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CONTESTED BOUNDARIES OF PERSONHOOD:
THE MORAL STATUS OF THE FETUS AND INFANT
IN LATE TOKUGAWA JAPAN

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ABSTRACT OF THE DISSERTATION

Contested Boundaries of Personhood:

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This dissertation examines the competing notions of personhood in the late Tokugawa era in Japan (from the mid-eighteenth to the late nineteenth centuries), by investigating conceptualizations of the beginning of life articulated and negotiated by different stakeholders in society. During this period, the concept of personhood was disputed, with increasing numbers of poor families performing abortions and infanticide, while moral entrepreneurs vehemently condemned such practices. Further, doctors in nascent obstetrics developed technologies to save the lives of the fetus and infants, contributing to the idea that the fetus and infant were persons worthy of protection. To decipher changing notions of the beginning of life, this work examines the manners in which the fetus and infants were included in the categories of patients in medical practices, victims in anti-abortion and infanticide discourses, and children in parents' point of view. Drawing on textual analysis of materials including Confucian, obstetrical, and legal texts, as well as the analysis of archeological data, this study identifies and analyzes divergent perspectives on the genesis of life, and personal, political, and ethical motivations behind such claims.

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Chapter 1. Introduction

The questions surrounding the beginning and the end of human life ask about our fundamental understanding of the body and personhood. These moments, which constitute the beginning and the end, are typically thought of as the boundaries that define what life is, but there is no inevitable, or objective point in time at which an individual's life begins and ends. Further, while the notion of personhood is inherently connected to the ideas about the beginning of life, life and personhood are not necessarily synonymous. While some believe that personhood begins at the time of the genesis of life, others consider that recognition of life does not automatically grant personhood.

Personhood is a category that is shaped by social and cultural context in which it is used (Conklin and Morgan 1996). Even within society, its meaning is often contested. The temporal delineation of life and non-life has been the site of a "border dispute" with its ambiguity and political significance (Zerubavel 1991:68-69), and the question of where, when, and how life begins has been debated in various cultural and historical contexts. As the anthropologists Sharon Kaufmann and Lynn Morgan state, "beginning and ends [of life] are contingent local concepts, the meanings of which are neither stable nor self-evident" (2005:320). The concept of life is not historically static either. The historian Valerie Hartouni (1999:300) maintains that "Who or what is called person is, among other things, a highly contingent historical formation. It is both the site and the source of ongoing cultural contests and always under construction as a self-evident fact of nature."

The utmost critical issue at stake in such controversies today is the moral status of the fetus and embryo. Debates over abortion are one of the most divisive political

controversies in the United States today, and those who are against abortion rights frequently argue that it has to do with the sanctity of fetal personhood (Agostinone-Wilson 2014). Controversy over reproduction is not unique to contemporary societies, however. Historical evidence shows that there have been abundant disagreements over the understanding of the genesis of life, the moral status of the fetus and infants, as well as legitimate methods of birth control.

This study grapples with such questions surrounding the conceptualizations of the genesis of life within the Tokugawa period in Japan, roughly from mid-eighteenth century to the late nineteenth century. While there is a dearth of scholarship on reproduction in Japan, written in English,¹ the significance goes beyond a void in this academic work. The Tokugawa period was an era when competing ideas about the beginning of life appeared. With the emergence and the development of obstetrics (Ogata 1919; Shinmura 1996; Sugitatsu 2002), increasing interests and investments in children, even among ordinary people, as well as the practices and intensification of campaigns against abortion and infanticide (Chiba 1983; Drixler 2013; Ohta 1997; 2006; 2007; Sawayama 2005; Takahashi 1981 [1936]) in a short period of time, the late Tokugawa period came to be recognized as the era of a “reproductive revolution” (Ochiai 1994), providing us with the optimal historical setting to examine the conceptualization of the beginning of life.

With the popularization of neo-Confucianism in the Tokugawa period, people began to see their children as someone who could contribute to the continuation of the

¹ One notable exception is research on *mizuko kuyō*, which is a memorial service for the fetus and infant in cases of abortion, miscarriage, and stillbirth, popularized in the 1970s (Brooks 1981; Hardacre 1997; Harrison 1995; 1996; LaFleur 1992; Smith 1992; Underwood 1999; Wilson 2009).

family lineage and bring about prosperity to the subsequent generations. In this context, childrearing manuals became popular, and small-scale private educational institutions (*terakoya*) became widespread. With the increasing interests in children, people's curiosity about the beginning of life expanded. Childrearing manuals and popular culture of the time depicted fetal development which became part of ordinary people's knowledge. Since the majority of families could not afford to feed a large number of children, they tried to have fewer number of children and provide the best they could afford. With limited methods of effective and reliable birth control available, some used abortion and infanticide as ways of keeping their family size small. In policy and moral discourses, such practices were banned and criticized, generating debates over the moral status of the fetus and infant. In the professional arena, birth was medicalized, with the fetus and infants being treated as patients, for the first time in history.

This study deciphers the classification of personhood in the late Tokugawa period from a cognitive sociological point of view. A sociological perspective allows us to critically analyze social processes of knowledge production (Berger and Luckmann 1966). By elucidating the ways in which actors in various social fields, such as medicine, ideology, policies, and popular culture viewed the fetus and infants, I demonstrate how they constructed and negotiated the boundaries of personhood in their discursive practices. To identify various ways in which the fetus and infants were recognized as a person, this work pays close attention to how they became a part of the categories of: patients from doctors' perspectives; victims from the viewpoint of moral entrepreneurs who censured abortion and infanticide; and children from parents' point of view. By doing so, I aim to contribute to both the theories of reproduction in general and to the

understanding of the notions of life, body, and personhood in premodern Japan in particular.

Notions of life, body, and personhood in Japan

How we see the world is historically and socially situated, and particular knowledge is formed in the contexts of the specific thought communities to which the producers of the knowledge belong (Fleck 1981 [1935]; Mannheim 1936 [1929]). For this reason, it is crucial for this study to first unpack the ways in which scholars have analyzed and understood the conceptualizations of the body, personhood, and the beginning of life in what has been long defined as “traditional” Japan. There are two influential ideas about such issues, both of which were first presented by Yanagita Kunio,² the founder of folklore studies in Japan. The first notion is that people in so-called traditional Japan had a firm belief in reincarnation, holding cyclical, rather than linear, notions of life (Itabashi 2007:265). This idea became popular among later scholars in anthropology, history, and folklore studies. The folklore scholar, Tsuboi Hirofumi (1970), for example, argued that a life of a person was not considered to end at death. He explained that the soul of the deceased transformed to ancestral spirit with proper memorial services, and were reincarnated as descendants. Similarly, the anthropologist Namihira Emiko (1996) maintained that the dominant idea in Japan was that life was housed in the “open and continuous body,” which could be contrasted with the closed, limited, and irreplaceable individual body.

² In this work, Japanese names are listed with the family name first, following Japanese linguistic and cultural practices.

The second notion popularized by Yanagita is that children under seven years old³ were considered to be liminal beings that belonged to the realm of the gods.⁴ Others echoed this, stressing the ephemeral nature of small children. The historian and folklore scholar, Tanaka Hisao (1965:315), for example, wrote that “because children’s spirits are so unstable, they are like amphibians, going back and forth between this-worldly and another-worldly.” The idea that considered the infants and small children as liminal beings was also supported by research that demonstrated that births took place in liminal locations in premodern Japan. Several classics of Japanese literature⁵ suggested that birthing huts (*utsumuro* or *ubuya*) were built near the ocean and were burned down after they were used. The ocean was considered the boundary between this world and the other world, and the building of a hut in such a location signified the in-between status of the pregnant woman and her child. By burning down the hut, liminality was terminated and the woman and the child became more stable beings (Tanigawa 1981). Birthing huts were built even in the late 1930s, and they were often located in boundary areas such as near rivers and the borders of prefectures or villages (Sekizawa 2008). A hut was believed to have provided the separation from the everyday life, while allowing people to avoid the blood-related birth pollution, which was considered to have been easily transformed to death pollution (Shinmura 1996). Combining these two ideas (i.e., notions of reincarnation and the transitory status of children), the folklore scholar Ōmachi Tokuzō

³ In premodern Japan, age was reckoned in the Chinese system in which the counting starts with one and a year is added to the person’s age on each New Year’s Day. This system was used in other East Asian cultures as well. Therefore, seven years old here would have been six years old in the modern counting system.

⁴ Yanagita first presented this idea in 1914 stating, “there are regions where people say children are gods until they reach seven years old.” He reiterated this point in 1945 (Shibata 2013:12-13).

⁵ For examples, see *The Records of Ancient Matters* (*The Kojiki*, the oldest extant chronicle of Japan composed in 711-712 by O no Yasumaro), *Chronicles of Japan* (720, *Nihonshoki*, also by O no Yasumaro), and *History of the Inbe Clan* (*Kogo Shūi* written in 807 by Inbe no Hironari).

maintained that people in premodern Japan practiced abortion and infanticide because they held the belief that children under seven years old belonged to the realm of the spiritual (thus not a human), and even after their lives were terminated, their spirits would return to the family in the form of another child, based on the belief in reincarnation.

This dissertation critically engages with such ideas by providing more nuanced understandings of the beginning of life, personhood, and social positions of the fetus, infants, and small children in the late Tokugawa period. The Tokugawa period was when children gained significant social recognition in Japanese society. Numerous childrearing manuals were published, and small private schools (*terakoya*) became popular (Nakae 2007; Takahashi 2007). A number of prominent artists chose children as the theme for their woodblock print illustrations (Kumon Kodomo Kenkyūjo 2000),⁶ and a genre of books for children (*akahon*, or red books) appeared and became popular as well (Masaki 2013; Okamoto 1988). Further, commentaries of observers from overseas suggested that people in the late nineteenth century Japan treated children with a great care. The American zoologist, Edward Morse, for example, wrote based on his travel between 1877 and 1883 that:

There is one subject, among many subjects, that foreign writers are unanimously agreed upon, and that is that Japan is the paradise for children. Not only are they kindly treated, but they have more liberty, take less liberty with their liberties, and have greater variety of delightful experiences than the children of any other people (Morse 1917:41).

⁶ In particular, Suzuki Harunobu left a number of works in which he depicted children playing together. Even artists who were known for their illustrations of women (e.g., Torii Kiyonaga and Kitao Shigemasa) depicted children. Utagawa school of *ukiyo-e* had a number of works that depicted a mother and child as well.

Similarly, the English explorer and writer, Isabella Bird discussed treatment of children in Japan in her travelogue from 1878:

I never saw people take so much delight in their offspring, carrying them about, or holding their hands in walking, watching and entering into their games, supplying them constantly with new toys, taking them to picnics and festivals, never being content to be without them, and treating other people's children also with a suitable measure of affection and attention (Bird 1888:75).

How can a society that justified infanticide with the ground that infants and small children were not fully human be a “paradise for children”? How can we understand the social position of infants and cultural meanings attached to early margins of life with these seemingly contradictory dynamics? Another area of social change that has not been fully analyzed within the social history of children in Japan is the development of obstetrics. Nascent forms of obstetrics emerged during the late Tokugawa period, and its practitioners rapidly increased their interest in knowing and saving the lives of fetuses and infants. While historians of medicine documented the history of obstetrics, they have not examined the social implications of such developments.

Classifications of personhood

This dissertation will elucidate when and how the fetus and infants were included in the category of personhood in the late Tokugawa period by examining the ways in which social actors with high stakes in the ideas of the genesis of life (i.e., obstetricians, political and ideological leaders, and family members) granted a burgeoning life membership to the society. As sociology of cognition informs us, classification involves the two critical mental processes of splitting undifferentiated reality and compressing the mental distance between different elements within the category (Zerubavel 1996; 1997). In other words, categories are characterized with the mutual exclusivity between different

categories and lumping of various elements within the categories. By breaking down reality into smaller segments and treating them as discrete entities, we create boundaries, or socio-phenomenological gaps, and amplify the distance between categories (Zerubavel 1991).

The process of the beginning of life is inherently vague, and it provides us with an excellent window through which we can analyze how people symbolically split the continuous growth of the fetus and infant and lumped the lives at the early margin in different ages within the categories. Even the conventional wisdom we have today can be considered arbitrary. While an infant's detachment from its maternal body is treated the starting point in which the infant exists legally as an individual, "from an evolutionary or biological standpoint, human infants could be classified as 'extergestate' fetuses" (Isaacson 2001:9). The enlargement of the brain and the narrowing of the birth canal associated with bipedal locomotion in the process of human evolution necessitated that the infant was born prematurely in the standard of other primates (Rosenberg and Trevathan 2005; Wells et al. 2012; Wittman and Wall 2007). To decipher the classificatory framework of personhood surrounding the genesis of life, I examine the process in which the fetus and infants were recognized as patients in medical practices, victims in cases of abortion and infanticide, and children from parents' point of view. Further, I shed light on the ways in which people imagined the genesis of life in terms of the fetus and infants' relationship to their mother's body and identity.

Fetal patienthood in the field of medicine is one way in which fetal personhood becomes salient today. That is, when doctors see the fetus and infant as their patients, it indicates that they consider the emerging lives as persons in their professional practices.

The scholarship on contemporary reproductive technology has revealed that certain technologies contributed in creating the notion of the fetus as the patient, which, in turn, solidified fetocentric perspectives. In particular, the technologies to visualize the formerly invisible fetus (e.g., ultrasound) helped in creating the notion of fetal personhood (Petchesky 1987; Rapp 2000; Sleeboom-Faulkner 2007), which resulted in the fetus becoming “a public figure with a life separate from the pregnant woman” (Isaacson 1996:460). While femininity is often defined with reproductive functions and the fetus requires the pregnant woman’s body for its growth, her existence becomes invisible in the discourse of the fetal personhood. These technologies have challenged ideas about personhood, the moral status of the embryo and fetus, and women’s status as well as the notion of family (Sleeboom-Faulkner 2007:203).

A similar dynamic has been observed in other medical practices as well. Researchers have found that while providing greater possibilities for those with fertility challenges, infertility treatment (Almeling 2007; Becker 2000; Inhorn and van Balen 2002; Markens 2007; Teman 2010) and fetal surgery (Casper 1997; 1998a; 1998b) may also alienate those who undergo such treatment. Women’s bodies can be seen even as obstacle or the source of danger in some cases. The starkest example from contemporary medical practices may be fetal surgeries, in which the patient of the treatment shifts from a pregnant woman to the fetus (Casper 1997; 1998a; 1998b). The sociologist Monica Casper documented that doctors see women’s bodies as barrier that they have to break through in order to reach their fetal patient. While the procedure is highly invasive to a woman’s body, her altruism and the sense of sacrifice is expected and taken for granted in saving her “child.”

The notion of fetal victimhood is another, and may be the most common, way in which fetal personhood narrative appear in societies that have restrictive abortion access. That is, when political actors and moral entrepreneurs view the fetus and infant as victims in cases of abortion and infanticide, it suggests that they are treating the fetus and infants as persons worthy of protection. Expanded recognitions of “the fetal citizen” appeared in a number of forms, but it is particularly so in policies and discussions surrounding induced abortion in different parts of the world. For example, Ireland constitutionalized rights to life for the fetus in 1983, granting equal rights to life for the fetus and the pregnant woman. Countries, including Hungary, the Dominican Republic, Ecuador, El Salvador, Guatemala, Madagascar, Paraguay, and the Philippines followed, by including “fetal rights” in their constitutions (de Londras 2015:243). In anti-abortion narratives, the uterus came to be treated as if it is a public arena and the fetuses are regarded not just as a person, but right-bearing citizens (McCulloch 2012). In Poland, for example, abortion was declared unconstitutional, treating the fetus as the “purest citizen,” whose rights would weigh more than those of the women (Holc 2004). This resonates with anti-abortion rhetoric in the United States that considers “the fetus as the icon of innocence” (Scott 1999:34). Although the United States does not constitutionally grant personhood to the fetus, those who are against abortion often base their argument on the notion of fetal personhood. Claims for fetal rights establishes fetus’ “independent relationship with the state that bypasses the pregnant woman” (Roth 2000:3).

In such anti-abortion legal framework, an aborted fetus is seen as a victim.⁷ What is significant in the fetal victimhood narrative is that the maternal body could be thought of

⁷ For example, the Unborn Victims of Violence Act, promulgated in 2004 in the United States, considered

as the source of harm. That is, the fetocentric perspective not only gives “rights” to the fetus, but also separates it from the mother’s rights, and sees their relationship as antagonistic (Hardacre 1997:4). Consequently, women’s behaviors came to be monitored and placed under close surveillance.⁸ Considering the fetal victimhood as one of the powerful ways in which fetal personhood becomes salient, this study examined moral entrepreneurs’ criticism against abortion and infanticide.

Finally, when parents treat their fetus or infant as their child, it suggests that the emerging life is seen as a person. The acceptance of the pregnancy and birth indicate that the fetus and infant gained the first step toward the membership to the family, the first and arguably most critical social institution that affected the life of the infant. I first approach this aspect of personhood by examining how family members practiced rites of passage to acknowledge the emerging life as their child. As anthropologists have demonstrated historically in various cultural settings, the notions of liminality and practice of rites of passage allow us to access the ways in which members of society mentally segment continuous reality into discrete stages (Van Gennep 1960 [1909]).

Following the analysis of rites of passage, I examine how parents responded to spontaneous deaths of the fetus, infants, and small children. Pregnancy is filled with uncertainty, and miscarriage, stillbirth, and deaths of infants were far from a rare

the fetus as a legal victim when it was injured or killed (Murphy 2014). The mother can be convicted if her self-harming behavior resulted in the damage to the fetal body. Similarly, chemical endangerment law, enacted in 2006, was originally designed to protect children from exposure to illicit drugs, but it came to be used to charge women whose newborn infants tested positive for such drugs. When such woman had miscarriage or stillborn, that could result in conviction of the woman (Kellett 2014).

⁸ A number of pregnant women with addictions came to be incarcerated from the late 1980s with the “crack-mother scare” (Humphrie 1999). Moral entrepreneurs also created the clinical symptom called Fetal Alcoholic Syndrome (FAS) in scientifically questionable fashions (Armstrong 1998; 2003). Critics are also concerned that medical interventions (e.g., forced caesarean sections, fetal surgery, and fetal blood transfusion) were made based on the “interest” of the fetus, rather than the pregnant woman, compromising women’s autonomy as a competent patient.

occurrence during the Tokugawa period. As Thomas Laqueur (2015) wrote, the treatment of the mortal remains was an important concern across different historical and cultural contexts, and an examination of the dead tell us much about the living. An analysis of death is particularly crucial in understanding of the beginning of life. This is because members of the society assign a meaning to a liminal being when its liminality is terminated without the entity moving on to the expected next stage. Examining whether a family simply disposed of the fetal or infant body or treated it in the same or similar ways as the deaths of older family members would give us an indication about the position of the emerging life within the family.

