木村長久, "Minkan'yaku to kanpō 民間薬と漢方," *Kanpō to kan'yaku* 1, no. 4 (1934): 97.

single ingredient on a group of unspecified health conditions and relied on neither the involvement nor the knowledge of a physician. *Kanpō,* by contrast, observed the documented therapeutic protocols of Zhang Zhongjing and other ancient masters, combined multiple ingredients in its preparation of drugs, and adapted treatments to the specific symptomatology and characteristics of individual patients. Although Kimura refused to view folk remedies as "despicable" (*iyashimubeki*), acknowledging their practical value, he was vigilant in calling upon pharmacists to defer to the expertise of *kanpō* physicians and refrain from dispensing *kanpō* formulas as casually as they might in the case of folk remedies.[437] In essence, Kimura's qualms with folk healing concerned less its clinical efficacy than the lack of academic knowledge and prestige required in its application and the resulting implications for *kanpō*'s own reputation as another medicine of "grass roots and tree barks."

Others were more open-minded about the ambiguous boundary between what was *kanpō* and what was not. In a 1935 journal article, Kurihara Kōzō attributed the unfading popularity of famous patent medicines in a "modern age of civilization and enlightenment" to the demand for simple and affordable medication amongst the financially disadvantaged. In the same article, Kurihara listed Jitsubosan alongside Nyoshinsan, two patent medicines, as his preferred cures for the "way of blood."[438] Literally meaning the "goddess's granules," Nyoshinsan was a family formula championed by the *kanpō* master Asada Sōhaku and, despite its feminine name, hailed from the masculine battlefield. According to Asada, "this formula was originally called An'eitō and was used to treat the military and the seven matters (*shichiki*). My family gave it its current name in light of its specific efficacy in treating women's blood disorders."[439] The vast majority

[437] Kimura, "Minkan'yaku to kanpō," 98–99.
[438] Kurihara Kōzō, "Yūmei baiyaku no kihon 有名売薬の基本," pt. 1, *Kanpō to kan'yaku* 2, no. 11 (1935): 43, 46.
[439] Asada Sōhaku 浅田宗伯, *Futsugo yakushitsu hōkan kuketsu* 勿誤薬室方函口訣, vol. 1 (n.p.: Futsugo yakushitsu, 1878), 17.

of Asada's successors would misinterpret "seven matters" as an alternative articulation of "seven emotions" (*shichijō*), a concept commonly evoked in Chinese medical writings to account for women's vulnerability to illness. Nevertheless, in the secret manuscripts of the Yoshimasu school, which Nangai's father Tōdō had deliberately walked away from in pursuit of Chinese medical learning, the "seven matters" applied simultaneously to men's battlefields, women's birthing beds, and an androgynously-configured "way of blood."[440]

Instead of medical journals, it was women's magazines that came to play a prominent role in connecting female consumers with medications for the "way of blood" between the 1910s and the 1930s.[441] Kimura Chōkyū, for example, opened his 1934 article on the differences between folk healing and *kanpō* by commenting on an emerging social phenomenon. According to Kimura, women's magazines had been actively "publishing stories about folk healing of late," an editorial decision that had allegedly led Japanese women to substitute doctor's visits with home remedies.[442] By the 1940s, the decision to promote native therapeutic traditions had also become political. In an effort to reduce the country's dependence on imported drugs, the Ministry of Health and Welfare chose the popular women's magazine *Fujin kurabu* (Women's club, 1920–1988) to publish a basic guide to the most versatile medicinal plants that the average family "could easily come by." The date was November 1941, shortly before the Imperial Japanese Navy launched its attack on Pearl Harbor.[443]

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[440] For examples of the misinterpretation of "seven matters" as "seven emotions," see Mori Eiko 森瑛子 et al., "Chinomichi-shō ni taishite, Nyoshinsan ga yūkō to kangaerareta jisshōrei no rinshōteki kentō 血の道症に対し, 女神散が有効と考えられた 10 症例の臨床的検討," *Nihon tōyō igaku zasshi* 日本東洋医学雑誌 71, no. 2 (2020): 124; Ōtsuka Yasuo et al., "Futei shūso to kanpō 不定愁訴と漢方," *Gendai tōyō igaku* 現代東洋医学 17, no. 1 (1996): 70.
[441] See Chapter Four for more on women's magazines.
[442] Kimura, "Minkan'yaku to kanpō," 96.
[443] Ikawa Shun'ichi 井川俊一, "Kōseishō suishō no minkan yakusō 厚生省推奨の民間薬草," *Fujin kurabu* 22, no. 11 (1941): 23–24.

As Japan's war in the Asia-Pacific region escalated, laywomen rapidly became the only demographic group who both understood and actively engaged with the "way of blood" on the home front and beyond. In a statistical report on diseases developed by Japanese settlers in Manchuria during the first eleven months of 1939, the Ministry of Colonial Affairs counted 55 cases of "diseases recorded under the unspecified name of 'postpartum way of blood'" out of a total of 136 documented gynecological and obstetric disorders.[444] In 1942, the medical-news outlet *Nihon iji shinpō* received a male-presenting reader's request for a medical explanation regarding the "way of blood." The response he received covered a broad range of conditions from menstrual to menopausal disorders, with the conspicuous exclusion of postpartum complications.[445] As the medical-law scholar Yamazaki Tasuku (1888–1967) frankly admitted in a 1943 discussion of the "varieties of intractable diseases" that plagued Japan's wartime society: "So long as she is a woman, the patient will tell everyone, 'Mine seems to be a case of the way of blood.'"[446] Despite the clinician's often unwelcoming attitude, the average Japanese woman appears to have held firmly to the vernacular diagnosis. What she and her family believed about the "way of blood," as well as the nature of illness and healing more generally, will form the subject of the next chapter.

[444] Uruno Katsuya 宇留野勝彌, "Tōkei yori mitaru Manshū shūdan kaitakumin no shippei 統計より見たる滿洲集團開拓民の疾病," *Rinshō tairiku* 臨床大陸 2, no. 4 (1940): 16.
[445] Nakajima Kiyoshi 中島精, "Fujinbyō zokumei no kaisetsu 婦人病俗名の解説," *Nihon iji shinpō*, no. 1011 (1942): 52.
[446] Yamazaki Tasuku 山崎佐, "Nihon idō to iryō seido 日本醫道と醫療制度," *Jikken ihō* 實驗醫報, no. 339 (1943): 51.

Chapter Four: A Matter of Beliefs

A Melting Pot of Beliefs

For well over half a century, Soeda Tatsugorō (dates unknown) appeared in the official commentaries of *Japanese Pharmacopoeia* as a man of distinction, despite his humble background as a villager with no academic credentials.[447] Launching his horticultural project in 1886 with five pea-sized corms of unknown vitality from Europe, the self-made entrepreneur weathered years of trial and error to grow *Crocus sativus*, a hitherto exotic plant prized for the therapeutic potency of its dried stigmas and styles, commonly referred to as saffron.[448] When it eventually came to fruition, Soeda's perseverance yielded some 2.5 million corms in 1899, closed the sale of nearly 900 catties of saffron in 1903, and impressed some of the country's most influential pharmacologists, including those who were in charge of setting national standards for medicinal quality.[449]

Soeda Tatsugorō's motivation to till the soil for what would ultimately flourish as a lucrative field of agribusiness had to do with more than just a desire for profit. In a booklet published in 1900, the villager cited his elderly mother's "way of blood," which he framed only vaguely as a chronic condition managed by the regular intake of saffron, as the reason he had taken it upon himself to improve the national supply of a medicinal plant.[450] Soeda was no

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[447] Kondō Heizaburō 近藤平三郎, ed., *Daiyon kaisei Nihon yakkyokuhō chūkai* 第四改正日本薬局方註解 (Matsuzaki sōkyūdō, 1921), 384; Nankōdō 南江堂, ed., *Daigo kaisei Nihon yakkyokuhō kaisetsu* 第五改正日本薬局方解説 (Nankōdō, 1949), 491; Shimoyama Jun'ichirō 下山順一郎, *Daisan kaisei Nihon yakkyokuhō chūkai* 第三改正日本薬局方註解 (Nankōdō, 1903), 410.

[448] Soeda Tatsugorō 添田辰五郎, *Safuran baiyō kiji* 洎芙蘭培養記事 (Soeda Tatsugorō, 1900), 4.

[449] For harvest statistics, see Shimoyama, *Daisan kaisei Nihon yakkyokuhō chūkai*, 410; Soeda, *Safuran baiyō kiji*, 5. In 1900, Nagai Nagayoshi (1844–1929), the inaugural president of the Pharmaceutical Society of Japan, invited Soeda to his annual garden party, where the pharmacologist made it a point to introduce Soeda and his saffron project to other guests, including the navy's pharmacy inspectors and prominent figures in pharmacology. See "Nagai hakase en'yūkai 長井博士園遊会," *Yakugyō hōchi* 薬業報知, no. 19 (1900): 13–14.

[450] Soeda, *Safuran baiyō kiji*, 1.

exception in communicating women's illness through the "way of blood." In several of her diary entries between 1891 and 1893, the acclaimed novelist and poet Higuchi Ichiyō (1872–1896) evoked the same folk diagnosis when her mother became bedridden on rainy days due to an otherwise unspecified yet recurring health struggle.[451] Similarly unconcerned by what exactly fell under the elusive category of the "way of blood," the enlightenment thinker Fukuzawa Yukichi (1835–1901) wrote matter-of-factly in 1887 about its vernacular use as an all-encompassing diagnosis for women's illnesses.[452] While the mystification of women's illnesses constitutes a familiar trope, the embrace of the "way of blood" by nondoctors suggests that the clinically equivocal diagnosis served epistemic purposes beyond just concealing medical ignorance and neglect by means of normalizing uncertainty in women's healthcare.[453]

The present chapter explores the social experience of navigating the "way of blood" in imperial Japan between the late nineteenth and the mid-twentieth centuries. It was an era in which the nondoctor's beliefs about illness, healing, and the female gender played as constant a role as the doctor's protocols in the handling of women's medical dilemmas. As the preceding chapter illustrated, during the decades between the late nineteenth and early twentieth centuries, the "way of blood" persisted as a familiar construct despite its marginalized position on the spectrum of academic medical knowledge. Practitioners of Western medicine either dismissed

[451] Higuchi Ichiyō 樋口一葉, *Ichiyō zenshū* 一葉全集, vol. 1 (Hakubunkan, 1912), 105, 267, 316, 322, 363.
[452] Fukuzawa Yukichi 福沢諭吉, *Fukuzawa Yukichi zenshū* 福沢諭吉全集, ed. Keio gijuku 慶応義塾, vol. 11 (Iwanami shoten, 1960), 313.
[453] On gender-based knowledge gaps in medical care, see Dusenbery, *Doing Harm*; Olaug S. Lian, "Contested Chronic Conditions Fused with Medical Uncertainty: Gendered Perspectives," in *Ageing, the Body, and the Gender Regime* (Routledge, 2019). Specific examples include medical responses to (female) hysteria, endometriosis, sick-building syndrome, and selected "culture-bound syndromes" such as Latah. See Cara E. Jones, "Wandering Wombs and 'Female Troubles': The Hysterical Origins, Symptoms, and Treatments of Endometriosis," *Women's Studies* 44, no. 8 (2015): 1084; Cristina Mazzoni, *Saint Hysteria: Neurosis, Mysticism, and Gender in European Culture* (Cornell University Press, 1996), 17–53; Murphy, *Sick Building Syndrome and the Problem of Uncertainty*, 4, 69–71; Robert L. Winzeler, *Latah in South-East Asia: The History and Ethnography of a Culture-Bound Syndrome* (Cambridge University Press, 1995), 25–32.

the "way of blood" as an unscientific catchall for women's health problems in a rejection of diagnostic ambiguity—a perceived sign of ignorance—or tolerated it as a disposable tool of communication in educating the masses about "hysteria" and other Western-derived explanations of women's subjective and nonspecific symptoms. Prominent advocates of *kanpō*, the formerly prestigious practice of classical Chinese medicine, did not recognize the epistemic value of the "way of blood" until they discovered in it an argument against the unfolding dominance of Western scientific medicine. Nevertheless, they fell short of rallying behind the vernacular diagnosis. Despite the open hostility and lukewarm support of Japanese clinicians, the "way of blood" did not fall out of favor among the country's lay population, a phenomenon that invites a reevaluation of the de-jure and de-facto distribution of epistemic authority in imperial Japan's healthcare landscape. Foregrounding ordinary people's encounters with disorder, the present chapter relates the enduring cultural life of the "way of blood" to the melting pot of health beliefs in imperial Japan and the continued mobilization of faith, vernacular knowledge, and embodied knowledge in women's illness management. Furthermore, it argues for recognizing the implications of clinical uncertainty in checking the power of the clinician. It was precisely by virtue of being an ill-defined illness of womanhood that the "way of blood" opened and held space for the laywoman to explore and assert her own autonomy as a knower.

Tracing the meandering paths that patients, families, and communities took to navigate the "way of blood," this chapter underscores the embeddedness of women's healthcare in wider social and gender relations. When Soeda Tatsugorō represented his saffron production as a son's act of devotion toward an ailing parent, he was tapping into the affective power of a didactic and ideological tradition that had long designated the family as a subject of governance in Japan and

East Asia.[454] Within the span of a century, the Tokugawa shogunate had codified local stories of filial sacrifice into a national guide on Confucian virtue through the 1801 completion of *Kankoku kōgiroku* (Official records of filial piety), while its successor, the Meiji government, listed "filial children" among the candidates eligible for its prestigious Medals of Honor in 1881.[455] Functioning as a testimony to the strength of filial bonds, the "way of blood" called attention to the reality of caregiving at home even as, or perhaps precisely because, it disclosed so little about what specifically necessitated that labor.[456] Such was the case, for example, with the Oda sisters Katsu (c. 1856–date unknown) and Maki (c. 1854–date unknown). By the time each received a modest cash reward for exemplary filial conduct from the governor of Okayama in 1894, the impoverished siblings had been nursing their widowed mother, who had become physically disabled and verbally aggressive due to the "way of blood," for a quarter century.[457] Looking beyond the babel of medical opinions about the "way of blood," this chapter turns to the human costs of illness and the informal networks of care through the laywoman and her world.