Another dimension critical in the conceptualizations of the beginning of life has to do with the physical and symbolic boundary between the maternal and fetal body. While fetal development and women's bodily experiences are inseparable, and pregnancy is not possible unless it takes place in the womb, reproduction has not been typically theorized with an emphasis of the aspect of relationality. Fetal development is often discussed as a linear progression of the transformation experienced by the embryo and the fetus, treating the maternal bodies as its "environment" (Petchesky 1987) or "ecosystem" (Duden 1993).

One reason is Cartesianism, a powerful philosophical tradition pertaining to the modern understanding of the body. Descartes's mind-body dualism assumes that the body is autonomous and insular, and this notion allows only a singular focus on the fetus or the woman. The process of reproduction challenges the idea of the insularity of the self and reveals the androcentricity of such conceptualizations. Pregnancy involves the destabilization of what is perceived as an individual's bodily boundaries.⁹ Described as

⁹ The conceptual tension between Cartesian notions of the body and reproduction is evident from the point of sexual intercourse, which breaches the corporeal boundary (Davis 1983; Zerubavel 1991:38). Pregnancy

“a liminal process of becoming” (Davis-Floyd 2004:25), pregnancy highlights the ever-changing nature of the body that was excluded in the androcentric notions of it.¹⁰ While often discussed as autonomous, the body that is contained in a pregnant body is equally, if not more, problematic in the modern notion of the body. As characterized as the “corporeal uncertainty” (McClive 2002), “pre-embodied life” (Hockey and Draper 2005), and the status of “not-yet” (*nondum*) (Duden 1993), a fetus is a cognitively unsettling being. Even after the birth, the neophyte is an ambiguous being (Turner 1970 [1964]) that requires rites of passage to become a community member. In order to decipher how the boundary between the maternal and fetal bodies were drawn and negotiated, this dissertation focuses on what connect the bodies of the mother and her fetus and infant, namely the placenta and breast milk.

Data and Methods

Unpacking the historical changes of a classificatory system is one way to elucidate the fact that the notion of personhood is neither inevitable nor self-evident, and that a seemingly straightforward question of who counts as a person is highly contentious. In order to examine the competing notions and changes in the conceptualizations of the genesis of life in the Tokugawa period, this dissertation draws on various texts as well as pictorial representations. Using evidence collected in different disciplinary methods allows us to deepen our understanding of the past (Fujimoto 1990).

further reveals this contradiction, as the bodily state of the pregnant woman and the fetus can be characterized with their constant transformation and ambiguous nature.

¹⁰ From the time of Galen’s one-sex model, which considered the female body as an inferior version of the male body, the reproductive functions of the female body were viewed as evidence of deviation from the model (read male) human body (Laqueur 1986; 1992; Schiebinger 1993). The modern understanding of the body also characterized the female body as out-of-control and excluded it from the conceptual framework (Grosz 1994).

I use childrearing manuals, as well as a children's book and an illustrated story book, for analyses of fetal development narratives (Chapter 2) as well as for practices and beliefs surrounding the placenta and breast milk (Chapter 5). For the understanding of medical development and emerging fetal patienthood (Chapter 3), I examine obstetrical textbooks. My primary source was *The Library of Obstetrical Texts (Nihon Sanka Sōsho, 1895)* compiled by Kure Shūzō and Fujikawa Yū. This material includes fifty-nine obstetrical texts from the Tokugawa period. Since illustrations were copied by hand in this work, most images used in this dissertation were taken directly from the original texts, stored in various university libraries. To capture the ways in which family members accepted the fetus and infant as a family member (Chapter 4), I examined diaries and survey research conducted during the Tokugawa period for the practices of rites of passage. To understand the ways in which people responded to the deaths of young members of their family, I used reports from archeological excavations of graveyards. Finally, for the examination of fetal victimhood, I used materials on policies and campaigns against abortion and infanticide (Chapter 6). For policies, I relied on primary materials in *Historical Materials on Mabiki in Early Modern Japan, (Mabiki Kankō Shiryō Shūsei, 1997)* edited by Ohta Motoko. For moral discourses, I used anti-abortion and infanticide pamphlets, compiled in *The Study of the History of Demography in Japan (Nihon Jinkōshi no Kenkyū, 1955)* by Takahashi Bonsen.

As suggested above, this study relies upon data and analyses from multiple fields, including folklore studies, history, and archeology. I frequently cite folklore scholars' work in this dissertation, as they were central in the studies on childhood and rites of passage, as well as beliefs, taboos, and practices surrounding pregnancy and childbirth

(Ofuji 1967). While relying upon their work, however, I engage critically with them. Folklorists¹¹ conducted ethnographies, oral histories, as well as analysis of material culture in rural villages, based on the belief that rural life preserved what they considered the traditional way of life. While they were successful in recording social reality narrated by ordinary people, they tend not to be critical with the notion of traditionality, and placed limited emphasis on specificity of historical contexts.

Contrary to the approaches taken by folklore scholars, historians have largely relied upon written materials. The Tokugawa period provided historians with particularly rich materials to work with, as publication and literacy increased greatly during this period. Woodblock printing became popular and widely used by the early seventeenth century, and developed rapidly later in the century. As the historian Mary Berry (2006) argues, the explosion of information in the 1600s due to publication in various fields created “the public.” This is important not only because people gained access to knowledge that was not available in the past, but also such change in skills contributed to the culture of writing, making it possible for later scholars to study personal writings, such as diaries and letters. This study primarily relies on printed materials, but also utilized personal accounts when available.

In addition to the type of materials used by folklore and historical studies, this dissertation utilizes data from archeological research on mortuary practices, which allow us to consider the position of children within the family and society, as well as perceptions of the genesis of life. Archeology had been considered as the study of the prehistorical past, but this view was challenged in the late 1960s (Nakagawa 1985).

¹¹ Folklore studies in Japan began in the late nineteenth century, and expanded further in the early twentieth century.

Several major archeological excavations began in the mid-1970s, and this trend was furthered in the mid-1980s with rapid development in the central Tokyo area in the context of a bubble economy (Tanigawa 2010). While folklore approaches emphasize continuity and often minimize the particularity of historical contexts (Kobayashi 1990; Tsude 1986), archeological research revealed the specificity of people's lives with material evidence. Further, archeological data provide us with the knowledge of urban life in the Tokugawa period, which can be contrasted with folklorists' focus on customs in rural areas. Edo (the city that became Tokyo in 1868) was a city with high population density and diversity based on occupation and social status. It also had concentration of warrior-class population, which, owing to their movements between Edo and their provinces, shared various cultural practices in the country. Considering that the culture of the city was gradually transmitted to the rural areas, it is crucial to deepen our understanding of urban life.

Chapter Outline

The chapters are organized around the following themes: fetal development narratives in religious and moralistic texts (Chapter 2); the notion of fetal and infant patienthood in the development of obstetrics (Chapter 3); and notions of childhood seen in rites of passage and responses to children's deaths (Chapter 4); the placenta, breast milk and the relationship between the maternal and fetal/infant bodies (Chapter 5); and anti-abortion and infanticide discourses and the ideas of fetal victimhood (Chapter 6). By organizing the findings based on theme, rather than in a chronological order, I aim to highlight the sociological significance of classification surrounding personhood at the early margin of life.

Chapter 2, The Fetus as an Emerging Social Actor: Theory of Fetal Development, outlines the ways in which pregnancy and the beginning of life was imagined and depicted in Confucian childrearing manuals and other popular texts of the time to lay the groundwork for the rest of the dissertation. The increasing appearance of the fetus in popular media both reflected and further generated people's fascination with the beginning of life. During the early Tokugawa period, the dominant narrative of fetal development based on classic Chinese texts was replaced by diversified explanations by authors of childrearing manuals, which incorporated the ideas of syncretic religion and infused it with Confucian norms of filial piety. Their stories of the beginning of life were further popularized after being used in various entertainment and publications.

The discussions of the fetal development narratives will be followed by Chapter 3, The Development of Obstetrics and the Fetal and Infant Patienthood. Considering the process of the fetus and infant becoming patients as one of the indicators of the early margin of life gaining personhood, this chapter examines the ways in which various obstetrical techniques and technologies were invented to save the liminal being surrounding reproduction, deciphering how not only the mother but also the fetus became the patient in doctors' eyes. Obstetrics in Japan was begun by Kagawa Gen'etsu, a doctor who invented a technique to save women with birthing complications, by extracting the dead fetus from the uterus using an iron hook. While the founder's priority was to save the lives of women, as the Kagawa School of obstetrics expanded, more and more doctors sought to create ways to save *both* the woman and her fetus or infant. In this process, obstetricians also developed theories about the genesis of life, based on their experiences of saving the lives of birthing women with complications, observing miscarried and

aborted fetuses, and conducting dissections. Their work made the previously invisible fetuses into visible patients, thereby establishing the a particular type of personhood in their professional practices.

Chapter 4, *The Fetus and Infant as a Child*, analyzes the meanings of childhood in the Tokugawa period from the perspectives of parents. I will begin the discussions by analyzing practices of rites of passage to demonstrate that parents' explicit commitment to raise the fetus or infant as their child was critical in the conceptualizations of personhood and the beginning of life. Following this, I will examine various ways in which people in the Tokugawa period reacted to and treated spontaneous deaths of the fetus and infants. The structure of the burial, co-buried objects, and grave markers reflected people's views on children and childrearing (Tanigawa 2010:36). Societies make distinctions between persons and nonpersons with differentiation in treatment of the dead, and only the deaths of socially recognized persons are given public recognition. In societies where a person's death is accompanied by a mourning ritual or particular types of social practices, the absence of such acts signifies the lack of humanity in the dead. That is, "[t]he deaths of pre-persons occur in social silence, and their bodies are socially invisible" (Conklin and Morgan 1996:678). Thus, the treatment of the dead at different stages of life signifies the status of the dead as a person prior to death. Contrary to the claims by folklore scholars, archeological evidence indicated that there were a number of cases in which parents treated the dead infants and even fetuses with funeral rites that were similar to the ones designed for adults, suggesting that the membership to a family as a child was not determined with the child's age alone. What was more important was parents' explicit commitment to raise the emerging life as their child.

In Chapter 5, *The Ambiguity of Fetal Personhood: The Placenta and Breast Milk*, I investigate the boundary of the fetal body by examining how people thought of and treated what I call “liminal body parts” that were in between the body of the pregnant woman and her fetus or infant (i.e., the placenta and breast milk). Discourses on and practices surrounding breast milk reveal the expectations put on pregnant women as a nurturer, while beliefs and treatment of the placenta show ambivalent notion of the maternal body as both the protector and source of danger to the fetus.

Finally, Chapter 6, *Abortion and Infanticide*, examines the practice of and the discourses surrounding abortion and infanticide, and clarifies when and how the fetus and infant were seen as victims in such incidents. After highlighting the scholarly discussions and debates on abortion and infanticide during the Tokugawa period, I investigate the ways in which abortion and infanticide were criticized and criminalized, drawing on legal records and moralistic texts. Contrary to anti-abortion discourses today, fetal victimhood narrative was merely a small part of the anti-abortion and infanticide argument. The dominant narratives against abortion and infanticide were either to invoke people’s sense of shame or their fear of divine retribution. Even when authors tried to convince their readers that the fetus and infants were their children, they based the argument on how beneficial children would become, rather than to claim that the fetus and infants should be protected as a person with certain level of moral status.

Combining the analyses of narratives of fetal development, development in obstetrics in relation to the emergence of fetal patienthood, the views held by parents about the position of children, their understanding of the placenta and breast milk, as well as anti-abortion and infanticide discourses, this study demonstrate the multiple,

transforming, and contested notions of the genesis of life in the late Tokugawa period.

While this knowledge is important in deepening our understanding of premodern Japan, it also allows us to challenge the modern notions of the body that is often assumed as culturally and historically universal, and advance the theoretical discussions of the body and reproduction.

Chapter 2. The Fetus as the Emerging Social Actor: Theories of Fetal Development

One of the significant social changes pertaining to the notions of beginning of life in the Tokugawa period was an increasing interest in children at the social level. As the family became the independent economic unit, even ordinary people began to consider the continuation of family lineage important. Childrearing manuals became popular as parents tried to maximize the potential of their children. Such texts often included the discussions of fetal development, which greatly affected people's knowledge and thoughts about the beginning of life.

This chapter traces the trajectory of fetal development narratives in the Tokugawa period, from highly theoretical Chinese texts based on medical understanding of meridian to popular childrearing manuals, which infused Confucian teaching to the Buddhist notions and disseminated it to the general public. Further, this chapter demonstrates the extent to which such ideas became widespread, by introducing parodies of fetal development narratives that appeared in an illustrated story book and a children's book. By doing so, I argue that the fetus and infants became social actors at the discursive level in Tokugawa society.

Chinese influence on the understanding of the genesis of life

In premodern East Asian societies, Chinese knowledge was profoundly influential, and Japan was no exception. Until Japanese versions of fetal development theory emerged during the Tokugawa period, the only written texts found on the explanations of the genesis of life in Japan were the compilations of classic Chinese texts targeted for elites. Most notably, descriptions of fetal development were included in Volume 22 of the oldest extant medical text of Japan, *Ishinpō* (published in 984), written by Tanba no

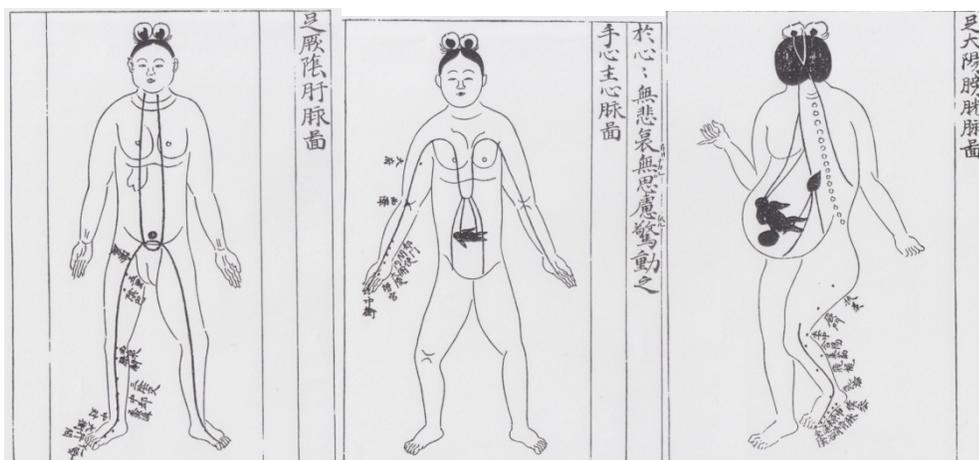
Yasunori. The idea introduced in this work was based on a Chinese text called *Sutra of Birth* (*Sankei*). While the original of *Sutra of Birth* has not been found, the theories discussed therein resembled that of *The Book of the Pregnancy and Birth* (*Taichan Shu* in Chinese and *Taisansho* in Japanese), which dated back to 165 BC or earlier. *The Book of the Pregnancy and Birth* was the oldest text in China known today that discussed fetal development month by month (Ohgata 2009), and *Sutra of Birth* is considered one of the texts developed based on the theories in *The Book of the Pregnancy and Birth* (Suzuki 2004). Its discussions included both the process of fetal development and guidance for the maintenance of health for pregnant women.

The theory of meridians, or channels along which *qi* (*ki* in Japanese) flows through the body, was the central framework used to discuss pregnancy in *Ishinpō*. Drawing on the Chinese *Book of Meridians* (*Maijing* in Chinese and *Myakukyō* in Japanese) from the Jin Dynasty (265-420), Tanba explained that meridians played a critical role in nurturing the fetus. According to Tanba, once a woman became pregnant, all twelve meridians would take turns in nurturing the fetus, and for this reason, a pregnant woman must not receive acupuncture or moxibustion on the meridian in charge of the fetus. Tanba warned that if done, they would hurt the fetal and maternal bodies.

The *Ishinpō* also offered textual and illustrative depictions of pregnancy. Tanba stated that the first month of pregnancy was called conception (*hai*) or (the creation of) the placenta (*hō*), and in the second month, the body would be called the *tai*, whose Chinese character referred to the embryo, the fetus, and the uterus itself. According to this text, the fetus gained meridians in the third, bones in the fourth, and began moving in the fifth month. The fetus took the shape of a human in the sixth, grew hair in the

seventh, and developed eyes in the eighth month. Grains entered in the stomach in the ninth month, and it would finally be delivered in the tenth month (Maki 1995). The ten accompanying illustrations showed the fetus in the woman's body and how each meridian was connected to the fetus.

These illustrations also suggested how the fetus was imagined. During the first two months of pregnancy, it was depicted as a black circular spot in the woman's abdomen (Illustration 2.1), but in the rest of gestation, the fetus was shown as a dark shadow of a small person floating in the maternal body (Illustrations 2.2 and 2.3). The limited details of the fetus suggested that the aim of this figure was to show the existence of the fetus as an abstract idea, rather than to show the physical shape or development of the being. This corresponded with the ideas behind Chinese medicine, which was not concerned with physical structures or anatomy, but rather with functions and relationships (Kuriyama 1995; Sivin 1995). Although it included the image of the fetus, the purpose of the images was to show the working of the meridians and the locations of acupunctural points. That is, such illustrations were devised as referential guides, rather than descriptive explanations.



Illustrations 2.1, 2.2, and 2.3. Representations of pregnant body (the first, third, and tenth months from the left to right) in *Ishinpō* (Maki 1995:10; 18; 44)

While the field of medicine in the Tokugawa period experienced a dramatic shift with the introduction of European medicine as well as the increasing dominance of the *Koihō* school of medicine over Gose school of medicine (Shinmura 2006),¹² this was not the case in the field of obstetrics. Despite the influx of European knowledge during this period, incorporation of such knowledge was limited. Doctors remained interested in the classic Chinese texts with its emphasis on the importance of meridians, and the available descriptions of fetal development remained more or less the same. Take volume seven of *A Guide to Medical Practice (Keitekishū)* by the prominent medical scholar, Manase Dōsan (1571), which dealt with reproduction. Manase explained the mechanism of fetal development based on the workings of meridians. Citing Chinese texts, most extensively from *The Complete Book of Efficacious Prescriptions for Women (Furen Daquan Liangfang* in Chinese and *Fujin Ryōhō* in Japanese, 1237) by Chen Ziming, Manase

¹² While both medical philosophies had their roots in the tradition of Chinese medicine, their approaches differed. *Gose* tradition stressed the theoretical understanding of the body based on Chinese medical tradition from Jin (1115-1234) and Yuan (1271-1368) dynasties. In contrast, the *Koihō* School adopted the dominant approach taken from the end of the second century to the early third century in China, and placed great emphasis on empirical knowledge and the effectiveness of treatment.

stated that *yin* and *yang* meridians that were extended from hands and feet took turns to nurture the fetus in a thirty-day cycle. Drawing on the aforementioned *Sutra of Meridians*, he also wrote that acupuncture and moxibustion of the meridian in charge of the fetus would most certainly result in a miscarriage.

While the centrality of meridians resembled earlier texts, Manase placed added emphasis on the proper behavior of women. That is, in addition to the warning against acupuncture and moxibustion on meridians seen in other texts, *A Guide to Medical Practice* discussed taboos on physical behaviors, emotional and mental states, and even the control of bodily temperature (Table 2.1). This is especially important considering the fact that pregnant women's proper behaviors would later become central in the narrative of healthy fetal development with the popularization of childrearing manuals.

Months	Meridians	Fetal body parts to be developed	Behaviors for the mother to avoid
1	Liver		Lifting something heavy
2	Gallbladder		Being surprised
3	Heart		Being sad or concerned
4	Triple energizer		Active movement of the body
5	Spleen	Hands and feet	Being hungry or eating too much
6	Stomach	Mouth and eyes	Being sedentary, eating too much, being surprised or scared
7	Lung	Hair and skin	Keeping the body cold, being sedentary
8	Large intestine	Mouth, eyes, ears, nostrils, urethral opening, and anus	Eating dry foods, being exposed to cold wind
9	Kidney	Meridians	Keeping the body too warm or cold
10	Bladder	Internal organs	

Table 2.1. Fetal development and taboos discussed in Manase Dōsan's *Guide to Medical Practice* (*Keitekishū*, 1571) (Yakazu 1995:610-612)

Early childrearing manuals

Knowledge about the genesis of life was accessible only to an elite few who could read medical texts, but this changed during the mid-Tokugawa period. With the expansion of literacy and the market for publication, as well as the popularization of neo-Confucianism, one of the key ruling ideologies of the Tokugawa regime, childrearing manuals became a popular genre of reading materials, providing ordinary people with knowledge about how the life of a person began.

The primary readership of childrearing manuals started from warrior class families and shifted to male head of households in non-warrior classes, and finally to women of childbearing age in general. That is, early childrearing manuals were written for warrior class families,¹³ who were concerned with the continuity of the family lineage (Yamazumi and Nakae 1976), but readership expanded to non-warrior populations as the notion of family continuity came to be valued across different strata of society.¹⁴ Authors of childrearing manuals themselves argued for the importance of maintaining family line across different strata of society. For example, a court physician for the Yodo domain¹⁵ in Kyoto, Inō Kōken, wrote in his *Grasshopper Manual (Inagogusa, 1690)*, “regardless of one’s social class, there is nothing worse than not having an offspring. This means the end of the family and the end of the world” (Nakae and Yamazumi 1976: 221).

¹³ Tokugawa society was officially organized based on a status hierarchy, which was organized with the categories of warriors, farmers, artisans, and merchants, below whom were the outcast populations. Doctors were considered to have resided outside the status categories.

¹⁴ While the warrior-class population was estimated as only 3.64% of the population (Sekiyama 1958), the norms and morality shared by the warrior class was considered desirable and applicable to those who did not belong to this class.

¹⁵ Domain (*han* in Japanese) refers to the territory governed by powerful feudal lords.

The target audience was gradually extended to non-warrior class population, but at this stage, texts were written primarily for male readers. With the emphasis on family lineage, the father, as the head of the household, was considered responsible for educating children who were expected to bring stability and prosperity to the family. In fact, fathers of this time spent much time with their children, and had many opportunities to educate them. Because of the small family size, with the average between four and five people in a family, fathers could pay considerable attention to each child (Ohta 2011). Because women's income-earning activities were crucial for the survival of many farming families (Walthall 1991), mothers were not seen as solely responsible in taking care of their children. Childcare was done by various members of the household, including the mother-in-law, older children, as well as nursemaids, rendering limited power and control over child-rearing for the young mothers themselves.

As publications for women began in the second half of the seventeenth century and accelerated in the first half of the eighteenth century, increasing numbers of childrearing manuals were published specifically targeting women. This was when descriptions of the fetal development came to be included in childrearing manuals and instructive guidebooks for women based on Confucian morality (*jokunsho*). Their discussions of fetal development were the summaries or translation of Chinese texts. For example, the aforementioned Inō Kōken wrote in his *Grasshopper Manual* that during the first month of gestation, the fetus resembled a drop of water, and it became slightly colored during the second month. He added that the shape of the fetus was formed after the third month.

Other texts had lengthy explanations of fetal development. For example, *Kara Brocade*¹⁶ (*Karanishiki*, 1694) by Naruse Isako¹⁷ contained detailed discussions of gestation. Her explanation was based on Chinese theory, with the description of the five phases (*wu xing* in Chinese), whose order corresponded with the one listed in aforementioned *Book of Pregnancy and Birth (Taisansho)*. According to the author, the first two months of pregnancy were unstable and miscarriage could readily occur. The shape of the fetus was formed in the third month, and internal organs developed with the spirit (*sei*) of water in the fourth month. During the fifth month, muscle and bone structure, hands, feet and hair developed and hair grew while receiving the spirit of fire. It started moving with the strengthening of muscle with the spirit of metal in the sixth month. The movement would become even more frequent with the spirit of wood in the seventh month. The eighth month was a crucial month in which the soul (*tamashii*) would emerge and the shape of the face would be complete. The hair would grow and wisdom would be rooted. The blood and energy would be filled in the tenth month. Once the time came, the baby would be born as if the fruit of a tree would fall when ripe, receiving the energy of the heaven and earth (Yamazumi and Nakae 1976:271-272).

The prominent doctor Kazuki Gyūzan also provided descriptions of pregnancy, in his *Notes of Fortune for Women (Fujin Kotobukigusa, 1692)*, drawing on classic Chinese medical texts.¹⁸ According to Kazuki, the embryo resembled dew during the first and

¹⁶ A type of silk textile considered to be of the finest quality. It is often used for high quality kimono.

¹⁷ The wife of a Confucian scholar, Ōtakasaka Shizan, Naruse wrote this text after being requested by the domain lord of Matsuyama, Matsudaira Sadanao (Yamazumi and Nakae 1976:269).

¹⁸ The cited texts included *The Complete Book of Efficacious Prescriptions for Women* by Chen Ziming (*Furen Daquan Liangfang* in Chinese and *Fujin Taizen Ryohou* in Japanese, 1237) and *The Standards of Diagnosis and Treatment of Obstetrics* by Wang Kentang (*Joka Shouchi Junjo*, 1607).

second months and the shape of the body gradually developed. The gender would be fixed around the third month, the body would be completed around the sixth or seventh month, and it would be born at the tenth month (Yamashita 2003:14). Eleven years later, Kazuki wrote *Essential Notes on Raising Children* (*Shōni Hitsuyō Sodategusa*, 1703) and elaborated his idea of fetal development. He stated that after “semen from the father and the mother entered the uterus¹⁹ after unity,” the fetus resembled dew in the first month, a peach flower in the second month, and began to take a shape, starting with the umbilical cord and placenta. As it grew, the placenta would be placed on the top of the child. The gender would be fixed in the third, the shape would be completed in the fourth, internal organs would be equipped in the fifth and the sixth, and joints as well as eyes, ears, nose, mouth, urethra, and arms would develop in the seventh month. The soul (*tamashii*) would become active in the eighth month, and it would turn three times in the ninth month. It would receive energy (*ki*) once it reached the tenth month. When the time came, the child would leave the maternal body by pushing open the uterus and searching for the path, as if it had just been awoken from a dream (Yamazumi and Nakae 1976:290-1).

All discussions were abstract notions about pregnancy taken from Chinese texts with little or no modification (Yamazumi and Nakae 1976). In contrast to the narratives that would appear in later periods, the fetal development discussed during this time had neither links to female reproductive experiences nor dogmatic messages of how to behave properly. The authors emphasized the fragility of the pregnancy in early months, using analogies of dew and blossoms. Once it survived the unstable first few months of pregnancy, the fetus would reach the first milestone in the third month. Several texts

¹⁹ Kazuki used the term *kobukuro*, which meant “the bag that holds the child,” for the uterus.

stated that the fetus would have a shape in the third month, and some (e.g., *Grasshopper Manual* and *Notes of Fortune for Women*) stated that it became gendered during this time. *Ishinpō* also mentioned that gender would be easily affected by women's behaviors during the third month. The seventh and the eighth months were also considered critical, as the fetus would further grow during the last few months of pregnancy. The authors of *Kara Brocade* and *Essential Notes on Raising Children* both considered that the entering of the soul (*tamashii*) into the body occurred during the eighth month. The author of *Grasshopper Manual*, Inō Kōken considered the seven-month-old fetus as a conscious being, describing that the fetus used its hands. *Essential Notes on Raising Children* depicted the fetus at the time of birth as an active agent, independently attempting to leave the maternal body.

Departure from the Chinese narrative

The late seventeenth century saw a new dynamic in the narrative of the fetal development. That is, authors began creating notions of the beginning of life that were independent from China in their childrearing manuals and popular storytelling. The new narratives also made a link between the story of fetal development and pregnant women's experiences during pregnancy, both physical (i.e., quickening, or the first sensation of the fetal movement) and social (i.e., rites of passage for woman to be recognized as a pregnant woman during the fifth month of gestation). The authors of later texts also infused moral teachings, arguing that women's proper behaviors during pregnancy would ensure the birth and the growth of a healthy child (Burns 2002). Books typically listed food to avoid and instructed against certain behaviors and attitudes, including seeing fires, and having desire or emotional instability.

One of the most influential texts on the understanding of fetal development during this period was a popular Confucian text for woman titled *Records of Weighty Treasure for Women* (*Onna Chōhōki*, 1692). This book was written by Namura Jōhaku, a court physician for the Hikone domain in western Japan. It listed the Buddhist deities and corresponding Buddhist altar fittings that women were expected to pray to during each month of gestation. While still based on Confucian thought, by the late seventeenth century Japanese authors began disseminating their original ideas, and Namura's work epitomized such changes. According to Namura,

Generally, the woman gives birth to a child ten months after the month in which she had her last menstruation. Medical texts state that the first month resembles white dew, and Buddhist texts state that it resembles the shape of the monk staff (*shakujō*), and *Fudo Myōō* (Acala)²⁰ takes care of it. The medical texts say that in the second month, it is like a peach flower, and Buddhist texts say that it is like a single-pronged *vajra* (*tokko*) and *Shaka Nyorai* (*Shakamuni*) takes care of it. It resembles the shape of *sanko* (a type of Buddhist altar fitting) during the third month and *Monju Bosatsu* (*Manjushri*) is in charge of it. It becomes the shape of *goko* (a type of Buddhist altar fitting) during the fourth month and *Fugen Bosatsu* (*Samantabhadra*) is in charge of it. It becomes the shape of human in the fifth month, and it would be cared for by *Jizō Bosatsu* (*Kshitigarbha*). It is taken care of by *Miroku Bosatsu* (*Maitreya*) during the sixth, *Yakushi Nyorai* (*Bhaisajyaguru*) in the seventh, *Kan'on Bosatsu* (*Guanyin*) in the eighth, and *Seishi Bosatsu* (*Mahasthamaprapta*) in the ninth month. Finally, *Amida Nyorai* (*Amitabha*) is in charge of it during the tenth month, during which the human is completed.

The narrative was accompanied by illustration (Illustration 2.4). The top part of the page depicted fetal development, starting from the right. The first row showed the divine being in charge of the fetus for each month of gestation, and the second row represented the shape of the fetus. The first two months listed both Buddhist and Chinese medical notions, but after that they were all represented as or with Buddhist ritual paraphernalia. The rest of the illustration depicted the birthing scene of an elite woman. The woman was

²⁰ *Fudo Myōō*, *Shaka Nyorai*, *Monju Bosatsu*, *Fugen Bosatsu*, *Jizō Bosatsu*, *Miroku Bosatsu*, *Yakushi Nyorai*, *Kan'on Bosatsu*, *Seishi Bosatsu*, and *Amida Nyorai* are all names of Buddhist deities.

located in the upper left corner and the midwife in the middle of the left page was taking care of the newborn infant.

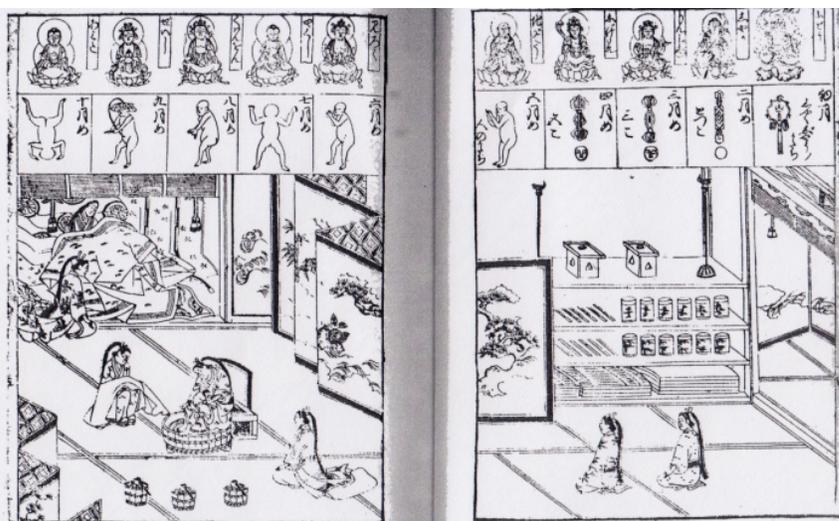


Illustration 2.4. Depictions of fetal development and birthing scene in *Records of Weighty Treasure for Women* (*Onna Chōhōki*, 1692) by Namura Jōhaku (Nagatomo 1993:86-87)

The central ideas in *Records of Weighty Treasure for Women* originally came from a rather unexpected place, a text entitled *The Confluence of the Three Wise Teachings* (*Sanken'icchisho*),²¹ from *shugendō*, a syncretic religion originated in the seventh century. *Shugendō* was the hybridization of Buddhism and mountain worship practices, with some Shinto and Daoist elements. The illustrations used in *Records of Weighty Treasure for Women* closely resembled the ones inserted in *The Confluence of the Three Wise Teachings*, and the divine being listed here corresponded with those in the texts as well. The notion of the genesis of life was critical in the teaching and practice of *shugendō*, while it excluded women based on the notion that women were polluted and should be banned from entering sacred mountains (Narikiyo 2003). One of the most

²¹ This text was written in the Kamakura period (1185-1333) by a zen master of Daitokuji Temple, named Dairyū.

important trainings for its practitioners was called “going through the womb” (*tainai kuguri*), in which practitioners symbolically died, trained in another-world (*takai*), and aimed to be reborn in the symbolic maternal womb (Miyai 2001; 2005; Nakamura 2011:264-265).

One of the important notions presented in *The Confluence of the Three Wise Teachings* was that there was a parallel process in birth and death. Considering the beginning and the end of life as symmetry, the author conceptually applied the memorial services for the dead to fetal development. When a person died, his or her family was expected to offer thirteen memorial services with the worshipping of a different god for each service over thirty-three years. Accordingly, *The Confluence of the Three Wise Teachings* represented each month of gestation with a Buddhist altar fitting. The process of death was viewed as the process of the dead to leave the state of *chūin* (the liminal state between life and death) to reincarnate (Nakamura 1990). The reversal (i.e., the process of birth) was paradoxically conceptualized as the shift from life to death. In such notions of fetal development, the starting point was life in the womb, represented as the Pure Land (*jōdo* in Buddhist notions), and the ultimate goal (birth) was viewed as a death (hell) (Nakamura 1990). Ideas from esoteric Buddhism can be seen in the notion of reincarnation, the concept of Pure Land, and the idea of the fetus becoming a buddha. Shinto ideas can be observed in the depiction of later development, as well as in the description of the ninth month, which included the statement of “The maternal womb resembles the house of the gods. Thus, the child is the god” (Nakamura 1990:27).

In his *Records of Weighty Treasure for Women*, Namura made a few critical changes from the narrative in *The Confluence of the Three Wise Teachings*. By depicting the fifth

month as the critical month, the author presented the theory that corresponded with pregnant women's physical and social experiences, making a clear contrast with the Chinese texts that considered the third month as significant. Namura represented the fetus in the early stage of pregnancy as Buddhist altar fittings, but depicted it with the shape of a human after the fifth month of gestation. The fifth month was around the time many pregnant women experienced quickening. Socially, women were expected to wear a special belt around this time as a rite of passage to be recognized as a pregnant woman, as will be discussed in more detail in Chapter 4.

The fetal development narrative that was close to women's experiences might have been one of the reasons why his ideas were widely accepted and it might even had empowering effects with the notion that the woman herself could control the reproductive outcome. However, it had another dimension to this dynamic. That is, with the new emphasis on the importance of proper prayers and behaviors, the woman was now responsible for the birth of a healthy infant. The central narrative shifted from Buddhist teaching (*The Confluence of the Three Wise Teachings*) to karmic moral lessons (*Records of Weighty Treasure for Women*), in which prayer was considered essential to ensure the birth of a wise infant without disability or defects. Accordingly, while *The Confluence of the Three Wise Teachings* depicted the womb as a physical universe that was conceptually detached from the mother, *Records of Weighty Treasure for Women* presented the idea that the mother could transform the fetus into Buddha or gods through her filial piety (Nakamura 1990:28). The implication was that there emerged a perspective that associated any reproductive problems with the woman's inappropriate thoughts and behaviors.

The fetal development narrative with Buddhist altar fittings was further popularized as they were incorporated into and disseminated through screenplays of puppet ballad-drama (*jōruri*) (Shinmura 1996:94) as well as storytelling events in outdoor spaces in large shrines with big audiences (Kaminishi 2006). The popularity of such plays was at its peak during the seventeenth century (Yonezu 2003:273). A story of a puppet-ballad drama, titled *Kumano no Gohonji* (1624-43),²² was one such example. It was one of the *honjimonos* series, the genre that depicted the life of gods as humans, illustrating the suffering they experienced as humans and how they became deities. While taking the form of a story, the idea of fetal development in *Records of Weighty Treasure for Women* was prominently inserted in the narrative, and its book even included two facing pages of illustration, which resembled the one in *Records of Weighty Treasure for Women*.

The story took place in ancient India. The King of Magadha, Zenzai, had a thousand wives. The woman from the Gosuiden palace, whom King Zenzai loved the most, became pregnant with his child, and the rest of his wives became jealous. The other wives used a fortune-teller to convince the King that the prince would become a terrible leader, who would turn into a demon and eventually murder the King and destroy the country. The King Zenzai decided to have warriors murder the wife from the Gosuiden palace in the woods. When the soldiers were about to kill the wife, she begged them to wait until she gave birth. She further told them how the life of a person began. The warriors killed the wife, but the infant survived, being nurtured by the breast milk of his beheaded mother and raised by wild animals.

²² 1692 or later, according to Yonezu 2003.

The scene of the Gosuiden wife telling stories of the beginning of life was accompanied by the illustration of various gods and corresponding Buddhist altar fittings. The author of this story likely took the idea from *Records of Weighty Treasure for Women* (Imai 2005). The layout of the illustration in *Kumano no Gohonji* was the identical with that in *Records of Weighty Treasure for Women*, with the images of the deities and the fetus on the top and a larger illustration on the bottom.²³ The only major difference was that while the bottom half of the image in *Records of Weighty Treasure for Women* depicted the birthing scene, this *jōruri* story used the image of a warrior placing the head of a woman in a jar (Illustration 2.5).