As a disease classification reserved for women, the "way of blood" provides a key to understanding the operating perimeters of normative femininity. It should be recalled that Fukuzawa Yukichi's aforementioned approval of the vernacular diagnosis in 1887 went hand in hand with his disapproval of the increasingly prevalent use of "uterine disorder" in everyday

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[454] On filial piety and governance, see Patricia Ebrey, "Imperial Filial Piety as a Political Problem," in *Filial Piety in Chinese Thought and History*, ed. Alan K.L. Chan and Sor-hoon Tan (Routledge, 2004), 122–140; Jahyun Kim Haboush, "Filial Emotions and Filial Values: Changing Patterns in the Discourse of Filiality in Late Chosŏn Korea," *Harvard Journal of Asiatic Studies* 55, no. 1 (1995): 129–177; Katsumata Motoi 勝又基, *Oya kōkō no Nihonshi: Dōtoku to seiji no sen'yonhyakunen* 親孝行の日本史　道徳と政治の 1400 年 (Chūō kōron shinsha, 2021); Young Kyun Oh, *Engraving Virtue: The Printing History of a Premodern Korean Moral Primer* (Brill, 2013); Cong Ellen Zhang, *Performing Filial Piety in Northern Song China: Family, State, and Native Place* (University of Hawaii Press, 2020).

[455] Sugano, *Kankoku kōgiroku*; Yanagisawa Buunzō 柳沢武運三, ed., *Genkō Dai-Nihon hōritsu zensho* 現行大日本法律全書 (Osaka: Yanagihara Kihee, 1884), 537.

[456] On official records of filial piety as a lens into the labor of at-home caregiving, see Yanagiya Keiko 柳谷慶子, *Kinsei no josei sōzoku to kaigo* 近世の女性相続と介護 (Yoshikawa kōbunkan, 2007), 196–322.

[457] Satō Fukuo 佐藤福雄, *Saikin jushō kōshi teifuden* 最近受賞孝子貞婦伝 (Hyōgo: Satō seibidō, 1896), 109–115.

speech.[458] Although Fukuzawa advocated volubly for the equal status of men and women, he worried about the loss of gentility among his female compatriots in the process of sociopolitical change. By the enlightenment thinker's standards, "uterine disorder" constituted too explicit a medical term for proper Japanese women to utter outside the privacy of a doctor's office, an opinion Fukuzawa later reiterated in *New Greater Learning for Women*, his influential 1899 treatise on women's education.[459] Curiously, while the "way of blood" represented a socially-accepted way to communicate women's illness, it was not necessarily considered a socially-acceptable way for women to become ill. In his fictional debut of 1887, the novelist Hirotsu Ryūrō (1861–1928) depicted a group of male travelers who speculate that an outbreak of the "way of blood" may furnish the reason why upper-class "ladies" are campaigning for women's suffrage, a behavior that the fictional men deem utterly unfeminine.[460] Arising from a woman's inexplicable illness, in other words, was sometimes the dual potential of gender conformity and transgression.

The remainder of this chapter examines the "way of blood" across three sites of belief where the limitations of scientific medicine and *kanpō*—the new and old representatives of academic medicine—made room for other epistemologies of illness to imbue meaning into women's healthcare. Drawing upon ritual objects, fortune-telling guides, and conversion stories, it identifies the first site in networks of spiritual and religious healing, especially in the case of Tenrikyō and Konkōkyō, two major "new religious movements" (*shinshūkyō* or *shinkō shūkyō*) that arose to provide conviction amid the sociopolitical uncertainty of the nineteenth century. Later, within the secular realm, twentieth-century women's periodicals came to supply another

[458] Fukuzawa, *Fukuzawa Yukichi zenshū*, vol. 11, 313–314.
[459] Fukuzawa Yukichi, *Fukuzawa Yukichi senshū*, ed. Fukuzawa Yukichi chosaku hensankai, vol. 5 (Iwanami shoten, 1952), 305–306.
[460] Hirotsu Ryūrō 広津柳浪, <*Joshi sansei*> *Shinchūrō* 〈女子参政〉蜃中楼 (Tokyo: Ōhara Takeo, 1889), 5–6.

site for the circulation of etiological and therapeutic beliefs beyond those endorsed by the clinician. Within this sector of knowledge production, health-advice columns, experience testimonials, and drug advertisements facilitated the transmission and consumption of folk remedies, family formulas, and self-help guides around illness and healing. Medical facilities form a third site of belief, offering an opportunity to revisit the power dynamics of patient-physician relations. In that connection, I engage in a case study of two private psychiatric facilities located on the outskirts of metropolitan Tokyo, both directed by Komine Shigeyuki, the biological son of a figure whom the preceding chapter introduced, Ōshima Kenzō. In and out of the psychiatric ward, the laywoman leveraged the "way of blood" as an alternative truth claim both to communicate her embodied knowledge and to dispute the formal diagnosis of illness. The chapter concludes by considering the negotiations over the "way of blood" that took place during the late nineteenth and early twentieth century as a microcosm of medical pluralism in imperial Japan. Despite the ascendance of scientific healthcare, the period witnessed the laywoman's health crisis trigger responses far beyond the walls of the clinic, making its reverberations felt in such unlikely realms as electoral politics and military conscription, while solidifying medical lineages like the Ōshima-Komine-Tsumura kinship group, whose stories span both the previous and the current chapters.

Divine Guidance

As a steadfast advocate of *kanpō* and a leading expert on acupuncture and moxibustion, Komai Kazuo (birthdate unknown–1982) was disposed to give non-Western therapeutic traditions the benefit of the doubt when their legitimacy came under attack from the proponents of scientific medicine. But even Komai's open-mindedness had its limits. In 1936, under the title "New Religious Movements and Medical Practices," the acupuncturist published a seething editorial in

the *kanpō* journal *Tōhō igaku*. In that opinion piece, Komai asserted that the "primitive" faith healing of Japan's "new religious movements" had brought public health to the "verge of a grave crisis."[461] Frustrated over the Japanese medical community's inaction about such an "infringement on our territory," Komai urged his fellow physicians to educate the gullible public "from the standpoint of science."[462]

What Komai begrudgingly described was a new manifestation of an age-old phenomenon, namely, the intersection of faith and healing in the everyday reality of healthcare. Since the earliest times, Japan's medical pluralism has been significantly shaped by the interplay of religion and medicine, involving healers who might be Buddhist monks or yin-yang masters, a rich material culture of amulets and icons, and the ritualized enactment and transmission of therapeutic knowledge.[463] Conflicts among different groups of healers took place, but they were not necessarily a given; neither was the line between medical and ritual healing always clearly drawn.[464] Although the institutionalization of Western scientific medicine from the 1870s onward forced its various alternatives into a defensive posture, the clinician's monopoly of healthcare was more of an illusion than a reality.

A range of material evidence from throughout the archipelago testifies to ordinary people's efforts to seek protection against the "way of blood" by appealing to faith, spirituality,

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[461] Komai Kazuo 駒井一雄, "Shinkō shūkyō to iryō kōi 新興宗教と医療行為," *Tōhō igaku* 3, no. 2/3 (1936): 1–2.
[462] Komai, "Shinkō shūkyō to iryō kōi," 1–2.
[463] On faith healing in premodern Japan, see Alessandro Poletto, "Pregnancy, Incantations, and Talismans in Early Medieval Japan: Chinese Influences on the Ritual Activities of Court Physicians," *Religions* 12, no. 11 (2021): 907; C. Pierce Salguero, ed., *Buddhism and Healing: An Anthology of Premodern Sources* (Columbia University Press, 2017); Katja Triplett, "Magical Medicine? Japanese Buddhist Medical Knowledge and Ritual Instruction for Healing the Physical Body," *Japanese Religions* 37, no. 1/2 (2012): 63–92; Triplett, *Buddhism and Medicine in Japan: A Topical Survey (500–1600 CE) of a Complex Relationship* (De Gruyter, 2019); Pamela D. Winfield, "Religion and Healing in Pre-Modern Japan," *Religion Compass* 6, no. 11 (2012): 467–479.
[464] See Helen Hardacre, "Conflict Between Shugendō and the New Religions of Bakumatsu Japan," *Japanese Journal of Religious Studies* 21, no. 2/3 (1994): 137–166; Makoto Hayashi, "Tokugawa-Period Disputes between Shugen Organizations and Onmyōji over Rights to Practice Divination," trans. Paul L. Swanson, *Japanese Journal of Religious Studies* 21, no. 2/3 (1994): 167–189.

and religion. In 1892, for example, Enmyōin, a Shingon Buddhist temple located in present-day Nerima City, Tokyo, welcomed the addition of a new stone statue of the bodhisattva Jizō for the purpose of guarding its patrons against the disorder.[465] Likewise, a 1932 sightseeing guide to Fukuoka City identifies a roadside statue of the bodhisattva Kannon near the Buddhist temple Enokidera as possessing miraculous efficacy for curing "women's way of blood."[466] The same year saw the folklorist Kuriyama Kazuo (1909–2000) publish a two-part study of the local beliefs of the Osaka region. Among the artifacts Kuriyama documented was a votive plaque (*ema*) offered at a sacred waterfall. The undated plaque recounts the extraordinary story of a woman named Tomioka Otsue (dates unknown). Having employed multiple physicians to treat her mother's prolonged postpartum "way of blood," albeit to no avail, Otsue pleaded to the sacred waterfall and reported seeing the winter goddess Shirahime appear before her. The filial daughter attributed her mother's recovery five months later to that encounter, went on to assume the role of a divine messenger (*shinshi*), and had since treated several people with her prayers.[467] In Komai's words, Otsue's path toward faith healing might well come across as an "infringement" on what should be a physician's "territory," but her trespassing took place not because medical doctors did nothing, but because nothing they did was sufficient in addressing a "woman's illness" that was as much a family dilemma as it was a clinical conundrum.

While medical literature treated the "way of blood" as a complaint of the laywoman, divination texts, which cover a broad range of subjects from palm reading to geomancy, suggested that the layman too could participate in the condition's identification and management.

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[465] The designation "Jizō for the way of blood" (*chi no michi jizō* 血之道地蔵) is engraved onto one side of the statue, while the date of its making is carved onto another.
[466] Kyōdo wo kataru kai 郷土を語る会, *Shumi no Hakata: Dai-Fukuoka-shi junjō* 趣味の博多　大福岡市巡杖 (Kyōwakai, 1932), 239.
[467] Kuriyama Kazuo 栗山一夫, "Ōsaka oyobi fukin minkan shinkō chōsa hōkoku 大阪及び附近民間信仰調査報告," pt. 2, *Minzokugaku* 民俗学 4, no. 11 (1932): 896–897.

Proclaiming the stove's centrality to the daily operations of a household, a 1914 manual on house physiognomy (*kasō*)—a form of geomancy—likens the former's role to that of a wife. Later, the manual warns against the stove's erroneous placement as reason for the transfer of authority from husband to wife, among other undesirable ramifications. In particular, a northeast-facing opening of the stove's firebox supposedly boded ill for harmonious relations between the daughter-in-law and mother-in-law, while a north-facing opening foreshadowed the "way of blood."[468] Espousing a similar conviction about the correlation of a woman's predisposition to illness and her social environment, the fortune-teller Nakamura Bunsō (1906–1980) advised male readers of his 1936 guide on human physiognomy that insight into matters involving "wives and concubines" could be gained by reading their own palms. For example, if the men observed a shade of purple at the base of the thumb, then their wives were supposedly suffering from the "way of blood."[469] In both cases, knowledge about a woman's illness required no medical examination of the female body proper, but instead entailed an observation carried out either by or of her husband's person. Not only did the "way of blood" link the wellbeing of a married woman to the domestic space and her husband's body, but it also demanded the vigilance of a man—the implied head of the household—to detect if not to prevent.

What specifically alarmed the acupuncturist Komai was neither Buddhist statues nor divination guides but rather a relatively young phenomenon, the "new religious movements" that had begun surfacing in rural Japan during the nineteenth century. By the 1930s, similar movements had also emerged in the country's urban areas.[470] Regardless of geographic origins or the precise manner in which they borrowed from Shinto, Buddhist, shamanist, or other belief

[468] Yoshino Shōhakken 芳野松柏軒, *Junsei kasōhō* 純正家相法, vol. 2 (Takeda bun'eidō, 1914), 157–159.
[469] Nakamura Bunsō 中村文聡, *Sōhō mujinzō* 相法無尽蔵, vol. 3 (Yūkyū shokaku, 1936), 12.
[470] For a historical outline, see Franz Winter, "Japanese New Religious Movements: An Introduction," in *Handbook of East Asian New Religious Movements*, ed. Lukas Pokorny and Winter Franz (Brill, 2018), 21–22.

systems, the most popular of these movements engaged actively in faith healing.[471] A prime example may be found in Tenrikyō, one of the largest and most influential of such religious communities. Conceived in 1838 by Nakayama Miki (1798–1887), a village woman from Nara Prefecture who found her divine calling while acting as a medium in her son's spiritual-healing ritual, Tenrikyō attracted part of its initial following through bodily "salvation" (*tasuke*), a faith practice with reported efficacy in all kinds of illnesses.[472] Despite a lengthy struggle for legal recognition, Tenrikyō grew in strength even after the death of its founder, seeing its churches multiply by nearly fiftyfold nationwide between 1889 and 1896 alone.[473] The movement owed much of this meteoric rise to its reputation for curing intractable illnesses, including the equivocal "way of blood."