Illustration 2.5. *Kumano no Gohonji* (1624-43), Akagi Bunko at Osaka University Library

Not everyone agreed with the narrative of the fetal development using Buddhist altar fittings, and the debates and critical evaluations also suggested how widespread this idea was. Such criticism existed as early as the late seventeenth century. The

²³ The order of the Buddhist altar fittings are slightly different from the *Records of Weighty Treasure for Women* (the first and second items were reversed).

aforementioned *Notes of Fortune for Women* (1692) as well as *Kara Brocade* (1664) criticized the understanding of the fetal development based on the Buddhist notions (Yamashita 2003:14; Yonezu 2003). Even the updated version of *Records of Weighty Treasure for Women* (original 1692, updated 1847) rejected such understandings. The writer Takai Ranzan published an updated version, ridiculing the belief presented in its original. Takai wrote in his *Illustrated Records of Weighty Treasure for Women for Everyday Life* (*Eiri Nichiyō Onnna Chōhōki*, 1847) that:

There are many women who believe the theory of pregnancy based on Buddhist altar fittings. But those who study and see the logic should realize the strangeness of the idea that Buddhist altar fittings in the woman's body would become a human. It is also strange that gods from India took turns to protect [the fetus] for the ten months...

He wrote sarcastically:

Some Buddhist women consider the sun as *Amida* (*Amitabha*) and have no problems with it. It is fine for such women not to change their minds. They can go ahead and believe that the Buddhist altar fittings would go into the belly and different gods would nurture the fetus each month.

Takai expressed this view in his earlier publication as well. In his *Cautionary Lesson against Lasciviousness* (*Injikai*, 1815), he wrote:

I must say, it is like treating women as if they were stupid, to tell them that [the fetus] emerged as Buddhist altar fittings, wore the lotus leaf as placenta, and turned upside down once the shape of the body was formed. If one seeks the true theory, he or she should read nothing but Confucian and medical texts.

In the updated *Records of Weighty Treasure for Women*, Takai juxtaposed his theory and the narrative presented in the original text. Takai's version included detailed discussions of pregnant women's physical sensations and their relations to the fetal development. Takai framed pregnancy as an embodied experience, rather than an abstract idea. According to Takai, the first month of gestation was as unstable as "trying to keep a

dew on a leaf” or “holding a candle in wind,” which would resemble “a soft and fragile budding plum blossom” during the following month. In the third month, it “became like a clotted blood, resembling a silk cocoon,” and in the following month it developed hands and feet. The author warned that it was crucial to start being careful with what to eat and how to behave. The gender of the fetus would be fixed during the fifth month, and the hair grew during the sixth month. Around this time, the pregnant woman would experience quickening, which would “feel like fish swimming in water.” During the seventh month, the fetus would form the shape of a human, with the senses of sound, vision, and taste that recognized the sweetness of the milk. During the eighth month, “the baby possessed the soul (*tamashii*) in its belly and the bodily formation would be completed.” During the ninth month, the fetus would “move even more and the agonizing mother’s belly becomes heavy like a mountain, as the fetus consumed over two liters (one *shō* and three *gō* in Japanese unit) of milk every night.” During the tenth month, the fetus would be fully prepared to be born (Nagatomo 2006:203-204).

Popular Culture

The narrative of fetal development with Buddhist altar fittings was so widespread that there was even a children’s book with this theme (*The Story of Pregnancy and Childbirth, Kaitai Tanjōraku*), published in the late eighteenth century (author unknown) (Nakano and Hida 1985). This comical story was about the dream of a man whose wife was hoping to have a baby, and in his dream, different gods created the fetus, using various wood-carving tools, each in charge of a different month. The order of the god in charge of each month corresponded with the order discussed in *Records of Weighty Treasure for Women* (Illustration 2.6).

In the story, the gods had an order form in front of them. *Fudō Myōō* was in charge of the first month, carving a head of a child, while his assistant prepared rice wine (*sake*) for him. The child was passed on to another god (*Shaka Nyorai*) who made a nose, a mouth, and eyes in the second month. In the third month, *Monju Bosatsu* received the child and made ears and gave wisdom, followed by *Fugen Bosatsu* who made a mouth and a tongue, which allowed vocalization. In the fifth month, *Jizō Bosatsu* made the fetus into the shape of a human. This god was surrounded by three children, one of whom wanted to play with the child the god was working on. In the sixth month, *Miroku Bosatsu* made skin, bones, and muscle. In the seventh month, *Yakushi Nyorai* made sure that the child would grow up healthy, by soaking the child in a medicine pot, transforming it from a wooden into a living body.²⁴ In the following month, *Kan'non* made a placenta and placed on top of the child so that “food consumed by its mother would not damage the child in the womb.” In the ninth month, *Seishi Bosatsu* gave energy (*ki*) to eyes, ears, nose, tongue, the body and the spirit. *Amida Nyorai* polished the body, ripped the bag of placenta (*ena bukuro*) and made sure that it would be a safe delivery.

²⁴ The Chinese character for “*yaku*” in *Yakushi Nyorai* means medicine.



Illustration 2.6. *The Story of Pregnancy and Childbirth (Kaitai Tanjōraku)*, the late eighteenth century (author unknown). *Fudō Myōō* (lower right, the first month of pregnancy) and *Shaka Nyurai* (upper left, the second month) are making the fetal body out of a piece of wood (Nakano and Hida 1985:469).

The significance of the fifth month was apparent. Up to this point, the fetus was depicted as a bodiless head, but once *Jizō Bosatsu* gave the body, the fetus was transformed into a near-complete human that other gods could work on to have it ready for the birth. *Jizō Bosatsu* was a popular god for the protection of children, indicating that the fetus entered the realm of childhood who could be taken care of by its tutelary god. The depiction of children playing cheerfully in the background may also suggest that this emerging life was incorporated into the community of children.

The idea that the fetus was created by various gods was so popular that there was even a parody of the story in the genre of illustrated fiction. A popular woodblock print artist and story writer, Santō Kyōden, wrote a story entitled *Ten Months in the Womb of a Writer (Sakusha Tainai Totsukizu)* in 1804. The protagonist of this story was a writer who struggled to write a story by the deadline imposed by a publisher. He could not come up with a good plot, was running out of ideas, and he desperately asked a god that he

would become pregnant with the seed of a story. In his dream, a god, who said that he never had to deal with this kind of wish but was reluctant to reject it because he did not want to have a bad reputation, gave him “a stinky yellow ball which smelled like a fart” and told him to swallow it.

After waking up from the dream, the writer became pregnant with the seed of a plot, and wrote a story with the help of various gods (a different god for each month). The first month, the writer was given a writing brush and ink stone (*suzuri*) in his belly, but he could not write, and sat in front of the desk smoking a cigarette. From the second month, he received various motifs for story writing. He got a *sake* bottle in the second, a gourd and catfish in the third, an advertisement sign for eye drops, an image of shooting a pistol in the dark on the fifth, the moon reflected on the water in the sixth, a boat on the water in the seventh, and a sumo wrestler in the eighth month.

Despite all the ideas given to his belly, the writer still could not come up with any plot. In the ninth month, he thought that he should probably quit being a writer and live like a masterless samurai, wearing a woven hat (*amigasa*) and holding a fan. The image is shown in his transparent belly in which a fetus is wearing the placenta hat (Illustration 2.7). As his pregnancy entered the tenth month, the writer did not have any other choice but to give a birth. Still, he just could not come up with any good idea. The only thing he had was an idea of a monkey falling off a tree, referencing the saying “even monkeys fall from trees,” meaning that one could fail with things that he or she was supposed to be good at. The image shows a picture of a fetus floating upside down in the writer’s belly.



Illustration 2.7. *Ten Months in the Womb of a Writer* (*Sakusha Tainai Totsukizu*) by Santō Kyōden (1804) (Santō Kyōden Zenshū Henshū Inkai 2009).

Being desperate, the writer wanted to get help from a doctor, but no one had an experience in helping a writer give a birth to a story. A humorous doctor helped him by mixing the right doses of moral lessons, audacity, ideas, tricks, jokes, wisdom, good drawings, and so on to give it to the writer. At the end of the story, the writer delivered a three-volume set of story babies, all of whom had books on their heads (Illustration 2.8).



Illustration 2.8. *Ten Months in the Womb of a Writer* (*Sakusha Tainai Totsukizu*) by Santō Kyōden (1804). The left page shows the author resting after giving birth to triplets. The

infants are shown on the right page, with one in the tub, the other on the mat, and another being held by an old midwife. The infants all wear a book on their heads (Santō Kyōden *Zenshū Henshū* linkai 2009).

Both *The Story of Pregnancy and Childbirth* and *Ten Months in the Womb of a Writer* assumed the readers' knowledge of the Buddhist narrative of the fetal development. Yet at the same time, it was far from a serious engagement with religious beliefs as seen in the previous eras. The gods were depicted as humorous characters, and pregnancy and birth were not treated as sacred. The authors relied upon cultural knowledge shared among ordinary people, while poking fun at the belief surrounding the genesis of life based on Buddhist altar fittings.

Conclusion

Tracing changes in the explanations of fetal development in medical, Confucian, and popular texts, this chapter demonstrated the ways in which the fetus became an important social actor at the discursive level in the Tokugawa period. There was an increasing interest in the ideas of how the life began, and fetal development became a popular motif that authors wrote about. Texts on fetal development up to the mid-Tokugawa period were based on Chinese classical texts, which emphasized the role of meridians in nurturing the fetus, but once the ideas from the syncretic religion, *shugendō*, were taken up by the authors of popular Confucian texts for women and by various forms of mass entertainment, it was popularized quickly and remained influential for the rest of the Tokugawa period.

The narratives seen in childrearing manuals for women (e.g., *Records for Weighty Treasure for Women*) were a double-edged sword, however. On the one hand, they

empowered women as the central actor, with agency, who could control their bodies and reproduction. This made a clear contrast with earlier childrearing manuals that were written for male heads of household. On the other hand, women were increasingly expected to monitor their own behaviors, in order to give birth to a healthy and bright child. They were expected to avoid anything that was considered to have potentially harmed the fetus. In this framework, any problems with pregnancy and births were interpreted as her fault.

Public interest in the fetal development increased, as reflected on the fact that fetal development was often used as a motif in various forms of entertainment, including children's books and writings for adults. The existence of parody by a popular writer suggested that the narrative of fetal development with Buddhist altar fittings was a shared knowledge among ordinary people. Such narratives came to be challenged and ridiculed toward the end of the Tokugawa period. However, strong alternative ideas did not emerge, even with the development of obstetrics. While losing the power as the basis of *belief*, the theory of Buddhist altar fittings as part of fetal development remained a familiar idea among ordinary people.

Chapter 3. Fetal and Infant Patienthood: The Development of Obstetrics

One of the most important phenomena pertaining to the beginning of life in the Tokugawa period was the emergence of local obstetrics. The first school of obstetrics in Japan was created in the mid-eighteenth century, developing independently from Western influence. Reproduction gradually entered the realm of medicine for the first time in Japanese history. Significant ramifications of such developments included that the fetus and infants gained the status of patienthood. That is, obstetrics began as an attempt to save the lives of women with birthing complications, but eventually expanded its scope to save the lives of the fetus and infant. This chapter focuses on the process in which the notion of a particular type of personhood, namely fetal and infant patienthood, emerged through obstetrics during the Tokugawa period.

Development of reproductive technologies and obstetrical knowledge are closely related with social understanding of life and personhood. As contemporary studies on reproductive technology have revealed, technology and society mutually construct the notion of the personhood and the beginning of life (Almeling 2007; Armstrong 1998; 2003; Becker 2000; Casper 1998a; Isaacson 1996; Markens 2007; Rapp 2000; Sleeboom-Faulkner 2007; Teman 2010). Perhaps the most groundbreaking technology that changed people's ideas about the genesis of life in modern obstetrics is the production of images of the previously invisible fetus. With the introductions of X-ray machines in the 1920s (Laqueur and Cody 2010:47) and obstetrical ultrasonography in the 1960s (Nicolson 2010:39-40), vision became the primary epistemological mode in the understanding of pregnancy. This shift from a haptic (embodied knowledge) to an optical hexis (knowledge obtained through vision) (Hockey and Draper 2005:49) had a significant

impact on our perceptions of the body, reproduction, and what it means to be an individual.

The social consequences of such medical developments were twofold. First, pregnant women's embodied knowledge and experiences lost credibility behind the growing technological authority, which allowed physicians to detect the sign of pregnancy, fetal abnormalities, as well as fetal death far before the woman did. Second, the fetus was increasingly recognized as a separate individual, rather than a part of pregnant woman's body. Research suggests that images from ultrasound, rather than viability, transform the fetus into a baby from parents' point of view (Lovell 2001:37). Similarly, as Draper (2002) found, many men feel that their sense of fatherhood begins with visual encounter with their child mediated by ultrasound technology (Draper 2002). With images, the fetus became an individual member of the family with a specific name, gender, appearance, and material goods, well before the detachment from its maternal body (Sanger 2012:282-283).

This chapter explores such relationships between obstetrical practices and understanding of the body and reproduction in a premodern context. It clarifies the process in which the fetus and infant gained the status as the patient (i.e., a person) in the realm of medicine in the nascent local obstetrics in the late Tokugawa period. To do this, I first examine how the conceptualizations of the genesis of life changed in relation to obstetrical development, focusing on various tools and techniques invented to save the women, the fetus, and infants. It analyzes what kind of knowledge, emotion, expectations, and attitudes were generated among doctors as well as patients in relation to the use of such objects. I then examine changes in obstetricians' interests in and

knowledge about fetal development. I argue that the dominance of matricentric perspective in medical practices was destabilized as obstetricians gradually came to try saving the fetus and infant in addition to the woman. Furthermore, obstetricians produced knowledge about the fetus in this process, which, in turn, contributed to creating the notion of the fetus as a patient.

Matricentric approaches in obstetrics: *Kaiseijutsu* and abdominal massage

Inclusion of reproduction in the realm of medicine took place relatively recently in Japan. While emergencies might occur during and after the delivery, pregnancy and childbirth were not seen as medical conditions historically. During the medieval period, doctors were rarely present in actual birthing scenes, even for elite families. Birthing, as depicted in picture scrolls from Heian and Kamakura periods (794-1192, 1192-1333 respectively), show that the woman was giving birth with support from a female birth attendant. While a religious and/or spiritual person is present in such paintings, there is no presence of medical personnel (Sugitatsu 1980:1090-1091; Suzuki 2014; Tabata 2007).

The earliest record of a doctor specializing in reproduction in Japanese was *Diary of Birthing Place (Gosanjo Nikki)* from the mid-fourteenth century, written by Aki Sadamori. Aki served the Ashikaga family, the powerful samurai clan which established the Muromachi shogunate and ruled Japan from roughly 1336 to 1573. The record of the 126 years of birthing in the Ashikaga clan included extensive descriptions of rituals, but there was very little on medical treatment. There was only a limited role for a doctor in birthing, such as choosing appropriate medicines for the pregnant woman to take (Sugitatsu 1998: 1095). The Warring State period (*sengoku-jidai*, the late fifteenth to the

late sixteenth century) produced a group of doctors who practiced surgical procedures (*kinsōi*) to treat injuries caused by swords, and some doctors applied those methods to obstetrics. Chūjo Tatewaki was the most notable, whose techniques were introduced in *The Encyclopedia of Chūjo-style Obstetrics (Chūjōryū Sanka Zensho, 1668)* after his death. Despite such developments, however, the impact of Chūjō-style obstetrics was limited.

The first organized school of obstetrics was established in the late eighteenth century by Kagawa Gen'etsu. The approach taken in this school became dominant in the field of obstetrics in Japan and remained influential until the late nineteenth century. Kagawa Gen'etsu gained his reputation by accident after he saved a pregnant woman whose dead fetus could not be taken out of her body, thereby risking her own life. Gen'etsu destroyed the body of the fetus with an iron hook and extracted it from the maternal body, so that the woman could survive. He formalized this technique and named it *kaiseijutsu*, which can be translated as “the technique to restore life.”

While the majority of births were assisted by midwives and so-called “town doctors” (*machi-isha*), who worked as family doctors for local community, as opposed to serving the domain or central government as an official doctor (Homei 2006:410), the techniques and teaching of the Kagawa School gradually took roots in different parts of the country, and his successors invented various tools and techniques to save the women and eventually the fetus. Life expectancy was lower for women because of the death associated with childbirth, and pregnancy was considered an act of “having one foot in the grave.” In this context, his technique was seen as revolutionary.

Kagawa Gen'etsu's primary concern was to save the life of the woman, and this was evident from his publications as well. As he gained a positive reputation and his influence expanded to various parts of the country, he published an obstetrical textbook, *A Discourse on Childbirth* (*Sanron*, 1765), with assistance from a Confucian scholar, Minagawa Kien, as Gen'etsu had not received any education on the proper writing style for a medical text (*kanbun*). According to *A Discourse on Childbirth*, *kaiseijutsu* was a secret technique that only his disciples were allowed to learn. Even in his *Discourse on Childbirth*, Gen'etsu only mentioned that this technique could be used when it was impossible to save the fetus, and the woman would die if nothing was done.

The procedure of this technique was openly described only by a later obstetrician, Oku Ressai, who wrote of it in his *Secret Method of Hook Technique to Restore Life* (*Kaiseikouhouhiketsu*, n.d.). Even so, the technique remained hidden from the general public. Oku wrote that a doctor should try not to show the hook to people and limit people's entry to the room, where the procedure was being performed. According to Oku, the iron hook used in the procedure was approximately 29-centimeter-long (9.5 *sun* in Japanese unit for length) and weighed about 131grams (35 *sen*) (Nihon Sanka Sōsho 1895:764) (Illustration 3.1). The expectation was that the obstetrician would cover the woman's abdomen and legs with a cloth and perform the procedure underneath the cloth. Oku's *Methods of Obstetrics* (*Sanka Naijutsu*, n.d.) included a step-by-step instruction of this procedure. According to this text, a doctor would insert fingers from the left hand and reach about three centimeters (1 *sun*) below the acupuncture point on the top of the skull (*hyakue*). Once the point was found, a doctor would insert the hook along with the fingers, hold the hook with fingers, and turn the hook upward. After pulling the hook

slightly to test, he would pull it all the way with force, using both hands. Oku added that the doctor must not cause injury inside the woman's body with the hook (Nihon Sanka Sōsho 1895:486).