Within the context of religious healing, the "way of blood" served as a poignant marker of women's life struggles. Having thwarted the clinician's efforts to help its victim, the elusive health condition brought spiritual purpose to ordinary women's existing social networks. In Wakayama Prefecture, for example, a man named Maeda Tomochiyo (dates unknown) converted his faith upon witnessing his sister's miraculous relief from a chronic case of the "way of blood" after receiving *tasuke* through a Tenrikyō missionary. Maeda soon became such a missionary himself. In 1899, he began proselytizing in Hokkaido, bringing Tenrikyō teachings from western Japan to the country's northern frontiers.[474] Similarly, a tea merchant's wife named Abe Yasu (dates unknown) played a pivotal role in the growth of Tenrikyō in the town of Wakamiya

[471] Carl B. Becker, "Religious Healing in 19th Century 'New Religions': The Cases of Tenrikyō and Christian Science," *Religion* 20, no. 3 (1990): 199–215.
[472] Tenrikyō dōshikai 天理教同志会, ed., *Tenri kyōso* 天理教祖 (Tenrikyō dōshikai, 1913), 98.
[473] Statistics appears in Tenrikyō dōyūsha 天理教道友社, *Senkyōin kōshūkai kōshi kōenshū* 宣教員講習会講師講演集 (Dōyūsha, 1912), 113–117. On the challenges of obtaining legal recognition, see Tenrikyō 天理教, ed., *Tenrikyō nenkan* 天理教年鑑 (Tenri: Tenrikyō dōyūsha, 1975), 9–10.
[474] Takano Tomoji 高野友治, *Tenrikyō dendōshi* 天理教伝道史, vol. 3 (Dōyūsha, 1956), 158; Takano, *Tenrikyō dendōshi*, vol. 9 (Dōyūsha, 1970), 77–81.

(Fukuoka Prefecture) on the southern island of Kyushu. After a sister-in-law recovered from "finger pox" (*yubi hōsō*) and her own sister from postpartum "way of blood" following the performance of *tasuke* in 1893, Abe became an ardent advocate of Tenrikyō together with three generations of her extended family.[475]

Founded by Konkō Daijin (1814–1883), who like Nakayama Miki hailed from western Japan's countryside, Konkōkyō too encouraged the symbiosis of familial bonds and faith transmission around illness management. Among the movement's first generation of ministers, several identified the "way of blood" as having brought them to Konkō Daijin. They include Yamamoto Sadajirō (1854–1939), who came across the new faith at the age of ten, after his mother had lost mobility due to postpartum "way of blood."[476] When Yamamoto's father visited Konkō Daijin for guidance, the latter asked the family to bury the placenta in an auspicious location according to the principles of house physiognomy, and Yamamoto's mother recovered after the household loyally followed that directive.[477] In another example, Akiyama Kinoe (1864–1946) came to Konkō Daijin for her mother's decade-long "way of blood" when she was fifteen years old. Akiyama received from him confirmation that, together with her filial piety, her faith would facilitate the granting of a divine "favor" (*okage*). The pious daughter persevered by the sickbed of her mother and would later embark on her own journey as a Konkōkyō minister.[478]

[475] Takano, *Tenrikyō dendōshi*, vol. 6 (Dōyūsha, 1960). 64. The text does not elaborate on the causes and symptoms of "finger pox," which, like the "way of blood," is not a standard medical term.
[476] Before becoming Konkō Daijin 金光大神, which literally means "great god of the golden light," the movement's founder bore several other names, including Akazawa Bunji 赤沢文治 and Kawate Bunjirō 川手文治郎.
[477] Konkōkyō honbu kyōchō 金光教本部教庁, *Konkōkyō kyōten* 金光教教典 (Konkōkyō honbu kyōchō, 1983), 361.
[478] Konkōkyō honbu kyōchō, *Konkōkyō kyōten*, 416–417.

The "treatments" Konkō Daijin prescribed for the "way of blood" had the ability not just to cure physically but also to enlighten spiritually, as seen in the case of Ogihara Sugi (1853–1925). In 1873, Sugi's perplexing "way of blood" of two years continued to show no sign of improvement after her family had exhausted all available medical options. Eventually, Sugi's father and husband took turns calling upon Konkō Daijin, who advised that Sugi must reflect upon her own behavior before the power of any faith could take effect. In what resembles a prototypical family-therapy exercise, Sugi held herself accountable for her willfulness, apologized for her fixation on life's disappointments, promised to change, and saw both of her parents burst into tears of relief.[479] In later accounts, Sugi acknowledged she had been a difficult patient who held much of the responsibility for her own suffering. After the family reconciled, Sugi promptly recovered from the "way of blood." In all three cases, what emerged from Konkō Daijin's eclectic prescriptions for the "way of blood" was a common theme: be its victim a mother, a wife, or a daughter, to overcome the illness of womanhood, the entire family must work in unison.

While Konkōkyō's attentiveness to family dynamics and self-cultivation did not explicitly challenge preexisting social norms, and to some extent even aligned with longstanding Confucian values, the new faith was arguably antiestablishment in its view of the female body. In *Konkōkyō kyōten*, the movement's sacred scripture, Konkō Daijin criticized the entrenched belief that menstrual blood was a taboo to be avoided and for that reason questioned the convention of restricting women's participation in worship across Buddhist, Shinto, and various folk beliefs.[480] In concrete terms, Konkō Daijin instructed followers to "act as usual" rather than

[479] Konkōkyō honbu kyōchō, *Konkōkyō kyōten*, 260–267.
[480] On menstrual-blood taboos, see Naoko Kobayashi, "Sacred Mountains and Women in Japan: Fighting a Romanticized Image of Female Ascetic Practitioners," *Japanese Journal of Religious Studies* 44, no. 1 (2017): 103–122; Emiko Namihira, "Pollution in the Folk Belief System," *Current Anthropology* 28, no. 4 (1987): 65–74; Hitomi

observe any custom that would complicate the practical aspects of healthcare in handling childbirth, the "way of blood," and other "bodily matters of women."[481] Accordingly, one of his female disciples, Fujii Kinoyo (1829–1910), refused to treat menstruation and childbirth in her teaching as a taboo to be avoided.[482] "The God of heaven and earth abhors neither impurity nor pollution," echoed Takahashi Tomie (1839–1921), another female disciple and a revered spiritual leader in her own right, who also argued for discontinuing the common ritual of tying a sash (*haraobi*) around the belly during pregnancy so as to prevent the onset of the "way of blood" as a result of obstructed circulation.[483]

Unlike the acupuncturist Komai, who despised the new religious movements for their infringement on the physician's territory, the pragmatism of Konkō Daijin in addressing women's health issues led him to embrace, if not recommend, other forms of healthcare. In 1868, decades before her eventual appointment as a Konkōkyō minister, Shibuya Sen (1819–1912) besought Konkō Daijin to help with her "way of blood," which had taken the form of chronic abdominal distension. Offering concrete aid, Konkō Daijin provided the funds for the patient to purchase saffron, years before Soeda Tatsugorō's decision to improve the substance's domestic accessibility in response to his own mother's "way of blood."[484]

Encouraged to challenge established beliefs about the female body, the women of Konkōkyō took on an epistemic task that many physicians either did not care about or failed to perform. While the latter were busy popularizing "hysteria" and other Western-derived diagnoses

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Tonomura, "Birth-Giving and Avoidance Taboo: Women's Body Versus the Historiography of 'Ubuya,'" *Japan Review*, no. 19 (2007): 3–45.

[481] Konkōkyō honbu kyōchō, *Konkōkyō kyōten*, 85.

[482] Konkōkyō honbu kyōchō, *Konkōkyō kyōten*, 683.

[483] Konkōkyō honbu kyōchō, *Konkōkyō kyōten*, 607, 617. On the maternity sash, see Amanda C. Seaman, "The Ties That Bind: Pregnancy and the Persistence of Tradition in Contemporary Japan," *Asian Medicine* 5, no. 1 (2009): 39–56.

[484] Konkōkyō honbu kyōchō, *Konkōkyō kyōten*, 586.

to standardize the interpretation of women's nonspecific complaints, the former came to reconcile the diverse and equivocal symptom presentation of the "way of blood" by relating it not to women's alleged emotional weakness but rather to the high emotional demands of their reproductive labor. In a public speech of 1912, Satō Teru (née Hirano, c. 1861–1948), the female coleader of the Geibi branch church in Hiroshima, singled out the cultivation of one's "peace of mind" (*anshin*) as a priority for women who sought to follow the "sacred way" (*omichi*). Speaking as a wife and a mother, Satō recalled that she had once regularly experienced anxiety whenever her children were "difficult" and, furthermore, that she felt guilty for losing a child.[485] According to the female minister, what eventually freed her from the torment of emotions was her reaffirmed conviction that caring for children was for members of her gender a "duty of nature," and that to think of it with either "agony" or "apprehension" was no less than an affront to the God of heaven and earth—the holy parent of humankind. Satō called upon female followers to face their womanly duty with joy and courage, because it was precisely from excessive worry that "we develop such an intractable disease as the way of blood."[486] Instead of challenging the prevailing social expectation that women serve primarily as "good wives" and "wise mothers," Satō prescribed the radical acceptance of that expectation as a therapeutic measure to mitigate the hardship of womanhood. By that logic, to keep the "way of blood" at bay meant to succeed in the formidable task of managing one's expectations and reactions about what it took to fulfill the responsibilities that society had placed on her gender in the name of nature.

[485] Satō Teru was not clear about whether she lost a pregnancy to miscarriage or a child to illness or accident, and both could be the case.
[486] Satō Teru 佐藤照, "Anshin ga daiji 安心が大事," *Taikyō shinpō* 大教新報, August 16, 1912, 2.

Satō Teru was not alone in recognizing the anxiety faced by Japanese women of her time. Sakai Eiji (1889–1958), an influential male minister of Konkōkyō during the 1930s, remarked, for example, that the "burdens of women" in life and in the family were "remarkably heavy" yet often "hidden."[487] In a 1933 article on women's salvation for the official newspaper of the Konkōkyō church, Sakai affirmed that anxiety was an especially legitimate response to the uncertainty of childbirth, which he recognized as a physical and psychological trial "beyond men's imagination."[488] After reaffirming Konkō Daijin's advocacy of a departure from tradition in addressing pregnancy, the "way of blood," and other "bodily matters of women," Sakai went on to make an intriguing comment on the state of medicine in Japan before the "present day's advances in medical knowledge and technology."[489] Specifically, Sakai described *kanpō* unfavorably as a "medicine of the past" and a healthcare option that "ultimately did not reach the countryside." In Sakai's opinion, the lack of accessible and quality medical care in rural Japan explained the widespread use there of patent medicines and the continuation of harmful folk practices—as well as the merits of committing to the Konkōkyō faith.[490] The power dynamics of imperial Japan's medical pluralism were much more complex than what the tension between scientific and nonscientific healing alone could capture. Insofar as *kanpō* disapproved of spiritual healing and looked down upon folk remedies, religious leaders like Sakai were far from being committed allies of that elite therapeutic tradition.

While Komai Kazuo's 1936 article blamed the popularity of the new religious movements partly on the "uncritical and pandering attitude of the general public," Sakai Eiji's observation implied a potential link between that popularity and the healthcare disparities that

[487] Sakai Eiji 阪井永治, "Josei no kyūsai 女性の救済," *Konkō kyōto* 金光教徒, February 24, 1933, 1.
[488] Sakai, "Josei no kyūsai," 2.
[489] Sakai, "Josei no kyūsai," 2.
[490] Sakai, "Josei no kyūsai," 2.

existed between cities and the countryside.[491] Indeed, regional difference in access to formal healthcare persisted in imperial Japan even as the workforce of college-educated physicians expanded rapidly between 1918 and 1936.[492] In 1919, the Home Ministry estimated that fifteen percent of villages in the country still had no doctors, a public-health problem that grew worse between 1936 and 1940, presumably a side effect of the increasing demand for military doctors after war broke out between imperial Japan and Republican China in 1937.[493] By then, the new religious movements had spread to the cities, where their collective presence as healthcare services ended up inviting Komai Kazuo's ire. However, as some of Komai's *kanpō* colleagues also noted, the new religious movements were far from the only force competing with the clinician's authority in the domain of women's healthcare, nor were they the only medium able to coordinate the management of the "way of blood" across the rural-urban divide.

Common Advice

The official journal of the Japan Society of Kanpō Medicine published a complaint from an anonymous reader in 1937. In a thinly disguised exposé, the unnamed *kanpō* practitioner expressed frustration that the formulas of three highly potent drugs indicated for "women's illness" had made their way onto the pages of a "certain women's magazine."[494] According to the concerned reader, the drugs were so drastic in their effect that even specialists should not dispense them without caution. In other words, claimed the submission, to share those potentially

[491] Komai, "Shinkō shūkyō to iryō kōi," 2.
[492] Naimushō eiseikyoku 内務省衛生局, *Eiseikyoku nenpō* 衛生局年報 (Naimushō eiseikyoku, 1929), table no. LXVII, 222; Naimushō eiseikyoku, *Eiseikyoku nenpō* (Naimushō eiseikyoku, 1934), table no. 60, 174–175; Naimushō eiseikyoku, *Eiseikyoku nenpō* (Naimushō eiseikyoku, 1938), table no. 60, 194–195.
[493] "Ishisū chōsetsu no yōhi 医師数調節の要否," *Nihon no ikai* 日本之醫界, no. 272 (1919): 13; "Kōseishō eiseikyoku no zenkoku muison chōsa 厚生省衞生局の全國無醫村調査," *Jinkō mondai kenkyū* 人口問題研究 1, no. 2 (1940): 74.
[494] "Kitsuenshitsu 喫煙室," *Kanpō to kan'yaku* 4, no. 2 (1937): 242.

hazardous substances in so nonchalant a manner with the "layperson who knows nothing" could be dangerous not only for patient safety but also for *kanpō*'s reputation.[495]

What the anonymous allegation raised was just as much an issue of professional ethics as it was of epistemic power. To begin with, all three of the formulas in question originated from Chinese medical classics, which had already achieved widespread publicity during the Tokugawa period thanks to *kanpō*'s prestige and a thriving commercial-print culture.[496] As a result, the theoretical knowledge involved in their use was hardly a secret requiring intellectual gatekeeping. Neither were *kanpō* physicians in a position to flaunt their epistemic authority by dictating who should be privy to their expertise, given that the exclusion of their knowledge from standard medical education and licensing examinations from the late nineteenth century onward threatened to drive it into oblivion. If anything, the rise of mass media during the early twentieth century furnished a valuable national platform for *kanpō* and other academically marginalized systems of healing to appeal directly to the general public.