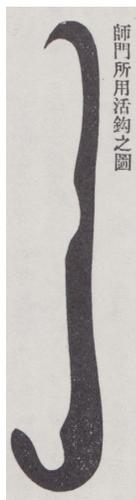


Illustration 3.1. The iron hook used for *kaiseijutsu* (Nihon Sanka Sōsho 1895:764)

Oku stressed the importance of making sure that the fetus was dead before starting the procedure, showing concern that some, particularly the novices, tended to use this technique too early. He explained that the longer it took after the beginning of labor, the more likely the fetus was dead, thus the more acceptable to use this technique. Oku also wrote that it was critical to explain the procedure to the family, because this was a very risky procedure that could possibly result in the death of the woman. He said *kaiseijutsu* should be performed only after the doctor obtained consent from the family.

While *kaiseijutsu* made the Kagawa School famous, it was a procedure that was to be used only as the last resort. As the Kagawa School became bigger, doctors came to engage in practices that were preventive in nature. What was central in everyday practice of obstetrics in the Tokugawa period was the palpation and massage of the abdomen. Taking a holistic approach to promote the physical well-being of the woman, doctors

tried to eliminate the stagnation of the body. As the historian Shigehisa Kuriyama (1997) states, abdominal palpation became critical from the end of seventeenth through the eighteenth century in Japan as a general medical treatment. As a leading figure in the *Koihō* School, Kagawa Shūan,²⁵ claimed, the central goal of this procedure was to find knotting and congealation in the body through careful abdominal palpation. The regular use of abdominal palpation also invoked awareness of stagnation among patients (Kuriyama 1997:137-138; Otsuka 1981). In China, abdominal palpation was used only occasionally, and the significance of abdominal palpation was the most striking characteristics of medicine in Japan vis-à-vis Chinese medicine during this period. Thus, it was no surprise that this technique was considered crucial in obstetrics, which was concerned exactly with what was happening *in* the abdomen.

Doctors' writing suggested their confidence in knowing and manipulating the invisible fetus through tactile sensations and techniques. In his textbook, Kagawa Gen'etsu emphasized the importance of abdominal massage, stating that a doctor should spend an hour working on the breathing of the woman, and then start massaging her chest before moving on to her abdomen. He wrote that a doctor should check the fetal position by palpation, and move the fetus toward the center as it had the tendency to slant toward the right side. Gen'etsu instructed the doctor to gently massage the abdomen several dozen times, and wrote that it was important to do this every morning from the fifth or sixth month of pregnancy. He wrote "Most pregnant women feel better after this abdominal massage as their stagnant spirit would move away. The meridian would be

²⁵ Kagawa Shūan and Kagawa Gen'etsu did not have familial or direct professional connections. Though the pronunciations are identical, their family names used different Chinese characters.

automatically corrected and the fetus would naturally stay in the proper position” (Sanka Bunken Dokushokai 2008:59).

Similarly, Kagawa Gen’etsu’s top disciple, Kagawa Genteki, wrote in the section of abdominal massage in his *Discourse on Childbirth, Expanded (Sanron’yoku, 1775)* as following:

If you use this technique around the third or fourth month of pregnancy, the woman’s discomfort due to the stagnation of the spirit in the abdomen would dissipate, it would correct the meridian, and swiftly eliminate morning sickness... [The abdominal massage] is principle among all the techniques used in obstetrics, and all [other techniques] are derived from this. Thus, if one wishes to master various obstetrical techniques, one must practice and master this technique first and foremost (Sanka Bunken Dokushokai 2008:199).

After describing the seven techniques for the abdominal massage, he wrote that this should be done slowly and carefully, and it would not be effective if done carelessly (Sanka Bunken Dokushokai 2008:203).

The importance of abdominal massage remained prominent, even in the mid-nineteenth century, and was discussed extensively in textbooks written by obstetricians. For example, an obstetrician from present-day Chiba in Eastern Japan, Ōmaki Shūsei, described it as “the everlasting technique” invented by Kagawa Gen’etsu (Nihon Sanka Sōsho 1895:894). Another obstetrician, Mizuhara Sansetsu, who studied obstetrics as well as Chinese and European internal medicine from leading doctors of the time in Kyoto, discussed nine techniques for abdominal massage in his *Junseian Encyclopedia of Obstetrics (Junseian San’iku Zensho, 1850)*. He explained that this technique would:

Calm down the fetus, straighten it if slanted, center it if off-centered, and lift it up if sitting too low. In addition, it would help [improve] the circulation of the energy and blood, adjust the meridian, eliminate the stagnation, and lower the spirit. This is an excellent technique to prevent a difficult delivery (Nihon Sanka Sōsho 1985:563).

In his *Graphic Representation of Pregnancy (Tassei Zusetsu, 1858)*, Kondo Tadayoshi explained each step of three abdominal massage techniques with illustrations (Illustration 3.2), and wrote that without the abdominal massage, the fetal position would be more likely to go wrong, thus increasing the chance of a difficult birth. He added that if the abdominal massage were done, the spirit of the fetus would grow, the balance of the abdomen would be kept, and the woman would feel so well that she might forget that she was pregnant.



Illustration 3.2. Application of abdominal massage. *Graphic Representation of Pregnancy (Tassei Zusetsu, 1858)* by Kondo Tadayoshi

Attention to the fetus: Internal podalic versions and whalebone tools

While obstetricians emphasized that *kaiseijutsu* allowed them to save the lives of women and abdominal massages improved the chance of safe delivery of a healthy infant, they faced criticisms by those who argued that doctors focused only on saving the woman but not the fetus. Even though the Kagawa School stressed that its practitioners destroyed the fetal body only after it died and listed various ways to discern the status of the fetus, such claims were not convincing enough for their critics. In fact, it was extremely difficult to correctly determine the fetal condition, and there were cases in which the fetus

extracted in this method was still alive. Even Oku, who later invented techniques to save the lives of both women and the fetus, instructed that in case the fetal head came into view and it appeared to be alive, doctors should tighten the rope and insert cloth or cotton in the mouth to make sure it would not cry.

Criticism of the use of *kaiseijutsu* also came from obstetricians, who felt uneasy with this procedure, and some discussions suggested that there were doctors who performed *kaiseijutsu* even when they knew that the fetus was still alive. In such cases, it is clear that doctors' concerns were only the mothers, not the fetus. In a writing about his fetus extraction tool, an obstetrician Kondo Tadayoshi, for example, wrote that in the past, doctors told a lie that the fetus was dead and used an iron hook. He wrote "I have used this technique for a few years, but I invented an [alternative] tool because it just made me feel so disingenuous and I could not stand it." He continued to state that the invention of the tool allowed him to assist birth at ease with a peace of mind, and there is no bitterness (*kurushimi*) to lie, saying that the fetus was already dead (Nihon Sanka Sōsho 1895:686). Mizuhara Sansetsu attested to this, noting:

Even when the fetus was still alive, sometimes doctors used the iron hook, crushing the skull and cutting the arms. When the fetus moved and cried, they would squeeze it to death, covering the mouth with cloth or strangling the neck with a linen rope. They claimed that they acquired the skill of the gods, but they were not truthful. There were others who disliked the cruel killing of the living fetus and would wait for it to die [inside the womb]. This would weaken the woman, resulting in the deaths of both the woman and the fetus. They are cowards at such a critical time (Nihon Sanka Sōsho 1895:534-535).

Again, this description shows that *kaiseijutsu* did at least sometimes sacrifice the lives of the fetus, and there was no notion that the fetus was (one of) the patients.

The problematization of the *kaiseijutsu* procedure took place during the same period in which the campaign against abortion was expanding. Members of the Kagawa

School felt the need to eliminate the association made between their approaches and abortion practices, and some doctors began exploring ways to save the lives of fetuses, in addition to those of the women. While the saving of the pregnant women's lives was still the primary concern, the fetus also entered the category of life that doctors strived to save. Obstetricians sought alternative ways to expel the fetus in case of difficult births, preferably while the fetus was still alive.

One method invented in the early nineteenth century was internal podalic versions, a technique in which doctors inserted their hands in the uterus to maneuver and extract the fetus from the woman's body (Sugitatsu 2002:164;166). The goal was the safe delivery of the infant, rather than simply the avoidance of maternal death. As evident in the fact that taking the pulse with fingers was central in medical practice of the time in Japan, tactile knowledge was critical for doctors, and internal podalic versions developed as an extension of abdominal palpation and massage. The aforementioned Oku Ressai was one of the doctors who contributed in developing such techniques. Owing to his concern about the destructed body of the fetus after *kaiseijutsu* was performed, he developed a type of podalic versions and named it the "technique to save the two" (*sōzenjutsu*). In his *Secret Method of Hook Technique to Restore Life* (n.d.), Oku explained the procedure thusly:

Put a cupful of oil inside the woman's vagina and on the doctor's right hand. Insert the hand slowly. Even though it would be hard when you have to get your arm bone through, that is the most difficult part and you can insert it if done slowly. If the fetal position is correct, the fetal head is close to the vagina and the doctor cannot insert his hand, but if the fetus is in the transverse lie, there is enough room to insert the hand. If it is in the transverse lie, grab the fetal feet and gradually move them out of the vagina, so that the doctor could use the technique to deliver the fetus in cases of breach position. This technique can be used to expel the placenta as well. In this case, there is plenty of room to insert the hand as the fetus is already out of the uterus (Nihon Sanka Sōsho 1895:769).

Oku Ressai's student, Mizuhara Sansetsu also included the discussions of internal podalic versions, which he named "the technique to rotate" (*kaitenjutsu*). In his *Junseian Encyclopedia of Obstetrics* (*Junseian Sanka Zensho*, 1850), he wrote:

Perform the internal examination to check on the fetal position and the space around the vagina. If there is enough space, do internal podalic versions, otherwise the woman could not be saved without the tool. To practice this technique, apply lubricant on the hand. If inside the woman's body was dry, use "the tool to moisten the fetus" (*junhōki*) to lubricate inside the vagina. Insert the hand from the bottom part of the vagina, wrapping the thumb inside other fingers. Insert the hand further with the pace of the woman's breathing and find the groin or the knees of the fetus to locate heels. Grab the heels and bring them close to the vagina. Once both heels neared the vagina, hold them tightly and pull them out. The fetus would automatically rotate while it comes out. When there was not enough space, bring out one foot at a time. Once both feet are out, wrap them with a cotton cloth and pull (Nihon Sanka Sōsho 1895:637).

An obstetrician, Tateno Ryūtei also discussed internal podalic versions in his *New Theory of Obstetrics* (*Sanka Shinron*, 1820). While Oku and Mizuhara instructed practitioners to grab the fetal feet for expulsion, Tateno's approach was to correct the fetal position inside the womb then give pressure from outside the abdomen to push the fetus out. He wrote:

When the fetus was in the transverse lie, correct the position before the delivery. Hold the fetal hand with the left hand, insert the right-hand fingers into vagina, and through the fetal hand, find where the fetal head is located. Remove the doctor's right hand from the maternal body and place the fetal hand inside the woman's body. Move the fetal head toward the birth canal, by placing two fingers from both hands on the sides above the pubic bone and push the fetal head with the timing of heavy breathing (*chikara iki*). Once the fetus is in the correct position, sometimes the women give birth naturally (Nihon Sanka Sōsho 1895:865).

While manual dexterity was an important part of obstetrical practices, there were cases in which hands alone could not save the lives of women or the fetus. As Tateno Ryūtei criticized in his *New Theory of Obstetrics* (1820), there were limitations to internal podalic versions, and doctors began inventing tools to assist difficult deliveries.

The most popular tool was a loop made of whalebone. This widely available material in Japan was softer and more flexible than metal, and considered to have been less likely to hurt the body of the woman or the fetus than metal equipment. Indeed, the dominance of tools made of whalebones did not change even after European obstetrical forceps were introduced in the end of the eighteenth century.²⁶ Obstetrical forceps were popular in eighteenth century Europe, where the human body was increasingly seen as machine in the context of industrialization, and metal equipment was considered suitable to “fix” the problems (Martin 1987). In Japan, arguably, metal symbolized tools that took life (i.e., sword), rather than saved life.

While the Kagawa School began with Gen’etsu’s success in saving the life of a woman using an iron hook to extract the (dead) fetus, the use of metal objects came to be seen negatively and thus avoided when possible (Sugitatsu 2002:170). In contrast, whalebones were part of everyday life materials (Ohmura 1969), as whaling was widely practiced and people used nearly all of the whale, leaving almost nothing to waste. It also fit the popular notion that the pregnancy and births were natural processes that should not involve excessive interventions. Indeed, the choice of the material may suggest obstetricians desire to separate themselves from *kaiseijutsu* and what it meant for the chance of survival for the fetus.

²⁶ First invented by Peter Chamberlen around the end of the sixteenth century (Hibbard 2000), obstetrical forceps have played a critical role in the development of European obstetrics. Having interactions with scholars who studied European medicine, one of the Kagawa School graduates, Katakura Kakuryō included two illustrations of the use of forceps from *A Set of Anatomical Tables* (1754) by the Scottish obstetrician William Smellie in his obstetrical textbook, *Instruction of Obstetrics* (*Sanka Hatsumō*, 1793). However, his writing on the tool was limited to the mere mention of it. Katakura wrote that he could not read the English texts and did not understand how exactly they were manufactured. Even after the publication of this textbook, actual forceps were not brought into Japan until 1859, when the German physician Philipp Franz Balthasar von Siebold gave them to his Japanese daughter, Kusumoto Ine, who worked as an obstetrician (Sugitatsu 2002:175). Actual use of forceps probably did not begin until the Meiji period (1868-1912), in which Western medicine formally became the official medicine of the country.

Tateno Ryūtei, considered the first obstetrician to invent a tool using whalebone in Japan, named the tool *hōtōki*, which can be translated as “the tool to wrap the head.” He wrote that this tool should be used when the fetal head could not be moved toward the birth canal with internal podalic versions (Nihon Sanka Sōsho 1895:865). It is not clear whether this was his original invention or not. An obstetrician and historian, Sugitatsu Yoshikazu (2002:169) suggests that Tateno got the idea from a text by the Scottish obstetrician William Smellie, based on the fact that Smellie’s text, published in 1752, included the mentioning of a tool made of whalebone. The thirty-eighth table in his *Treatise on the Theory and Practice of Midwifery, Volume 1* (1752:253) included an illustration of a whale-bone fillet (Illustration 3.3), with the accompanying text stating that “The most useful of all these contrivances is a fillet, made in form of a sheath, mounted upon a piece of slender whalebone about two feet in length, which is easier applied than any other expedient of the same kind.” This text was indeed imported to Japan, but it requires further investigation to confirm whether Tateno’s whalebone fillet was his original or a borrowed idea. There is no evidence to suggest that Tateno actually read Smellie’s text.

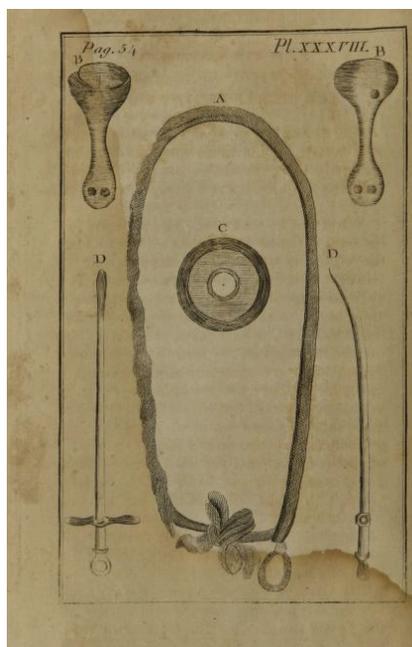


Illustration 3.3. A whalebone fillet, *Treatise on the Theory and Practice of Midwifery, Volume 1* by William Smellie (1752)

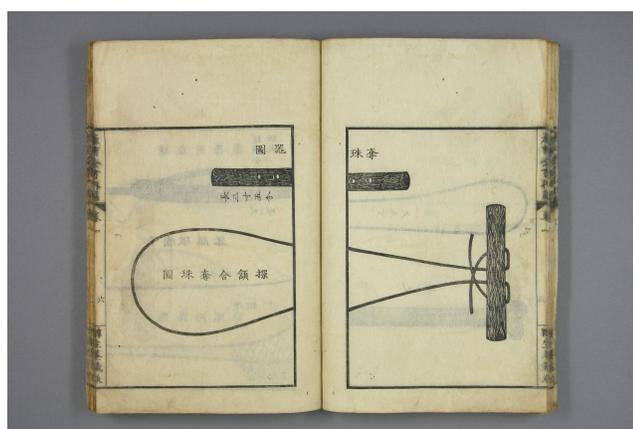
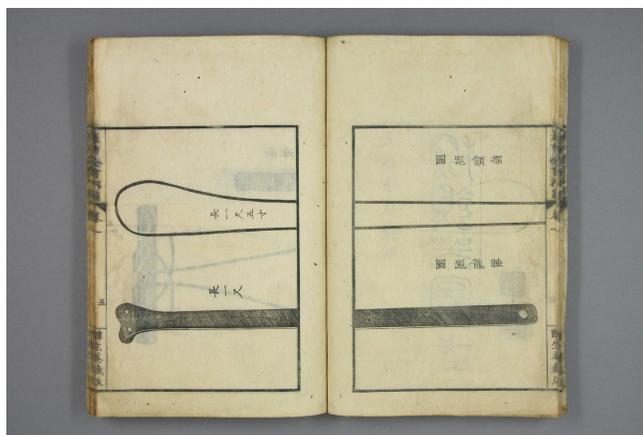
It is clear, however, that doctors had been experimenting with tools in the shape of a loop to extract the fetus from the maternal body. In his *Graphic Representation of Pregnancy (Tassei Zusetsu, 1854)*, Kondo Tadayoshi wrote that he had been using a thin wisteria vine that he cut in the length of approximately one meter (three *shaku*) and soaked in hot water, until he learned about the tool in the similar shape but made of whalebone designed by Mizuhara Sansetsu (*Nihon Sanka Sōsho 1895:688*). It would not be a surprise if Tateno invented the whalebone tool independent of European influence.

While there were several forms of fetus extraction tools made of whalebone, the one invented by Mizuhara Sansetsu (Illustrations 3.4 and 3.5) became particularly popular and was used even into the early twentieth century in some rural areas (Sugitatsu 2002:170). This tool was named “tool to search for the chin” (*tanganki*), and used for various types of fetal positions, including cephalic, breech, and transverse presentations.

What was behind his such invention was his frustration with obstetrical knowledge, tools, and techniques that had been previously available. In his *Junseian Encyclopedia of Obstetrics*, he wrote:

There are a number of books on obstetrics in China, and such knowledge came to Japan as well. However, there was almost nothing helpful when used. The methods were limited to medication, acupuncture, or massage, and they were not useful. Kagawa Gen'etsu changed this, by introducing the technique using an iron hook. His invention saved many women's lives, but the procedure was extremely brutal...

Mizuhara wrote that saving the lives of both the mother and the child was extremely difficult in a birth with complications, explaining that the birth canal was narrow and it was difficult to reach a finger inside the uterus. He continued that the whalebone tools were useful because metal tools not only created excruciating suffering to the mother but also hurt the fetus. To use the whalebone tool, a doctor needed to soak the tool in hot water to make it flexible. The warmth of the uterus kept the tool malleable while being used. After catching the fetal head, a doctor would insert the second tool to hold the tool tightly as the fetus was slippery. Finally, attaching of the third tool would allow doctors to extract the fetal body from the maternal body (*Nihon Sanka Sōsho* 1895:617). Mizuhara suggested that this procedure was so painless that the birthing woman might not even realize what was happening.