With a readership cutting across age groups, geographical boundaries, and socioeconomic backgrounds, women's magazines were uniquely positioned as a stage for different epistemologies of illness to lobby for their visions of women's healthcare.[497] It comes as no

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[495] "Kitsuenshitsu," 242.

[496] The three drugs are Teitōgan 抵当丸, Geoketsutō 下瘀血湯, and Dokakonsan 土瓜根散. Teitōgan can be found in the *Treatise on Cold Damage* 傷寒論 (Ch: *Shang han lun*, J: *Shōkanron*), while Geoketsutō and Dokakonsan are documented in *Synopsis of Prescriptions of the Golden Chamber* 金匱要略 (Chinese: *Jin gui yao lüe*, Japanese: *Kinki yōryaku*). Both titles are attributed to the Chinese physician Zhang Zhongjing (150–219) and received extensive discussion in the published works of Tokugawa-period physicians.

[497] On women's periodicals in imperial Japan, see Christina Ghanbarpour, "Home Education in Rural Japan: Continuity and Change from Late Edo to the Early Postwar," *U.S.–Japan Women's Journal*, no. 41 (2011): 40–44; Shiho Maeshima, "Women's Magazines and the Democratization of Print and Reading Culture in Interwar Japan" (PhD diss., University of British Columbia, 2016), 59; Barbara Sato, "Housewives as Reading Women," chap.3 in *The New Japanese Woman: Modernity, Media, and Women in Interwar Japan* (Duke University Press, 2003); Sato, "Contesting Consumerisms in Mass Women's Magazines," in *The Modern Girl Around the World: Consumption, Modernity, and Globalization*, ed. Alys Eve Weinbaum and the Modern Girl Around the World Research Group (Duke University Press, 2008), 263–287.

surprise that Ōtsuka Keisetsu and Yakazu Dōmei welcomed a 1935 interview by the magazine *Fujin kurabu* (Women's club, 1920–1988) about *kanpō*'s treatment of "intractable diseases and chronic illnesses." Given the context, neither is it surprising that the "way of blood," which they acknowledged as an elusive but common illness of women, came up as a topic.[498] Even Komai Kazuo, for all his displeasure with the layperson's lack of judgement, gladly contributed to *Shufu no tomo* (Housewife's companion, 1917–2008), another popular women's periodical. As war raged on the continent during the early 1940s, the magazine featured the acupuncturist's essays on women's fertility, children's ailments, and the "diseases of Manchuria."[499]

On more than one occasion, popular magazines such as *Fujin kurabu* and *Shufu no tomo* directly shaped patient requests. The *kanpō* physician Yamashiro Masayoshi (1881–unknown), for example, reported a back-and-forth he had exchanged with a 29-year-old woman in 1935. Determined if not stubborn, the woman initially rejected Yamashiro's prescription for her specific condition in favor of a *kanpō* drug that she had learned about through a women's magazine. Yamashiro did not approve, and with difficulty dissuaded her.[500] As a reader and consumer, the laywoman wielded considerable power in adjudicating what to believe about and how to act on her illness. At least initially, Yamashiro's patient did not regard the clinician's expertise as a more legitimate form of knowledge than what her magazines had to offer. The clinician, meanwhile, took the laywoman's ignorance as a given.

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[498] Ōtsuka Keisetsu et al., "Kanpō gotaika hihō kōkai, nanbyō manseibyō wo naosu zadankai 漢方五大家秘法公開、難病慢性病を治す座談會," *Fujin kurabu* 16, no. 9 (1935): 351, 353.

[499] Komai Kazuo, "Atsuku nakute ato ga tsukanu kodomo no byōki no misokyū ryōhō 熱くなくて痕がつかぬ子供の病氣の味噌灸療法," *Shufu no tomo* 主婦の友 25, no. 11 (1941): 140; Komai, "Ichōbyō issai to funinshō no okyū ryōhō 胃腸病一切と不姙症のお灸療法," *Shufu no tomo* 25, no. 5 (1941): 140; Komai, "Manshū no byōki no okyū ryōhō 滿洲の病氣のお灸療法," *Shufu no tomo* 28, no. 2 (1944): 61.

[500] Yamashiro Masayoshi 山城正好, "Chiken shirei 治験四例," *Kanpō to kan'yaku* 6, no. 1 (1939): 33–34.

In all likelihood, the magazine that introduced Yamashiro's strongminded patient to *kanpō* offered her access to the insights of other clinicians as well. Be it their goal to enlighten or to entertain, the most successful of women's magazines typically enlisted physicians of Western scientific medicine to run their health-advice columns, where the "way of blood" revealed women's healthcare to be fraught with unsolved mysteries and divergent interpretations. Ito Sakon (birthdate unknown–1925), who oversaw the hygiene column of *Jogaku sekai* (World of women's learning, 1901–1925), noticed a surge in interest after he responded in February 1905 to the inquiry of one "Ms. Depressed" (Utsuutsu onna) about what exactly constituted "women's way of blood."[501] "Even as a doctor, I do not know much about it, but I speculate that it is a broad diagnosis for various diseases, that is to say, an all-inclusive name for hysteria, menstruation-related illnesses, endometritis, myometritis, and prenatal as well as postpartum disorders."[502] Ito's unsure attempt at itemizing the "way of blood" had its consequences. The following month, he was faced with follow-up questions from well over a hundred readers, including another self-proclaimed "Ms. Depressed." At the age of twenty-eight, this second reader had already gone through a swarm of doctors and diagnoses for her decade-long case of the "way of blood," which presented as depression and weariness with no signs of improvement.[503] By that point, Ito was receiving over 3000 letters per month from *Jogaku sekai*'s nationwide readers, a number of whom reached out about the "way of blood" because they self-identified as victims upon reading about the latter's symptoms.[504] It was precisely because he could not define the "way of blood" in unequivocal terms that Ito inadvertently

[501] Ito Sakon 糸左近, "Eisei komon 衛生顧問," *Jogaku sekai* 女学世界 5, no. 3 (1905): 87.
[502] Ito, "Eisei komon," *Jogaku sekai* 5, no. 3 (1905): 87.
[503] Ito, "Eisei komon," *Jogaku sekai* 5, no. 4 (1905): 76–77.
[504] Ito, "Eisei komon," *Jogaku sekai* 5, no. 5 (1905): 110; Ito, "Eisei komon," *Jogaku sekai* 7, no. 4 (1907): 125.

invited the magazine's female readers to contribute and magnify their own opinions on what constituted the feminine condition.

Ranging from hysteria to postpartum disorder, the guesses Ito Sakon made about the "way of blood" were not random speculations. Instead, they reflected the medical epistemology of an entire generation of Japanese clinicians—male and female alike—and the lines of inquiry they were taught to pursue in exploring the interplay of gender and illness. During his early twentieth-century tenure as respondent for the health-advice column of *Fujo shinbun* (Women's news, 1900–1942), Fukushima Gensetsu (1865–date unknown) brought up the "way of blood" unprompted in search of logic in his female correspondents' vastly diverse and often nonspecific health complaints. The symptoms that Fukushima variously identified with the "way of blood" over the years included tightness in the chest, a heavy head, frown lines at a young age, a tipped uterus post-childbirth, an irregular menstrual cycle accompanied by weight gain and intense headaches, and a combination of facial swelling, blurred vision, and joint pain.[505] Just like Ito, Fukushima paraphrased the "way of blood" through Western-derived disease names like "hysteria," "neurosis," and "neuralgia," deploying the vernacular diagnosis strategically as a bridge to acclimate his readers to an imported epistemology of female pathology that faulted the laywoman's neurological vulnerability for her intractable illness.[506] Ironically, the interest of Fukushima's readers in the "way of blood" was often fueled by that epistemology's failure, as opposed to its success, in understanding women's lived experience of illness.

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[505] Fukushima Gensetsu 福島元節, "Eisei mondō 衛生問答," *Fujo shinbun* 婦女新聞, no. 22 (1900): 7; Fukushima, "Eisei mondō," *Fujo shinbun*, no. 50 (1901): 7; Fukushima, "Eisei mondō," *Fujo shinbun*, no. 61 (1901): 7; Fukushima, "Eisei mondō," *Fujo shinbun*, no. 65 (1901): 7; Fukushima, "Eisei mondō," *Fujo shinbun*, no. 153 (1903): 9.

[506] For example, Fukushima equated the "way of blood" with hysteria in the 22nd and 153rd issues of the magazine, presented it as neurosis (*shinkeishō*) in the 61st issue, and referred to it as a type of neuralgia (*shinkeitsū*) in the 65th issue.

Women doctors of Western scientific medicine did not necessarily display an advantage over their male colleagues in their professional knowledge of the "way of blood." While serving as health-advice columnist for *Fujo shinbun* in 1928, the female physician and suffragist Takeuchi Shigeyo (1881–1975) identified the "way of blood" as a "disorder of the vasomotor nerves" before conceding it to be "an illness that cannot quite be treated in line with logic" in her response to one reader's question.[507] Shortly after a miscarriage, the 32-year-old reader began to experience immobilizing vertigo and palpitation, received sedative and hormonal injections to no avail, and was only then informed by a gynecologist that her condition qualified for "what is commonly called the 'way of blood.'"[508] Warning the reader that leaving the "way of blood" unaddressed could lead to the loss of mobility in the next five or ten years, the female physician made a point to state that the condition had nothing to do with "anything wrong with the brain" and urged the reader to share contact information with the newspaper so as to allow her to reach out in person.

While the health-advice columns of women's magazines yielded no definitive answer to the "way of blood," their readers needed not despair. As far as the production of health knowledge was concerned, what set women's magazines apart from medical journals was a drastically different and much more decentralized distribution of epistemic power. Regardless of their intellectual genealogy, clinicians were hardly the only authority on the pages of women's magazines, nor did their voices necessarily steer the narrative about women's illness management more forcefully than the enthusiastic laywoman who shared embodied knowledge and self-help tips with her peers. Under the pen name Kyasha Toyoko, a Tokyo resident published her experiment with a "secret formula from *kanpō*" in a 1920 issue of the magazine

[507] Takeuchi Shigeyo 竹内茂代, "Fujo ikyoku 婦女医局," *Fujo shinbun*, no. 1477 (1928): 16.
[508] Takeuchi, "Fujo ikyoku," 16.

Fujinkai (Women's world, 1917–unknown). Having contracted a "women's illness" shortly after marriage, Toyoko spent the next fifteen years consulting different gynecologists. She barely endured the monthly fever and leg pain from which she suffered even with the help of morphine. The unspecified yet chronic illness turned her husband into a diligent peruser of Chinese medical classics and other historical medical texts, and it was the husband who reportedly came upon the recipe of a therapeutic bath for "uterine disorder," the "way of blood," and several other iterations of "women's illness" through his reading.[509] Thanks to the bathing, Toyoko recuperated within half a year and eagerly responded to the open call of *Fujinkai* for submissions about the "experience of mysteriously healing from intractable diseases."[510] Beyond sharing the composition of her bath formula, Toyoko provided details regarding its preparation and storage, including methods for acquiring six of the formula's fourteen herbal ingredients in the wild and the possibility of growing another three from seedlings at home.[511] Far from being a "layperson who knows nothing," Toyoko took the matter of her healthcare into her own hands when all the doctors she had consulted proved inadequate. Remarkably, the technical knowhow she came to possess existed in neither a laboratory nor a textbook but in an ecosystem where the laywoman managed plant life in both the latter's natural habitat and her domestic environment. Not only did she treat her own illness, but she managed to so on a budget.

Through the solicitation and frequent publication of the "experience" (*keiken*) that their readers had extracted from individual episodes of illness, women's magazines cultivated the exchange of home remedies for the "way of blood" while also planting the idea that quality healthcare required neither fancy equipment nor financial investment but only everyday

[509] Kyasha Toyoko 娚登代子, "Fushigi ni nanbyō no naoru okusuriyu 不思議に難病の治るお薬湯," *Fujinkai* 婦人界 4, no. 12 (1920): 56–57.
[510] Kyasha, "Fushigi ni nanbyō no naoru okusuriyu," 56.
[511] Kyasha, "Fushigi ni nanbyō no naoru okusuriyu," 57.

household goods and a woman's capable hand. In its November 1937 issue, *Fujokai* (Women's world, 1910–1943) introduced a saffron tea among other homemade herbal remedies for "menstrual disorders" based on the recipe of one Takesa Keiko (dates unknown). Half a century after Soeda Tatsugorō vowed to make saffron readily accessible, Takesa assured readers that the single-ingredient tea worked also for the "way of blood" and could be made simply with boiled water in a regular teacup.[512] Likewise, the editorial board of *Shufu no tomo* put together twenty-five "cost- and fuss-free" moxibustion treatments based on readers' input in the magazine's November 1938 issue.[513] Among them was a treatment for the "way of blood" contributed by a certain Takata Yasuko (dates unknown), who provided a trio of annotated illustrations to demonstrate how to use a paper hair tie to locate the correct acupuncture point above the base of one's spine and, in the accompanying text, explained how to determine the intensity of the daily burning of dried mugwort based on one's age.[514] According to Takata, who had herself at one point suffered from a cloudy head and other common symptoms of the "way of blood," the moxibustion method originated from a professional acupuncturist but was entirely "layperson friendly."[515] In other words, women of all ages should be able to maneuver it using everyday household goods and without involving either a man's assistance or a clinician's supervision.

In addition to offering practical health knowledge that all but promised to substitute for formal clinical care, women's magazines indirectly endorsed selected medical interpretations of the "way of blood" by publishing the intimate "experience" testimonies of public figures. In the October 1934 issue of *Shufu no tomo*, Moriya Azuma (1884–1975), then a board member of the

[512] Takesa Keiko 竹佐敬子 and Watanabe Chiyoko 渡邉千代子, "Gekkeibyō wo yakusō de naoshita keiken 月経病を薬草で治した経験," *Fujokai* 婦女界 56, no. 5 (1937): 176.
[513] Takata Yasuko 高田康子 et al., "Okyū de byōki wo naoshita jikken nijūgoshu お灸で病気を治した實験廿五種," *Shufu no tomo* 22, no. 11 (1938): 218.
[514] Takata et al., "Okyū de byōki wo naoshita jikken nijūgoshu," 220–221.
[515] Takata et al., "Okyū de byōki wo naoshita jikken nijūgoshu," 220.

Japan Christian Women's Organization (Nihon kirisutokyō fujin kyōfūkai), praised hormonal therapy for her rejuvenation at the age of fifty. The social activist was shocked at how fast her stamina, focus, and composure had all deteriorated "for no clear reason" within a single year despite her will to continue work as usual.[516] In her essay for the magazine, Moriya equated her condition with "what people in the past often called the 'way of blood'" and described hers as a "type of suffering that men do not understand at all."[517] Fortunately, the female physician Takeuchi Shigeyo, a longtime friend, diagnosed Moriya for "abnormalities during menopause" (*kōnenki no ijō*) and referred her to Nakamura Mikae (1896–date unknown). The latter specialized in hormonal therapy and, like her recommender, was an alumna of Yoshioka Yayoi's medical school for women and one of only six Japanese females holding a Doctor of Medicine degree at the time.[518] Unlike the anonymous magazine reader who consulted Takeuchi in 1928 about her "way of blood" and ineffective hormone injections, Moriya regained energy under Nakamura's treatment and urged other women who "still feel they are young but actually are troubled by such symptoms" to seek out Nakamura's help.[519] By the end of Moriya's testimonial, which doubled as an advertisement for Nakamura's skill, the "way of blood" had quietly transformed from an age-old mystery into a treatable endocrine disorder, all without losing its essence as an agony beyond the knowledge of men.

[516] Moriya Azuma 守屋東, "Horumon chūsha de wakagaetta watakushi no keiken ホルモン注射で若返った私の経験," *Shufu no tomo* 18, no. 10 (1934): 243.
[517] Moriya, "Horumon chūsha de wakagaetta watakushi no keiken," 242.
[518] Moriya, "Horumon chūsha de wakagaetta watakushi no keiken," 243. Nakamura Mikae obtained her MD in 1932, while Takeuchi Shigeyo received hers in 1933. The latter did not have an MD in hand when she served as health-advice columnist for *Fujo shinbun* in 1928.
[519] Moriya, "Horumon chūsha de wakagaetta watakushi no keiken," 244.

As existing scholarship has pointed out, advertisements played a significant role in shaping the medical culture of imperial Japan.[520] A prime example lies in the marketing of the drug Chūjōtō. In 1893, when a newly-wed Tsumura Jūsha (1871–1941) trademarked Chūjōtō as a family formula for "uterine disorder and the way of blood," few could have predicted the patent medicine's success over the decades to come.[521] With support from his wife Jō (1876–1963), who, besides running the household, also posed as a customer to attract buyers, Tsumura Jūsha aggressively marketed Chūjōtō across a broad range of print media, from national newspapers to business gazettes.[522] Women's magazines were no exception. Within the first year of its founding in 1900, the aforementioned *Fujo shinbun* began to host advertisements for Chūjōtō on its pages.[523] During the same decade, the patent medicine gained enough publicity to irritate Ito Sakon, who was suspicious of its efficacy and discouraged a rural reader of *Jogaku sekai* from taking it to regulate her menstrual flow.[524] By the 1920s, however, Chūjōtō had matched if not surpassed the reputation of Jitsubosan and other historical formulas as a popular remedy for the "way of blood," so that physicians could no longer object to its use and expect their patients' obedience by default. That was perhaps the reason Yoshioka Yayoi, a staunch woman of science, chose to acquiesce in rather than to criticize a nursing mother's plan to take either Jitsubosan or Chūjōtō for her postpartum "cold feet" in a 1922 health-advice column.[525]

[520] Susan L. Burns, "The Japanese Patent Medicine Trade in East Asia: Women's Medicines and the Tensions of Empire," in *Gender, Health, and History in Modern East Asia*, ed. Angela Ki Che Leung and Izumi Nakayama (Hong Kong University Press, 2017), 139–165.
[521] "Tokkyo ishō shōhyō tōroku narabi ni shūnyū 特許意匠商標登録竝収入," *Kanpō* 官報, no. 3007 (1893): 5.
[522] Tsumura juntendō 津村順天堂, ed., *Tsumura juntendō shichijūnenshi* 津村順天堂七十年史 (Tsumura juntendō, 1964), 14–23, 26.
[523] Tsumura juntendō 津村順天堂, "<Kokoromiyo> Jūnen no chi no michi sanshūkan ni zenchi su〈試みよ〉十年の血の道三週間に全治す," *Fujo shinbun*, no. 18 (1900): 8.
[524] Ito Sakon, "Eisei komon," *Jogaku sekai* 5, no. 1 (1905): 106.
[525] Yoshioka Yayoi, "Katei eisei mondō 家庭衛生問答," *Shufu no tomo* 6, no. 5 (1922): 153.

The market success of Chūjōtō suggests that the relative invisibility of patent medicine in scientific medical literature at the time did not mean that pharmaceutical manufacturers were disenfranchised to the same extent as *kanpō* physicians. As the colonial expansion of the Japanese empire accelerated, so too did the Tsumura family find its socioeconomic and political standing magnified. The year 1925 saw Tsumura Jūsha's election to the House of Peers as a high taxpayer after years of local political prominence.[526] When the entrepreneur-turned-legislator visited Manchukuo as part of a Diet delegation upon the puppet state's founding in 1932, he included a box of Chūjōtō among his gifts to Puyi (1906–1967), the last emperor of China.[527] In 1938, Tsumura Jō thanked members of the imperial Japanese military for their bravery in her capacity as chairwoman of the Nihonbashi branch of the Japanese Patriotic Women's Association (Aikoku fujinkai).[528] By then, Chūjōtō advertisements had long been circulating in Korean and Chinese newspapers, where they sold a cosmopolitan path to achieving the status of a healthy woman, whose social identity encompassed not only the fertile mother and the content wife but also the "modern girl" and the professional woman.[529]

Through a shifting hierarchy of drug indications, the advertisements of Chūjōtō, Jitsubosan, and other best-selling patent medicines also subtly shaped readers' opinions about the causes and manifestations of female pathology. In the January 1924 issue of *Shufu no tomo*, for example, "hysteria" was still listed fifth among eleven "main indications" of Chūjōtō.[530] By 1927, the European-derived diagnosis had quietly claimed the fourth position, ranking only

[526] Tsumura juntendō, *Tsumura juntendō shichijūnenshi*, 36–37, 85–92.
[527] Tsumura Jūsha 津村重舎, *Manshūkoku wo tabi shite* 満洲国を旅して (Tsumura juntendō, 1932), 7–8.
[528] Tsumura Jōko 津村錠子, "Kōgun shōshi ni kansha 皇軍將士に感謝," in *Shina jihen seisen kōsekiroku* 支那事変聖戦功績録, ed. Sasaki Kichirō 佐々木吉郎 (Chūwa kōronsha, 1938), 154–155.
[529] On representations of the healthy woman in interwar Chūjōtō advertisements, see Burns, "The Japanese Patent Medicine Trade in East Asia," 162–165.
[530] Tsumura juntendō, "Kenkō no keizoku 健康の繼續," *Shufu no tomo* 8, no. 1 (1924): 92.

behind "uterine disorder," the "way of blood," and "vaginal discharge."[531] More conspicuous changes took place in 1933, when "hysteria" was momentarily included in parentheses as a synonym of the "way of blood" before the "way of blood" was removed altogether from the patent medicine's indications, as if redundant.[532] Before long, subscribers to *Shufu no tomo* would also discover the previously unmentioned efficacy of Chūjōtō for regulating female hormones.[533] Similar developments occurred within Jitsubosan advertisements, which in the case of *Shufu no tomo* did not consistently mention "hysteria" until the early 1930s, around the time the "way of blood" conversely began to disappear from the list of main indications.[534] Regardless of whether or not the manufacturers of both products were reacting to criticism from biomedical authorities that the "way of blood" was an unscientific relic of Japan's past, their marketing choices proved to be farsighted. In 1943, news reached pharmacists as well as physicians that the imperial government had begun to withhold permits from patent medicines branded as treatments for the "way of blood" on the ground that "no such illness exists."[535] Was the "way of blood" real, and who had the authority to decide the truth of its affliction? While pharmaceutical advertisements provided a variety of labels for the laywoman to identify her suffering with, not all enjoyed her autonomy to define the nature of her illness. This chapter will next consider what fate might have in store for the laywoman should she lose her status as a decision-making consumer and became an admitted patient at the mercy of the clinician.

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[531] Tsumura juntendō, "Tenpen 転変," *Shufu no tomo* 11, no. 10 (1927): 148–149.
[532] Tsumura juntendō, "Fuyu no jokyoku 冬の序曲," *Shufu no tomo* 17, no. 12 (1933): 105; Tsumura juntendō, "Yama ni umi ni 山に海に," *Shufu no tomo* 17, no. 9 (1933): 115.
[533] Tsumura juntendō, "Chūjōtō 中将湯," *Shufu no tomo* 20, no. 5 (1936): ni-1; Tsumura juntendō, "Chūjōtō 中将湯," *Shufu no tomo* 21, no. 1 (1937): ro-4.
[534] Kitani Ichirōemon 喜谷市郎右衛門, "Jitsubosan 実母散," *Shufu no tomo* 9, no. 4 (1915): so-1; Kitani, "Kitani Jitsubosan 喜谷実母散," *Shufu no tomo* 9, no. 3 (1925): 371; Kitani, "Kitani Jitsubosan," *Shufu no tomo* 15, no. 5 (1931): to-4; Kitani, "Kitani Jitsubosan," *Shufu no tomo* 17, no. 3 (1933): he-1.
[535] Ueki Bansaku 植木万策 et al., "Kan'yaku wo kataru 漢薬を語る," *Kanpō to kan'yaku* 10, no. 4 (1943): 52.

Clinical Truth

The delusions, or rather the perceived reality, of the insane intrigued imperial Japan's medical professionals and the early twentieth-century public alike. Following her visit to Ōji Brain Hospital (Ōji nōbyōin) and Komine Hospital (Komine byōin), a *Fujo shinbun* reporter confessed in a 1930 issue of the women's magazine that the "mad people" at the adjacent psychiatric facilities had defied her expectations. Not only were the patients there "extremely easygoing," but they "shouted about what crossed their minds with no discretion or hesitation," as if they lived above the difference between "good and evil" and were no longer subject to criticism from those who were sane. Having observed the female inpatients' behaviors, and in particular their delusions and hallucinations, the journalist remarked that insanity was a product of both heredity and environment, in accordance with the prevailing theory of the day.[536] What the hereditary or environmental risk factors of madness consisted of exactly, however, was left to the magazine reader's imagination.

The director of both private hospitals was Komine Shigeyuki, a psychiatrist who, as the previous chapter described, was living proof that the relationship between *kanpō*, Western scientific medicine, and folk remedy was far more complex than mere rivalry. Born the son of a *kanpō* doctor, Komine Shigeyuki studied medicine at the Imperial University of Tokyo, received additional training from the Wistar Institute in Philadelphia, and united his family with none other than Tsumura Jūsha's through the marriage of his son and the latter's niece.[537] Established in 1901 by a hotelkeeper to accommodate the patients of the nearby medical school of the Imperial University of Tokyo, Ōji Brain Hospital rose to renown under Komine's leadership. In

[536] Fujin kisha 婦人記者, "Kurueru hitobito no mure 狂へる人々の群," *Fujo shinbun*, no. 1546 (1930): 8.
[537] For biographical information, see Jinji kōshinjo 人事興信所, *Jinji kōshinroku* 人事興信録, 14th ed., vol. 2 (Jinji kōshinjo, 1943), tsu-8; Okada Yasuo 岡田靖雄, "Senzen Gasshūkoku ni ryūgaku shita seishin byōgakushatachi 戦前合州国に留学した精神病学者たち," pt. 2, *Nihon ishigaku zasshi* 40, no. 4 (1994): 419–421.

1925, the psychiatrist further expanded his healthcare enterprise through the establishment of Komine Hospital on the same lot of land.[538] The ambitious endeavor boosted the popularity of Ōji Brain Hospital, too, where over three thousand individuals were admitted between 1925 and 1935, a decade when hospitalization gained momentum in imperial Japan as an increasingly appealing alternative to home confinement for the mentally ill.[539]

Due to the scale and timing of its operations, Ōji Brain Hospital produced a sizable collection of case reports, where the clinical effort to draw a clearcut line between reality and delusion was complicated by the narratives of patients and the perspectives of their families.[540] Take, for example, the case of a 39-year-old woman who was escorted to the hospital by her brother in 1917 with no self-awareness that she was sick. Having worked for over half a decade in Hawaii, where she also secured a divorce and sued for the "coercion" she had endured as a housemaid for a resident Japanese family, the woman was sent back to Japan by her employer with 500 yen in 1915. According to her patient interview, she hoped eventually to return to Hawaii, believing that people in Japan were making groundless accusations about her behind her back wherever she went.[541]

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[538] On the history of Ōji Brain Hospital, see Shimizu Fusako 清水ふさ子, "Komine shiryōgun (Ōji nōbyōin, Komine byōin, Komine kenkyūsho) no gaiyō to sono shiryō hensei ni tsuite 小峰資料群（王子脳病院・小峰病院・小峰研究所）の概要とその資料編成について," *Seishin igakushi kenkyū* 精神医学史研究 23, no. 1 (2019): 30–34. For the opening of Komine Hospital, see "Komine byōin rakuseishiki 小峯病院落成式," *Ikai jihō*, no. 1604 (1925): 28.