Illustrations 3.4 and 3.5. Mizuhara Sansetsu's *tanganki* (“tool to search for the chin”) in *Junseian Encyclopedia of Obstetrics* (*Junseian San'iku Zensho*, 1850)

Mizuhara's *Junseian Encyclopedia of Obstetrics* (1850) included thirty-five pages of illustrations, depicting how to use the tool, and these images also suggested a gradual shift in the central actors in obstetrical practices. As shown in Illustration 3.6, the images centered around a doctor, his handling of the tool, and the fetal body, which was shown through the transparent abdomen of a pregnant woman. What is shown in this image is the doctor saving his fetal patients. The doctor was the central actor in the procedure with the whole body illustrated with his gaze squarely aiming at the pregnant woman's vaginal area. The entire body of the fetus is also visible, in contrast to that of the woman. When a

woman's whole body was shown, she was lying down with her eyes closed, suggesting her passive role in the procedure.



Illustration 3.6. The use of *tanganki*. *Junseian Encyclopedia of Obstetrics* (*Junseian San'iku Zensho*, 1850) by Mizuhara Sansetsu.

The illustration for the use of *hōtōki*, by Kondo Tadayoshi (Illustration 3.7) (1858), is more focused, compared to the ones in Mizuhara's. In this illustration, only the doctor's hands were shown, and the fetus became the centerpiece.



Illustration 3.7. Kondo Tadayoshi's *hōtōki* ("the tool to wrap the head"). The caption states "The picture of pulling [the baby] out, while wrapping the head."

Mizuhara stressed the superiority of his tool over *kaiseijutsu* by contrasting his approach with doctors who could only use *kaiseijutsu*. Mizuhara wrote that he went to

help a woman who could not deliver for a few hours. The woman told him that she had five pregnancies in the past, but they were all transverse lie or breach position, and the fetuses were scraped out with an iron hook. Mizuhara lamented that doctors had told her that the fetus was dead because their techniques were premature. Mizuhara wrote that he successfully assisted the delivery, using his whalebone tool without causing any injury, and the mother and the child were both healthy.

Mizuhara also inserted his discussions with his mentor, Oku Ressai in his textbook to stress the superiority of his tool. Mizuhara wrote:

Doctor Oku said, “This is a wonderful tool, but if it chokes the neck of the fetus, even a living fetus might die. If that is the case, this would not make any difference from the iron hook I am using, albeit the lack of cutting.” I replied. “The fetus receives blood from the mother through the umbilical cord and does not breathe while being in the maternal body. Therefore, the fetus would not die even if its throat was bound. The fetus would die once the hook was used” (Nihon Sanka Sōsho 1895:625).

Mizuhara’s tool made of whalebone was welcomed by other obstetricians, and some further modified it to suit their needs. The aforementioned Kondo Tadayoshi, who had been using a loop made of wisteria vine, was one example. In addition to using Mizuhara’s tool, Kondo invented his own tool he named *hōtōki* (“the tool to wrap the head”) (Illustration 3.10). Kondo explained that there were numerous ways in which women had difficulties in delivery, including: weak contractions, fetal deaths, weakening of the fetus, and the fetal head being too large to come out. In such cases, the fetus would die unless someone assisted the woman to deliver quickly, and in the worst-case scenarios, the woman would die after getting tired and weak (Nihon Sanka Sōsho 1895:686). Kondo wrote that when the fetal head was stuck and could not come out, a doctor should first have the birthing woman take the medicine and use the *hōtōki*. He

explained that the doctor should insert the tool into the vagina and move one string to wrap the head, pull the body and the tool together to extract the fetal body. He also wrote that it was important to soak the tool in hot water, so that doctors would not cut the fetal neck (Nihon Sanka Sōsho 1895:678).

Similarly, Kagawa Randai invented the tool named “silk to wrap the head” (*tentōken*) for cases in which the woman was getting weak after her water broke. This tool consisted of two thin whalebones, a sheet of silk (90 centimeters wide and 60 centimeters long, or three-*sun* and six-*bu*-wide and two-*shaku*-long in the Japanese unit), and a tool made of metal to hold the silk together (Illustration 3.8). To use it, the doctor would attach two whalebones on the two sides of a silk soaked in lubricant. He then would roll the two sticks from each side to make it into one, insert it in the vagina, and wrap the fetal head with the silk cloth. Finally, he would use the accompanying tool to hold the cloth onto the fetal head and slowly pull the fetus, by holding the silk in the right hand and the other tool in the left hand. This method was explained in the *Methods of Using Obstetrical Equipment* (*Sanka Kikai Yōhōsho*, 1891), written by Kagawa Mansai (Nihon Sanka Sōsho 1895:317).

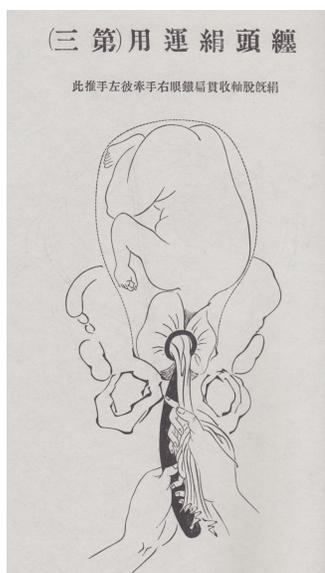


Illustration 3.8. Kagawa Randai's *tentōken* (Nihon Sanka Sōsho 1895:317)

In *the New Approaches in Obstetrics* (*Sanka Shinshiki*), Kagawa Mansai introduced his tool, named *seiōchū*, which can be roughly translated as “the string to straighten the transverse position” (Illustration 3.9). Stating that transverse position with a hand sticking out the woman’s vagina was the most challenging type of birth complication, he instructed the use of this tool as following:

Prepare two whalebones with a hole on the tip, place a silk string soaked in lubricant. Hold it on the bottom with a left hand and insert it from the side of the fetus. Hold the “metal piece to transport” (*un’yu-tetsu*) with the right hand and wrap around the fetal body with it. Once the string has wrapped the fetal body, extract the two tools and hold the string with the right hand. Insert the third tool called “the whale[bone] to move [the fetal body]” (*sōshingei*) with the left hand, and push the side of the fetal body while pulling the string with the right hand. Adjust the fetus to the breach position and deliver the fetus according to the techniques for breach position.

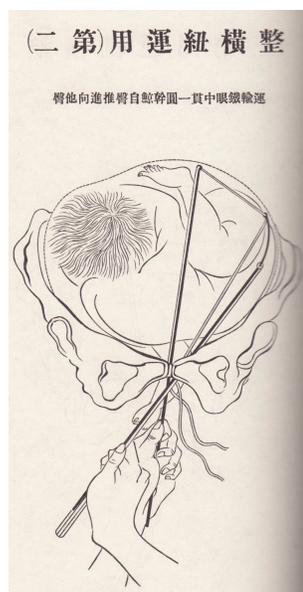


Illustration 3.9. Kagawa Mansai's *seiōchū* (Nihon Sanka Sōsho 1895:329)

As suggested by various inventions for safe delivery of the infant, doctors started to see the fetus as a potentially savable patient. While Kagawa Gen'etsu's textbook was concerned almost exclusively with the maternal body, later texts often included discussions of how to handle and save the fetus and infant, suggesting that more attention was given to the emerging life. The style of images also indicates the increasing interests in saving the fetal patient. Images from the late nineteenth century were even more centered on the fetus compared to earlier ones. The illustrations for Kagawa Kagawa Randai's *tentōken* (Illustration 3.8) as well as Kagawa Mansai's *seiōchū* (Illustration 3.9), both published in 1891, represented the woman's body merely with the image of the pelvic bones and uterine wall. The focus was clearly given to the fetal body and the tools manipulated by the doctor's hands.

Finally, the names of the tools also suggested who it was that the doctor was trying to save. As mentioned earlier, *kaiseijutsu* meant the technique to restore life, and it was the life of the birthing woman whom the doctors were attempting to save. One of the first

internal podalic versions invented was named *sōzenjutsu*, or the “technique to save the two,” and “the two” clearly meant the mother and the fetus. However, nearly all the tools made of whalebone included the name of fetal body parts, such as head and chin (e.g., *hōtōki*, which meant the tool to wrap the head, and *tanganki*, which could be translated as the tool to search the chin). Together with the increasing focus on the fetal body in illustrations, naming of the tools indicated that doctors saw the fetus as their patients.

Protection of Infants

As obstetricians came to treat the fetus as a patient, they also began to care about the healthy growth and wellbeing of the neonates. Consequently, an increasing number of instructions for the care of infants began to appear in the later textbooks. While one of the earliest textbooks, *A Discourse on Childbirth, Expanded (Sanron'yoku, 1775)* included only short discussions of bathing an infant and caring for the navel after the umbilical cord was cut, later textbooks contained elaborated explanations about the infant. Mizuhara Sansetsu's *Junseian Encyclopedia of Obstetrics* included various methods on how to take care of and to solve problems with neonates (Nihon Sanka Sōsho 1895:609), such as the instructions on cutting the umbilical cord, diagnosing problems with the pulse, and bathing and breastfeeding the infant.

Kondo Tadayoshi's *Graphic Representations of Pregnancy (Tassei Zusetsu, 1854)* is another example of textbooks with extensive instructions of how to take care of infants. In addition to the discussion of cutting the umbilical cord, it included a detailed explanation of bathing the infant. The process was divided into ten steps, starting from how to hold the infant, washing him/her, massage techniques for the infant's abdomen to let the child urinate and defecate, how to wrap the umbilical cord with paper, put a diaper

and a liner, and ending with dressing the infant. Kondo also discussed dealing with various problems such as troubles with feeding, as well as constipation, spitting out of milk, and convulsions. It also listed food recommendations and medication both for the mother and the infant.

As doctors began inventing and using tools to safely expel the fetus while it was still alive, they discussed ways to save the lives of the newborn infants who appeared to be weak. Methods for resuscitation consisted of giving shock, sending warmth, and massaging for circulation. Oku Ressai was one of the doctors who invented a resuscitation method for a newborn infant in a state of apparent death. He wrote:

When the newborn infant does not make any sound, it is because the *yang* energy has not circulated through the entire body. In such case, the doctor should strongly massage the infant's shoulder and occipital bone, using the thumb and fingers. The infant would cry if the doctor sprayed water on the groin area of the infant and wrapped it in clothes (*Secret Records of Tasseian Obstetrics, Tasseien Sanka Gaijutsu Hiroku*, around the 1820s) (Nihon Sanka Sōsho 1895:482).

Mizuhara Sansetsu wrote methods for resuscitation, emphasizing the importance of keeping the infant warm when it became cold as well. He stated:

There are cases in which the infant's body would become ice cold. This happens when the weather was so cold that even water might freeze, or when a woman gave birth before her midwife arrived and left the newborn on the mattress (*futon*) for a long time. In such cases, the infant should be held close to the maternal chest and gradually warmed. When the condition was so serious, feed the woman hot porridge or soup so that her skin gets warm, which would warm the infant.

Mizuhara also discussed his "technique to make the infant cry" (*hatteijutsu*), describing various methods to resuscitate the infant. He wrote:

The infant would cry if the doctor would spread his thumb and four fingers of the right hand and firmly massage the child's neck, shoulders, and back. It would be even better if he sprays cold water on the child's face. There is also the method of burning the umbilical cord near the navel with candle or wax. Choose the methods according to the place and situations.

Kondo Tadayoshi was another doctor who had elaborate discussions on neonates. In his *Graphic Representation of Pregnancy (Tassei Zuestsu)*, he wrote how to check the pulse of the newborn at the root of the umbilical cord still attached to the navel. Kondo instructed that once the infant was born, a doctor should spray cold water on the face and the chest and quickly bathe the infant. When the infant did not cry immediately, he wrote, keep the infant warm by putting the baby inside the clothes near the chest in a warm season and using the *kotatsu*, or a low table with heating element inside, covered with a quilt, in a cold season (Nihon Sanka Sōsho 1895:708).

Obstetrical knowledge about fetal development

To save the life of the fetus, it was essential for doctors to know about the fetus. Descriptions of the fetus changed with the development of obstetrics, as the goal of the obstetrics shifted from saving the lives of the mother to saving the lives of both the mother and the fetus. Especially from the early to the mid-nineteenth century, a number of obstetricians wrote about the mechanism of conception and discussed the process of fetal development in their textbooks. Together with the instructions and illustrations for various tools to save the fetus, these discussions suggested a shift in the medical gaze. That is, as the time passed, readers' attention was increasingly directed to the fetus itself.

To be clear, knowledge about the fetus was considered essential from the beginning of the Kagawa practice. In fact, Kagawa Gen'etsu's accomplishments included the discovery of the correct fetal position. Until his discovery, people believed that the fetus grew vertically in the womb with its head on the top, as if it resembled the position of the standing mother, and the fetus turned upside down at the time of delivery. Kagawa

Gen'etsu argued against this idea, reaching this conclusion independent of European knowledge.

His discussion on the fetal development was minimal,²⁷ however, reflecting the fact that his work was concerned primarily with the end of pregnancy: the birth. Most discussions of the fetus were on its position at the time of delivery, and how to determine whether the fetus was alive or not, which was crucial when one had to decide whether *kaiseijutsu* should be performed or not. His interest in the internality of the pregnant body was not necessarily based on the interest in the fetus per se. His primary concern was to save the life of the woman. According to the explanatory notes written by Gen'etsu's disciple, Sasai Genkei, the status of the fetus, that is, whether the fetus was alive or dead, was important, but this was because it affected the possibility of saving the mother (Sanka Bunken Dokushokai 2008:195). There was an extensive discussion of how to perform internal examinations before the birth, but it was also because the information about the status of the fetus was important as it affected the delivery.

Toward the end of Gen'etsu's life, his adopted son and top disciple, Kagawa Genteki, wrote a revised and expanded edition of *A Discourse on Childbirth*, entitled *A Discourse on Childbirth, Expanded* (*Sanron'yoku*, 1775). This book, too, only had concerns toward the end of pregnancy, and information was mostly about fetal positions at the time of delivery. What made this edition notable was its illustrations. While

²⁷ Compared to discussions by his contemporary doctors who specialized in Chinese medicine or authors of moralistic texts, Gen'etsu's explanations of the mechanism of pregnancy were limited. *A Discourse on Childbirth* stated that a woman could conceive during the ten days after the end of menstruation, and one could determine whether the woman was pregnant or not by taking the pulse and performing an abdominal palpation seventy-five days after the end of menstruation. Kagawa Gen'etsu also wrote that the size of the fifth-month fetus was approximately the same as the size of a squash (Sanka Bunken Dokushokai 2008:27). Gen'etsu wrote that it was not possible to determine the gender of the fetus with fortune telling, contrary to the belief many held (Sanka Bunken Dokushokai 2008:31).

Gen'etsu's original publication consisted of only text, the expanded edition included thirty-two images of the full-term fetus, five of which showed the proper fetal positioning from different angles and in different stages of labor (Illustration 3.10). Other illustrations included various problematic fetal positions, such as breech presentations and positions of twin fetuses.

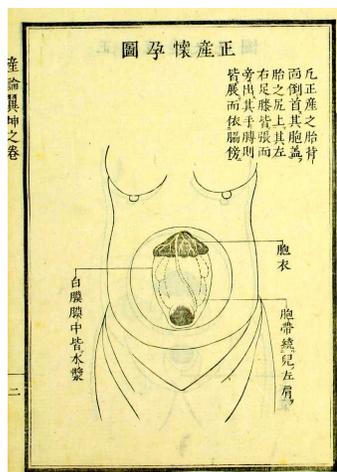


Illustration 3.10: *The Discourse on Childbirth, Expanded* (*Sanron'yoku*, 1775) by Kagawa Genteki

The impact of the fetal images should not be underestimated. Visual representations are a critical part of scientific discourse that make the objects under study visible, analyzable, and accountable (Lynch 1985; 1998). Indeed, as Bruno Latour writes (1986:16), “[s]cientists start seeing something once they stop looking at nature and look exclusively and obsessively at prints and flat inscriptions.” In the field of obstetrics, too, “[t]he managed image has become the precondition for sight” (Duden 1993:17). Furthermore, once such images are printed on paper, they would become “immutable mobiles” (Latour 1986), which could be portable, replicable, and combined with written texts, allowing them to have greater influence on knowledge production.

While saving the life of the woman remained the primary goal of the Kagawa practice, the introduction of the fetal images complicated this. Originally, the information about the status of the fetus (i.e., the fetal position and whether the fetus was alive or dead), was important entirely for the purpose of saving the woman. However, as more knowledge about the fetus was accumulated, more attention came to be paid to the fetus itself. As the number of his disciples grew and many began their own practices and gained experiences, some of them opened their own schools and wrote obstetrical textbooks, revising the information in Gen'etsu's texts. These authors wrote about the process of conception as well as the mechanism in which the fetus was nurtured.

While the Kagawa School was dominant, there was no mechanism to protect the authority of the knowledge produced by its founder.²⁸ For this reason, obstetrical texts after Kagawa Gen'etsu presented myriad understandings of pregnancy and births, based on doctors' experiences of assisting delivery, dissections, and observations of miscarried and aborted fetus, as well as their exposure to various types of medical knowledge (e.g., Kagawa practices, Chinese medicine, European medicine). *Instruction of Obstetrics (Sanka Shinan, 1826)* by Ōmaki Shūsei, an obstetrician from Kazusanokuni (present day Chiba prefecture in Eastern Japan), is one example of a textbook that had elaborate discussions about fetal development. Ōmaki presented the view that the body of the fetus would move upward as pregnancy progressed, and such upward movement of the fetus would cause difficult delivery. This notion was shared by many, and based on this belief, women were expected to wear a special belt after the fifth month of pregnancy so that the fetus would stay lower in the women's body. Ōmaki wrote that in the first month, it was

²⁸ The licensing system for medical practitioners (e.g., doctors, nurses, and midwives) only began in the Meiji period, and there was no formal institutional setting for obstetrical training.

the size of an egg of a small bird and was located near the opening of the uterus, and once it became the form of the fetus, it grew and moved up higher in the uterus. He continued that it neared the pubis in the second to third month, the lower abdomen in the fifth, and the navel in the seventh month. According to him, in the final month of pregnancy, the buttocks of the fetus neared the acupuncture point close to stomach and the head was near the pubis, facing the mother's spine, bending its arms and legs. Ōmaki described it as "it was like looking at a frog on the ground upside down" (Nihon Sanka Sōsho 1895:883). The author also discussed fetal development, drawing upon his observations of miscarried fetuses. He wrote that the shape of the body could be easily detected in the miscarried fetus after seven days of gestation, and a fast-growing embryo would have a head, a torso, and limbs after thirty days of gestation, resembling a baby mouse (Nihon Sanka Sōsho 1895:888).