[539] On hospitalization versus home confinement, see Akihito Suzuki, "The State, Family, and the Insane in Japan, 1900–1945," in *The Confinement of the Insane: International Perspectives, 1800–1965*, ed. Roy Porter and David Wright (Cambridge University Press, 2003), figure 8.2, 207–209. For data on admitted patients, see Suzuki Akihito 鈴木晃仁, "Nihon no seishin iryō to kanja to kazoku: Rekishi to rinri ni tsuite kangaeru 日本の精神医療と患者と家族　歴史と倫理について考える," *Seisaku opinion* 政策オピニオン, no. 282 (2024): figure 10.

[540] For privacy and ethical reasons, I have deliberately withheld the names and other personal identifiers of the former patients of Ōji Brain Hospital and Komine Hospital.

[541] Inpatient case record of Ōji Brain Hospital for W.T. (admitted May 6, 1917; discharged June 11, 1917), KOMINE, "Keika 経過," entry for May 16, 1917.

What the patient's brother shared, however, was a different story. According to the brother, the former housemaid had already fallen ill while in Hawaii and had been experiencing auditory and persecutory delusions ever since her return, so much so that she could no longer hold down a job.[542] A physical examination came back clean, save for old scars around her wrist and neck—the result, respectively, of a sickle accident and a knife cut during a quarrel. Nor did anything stand out in the patient's psychiatric evaluation, other than her beliefs about being spoken ill of. Aside from her life in Hawaii, which was shrouded in considerable mystery even in the woman's own slippery account, the most plausible risk factor for the onset of her symptoms, at least in the view of doctors, appeared in the health history of her two elder sisters. If one can believe the brother's testimony, one of the patient's sisters had begun to experience delusions of poisoning around the same time as her younger sister's return from Hawaii. The other had reportedly died of the "way of blood." [543] The patient herself was eventually diagnosed with dementia praecox (*sōhatsusei chihō*), a classification comparable to that of schizophrenia as developed during the 1890s by the German psychiatrist Emil Kraepelin (1856–1926). The woman spent the following month quietly wandering the hallways of Ōji Brain Hospital.[544] As revealed in her nursing documentation, the patient talked to herself, troubled no one, and slept well.[545]

While the precise mechanism by which the 39-year-old woman's seemingly hereditary predisposition to dementia praecox connected causally with her sister's death from the "way of blood" was left unexplained, the presence of the vernacular diagnosis in her case records pointed

[542] Inpatient case record for W.T., "Hatsubyō irai byōjō oyobi keika 発病以来病状及経過."
[543] Inpatient case record for W.T., "Idenki 遺傳記," "Byōmei 病名."
[544] Japanese psychiatrists were well aware of the history of dementia praecox as a diagnosis. See Miyake Kōichi 三宅鉱一 and Matsumoto Takasaburō 松本高三郎, *Seishinbyō shindan oyobi chiryōgaku* 精神病診断及治療学, 3rd ed., vol. 1 (Nankōdō, 1914), 315.
[545] Inpatient case record for W.T., "Kango nisshi 看護日誌."

to two aspects of the same reality. On the one hand, the psychiatrists, despite their scientific training, had to confront an unreliable narrator in both the patient and her family, or at least one that recounted health history through a different epistemology of women's illness. On the other hand, the presence of the "way of blood" in an otherwise scientifically worded discourse on mental illness revealed the logistical challenge that Japanese psychiatrists faced when they attempted to rely exclusively on a Western vocabulary of madness in rationalizing the non-Western experience of insanity.

Instead of viewing such epistemic and terminological limitations as a reason to separate the "narrative" and the "historical" truths within one's analytic endeavors, it is more productive to view them as an opportunity to rethink the criteria of clinical "truth" altogether.[546] Insofar as the "way of blood" was allowed to feature matter-of-factly in the "heredity" section of the 39-year-old woman's medical record, perhaps her multivalent story represented a credible, rather than an unreliable, expression of her lived experience of reality. What if, for example, the former housemaid's "delusions" signaled a proportionate rather than pathological response to the trauma she evidently suffered while laboring in Hawaii as a foreign domestic worker? Relatedly, what kind of living environment could possibly instigate a knife cut near a woman's carotid artery during an argument and cause the scars shown in the physical examination? Last but not least, when the typical salary of a housemaid could dip as low as eight yen a month in Japan proper between 1914 and 1917, what would have convinced the 39-year-old's former employer in

[546] See Donald P. Spence, *Narrative Truth and Historical Truth: Meaning and Interpretation in Psychoanalysis* (W.W. Norton, 1982).

Hawaii to make a 500-yen payment if not for the domestic worker's cognitive ability to leverage the power of law as well as other resources in order to self-advocate?[547]

Without overlooking the woman's need for mental-health care, when one stops taking for granted the clinician's criteria for historical truth, how the laywoman's pathological delusions in reaction to a violent reality are to be interpreted becomes a matter of whose standpoint to use as a point of reference. Invoked by her doctors to explain their diagnosis of hereditary "dementia praecox," the "way of blood" stood as a lasting reminder that the epistemic and linguistic hegemony of scientific knowing in dictating the nature of women's illness was nowhere near absolute.[548]

As the *Fujo shinbun* reporter suggested in 1930, it was within the space of the psychiatric ward that Japanese women could perhaps most openly reveal what entered their minds from their own perspective. Such disclosures frequently stood in disregard of both the clinician's judgement and society's gendered expectations. When asked whether she understood why her eldest son had brought her to Ōji Brain Hospital in 1919, a 54-year-old widow replied that it was because she had become both "unable to work and stupid."[549] However, rather than viewing her condition as a mental disorder, the aging mother of three framed it boldly around her sexuality. Despite having undergone menopause seven years earlier, the widow asserted that she had recently become pregnant with child after an "illicit affair." What is more, the "pregnancy" had been "painful" because the fetus inside her had changed into a moving "snake" (*nagamushi*).[550] The

[547] Among the many essays that the magazine *Fujin no tomo* (Women's companion, 1908–present) published on home economics during the period, several addressed the cost of hiring a housemaid. See, for example, "Kakei no mondai 家計の問題," *Fujin no tomo* 11, no. 7 (1917): 125–127.
[548] The inpatient case records of Ōji Brain Hospital document heredity on the first page and formal diagnosis on the second, along with demographic information.
[549] Inpatient case record of Ōji Brain Hospital for O.K. (admitted March 27, 1919; discharged April 21, 1919), KOMINE, "Byōshiki 病識."
[550] Inpatient case record for O.K., "Keika 経過," entry for April 18, 1919.

formal diagnosis the woman received was hebephrenia (*hakabyō*), another German-derived category from the nineteenth century, viewed by psychiatrists as a form of dementia praecox associated with much younger individuals and later reimagined as a subtype of schizophrenia.[551] Once again, the "way of blood" was judged to hold relevance for the patient's current state of mind. The psychiatric case records of the widow identified the health condition as the culprit behind her mother's death at the age of fifty-three in an otherwise robust family tree, as well as the only notable illness in her own medical history. The latter had occurred over a decade earlier, when the woman had become "extremely worried" for unidentified reasons, according to the attending physician at the time.[552] For her doctors, it was the patient's disorganized speech that most closely matched the diagnostic criteria of hebephrenia, transforming her seemingly irrational words and behavior into clinical certainty. Nevertheless, there was coherence in the woman's logically flawed claims of being fertile after menopause and committing adultery as a widow. Both entailed a self-willed negotiation over the biological and social reality of her sexuality as a woman, to which the clinical ambiguity of the "way of blood" added broader interpretive potential.

At times, a female patient might evoke the "way of blood" among other diagnoses of her own choosing precisely in order to negotiate the clinical truth about her body and mind. This seems to have been the case with a divorced mother of five who traveled from Nagano Prefecture to Tokyo in 1933 only to end up an inpatient at Ōji Brain Hospital. Entering the psychiatric facility with a "slightly dull face" and "light makeup," the then 42-year-old believed she was at

[551] Inpatient case record for O.K., "Byōmei 病名." On the historical link between hebephrenia and schizophrenia, see Abdullah Kraam and Paula Phillips, "Hebephrenia: A Conceptual History," *History of Psychiatry* 23, no. 4 (2012): 387–403.
[552] Inpatient case record for O.K., "Idenki 遺傳記," "Seinenki 成年期."

the "brain hospital" because her head and neck had "gone hot."[553] What her relations relayed was a much more dramatic story. The woman had allegedly taken ill around twelve years earlier, and her condition had been "changing back and forth" ever since. The mysterious affliction "tended to progress" whenever she was expecting or recovering from childbirth. During previous onsets, the woman's offences included railing at her family, talking constantly to herself about how she was carrying a sacred child, and running off in the middle of the night. Now divorced, she had experienced her latest outbreak of symptoms a little over ten days before the hospital visit. Since arriving in Tokyo, the divorcee had been "talking to herself while walking around in her room, putting on makeup in the early morning, and starting the bath at unexpected times." Perhaps most worryingly, her family stated that she had come to "beg for the opposite sex as of late," a desire presumably too obscene for any respectable woman to think out aloud.[554]

Unlike the case with her fellow patients, the space reserved for the official diagnosis in the woman's medical chart was left blank for what turned out to be a ten-year stay at Ōji Brain Hospital. This is not to say that no diagnosis was offered. Within a week of her admission in March 1933, the middle-aged patient told a younger Miura Taiei (1901–1955), who was at the time a promising psychiatrist at the adjacent Komine Hospital, that her "brain disease" had resulted from giving birth to a "child of the gods."[555] A few days later, Komine Shigeyuki himself listened as the woman spoke about her body having been "destroyed" after a miscarriage the previous November following seven months of pregnancy. Speaking of her sexual history with unusual ease, the woman nonchalantly blamed her current restlessness on the "bad blood of

[553] Inpatient case record of Ōji Brain Hospital for I.I. (admitted February 14, 1933; died September 13, 1943), KOMINE, "Seishinteki genzai shōkō 精神的現在證候."
[554] Inpatient case record for I.I., "Hatsubyō irai byōjō oyobi keika 発病以来病状及経過."
[555] Inpatient case record for I.I., "Keika 経過," entry for March 17, 1933.

syphilis."[556] Lest we forget, the experience of being examined by male doctors for her own venereal disease had once distressed Ogino Ginko so much that it propelled her to become a physician, helping to inspire an entire generation of women doctors. Seemingly indifferent to the social stigma surrounding women's sexually transmitted infections, the Ōji patient recognized no shame in her sexual body.[557]

In the years to come, the same patient continued to insist that her condition be treated as a matter of obstetrics and gynecology, while routinely employing a hybrid epistemology of illness that creatively combined vernacular concepts with other traditions, including that of Western psychiatry. In 1934, for example, the woman added to her complaints about suffering from an illness of childbirth the claim she had previously developed "hysteria" (*hisuterī*), raising the possibility that the latter —like the Tokugawa-era "way of blood"—was an affliction of the maternal body.[558] In 1935, the patient requested that she be given Chūjōtō, one of the most popular patent medicines on the market for the "way of blood," and declared that her illness was "probably because my blood went manic (*chi no sawagu tame*) after giving birth," which "only an obstetrician would be able to understand."[559] In 1938, the now 47-year-old complained about insomnia and decided of her own accord that the "way of blood" was the ultimate reason behind her loss of sleep.[560] Through a variegated vocabulary of female blood, the patient contested the authority of neurology and psychiatry to pass scientific judgement on the clinical truth of her illness as well as the state of her mind.

[556] Inpatient case record for I.I., "Keika," entry for March 21, 1933.
[557] On the social stigma around syphilis, see Burns, "Bodies and Borders," 3–30.
[558] Inpatient case record for I.I., "Keika," entries for June 2, August 20, and November 22, 1934.
[559] Inpatient case record for I.I., "Keika," entries for January 10 and 24, 1935. The patient asked for Chūjōtō for at least a second time on February 8, 1937.
[560] Inpatient case record for I.I., "Keika," entry for December 5, 1938.

Although the etiological narratives of the psychiatric patient can come across as idiosyncratic if not delusional, the broader forces of national history had an easily overlooked yet definitive bearing on their making. The latter clearly shaped the experience of a 30-year-old woman who visited Komine Hospital in 1942 as an outpatient, with no significant illness to note in either her family or her personal history. One summer day that year, the wife, mother, and fruit farmer fell sick while weeding, was subsequently laid up, and soon became financially dependent on her family due to her inability to work. In citing the reasons for her debilitation, the bedridden patient brought up the "way of blood," the summer heat, and a history of coronary-artery disease. By autumn, she had converted to an unidentified faith, a decision that must have been so uncharacteristic that it prompted her family to entertain the possibility of her having been possessed by a fox (*kitsunetsuki*).[561] After an X-ray in autumn found no abnormality in her heart, thereby ruling out the possibility of coronary-artery disease, the woman received a psychiatric referral and brought herself to Komine Hospital. There, two different tests for the serodiagnosis of syphilis—one German- and the other Japanese-designed—returned positive.[562] What she had claimed to be the "way of blood" turned out to be a venereal disease. Tellingly, while bloodwork sufficed to produce a scientific diagnosis, it was instead the patient's confusion about the passage of time that allowed the doctors Komine Hospital to detect the symptomatic impact of her infection. During her psychiatric interview at that facility, the one question that ended up confounding the woman pertained to national history. When asked about the "Greater East Asian War," the wife and mother notably fumbled. "That was 1938…this year, right? In

[561] Outpatient case record of Komine Hospital for S.H. (visited October 20, 1942), KOMINE, "Hatsubyō no gen'in 発病ノ原因."

[562] Outpatient case record for S.H., "Genzaishō 現在證."

July?"[563] In actuality, the war had broken out in the previous year, 1937, and the wife and mother was caught disoriented.

While the assessment of time perception was typical of psychiatric evaluations, neither the question nor the patient's answer addressed chronological time alone. Elite psychiatrists of imperial Japan had begun to gauge their patients' sanity through the latter's knowledge of national history long before the founding of Komine Hospital. In a 1908 guide to psychiatric diagnostics, Kure Shūzō proposed an ideologically charged sequence of questions to use in determining a patient's "Memory and Intelligence." Under the subcategory "Personal Relations," the last five of a total of nineteen questions aimed at probing the patient's sense of temporality and retention of memory: Where were you one month ago? Where were you in January this year? When was the Satsuma Rebellion? How about the Sino-Japanese War? How about the Russo-Japanese War?[564] Insofar as the last three questions echoed the standard curriculum of imperial education, they did not test mental faculties in a political vacuum. In order to pass the test, one needed to demonstrate a knowledge of history in line with the official narrative endorsed by the Japanese government. In the eyes of Chinese nationals, what broke out in 1937 was not a glorious "Greater East Asian War" but rather a war of self-defense against Japanese invasion and imperialism.

Conceivably, one could diagnose the outpatient's historical amnesia as a presentation of her previously asymptomatic syphilitic infection, prescribe accordingly, and recommend a clinic specializing in treating venereal diseases, all of which her attending psychiatrist at Komine Hospital did. But there was much more to her story. Looming large behind the woman's self-diagnosed "way of blood" and her temporal disorientation was a common, if not normalized,

[563] Outpatient case record for S.H., "Genzaishō."
[564] Kure Shūzō, *Seishinbyō shinsatsuhō* 精神病診察法 (Chiryō gakusha, 1908), 16–17.

experience of imperial Japan's wartime home front for her generation. By 1942, the young mother of two had already lost a sibling to the country's warmongering. What is more, the absence of her husband throughout the course of her health struggle was not a matter of willful negligence but rather the result of his being drafted.[565] Given the loss she had already sustained due to the "Greater East Asian War," it is curious that the woman misremembered the very year of its declaration. Perhaps 1938 marked the beginning of war to her because that was the year when her husband was called to the front. Or maybe that was the year when he and she had last corresponded. Whatever the case might be, it is more than likely that the woman dreaded, however privately or unconsciously, the possibility of receiving news that her husband would no longer return home alive. Exactly ten days before the wife and mother showed up at Komine Hospital, believing hers to be a case of the "way of blood," Komine Shigeyuki passed away, two years after his only son Yoshishige was killed in China as a military doctor, a loss that also left Tsumura Jūsha's niece a young mother and widow.[566]

On a home front where government censorship rigorously silenced dissent and where women's magazines actively glorified the "Greater East Asian War," the ambiguity of the "way of blood" may have offered a politically safe way for the terrified wife, mother, and sister of the frontline soldier to communicate her embodied knowledge of the human cost of imperial expansion and colonial conquest. To be sure, it is no longer possible to ascertain what the 30-year-old outpatient truly meant by her "way of blood." Nevertheless, it may not be too much of a stretch to imagine that her mobilization of the term had something to do with the battles she had to fight for survival as a wife and mother, with or without syphilis. As some Japanese physicians

[565] Outpatient case record for S.H., "Idenki 遺傳記," "Konka 婚嫁."
[566] "Komine Yoshishige gun'i shōi 小峯善茂軍医少尉," *Ikai jihō*, no. 2375 (1940): 41.

would later note in the aftermath of the "Greater East Asian War," the same kind of embodied knowledge about national history would continue to haunt their female patients in peacetime.

A Mosaic of Negotiations

Although this chapter has focused on tracing the "way of blood" within the context of spiritual healing, through women's magazines, and inside the psychiatric ward, those were but three of the many sites where views of female pathology converged as well as diverged in imperial Japan. In reality, the mosaic of negotiations surrounding the vernacular diagnosis and what it communicated about the interplay of gender, illness, and the distribution of epistemic authority extended well beyond the power dynamics of the production of medical knowledge per se. By evoking the "way of blood," the layperson also negotiated with more than just the authority of physicians in upholding their own beliefs about women's healthcare.

As the commander of the Nagoya military district discovered in 1902, some of the bargains around the "way of blood" were inherently political in nature. That year, a 20-year-old villager from Aichi Prefecture submitted a petition to postpone his enrollment for infantry service, citing his mother's "way of blood" as the reason. Born into a big peasant household ensnared in extreme poverty, the new conscript lost his father at the age of fourteen, vowed to become the breadwinner for his family, and set off for Nagoya to seek employment, all within the same year. It was only in 1900 that the then eighteen-year-old managed to open a garment shop in his hometown in order to stabilize the family's livelihood. However, that hard-earned financial security was put in jeopardy as the boy became a man in the eyes of the imperial state.[567] The Meiji government's 1873 decision to set the conscription age at twenty had

[567] Saori chōshi hensan iinkai 佐織町史編さん委員会 and Saori chōshi chōsa henshū iinkai 佐織町史調査編集委員会, eds., *Saori chōshi* 佐織町史, unnumbered volume (Shiryō 2) (Saori-chō, 1987), 528.

reshaped the experience of chronological time in rural Japan and, in the petitioner's specific case, created conflict between his social and his political obligations.[568] In hopes of receiving permission to prioritize his personal and filial duty over its legal and patriotic counterpart, the young man shared that his mother had been suffering from the "way of blood" since youth and was bedridden due to the chronic illness at least two or three times every year. Unfortunately, 1902 proved to be a particularly difficult year for the widow, whose condition had visibly worsened.[569]

Although neither the Army's deliberation process nor its final decision in the case is clear, both presumably hinged on whether the commander of the Nagoya military district believed the "way of blood" to be real enough an illness for women to develop and informative enough a diagnosis to explain said illness for official documentation. What the petition reveals more clearly is that the 20-year-old man himself did not find the "way of blood" lacking in legitimacy or sufficiency as proof of his mother's dire need for a caregiver. Rather than submitting a doctor's note to authenticate his account of her health condition, the new conscript poured his energy into compiling an exhaustive home inventory in order to attest to the family's financial vulnerability and attached the latter to his petition.[570]

In extreme cases, securing treatment for the "way of blood" received a higher priority even than obeying the law. In the September 1935 issue of the business magazine *Sararīman* (Salaried men, 1928–1936), the renowned attorney Fuse Tatsuji (1880–1953) called into question the blanket attack that was being leveled at that time against those who sold their votes.

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[568] See Sayaka Chatani, "A Man at Twenty, Aged at Twenty-Five: The Conscription Exam Age in Japan," *American Historical Review* 125, no. 2 (2020): 427–437.
[569] Saori chōshi hensan iinkai and Saori chōshi chōsa henshū iinkai, *Saori chōshi*, unnumbered volume (Shiryō 2), 528.
[570] Saori chōshi hensan iinkai and Saori chōshi chōsa henshū iinkai, *Saori chōshi*, unnumbered volume (Shiryō 2), 528–529.

Although Fuse supported the national movement for clean elections, he did not regard all kinds of electoral fraud as equally unlawful.[571] A few years earlier, the defense lawyer had been moved to tears by the confession of a man who sold his general-election vote for three yen in order to purchase medicine for his wife's "way of blood" along with clothing for the couple's two young children. Empathizing with the husband and father, Fuse reasoned that the man had committed a crime only because he considered it "more conscientious to take care of his wife than to hold fast to election principles." In other words, what the husband saw in the three yen was a righteous exchange that would allow him to support his wife in battling the "way of blood," an issue he apparently viewed as possessing more urgency than the democratic process designed to form the country's legislature. For his part, Fuse argued against excessive idealism and instead recommended taking into consideration the harsh "realities of life" experienced by the country's electorate when proposing specific plans to combat electoral corruption.[572]

To be sure, the imperial government was not indifferent to the "realities of life" and their impact on ordinary people's options and choices in healthcare. Among those who helped keep the country's policymakers informed of the de-facto landscape of illness management was Komine Shigeyuki. Between May 1938 and April of the following year, the psychiatrist led a health survey under the auspices of the Ministry of Health and Welfare in the Takinogawa District of Tokyo, where both Ōji Brain Hospital and Komine Hospital were located. The area was selected not only for the commitment of its medical professionals to promoting public health but also for their initiative in facilitating a national health policy against the backdrop of wartime

[571] Fuse Tatsuji 布施辰治, "Tōhyō wo uru shinkyō 投票を賣る心境," *Sararīman* サラリーマン 8, no. 9 (1935): 82.
[572] Fuse, "Tōhyō wo uru shinkyō," 82.

mobilization.[573] For better or worse, Komine Shigeyuki's final report of 1941 revealed medical pluralism to be a persisting social reality, reflecting both the failure of Western scientific medicine to monopolize healthcare and the strategies of ordinary people when coping with the wartime shortage of medical and pharmaceutical supplies. A total of 2215 individuals from 354 households participated in the survey, reporting their recent experiences with religious and spiritual healing, acupuncture and moxibustion, folk therapies, and patent medicines, in addition to their consultations with physicians, dentists, and pharmacists in the event of injuries, illnesses, and childbirths. Alongside saffron, both Jitsubosan and Chūjōtō appeared within a comprehensive list of the hundreds of family and patent medicines utilized by the district's residents.[574] Nevertheless, there is no way of assessing specifically how the "way of blood" was handled. The survey did not recognize the vernacular diagnosis as a disease name on which to collect data, as if it did not exist in the first place.

In a preliminary investigation into what would eventually pass as the Public Assistance Act (Seikatsu hogohō) of 1946, Sawada Hisa (1897–1979) addressed the last House of Representatives formed under the Meiji Constitution as one of the first thirty-nine women ever elected to the Imperial Diet. Drawing on the lived experience of Japanese women who, like herself, "speak of the 'way of blood' and 'women's illnesses' once they pass the age of forty, feel pains here and there, and experience sufferings that people often do not understand," the suffragist-turned-legislator argued for the expansion of government policies for women's welfare.[575] Over half a century had passed since Hirotsu Ryūrō teasingly blamed the "way of

[573] Komine Shigeyuki 小峯茂之, "Takinogawa-ku kenkō chōsa hōkoku 滝野川区健康調査報告" (Komine kenkyūsho, 1941), 41.
[574] Komine, "Takinogawa-ku kenkō chōsa hōkoku," 98, table no. 40.
[575] "Daikyūjikkai teikoku gikai, shūgiin, Seikatsu hogo hōan iin kaigiroku (sokki) daihachikai 第 90 回帝国議会 衆議院 生活保護法案委員会議録（速記）第八回," *Teikoku gikai kaigiroku* 帝国議会会議録, August 6, 1946, 61–62, NDL, https://teikokugikai-i.ndl.go.jp/minutes/api/emp/v1/detailPDF/img/009011905X00819460806.

blood" for bringing about an imaginary women's suffrage movement in his literary debut on the eve of the establishment of the Imperial Diet. Now that the legislative body had come to take its last breath, about to be replaced by a new National Diet (1947–present), a Japanese woman both advocated for her gender's enfranchisement and took ownership of her "way of blood" to demand action from the government. On her own terms, Sawada appropriated the rhetoric once invoked to restrict and discipline women like herself, providing a glimpse into what would come next. Dismissed in hegemonic medical discourses during her lifetime, the "way of blood" had come out of the war as embodied knowledge to Japanese women and as a clinical enigma to the rest of postwar Japan, where a new cycle of negotiations over the epistemology of female pathology was just about to unfold around Kushima Katsuji's proposal of a "way-of-blood disorder."

Epilogue

Not a year after the release of his coauthored treatise of 1953, Kushima Katsuji contributed an article on the "way-of-blood disorder" to the May 1954 issue of *Sanfujinka no jissai* (The reality of obstetrics and gynecology, 1952–present). Kushima opened his piece with the remarkable, though not entirely surprising, statement that he, the very individual who had invented that diagnosis by repurposing the "way of blood," knew nothing about the native expression's historical origin.[576] Notwithstanding his confession of ignorance, the obstetrician-gynecologist showed no hesitation in sharing his opinions about the vicissitudes of nosology in Japan. While denying any intent to "inculcate nationalism," Kushima protested the unconditional acceptance of foreign-language disease names, along with the tendency to dismiss their Japanese counterparts as "lowbrow" (*zokuppoi*), although he did not specify exactly whom he had in mind when he made the observation.[577] Kushima was not wrong, and likely was more correct than he himself realized. While the development of scientific medicine in imperial Japan leaned into Western-derived diagnoses to support its epistemic infrastructure at the expense of existing disease concepts, *kanpō* too evolved from a history of distancing itself from what it dismissed as "folk therapy," both in search of identity and in defense of reputation.