As doctors' interests in the fetal development expands, their anatomical inclination and fascination with the mechanism of pregnancy in their writing became evident. Hirano Jūsei's *Essentials for Midwives (Zabahikken, 1832-1833)* is one such example. This was a rare case of the publication of a midwifery textbook written by an obstetrician. Hirano believed that it was essential for midwives to know the anatomy of reproductive organs and the process of pregnancy in order to properly assist births. He explained:

The uterus had the shape of a pear and it was located in between the bladder and the anus. Menstruation was a system in which the body secreted excess blood, but once a woman became pregnant, her body used the blood to nurture the fetus. The woman would not have menstruation after birth because the blood became breast milk and nurtured the infant. The umbilical cord was the path of nutrition that brought blood from the placenta. There were two tubes within the umbilical cord, one of which would bring the blood from the maternal body and the other one return the blood from the fetus. The membrane of the placenta was filled with liquid in which the fetus was floating (Nihon Sanka Sōsho 1895:1016-17).

An obstetrician trained in Chinese and Dutch medicine, Okuzawa Kenchū also discussed his theory of fetal development. Though there are no detailed records or illustrations available today, Okugawa is also thought to have practiced dissection. In his *Discoveries in Obstetrics* (*Sanka Hatsumeji*, 1833), he wrote that pregnancy occurred when the spirits of a man and a woman met, with the male semen entering the room of the egg. He continued that the egg would then voluntarily leave the room and enter the uterus, where the embryo turned into a fetus. Following this explanation, he provided a detailed description of the fetal development. Similar to Ōmaki, Okuzawa believed that the fetus would move upward inside the uterus, and wrote that while it was located below the pubic bone in the beginning, it would move up to just above the pubic bone in the third month, below the umbilicus by the fifth, above the umbilicus by the sixth, and just below the heart by the eighth month. Okuzawa's work was also characterized by his discussions of specific size of the fetus based on the gestational month.²⁹

²⁹ He wrote: "During the first month, the *hai* (embryo) was the size of a dove egg and there was no set shape yet. During the second month, the embryo became the size of a duck egg, and its shape resembled an eggplant. The placenta was not yet completed and its shape resembled a tube, in which the fetus resided. The size of the fetus was that of a small green frog and it began to take shape. The placenta would be completed during the third month and it wrapped the fetus, whose size was about the same as a fruit of *akebia* [the fruit of *akebia* is typically about ten centimeters long]. The placenta was round and flat, and little over ten centimeters long (three *sun* and four *bu*). The size of the uterus became the size of a small squash. During the fourth month, the size of the fetus became that of a young rabbit and it was approximately 24-centimeters (eight *sun*) long. The size of the uterus became that of a mid-size squash. During the fifth month, the size of the fetus was that of a young monkey and its length was about 30 centimeters (one *shaku*). The size of the uterus became the size of a large squash. During the sixth month, the fetus resided in water, and its length was about 33 centimeters (one *shaku* and one *sun*). During the seventh month, the female fetus would develop a uterus and a male fetus would develop a scrotum. The size of the fetus would be the size of a mid-size cat and its length would be roughly 39 centimeters (one *shaku* and three *sun*). During the eighth month, the size of the fetus became that of a male duck and the length was about 42 centimeters (one *shaku* and four *sun*). During the ninth month, fetal organs, muscles, membrane, bones, and joints were all completed. The fetal size was that of a goose and the length was about 51 centimeters (one *shaku* seven *sun*). Finally, during the tenth month of pregnancy, the fetus grew further, and all the body parts and spiritual energy were completed."

A doctor from present-day Okayama in western Japan, Kagawa Nan'ryū also left detailed accounts of the fetal development. He conducted several dissections, using the cadavers of female prisoners sentenced to death. He was particularly interested in female reproductive organs, and the results and findings from the dissection were compiled by his disciples and published as *Independent Views of the Nan'yō School (of Obstetrics)* (*Nan'yōkan Ikkagen*, 1841). What separated this work from those of its contemporaries was the influence of European anatomical drawings in rendering what was observed during dissections.” (Illustration 3.11).

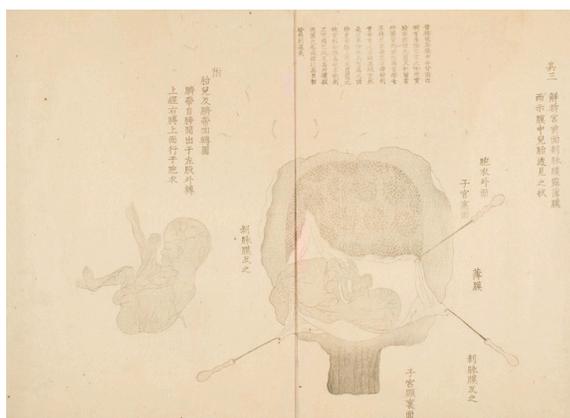


Illustration 3.11. *Independent Views of the Na 'nyō School (of Obstetrics)* (*Nan 'yōkan Ikkagen*, 1841)

This text stated that a woman would have menstruation as she sexually matured, around fourteen or fifteen years old, and once this happened, she became capable of sending sperm to the ovary to nurture the egg. Kagawa Nan'ryū considered that pregnancy occurred when sperm from a male and an egg from a female came together.

The text stated:

Women were born with eggs, which grew as their bodies matured. A woman's body selected female seminal fluid from the menstrual blood and sent it to the ovary. Once the egg developed, it would naturally rupture its nest and entered the womb. The egg was still attached to the nest (ovary) with a tube, which sent female

seminal fluid to the egg until it met male sperm in the uterus. Women may experience heightened sexual desire during this period. When the male semen entered the uterus and injected itself to the egg, the two spirits met and resulted in pregnancy. The egg surrounded the sperm and stabilized it at the bottom of the uterus with blood and mucus. Once stabilized, the development of the placenta took place, through which maternal blood would be transported to the fetus. It would eventually become an umbilical cord, through which the fetus would be nurtured night and day until the delivery.

Kagawa Nan'ryū was exposed to European obstetrical knowledge. The text stated that according to a Dutch theory, male seminal fluid would enter the uterus then reach an ovary through a fallopian tube. After being activated by the egg in the ovary, the sperm would go down to the uterus, resulting in pregnancy.

Later obstetricians' descriptions of pregnancy show their interests in the mechanism of conception. *Illustrated Explanations of Pregnancy and Development (Yōka Hatsumō Zukai*, 1851) by Yamada Hisaojo was one such example. According to Yamada, male and female seeds of a child (*kodane*) were dropped in the uterus after sexual intercourse and they grew into the form of a human. He considered that it³⁰ became a soft blood clot in thirty days of gestation, and the blood surrounding it would become the placenta. In sixty days, arms and legs could be detected, but the gender remained unknown. At this point, the placenta was larger than the body. In ninety days, nails were grown, and the head was disproportionally large. It began to grow hair at 120 days, and morning sickness should be subsumed around this time. At 150 days, the body parts were completed. Quickening began around 180 days. Yamada wrote that the placenta was the shape of a lotus leaf, and the fetus was nurtured through the umbilical cord. (Nihon Sanka Sōsho 1985:735).

In his *Graphic Representation of Pregnancy (Tassei Zusetsu*, 1854), Kondo Tadayoshi also discussed the reproductive mechanisms, noting that the uterus was the

³⁰ This sentence was written without a subject in Japanese.

female equivalent of testicles, and pregnancy occurred when the male's sperm ran into the uterus, which opened with sexual intercourse (*kōkan*), and female menstrual fluid (*keisui*) wrapped around it (Nihon Sanka Sōsho 1985:660). In the 12-volume *Junseian Encyclopedia of Obstetrics* (*Junseian San'iku Zensho*, 1850), Mizuhara Sansetsu wrote that women experienced heightened sexual desire around five days after menstruation, which was the timing when the cervical canal opened widely and if a man ejaculated during this timing, [the sperm] could reach the uterus, resulting in pregnancy (Nihon Sanka Sōsho 1985:542-543). As the discussions above indicate, obstetrics was no longer a mere field of profession for the time of emergency. That is, obstetricians' sense of purpose came to entail saving the lives of the woman and her fetus and infant, as well as the pursuit for empirical knowledge pertaining to reproduction.

Conclusion

An analysis of obstetrical textbooks revealed the strong relationship between the development of the medical field and the emergence of the notion that the fetus was patient worthy of medical care. Obstetrics in Japan began with the popularization of a technique to extract the dead fetus from the maternal body with an iron hook, but as more and more doctors became critical of the casual use of such methods, they invented tools and techniques that were designed to save both the lives of the woman and the fetus. Some doctors developed internal podalic versions, while others introduced tools made of whalebones to extract the fetus that were in various problematic positions. Some texts from the end of the Tokugawa period also included discussion of how to take care of infants, including how to perform resuscitation on neonates.

As the field of obstetrics developed, an increasing number of doctors explained the process of fetal development in their textbooks, often with illustrations. Though the priority of saving women with pregnancy complications remained central to the Kagawa School, the image of the fetus became concrete as knowledge developed. Originally, the understandings about the fetus were critical for the sake of saving the woman's life, but as the knowledge about the fetus was accumulated, the fetus itself came to be considered a life, worthy of protection. Further, as later texts included various illustrations, they provided specific images of fetus to what used to be abstract ideas. Even though not the primary purpose, such images contributed to the production of the notion of fetal personhood.

Medical knowledge and practices had significant implications on the notion of the patienthood and personhood. In the discourse in early obstetrical texts, the fetus was a part of the maternal body, but as obstetrical knowledge increased, the pregnant woman and the fetus began to be seen as two separate individuals. In some cases, depictions of the fetus rendered the female body as a background or a container, and doctors' gaze shifted from the maternal body to the fetal body. Once the fetus in danger came to be seen as potentially savable, it entered the realm of the patient, or the person. Doctors could no longer automatically give up their lives.

Chapter 4. The Fetus and Infant as a Child

Chapter 3 demonstrated that the notion of fetal personhood emerged in the field of medicine, as obstetricians strived to save the lives of the fetus and infants in addition to those of pregnant women. However, the fetus and infant becoming a patient required parents' commitment to raise the emerging life as their child. In other words, only when the interests of parents and obstetricians met, that is, they had shared desire to save the life of the fetus or the infant, did the fetus and infant become a patient. This chapter examines the mechanism in which emerging life received recognition as a member of the family and community, and the meaning of the membership to the young children and their families, by focusing on parents' perspectives and experiences.

I begin the discussions with an analysis of rites of passage, through which I demonstrate that parents' explicit commitment to raise the fetus and/or infant as their child was necessary for the emerging life to be recognized as a person. Rites of passage were the key processes in which parents acknowledged their commitment to raise the fetus or infant. This chapter pays particularly close attention to the rites during and a few years after pregnancy that transformed the status of a woman and the fetus and infant. Rituals were essential for a woman to be recognized as a pregnant woman, and for the fetus and infant to be considered as a child.

Following the discussions on rites of passage, I decipher the meanings of familial and communal membership by examining the treatment of perinatal and small children's deaths (i.e., miscarriage, stillbirth, and deaths of infants). I demonstrate that once the emerging life was recognized as a child, many children received much care and attention from their parents, and this was true even at the time of their deaths. Prevailing folklore

scholarship suggested that people in the Tokugawa period viewed the emerging life as sacred and anonymous, and maintained that people buried the body of their dead children within the family property or boundary areas, such as a mountain or a river.

This chapter complicates such notions. Drawing upon historical accounts as well as archeological data, I argue that growing numbers of people saw their children as important members of their family, and treated their children's deaths similarly to that of adults, offering a Buddhist funeral and burying the body in a temple cemetery. In the context where the interest in children was growing, many people had difficulty accepting the deaths of their children. The emergence of children's graveyards in temples, and temples' involvement in memorializing small children, reflected people's sense of loss in cases of children's deaths, no matter how young they were. Combining the analyses of rites of passage and the treatment of deaths, I demonstrate that notion of childhood was much more complex than previously suggested.

Rites of Passage

Society makes a distinction between the categories of person and non-person as well as different stages in life because the process of transformation from conception to death is continuous. What functions as the marker that demarcate the border are rites of passage, in which members of society split the continuous time into two large categories, and lump different stages of life together in each category. Historically, anthropologists have documented rites of passage in a number of non-Western societies and cultures, and demonstrated when and how different societies held rituals to mark this transition.

Despite the variety among the groups, there are patterns in the social marking of transition. According to Van Gennep, the process of rites of passage consists of three

stages: preliminal rites where individuals experience separation from preceding life; liminal rites, where they undergo the stage of transition; and finally, post-liminal rites, in which they get incorporated to the new world (1960 [1909]:21). Rituals allow members of society to mentally segment continuous reality into discrete stages (Zerubavel 1991:18). Rites of passage are highlighted as a symbol of an important transition, signifying its extraordinariness, in contrast to the mundane acts of everyday life. In reproduction, especially in the context where perinatal mortality is prevalent, the parturient woman, the fetus, and the infant occupy the space between life and death. During pregnancy, the woman undergoes rites for her separation from society, rites on pregnancy, and finally rites of childbirth, which give the woman a new position as a mother and integrate the woman back to the society (Van Gennep 1960 [1909]:41).

Pregnancy and childbirth were highly ritualized in Tokugawa Japan, though ritualization often took place outside the context of religious institutions. For women, pregnancy was seen as the liminal stage between daughter/wife and mother (Lindsey 2007), and acknowledgement of pregnancy meant the beginning of motherhood and the recognition of the existence of the fetus. Pregnancy was publicly recognized only after the fifth month of pregnancy, when a midwife or a family member tied a special belt, called *iwata obi* around the pregnant woman's upper abdomen (Hardacre 1997). This was done on "the day of dog," as a dog was a symbol of safe birth. Childrearing manuals emphasized the medical significance of wearing of the belt,³¹ but implications were far beyond physical. A family would organize a feast called "celebration for the belt"

³¹ People believed that birthing complications were caused by the fetus moving upward in the woman's womb during the pregnancy, or growing too large to pass the birth canal. Authors of childrearing manuals argued that women could lower such risks by wearing the belt tightly high up in the abdomen. Kagawa doctors later criticized this custom, maintaining that this could contribute to birthing complications.

(*obiwai*), for which they invited community members to celebrate the pregnancy and wished for the safe and uneventful birth (Kamata et. al. 1990:48-61). It was the ceremony in which parents made an explicit commitment to raise the emerging life as their own child. As Sawayama (2009:65) wrote, “[t]he process of acknowledging the life of a child was the process of acknowledging the will to raise the child.” That is, whether parents saw the fetus or infant as their child or not depended on whether they wanted to raise it as their child.

With a celebratory feast, a couple had community members recognize the existence of the fetus and had them become fictive parents (Shinmura 1996:132). In fact, when parents were not willing to raise the child, the woman neither wore the belt nor held the feast. The historian, William R. Lindsay (2007) noted that the significance of pregnancy belt could be understood also from the case in which a pregnant woman did *not* wear one. When a courtesan became pregnant but her bordello did not allow her to keep the child, for example, she would not wear the belt. Lindsay wrote, “The absence of an *obi* did not deny the biological fact of pregnancy, but instead denied the collectivity’s ties to the product of pregnancy” (2007:125). That is, only after the parents’ commitment, and their community’s acceptance of such a decision, was the emerging life given a place in society.

Once the woman gave birth, the infant would undergo a number of rituals as well (Sofue 1965). Liminal personae are considered polluting (Douglas 1966), and the neophyte is a structurally invisible, ambiguous, and neutral being (Turner 1970 [1964]:96-99). Impurity associated with the danger of pregnancy is extended to the child, who is also required to experience the rites of separation, transition, and incorporation

(Van Gennep 1960 [1909]:50). To transform the infant into a member of society, people performed rites of passage. The prevalence of such practices promoted a shared understanding about how children gained membership in their family and community.

Rites of passage for children started among elite families and gradually spread to ordinary people. One of the changes in the Tokugawa period was that even farmers began to spend much time and energy for rites of passage for their young children. In the early Tokugawa period, farmers considered a youth's transition to full members of society (e.g., coming of age and marriage) more important than rituals for young children (Ohta 2007). After the birth, they were more concerned with purification rituals for the pollution associated with blood and danger than with welcoming the infant into the family. Attitudes changed in the mid-Tokugawa period, when people began to treat naming ritual after seven days of birth as a more important event than purification rituals, suggesting that they came to consider the neonates as individuals and welcome them in the family and the community (Ohta 2007: 420).

Rites of passage in the first year of life included: the purification of the infant's body after the birth (*ubuyu*); naming of the infant on the seventh day (*oshichiya*); the visitation to the local shrine where the child becomes a shrine parishioner a month after the birth (*miyamairi*); the ritual feeding of adult's food to the infant on the one hundredth day (*okuizome*); and the first birthday, a year after the child was born. The frequency of such rituals was at its highest during the first year after the birth, and the interval gradually became longer as the infant grew and was incorporated as a member of the community.

Among various rites of passage, naming was a particularly critical one in

considering the beginning of life and personhood, because it was a process of acknowledging the existence as an irreplaceable person. According to *Records of Weighty Treasure for Women*, people named the child on the seventh day, and the author wrote that the infant should be given a name, even a tentative one, if it could not be decided by then. The importance of naming can be also understood as the following story and episode as well. A compilation of tales, *Shintō-shū* from the medieval era (estimated to have been from between the mid- to the late fourteenth century) had a story in which a deity responsible for causing illness could not take the life of a child because the child was given a name as soon as born (Shinmura 1996:78). A powerful feudal lord, Matsudaira Sadanobu, who was against infanticide, was said to have named infants born in the area he controlled to instill the notion that the child should not be treated as a private property (Ohta 2007:231).

How people recorded the birth of their children in their diaries also suggest the changing views on infants. The Tōzaemon diary from the end of seventeenth to the early eighteenth century had only a succinct mentioning of births, and there were no discussions of rites of passage after birth or celebration of growth. This could be contrasted with the elaborate descriptions of weddings and coming-of-age celebrations, indicating that people were more concerned with the youth becoming a full member of society than an emerging life's entry to the family and community (Ohta 2007:150).

Conversely, the Takasekidō Diary from the early nineteenth century contained a number of records of rites of passage for infants and toddlers, including naming on the third day, shaving of the hair on the fifth day, a visitation to the local shrine, as well as the first birthday (Ohta 2007:152). Records of gifts for birth of a child from the mid- to

late Tokugawa period contained more detailed descriptions than earlier periods, further confirming the increasing significance of infants (Ohta 2007:420).

Perinatal Deaths

The fetus became a social being only after being accepted by their family and community, but the youngest members of family (i.e., the fetus, infant, and small children) were considered to remain in the state of liminality, or the state of in-between. Liminality is defined with the assumption that the liminal being would move on to the next stage, but they were unstable beings in precarious contexts, and their survival was not guaranteed. Indeed, during the Tokugawa period, miscarriage, stillbirth, and the deaths of infants were far from a rare occurrence. 10 to 25 percent of pregnancies were estimated to have resulted in stillbirth, and twenty percent of infants born died before they reached one year. The mortality rate was especially high for infants under four weeks old (Kito 2000).