As this dissertation has sought to demonstrate, the disproportionate prominence of assimilated therapeutic traditions in Japan's landscape of medical pluralism had epistemic

[576] Kushima, "Chinomichi-shō," *Sanfujinka no jissai*, 4.
[577] Kushima, "Chinomichi-shō," *Sanfujinka no jissai*, 4.

consequences. Even in his book publication of 1953, Kushima lacked the vocabulary to articulate his understanding of illness without drawing on the terminology of scientific medicine as a point of departure. Nor did Kushima possess the determination to break away from the scientific epistemology that both underpinned and confined his thinking patterns. In the clinician's own words, his work comprised an operation to "sort out the substance carried in the 'way of blood' and dress it up in the makeup of modern medicine."[578] Published in November 1954, Kushima's first research article for the official journal of the Japan Medical Association (Nihon ishikai) revealed a similar urge to present the "way-of-blood disorder" as a placeholder concept while awaiting future scientific discovery of the truth behind the clinical uncertainty surrounding the female gender. In the stereotypically dense language of mid-twentieth-century medical science, Kushima built upon his previous musings about the "way-of-blood disorder" and advocated for it to be defined as an "autonomic syndrome (*jiritsu shinkei shōkōgun*) similar to the menopausal disorder found in women."[579]

As if to meet its epistemic rival halfway, one of the more revealing responses to emerge from the *kanpō* community came in the form of an edited volume examining how Eastern and Western medicine allegedly were approaching each another.[580] The collective effort of nearly a dozen physicians, acupuncturists, and pharmacists, featuring such familiar figures as Yakazu Dōmei, Ōtsuka Keisetsu, and Tatsuno Kazuo, the volume had initially appeared as a popular serial in the national newspaper *Sankei shinbun* before arriving on the book market in 1956. In a standalone section on the "way of blood," the *kanpō*-based authors framed the health condition

[578] Kushima, "Chinomichi-shō," *Sanfujinka no jissai*, 4.
[579] Kushima Katsuji, "Iwayuru 'chinomichi-shō' ni tsuite 所謂「血の道症」に就いて," *Nihon ishikai zasshi* 32, no. 10 (1954): 577.
[580] Sankei jiji henshū kikakushitsu 産経時事編集企画室, *Kanpō dokuhon: Ayumiyoru tōzai igaku* 漢方読本　歩みよる東西医学 (Sankei keizai shinbunsha, 1956).

as a functional disorder that "modern medicine," due to its overwhelming focus on tackling organic diseases, could hardly recognize, let alone explain satisfactorily.[581] Nevertheless, they acknowledged Kushima's contribution in establishing the "way-of-blood disorder" as an independent disease worthy of investigation within the context of "modern medicine."[582] The implication was that *kanpō* did not need the same rite of institutionalization in order to take the "way of blood" seriously, since generations of practitioners had already been dealing with its manifestations by prescribing drugs designed to circulate obstructed *qi* and to expel "blood stasis," the proposed root causes of the elusive illness of women.[583] Over a dozen mentions of the "way of blood" appear in the nearly 200-page volume, yet it is telling that the "way-of-blood disorder" is nowhere to be found save for the one citation of Kushima Katsuji's publication.

The none-too-subtle sentiment of dissidence and superiority on *kanpō*'s side came with irony and justification alike. As if the concepts of "blood" and *qi* alone were insufficient to convince the average reader of the credibility of their insights, the volume's authors conceded to dividing the "way of blood" into three types. The latter taxonomy consisted of the "way of blood" as it arose from organic diseases like endometritis, the "way of blood" as manifested in endocrine disorders treatable through hormonal therapy, and the "way of blood" encountered in illnesses of a psychogenic origin. To aid the comprehension of readers, the publication further likened the third type to a disorder of *qi*.[584] The twentieth-century practitioners of *kanpō* might be the bilingual speakers of two different systems of medical nomenclature, but they too were the product of a Eurocentric medical education and therefore just as reliant on the lexicon of "modern medicine" as Kushima Katsuji. A more positive reason for the hybrid language adopted

[581] Sankei jiji henshū kikakushitsu, *Kanpō dokuhon*, 88–95.
[582] Sankei jiji henshū kikakushitsu, *Kanpō dokuhon*, 90.
[583] Sankei jiji henshū kikakushitsu, *Kanpō dokuhon*, 91.
[584] Sankei jiji henshū kikakushitsu, *Kanpō dokuhon*, 93–94.

by *kanpō* practitioners in their public messaging lay in their desire to appeal to those many women who had been encountering epistemic differences and communication barriers in patient-physician relationships since the early twentieth century. As explored in this dissertation, Japanese women had been receiving "hysteria" and other diagnoses of "modern medicine" while being ridiculed for speaking of the "way of blood" by doctors since at least the 1910s. According to the 1956 volume, the laywoman who suggested that the "way of blood" was the reason for her illness continued to risk being labeled "ignorant and unenlightened" (*muchi mōmai*) and having her health complaints dismissed by her clinician. It was only "over the past few years," claimed the editors, that the "average doctor" had begun to stop treating her like an "idiot" (*baka*), right around the time that Kushima's promotion of the "way-of-blood disorder" started gaining traction.[585]

Once again, *kanpō* sought an ally in Japanese women in order to question the epistemic hegemony of "modern medicine." To be fair, Kushima Katsuji was not oblivious or uncaring about the mistreatment received by Japanese women who came to the hospital with nothing but scientifically unverifiable symptoms. On the contrary, his proposal to repurpose the "way of blood" was partly motivated by the laywoman who found herself labeled the "bane of doctors" (*ishanakase*) and was then turned away by those who took a professional oath not to deny care.[586] While commendable, Kushima's patient advocacy was itself undeniable proof of the rampant neglect that characterized women's healthcare. It should come as no surprise, then, that as the "way-of-blood disorder" began to take off among Japanese physicians nationwide, *kanpō* received a vote of confidence from ordinary Japanese women. Citing the millennium-old yet ever so memorable verdict of the Chinese physician Sun Simiao that women were "ten times more

[585] Sankei jiji henshū kikakushitsu, *Kanpō dokuhon*, 89–90.
[586] Kushima and Suzuki, *Kōnenki shōgai oyobi kōkenki shōgaiyō shōkōgun*, unpaginated preface.

difficult to treat than men," a 1956 article in the national newspaper *Yomiuri shinbun* shared a Tokyo-based *kanpō* practitioner's estimate that as many as 85% of his consultations about *kanpō* medication came from women.[587] The so-called "*kanpō* boom" would continue into the 1960s, when another article in *Yomiuri shinbun* directed its caution about the misuse of *kanpō* drugs specifically to female readers. Published on the national daily's women's page in October 1962, the piece argued against the conflation of *kanpō* and "folk therapy." In a throwback to the days when *kanpō* physicians disagreed among themselves over the benefits and risks of recommending high-potency formulas in women's magazines, the news article further warned the "layperson" (*shirōto*) about the danger of trying out *kanpō* drugs without an expert's instruction just because they were in vogue.[588]

Curiously, it was during that same decade that Kushima Katsuji began to walk away from the idea of a "way-of-blood disorder" that he had floated in the early 1950s. In October 1961, Kushima contributed an article on said disorder to a special issue on menopause in *Sanfujinka chiryō* (Therapeutics in obstetrics and gynecology, 1960–2011), collaborating with a fellow obstetrician-gynecologist who had similarly received his doctorate from Tohoku University. Having been invited to contribute on the topic of the "way-of-blood disorder," the authors complied by titling their article after the diagnosis, but they clarified that they themselves no longer deployed the term and had opted to substitute it with "autonomic disorder" (*jiritsu shinkeishō*), which Kushima would subsequently replace with "autonomic dysfunction" (*jiritsu shinkei shitchōshō*) in future publications.[589]

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[587] "Kanpōyaku to fujinbyō 漢方薬と婦人病," *Yomiuri shinbun*, January 31, 1956, morning edition, 5.
[588] "Kanpō būmu to iwareru ga 漢方ブームといわれるが," *Yomiuri shinbun*, October 15, 1962, morning edition, 9.
[589] Kushima Katsuji and Kamio Kenji 神尾憲治, "Chinomichi-shō," *Sanfujinka chiryō* 産婦人科治療 3, no. 4 (1961): 35.

Kushima's decision to give up on his own creation after a decade's effort to mainstream it in academic and clinical discourse opened him up for criticism from *kanpō* physicians, in particular Yamada Kōin (1924–2021). Having completed medical school while studying under Ōtsuka Keisetsu in the wake of Japan's defeat in World War Two, Yamada came to work at a *kanpō* clinic located inside the Chūjōtō Building in Tokyo, constructed by none other than the son of Tsumura Jō and Jūsha. Over the course of the 1960s, Yamada penned several articles for academic journals opposing Kushima Katsuji's motion to retire the "way-of-blood disorder" with the forceful argument that alternative concepts like "autonomic dysfunction" failed to reflect either the gender-specificity of the health condition or the psychological causes behind its onset.[590] From at least 1959, the *kanpō* physician had himself begun to define the "way of blood"—minus the "disorder" suffix—as a "state of illness that only occurs in women" and subsequently as a "psychoneurological disorder closely linked to physiological phenomena unique to women."[591] Yamada did so with the explicit intent of including "diseases not yet understood by modern medicine" under the rubric of the "way of blood," an act of classification enabled by the very potential of clinical uncertainty to accommodate the unknown.[592] In what was most likely an unintentional misrepresentation, Yamada further framed the "way of blood" as a "completely unique disease name in *kanpō*" and an illness that had previously "received recognition only from *kanpō*" during the course of a radio broadcast in 1965.[593] Born during the

[590] For examples, see Yamada Kōin 山田光胤, "Kanpō shohō no jissai: Shinkeishō oyobi chi no michi no chiryō 漢方処方の実際　神経症および血の道の治療," *Nihon yakuzaishikai zasshi* 日本薬剤師会雑誌 15, no. 1 (1963), 44–45; Yamada, "Chi no michi ni tsuite 血の道について," *Kanpō no rinshō* 13, no. 3 (1966): 56–58; Yamada, "Chi no michi no igi to chiryō keiken 血の道の意義と治療経験," *Kanpō no rinshō* 15, no. 11/12 (1968): 109. The 1966 publication was adapted from a radio interview that Yamada Kōin gave in July 1965.
[591] Yamada Kōin, "Chinomichi-shō ni sōtō suru shikkan no gendai igakuteki kaishaku (shiken) 血の道症に相当する疾患の現代医学的解釈（私見）," *Kanpō no rinshō* 6, no. 7 (1959): 9.
[592] Yamada, "Chinomichi-shō ni sōtō suru shikkan no gendai igakuteki kaishaku (shiken)," 12.
[593] Yamada, "Chi no michi ni tsuite," 56.

twentieth century, the *kanpō* physician held little regard for what he could only understand as "folk therapy." Nor does Yamada seem to have been aware of the discussions regarding the androgynous "great way of blood" amongst the long-forgotten teachings of Japan's native therapeutic traditions. In Yamada's reproduction of history, ownership of the "way of blood" had always belonged to *kanpō*.

It took Kushima Katsuji a few more years to come clean about the reasons behind the decision he had reached during the 1960s to abandon the "way-of-blood disorder." In a journal article from August 1971, Kushima admitted that his rejection of the term in favor of "autonomic disorder" and then "autonomic dysfunction" had been the direct result of an unnamed former mentor's "disgust" (*ken'o*) at the nonscientific notion.[594] Despite his own conviction that the latter two diagnoses could not account for symptoms that were triggered by mood disorders in the absence of any pathological change to the autonomic nervous system, Kushima chose to appease his intellectual predecessor rather than to stand his ground. The timing of his confession was not random. The early 1970s saw the emerging popularity of *futei shūso*, or "nonspecific complaints," a similarly vague reference to health conditions involving primarily subjective symptoms.[595] Although the medical neologism carried no explicit specification of gender, Kushima considered it almost identical to the "way-of-blood disorder" and supported the interchangeable use of the two diagnoses in a clinical context. In other words, the idea that women would constitute the primary source of "nonspecific complaints" was taken for granted.

Even the most clinically nonspecific complaints can provide clues about the individual's experience of history. Emanating from the laywoman's seemingly meandering narratives about illness was at times an embodied knowledge of Japan's recent past. For example, in the mid-

[594] Kushima Katsuji, "Chinomichi-shō 血の道症," *Sanfujinka chiryō* 23, no. 2 (1971): 174.
[595] Kushima, "Chinomichi-shō," *Sanfujinka chiryō*, 177.

1950s, a widow revealed the impact of national fortunes on her health in a letter to Ōtsuka Keisetsu. The writer had become convinced that she suffered from the "way of blood" after reading about the condition in one of the *kanpō* master's articles. "As for the cause of my illness, there is nothing that I can strongly recall, but I lost my husband to the war, and I am struggling to get by with my two children."[596] By the time she dispatched the letter, the mother of two had tried an eclectic collection of treatments from hormonal therapy to Chūjōtō, all to no avail, and was desperate to recover from her vertigo, insomnia, chest pain, and crippling anxiety for the sake of her children's future.[597]

Yakazu Dōmei similarly documented the recent return of the "way of blood" in a 49-year-old woman who sought his help in 1956. While in her mid-twenties, the patient had developed the "way of blood," which presented as postpartum palpitations and rendered her housebound. Those symptoms disappeared, however, after war broke out between imperial Japan and Republican China during the 1930s. Notably, it was not medicine that rid the wife and mother of her debilitating illness. According to the patient's recollection, her symptoms had vanished only when she "had no choice but was forced to go outdoors due to the air-defense exercises and the activities of the neighborhood association," and she would "completely forget about her illness during evacuations and air raids."[598] It would not be until after the end of World War Two, once the patient had returned to Tokyo, her husband's company's position had improved, and her son had finally secured employment, that her health condition began to deteriorate once more. Having made way for war mobilization to take over her everyday life, the

[596] Ōtsuka Keisetsu, *Shindan shohō to kanpō ryōhō* 診断処法と漢方療法 (Dai-Nihon yūbenkai kōdansha, 1957), 171.
[597] Ōtsuka, *Shindan shohō to kanpō ryōhō*, 171–172.
[598] Yakazu, "Chinomichi-shō no igi to kanpō ryōhō," 11.

"way of blood" was now making its way back to haunt the wife and mother just when a future of peacetime prosperity had finally appeared on her horizon.

In both narratives, and likely in many more that escaped documentation because physicians heard in them little more than the irrelevant babbling of the "ignorant and unenlightened," women's nonspecific complaints emerged from an embodied knowledge of historical trauma. It was by fulfilling their social and gender expectations as good wives, wise mothers, and patriotic women that many women developed a relationship with the "way of blood" that would take years to unfold before it could unravel. Thus, even as the centuries-old notion of the "way of blood" would encounter new twists and turns over the postwar decades, its story was far from being over.

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