Consideration of deaths is critical when we wish to decipher the meanings of life, body, and personhood. As Thomas Laqueur (2015) demonstrated, the treatment of the mortal remains was an important concern across different historical and cultural contexts, and an examination of the dead tell us much about the living. In fact, the notions of life and death are mutually constituted (McTavish 2010:17), and they exist in the syntactic relations. That is, the idea of life is defined as something that is not death, and vice versa. As Eviatar Zerubavel puts it, “the meaning of symbols generally derives not from their own inherent properties but from the way they are semiotically positioned in our minds vis-à-vis other symbols” (1997:72). Thus, we cannot fully understand the meaning of life unless we position it against what it is not (i.e., death).

An analysis of death is particularly crucial in understanding of the beginning of life. This is because members of the society assign a meaning to a liminal being when its liminality is terminated without the entity moving on to the expected next stage. The fetus and corpse are necessary liminal stages for a human to enter and exit personhood. The entity resulting from perinatal deaths had the potential to achieve full personhood, yet transformed into a corpse without having the period of personhood. In other words, it can be seen as something that moved from one form of liminality to another without having post-liminal phase of aggregation and integration to the society.³² More broadly, the examination of death at the beginning of life illuminates how societies deal with ambiguity. Liminality is the state with no fixed definition, and perinatal deaths are the situations in which we can observe whether the ambiguity was left opaque, or it was treated as a part of something else (i.e., integrated into pre-liminal state of nothingness or post-liminal state of a family member).

Mortuary practices: Exclusion of children from adults' cemeteries

Early studies on the history of childhood considered that people in premodern and early modern societies had limited emotional investment to children due to high mortality (Ariès 1973 [1960]:37; Pinchbeck and Hewitt 1969; Shorter 1976; Stone 1977:105-106; 651-652). In a similar framework, scholars argued that funeral rites were generally less elaborate for children, reflecting on their limited positions in society (Hertz 1960 [1907]).

³² It would be appropriate to note here the difficulty, or perhaps the impossibility, of constructing a neutral conceptualization. For those who believe in the existence of full personhood from the moment of conception, the statement above may be considered simply wrong, because they view the embryo and the fetus as a person, rather than the *potential* of person. Even when we do not take this stance, the statement above can be considered to contain a contradiction, as for an entity to be considered as a corpse, it is generally assumed to have life prior to becoming a corpse. In other words, this statement is based on the assumption that one can die without living.

This notion was also paramount in folklore scholarship in Japan, which was the primary scholarly field that analyzed cultural practices surrounding deaths of children. Folklore scholars argued that the deaths of the fetus, infants, and small children were handled differently from those of adults in premodern Japan.

In the Tokugawa period, memorial services for ancestors (*senzo kuyō*) became important in Japanese Buddhism in the context of the rise of neo-Confucianism and its emphasis on familial hierarchy. As commemoration was organized based on hierarchy within the family, children's deaths did not fit the category of "normal deaths," and were religiously problematic. That is, a normal death was conceptualized as the death of an adult with offspring who could then memorialize the ancestor, and deaths of children would disrupt the order of familial hierarchy and the direction of memorial services. When a person without children died, regardless of age, there was theoretically no one who could properly practice the memorial service for them. For this reason, children were not supposed to receive Buddhist funerals and burials that were designed for adults with offspring.

Deaths of the fetus, infants, and small children were distinguished from adults' deaths from the perspective of the management of symbolic pollution as well. Death was associated with the notion of filth and pollution, and the management of symbolic pollution was an important aspect of the treatment of death. For this reason, surviving families were expected to refrain from certain activities including going to shrines, sharing fire for cooking, and engaging with fishery for a set period of time. Among different types of deaths, what was considered as an extraordinary death (e.g., deaths as a result of murder, suicide, and accident) was believed to have carried more powerful

pollution than so-called normal deaths (Namihira 1988). As such, extraordinary deaths received treatments different from those considered as normal deaths. Though not unusual, deaths associated with reproduction (e.g., deaths of pregnant women, miscarriage, and stillbirth), as well as children's deaths, were considered abnormal deaths and distinguished from the normal deaths.

With the idea of children under seven years old being spiritual beings, predominant understanding of treatment for perinatal deaths in premodern Japan was that fetus and infants were treated differently even at the time of their deaths. For example, the folklorist Miyata Noboru (1991:763) wrote that people believed in reincarnation of the unstable spirit, thus did not practice memorial services for children. In addition to avoiding funeral rites, scholars have shown that people differentiated children's deaths from those of adults by separating the locations of the burial. They suggested that people in premodern Japan buried the body of the fetus, infants, and small children within the family property, such as under the floorboards, in the kitchen, or in the garden. Most notably, prominent folklorist Ōmachi Tokuzō (1978:154) explained that such in-house burial was a traditional practice. Recalling the interview that he conducted, Ōmachi wrote:

In a mountainous village in the northern Ibaraki (a prefecture in eastern Japan), when children under two years old died, a simple funeral was held only by women, and they buried the body under the floorboard of their house. This was practiced until the Taisho period (1912-1926). This funeral practice was not considered as a simplified one, and it seems that it was the formal funeral for children since olden days. This is something I doubly made sure when I asked [my informants] (Ōmachi 1976:53).

The archeologist Kinoshita Tadashi (1981:134) echoed Ōmachi's observation, stating that people buried the body of fetuses, infants, and even toddlers under the floorboards or in

an earthen floor (*doma*) or in the garden. Similarly, the folklorist Iijima Yoshiharu (1987:42) wrote that dead children under three years old were buried outside the house, in locations such as at the front gate, under the floor, threshold, the veranda, or hearth.

Their argument was based on historical evidence from the Tokugawa period and folklore accounts conducted in the early twentieth century. In a survey entitled *The Survey of Customs (Fūzoku Toijō)* conducted around 1813 by Yashiro Hirokata, respondents in Shinobu and Date counties of Mutsunokuni (present day Fukushima prefecture in northern Japan) wrote that there was no funeral for children under two years old, and people buried their bodies under the floorboards in the house, while the bodies of children older than two years old were sent to a temple.

Over hundred years later, in the 1930s, a survey was conducted to record regional differences in customs pertaining to reproduction. The result was compiled as *Compilation of Materials on Customs surrounding Pregnancy, Birth, and Childrearing in Japan (Nihon Saniku Shūzoku Shiryō Shūsei, 1935)*. A number of informants in this survey also said that they buried the body of the fetus and infants (and even sometimes small children) within the family property. Specific locations included: under the floorboards (Gunma, Ibaraki, Niigata, Aichi, and Kagoshima prefectures), the veranda (Fukushima, Ibaraki, Aichi, and Tottori prefectures), and parts of the house with an earthen floor, such as the kitchen (Aichi, Okayama, and Tokushima prefectures) and the storage room (Gunma prefecture). Others buried the body in family property outside the house, such as next to an outhouse (Tottori prefecture) or the corner of a garden (Fukushima prefecture). Other responses included the cases in which informants in Iwate prefecture, who said that they wrapped the body of a fetus or an infant in a straw sheet

and threw it away in a river, and an informant from Ishikawa prefecture, who said that they buried the fetus and infants in a bamboo grove.

The aforementioned folklorist, Ōmachi (1978), maintained that in-house burial reflected people's belief that children under seven years old were near-deities, whose spirits would return to the family quickly if they were buried near the family without Buddhist funeral rites. While the goal of the Buddhist funeral was to help the adult spirit become Buddha (*jōbutsu*), what people wished for the spirit of the child was to return to the family. For this reason, people not only avoided Buddhist rites, but also practiced something that signified that was *not* Buddhist funeral. In San'nohe in Aomori prefecture, for example, when a child under seven years old died, people put a purple, as opposed to white, outfit on the body, and placed a dried sardine on the mouth before burial (Mogami 1960:1). Ōmachi's interpretation on in-house burial remained influential, as seen in the more recent writings of a folklorist Miyata Noboru (1999:50) as well as a medical historian Shinmura Taku (1996:76) among others.

Mourning the deaths of the fetus and infants

While folklore accounts suggest that people in premodern Japan had certain levels of emotional detachment to infants and small children, historical and archeological evidence indicated that this was not always the case. People, especially families, searched for cures for children's illnesses. Amulets for the cure of disease, smallpox in particular, were popular, and a number of artwork depicted the god of smallpox (Rotermund 1995; Sato 2000). Not only the family, but also community members expressed concerns when infants and children suffered from medical conditions or died from them. For example, in

1814 in Ichinoseki, women in the neighborhood reported a death of a baby boy, caused by convulsion, to neighbors and to their community union (Sawayama 2009).

Contrary to the acceptance of the ephemeral nature of small children's lives indicated by folklore studies, historical and archeological records suggest that infants and small children's deaths were not treated lightly either at familial or societal levels. With increasing interests in and investment for children, children's deaths came to be incorporated into religious funeral rites. A number of temples provided funerals for children, and this religious institutional change coincided with more general political change. By the late Tokugawa period, some temples were involved in their local government's nascent form of biopolitical programs, instructing families what needed to be done in cases of stillbirth. For example, as a part of their effort to discourage infanticide, Ichinoseki domain, in modern day Iwate prefecture, stipulated that in cases of stillbirth, the dead body should be buried based on the instruction of a temple. The temple was also required to submit a report to the local government, stating that they provided such instruction (Sawayama 2009). From the perspective of local government officials, the involvement of temples was one of the effective ways in which they could bring reproduction from the private to the public. Since the late seventeenth century, temples had been assisting local governments by collecting information for the family registry (*shūmon ninbetsu aratamechō*).³³ As such, it was viewed as a reasonable extension of their surveillance.

Archeological research also suggested that at least some children received Buddhist funerals, though not as elaborate as those of adults. In the study of Buddhist temples in

³³ This registry began with the purpose of detecting Christians in communities, but functioned more as census in the second half of the Tokugawa period.

Edo, the capital of the country, archeologists located several temples with a graveyard from the Tokugawa period, and many of them contained the remains of children and infants, indicating that children's deaths were far more integrated into Buddhist treatment than folklore studies have indicated. Contrary to what folklorists have argued, it was rare to find a case of in-house burial within Edo City; there was only one reported case in which the body of a stillborn or newborn infant was placed in a fire clay pot and buried within a family property.³⁴ Other than this unusual case, what was found in Edo were children's burials being scattered throughout adults' burials in Buddhist temples' graveyards.

Though the number was small, there were cases where even fetuses or newborns were buried in cemeteries. For example, in Kan'eiji Temple, the body of an estimated nine-month-old fetus was excavated. It was cremated and placed in a 11.9-centimeter-tall plain terra-cotta pot with four coins. It was even reburied in a different location in later years (Toritsu Gakkō Iseki Chōsakai 1990). In Keianji Temple, a body that was considered either a newborn or a late-term fetus was excavated. It was buried directly in a dirt hole and a board was used as a lid to cover the body (Taitoku Ikenohata Shichikenchō Iseki Chōsakai 1997). Shibatachō area in Minato ward also contained the burials of two bodies that were considered either a newborn or a stillbirth. One was wrapped in a cloth and placed in a coffin with a coin, and other was found in a wooden container (*magemono*) and six coins were found next to it (Amano and Takayama 2005).

While children's bodies were less likely to be cremated than those of adults, in some cases, even very young children were cremated. For example, at least three bodies

³⁴ It was found in the Hamamatsucho area (present-day central Tokyo), and was thought to be from the nineteenth century (Amano and Takayama 2005:186).

of cremated infants or fetuses were excavated from Kan'eiji Temple (Toritsu Gakkō Iseki Chōsakai 1990).³⁵ From this location, the remains of a five-month-old infant and a nine-month-old infant were found in a plain terra-cotta pot with a lid, and they were both estimated to be from the nineteenth century or later. Even a cremated body of a nine-month fetus was found in a clay urn with four coins.

Co-buried items also suggest parents' sentiment to their departed children. People in the Tokugawa period typically placed items in a coffin (most commonly coins) with the deceased. The dead were believed to have to cross a river called the River Sanzu seven days after their deaths, and six coins, typically called *rokudōsen*, were supposed to be the fee to do so. The aforementioned burials for the stillborn or newborn in Shibatachō contained coins, and in Rōseiji Temple, a fetus was buried with a coin, and a newborn was buried with a small clay plate (Yamaman Kabushikigaisha and Hacchobori 3chōme Iseki Chōsakai 2003).

Some infants were also buried with plants that were used for medicinal purposes. For example, at Zōjōji Temple, a fetus or a newborn infant was buried with a kernel of chinaberry (*sendan*), and another fetus or infant was buried with five coins and a chinaberry kernel. The fruit of chinaberry was used as medicine called *kurensi* and people brew the fruit to use it as a pain reliever or an antifatulent. There is a possibility that the family of the child placed the fruit as a medicine. A newborn was buried with a seed of a type of melon, and another newborn was buried with five seeds (Tokyo Minatoku Kyōku Iinkai 1988). Considering the fact that Zōjōji Temple was an elite temple,

³⁵ The report did not specify the case of C105-13-A as cremation, but the bones of the entire body were found in a green glaze urn 11.8cm wide and 12.3cm tall. I assume this nine-month old infant was cremated as well.

sending the deceased children with a number of items might not have been a typical practice. Nonetheless, it is evident that the family tried to cure and save the lives of their children, and they did not take the children's deaths lightly.

The popularization of posthumous Buddhist name (*kaimyō* or *hōmyō*) for infants and children was another new trend in the Tokugawa period that reflected the changes in the social position of children. The suffixes, *dōshi* (young child) or *dōjo* (young female child) came to be assigned to those who died as children, and it became a popular practice from the early eighteenth century (Tanigawa 2010). A discussion in a medical text indicated that such a name was at times given even to a stillborn fetal body that was manually extracted from a maternal body with an iron hook (the technique called *kaiseijutsu*, discussed in Chapter 3). The obstetrician Oku Ressai's textbook (*Secret Method of Hook Technique to Restore Life*, n.d.) mentioned posthumous Buddhist names in his discussion of how to handle the dead fetal body after *kaiseijutsu* was performed. After explaining how to prepare a bucket, clothes, and other items for burial, and how to present the fetal body to the family, Oku wrote that it was important to note the gender of the fetus before placing the body in the bucket, as it would become necessary if or when the family wished to get a posthumous Buddhist name for the fetus. He added that if a doctor forgot to check, he could decide and tell either gender in order to avoid the family having to open the bucket to see the body themselves.

The use of the posthumous names suggested that the child remained in the memory of the family as a separate individual who was a member of the family. Children's posthumous names were short, only with two Chinese characters before the suffix *dōshi* or *dōjo*, but the characters typically had the ones that meant blessing, glory, excellence,

complete, as well as play and poems, implying how parents and families felt about their young children. This can be contrasted with the mentality behind the in-house burials, in which family wished for the return of the child as a form of another child.

Conclusion

As the discussions above demonstrated, there was evidence of parents grieving at the time of their very young children's deaths, suggesting that the fetus and infants were at least sometimes treated as individual family members. This is certainly at odds with the predominant notion of children under seven years old being non-person spiritual being in premodern Japan. The key to understand this seemingly contradictory dynamic was the parents' acknowledgement of the fetus and infant as their child. This chapter clarified that the membership to family and community was based on the parents' commitment to raise the fetus and infant, expressed through rites of passage, rather than the age of the fetus or infant alone.

The process of acknowledgement began as early as the fifth month of pregnancy, around the time a pregnant woman experienced the first physical sensation of fetal movement. The fetus was then accepted to its family and community with the first rites of passage of belt-tying ritual for its mother and ceremonial feast with community members. Once the pregnant woman underwent such rituals, her fetus gained a position in its family, and it became a serious concern to its family when the fetus (or later, infant) became ill or died. Conversely, when people decided not to raise the fetus as their child, they did not experience the sense of guilt for performing abortion and infanticide, a topic to be explored in Chapter 6.

Among different rites of passage, the naming ritual was particularly significant, as giving a name to a nameless infant was a process of confirming the existence as a unique and irreplaceable individual member of the family. The same dynamic can also be observed in how people gave posthumous Buddhist name to their deceased children. While Buddhist funeral rites were considered to have reserved for adult members of society with offspring who could offer proper memorial services, this research demonstrated that with the increasing emotional investment to children, once people accepted the pregnancy and decided to raise the fetus as their child, many experienced the sense of loss at the time of perinatal deaths. Some expressed their feelings through Buddhist funeral and burial practices, even for their stillborn children, and giving the posthumous Buddhist name signified that the child was missed as a member of the family, or a person.

Chapter 5. The ambiguity of fetal personhood: The placenta and breast milk

As previous chapters have demonstrated, the fetus and infant gained a significant social position both in the moral/cultural sphere and in the medical field, and once being recognized as a child, they received much care and attention from their parents. To further grasp the complexity of the conceptualizations of the beginning of life, this chapter examines how people saw the relationship between the maternal and fetal/infant bodies and identities. This is critical because the question of when and how life begins cannot be answered adequately without grappling with the question of how and when the fetus or infant becomes its own person, rather than a part of its maternal body. To examine the relationship between the maternal and fetal/infant bodies, this chapter considers critical, yet often neglected, aspects of reproduction, namely the meanings attached to and practices surrounding materials that connect the maternal and fetal/infant bodies, such as the placenta, umbilical cord, and breast milk.

The placenta and umbilical cord exist only during pregnancy and only for the purpose of connecting the maternal and fetal bodies, exchanging bodily fluid including blood, nutrients, and waste. They belong to neither the maternal nor the fetal body. As the biologist H el ene Rouch explained, “On the one hand, [the placenta] is the mediating space between mother and fetus, which means there is never a fusion of maternal and embryonic tissues. On the other hand, it constitutes a system regulating exchanges between the two organisms” (Irigaray 1993:39). The placenta is an organ that is formed by the embryo but functions relatively autonomously.

The placenta, umbilical cord, and breast milk exist only in a liminal space and time. They exist during pregnancy and the first few years of the child’s life, respectively, in

which the child is dependent on the maternal body that secretes essential nutrition. In terms of space, they are either physically situated in between maternal and fetal/infant bodies (i.e., the placenta and umbilical cord) or transmitted from one to the other (i.e., breast milk). Because of their doubly liminal nature, substances associated with pregnancy and childbirth received various special and ritual treatment in various cultural settings (Frazer 2009 [1922]; Meyer 2005:82). Japan was no exception. The placenta had been considered as something that belonged to the realm of the sacred from ancient times (Kinoshita 1981; Nakazawa 2003). Because the failure to deliver the placenta could result in maternal death, people practiced various rituals for the safe delivery of the placenta (Suzuki 2014) as well. Once delivered, the placenta received numerous rituals and its proper burial was considered to be important for the healthy growth of the infant.

Historically, the reproductive body broadly, and the existence of the placenta specifically, was neglected in the modern notion of the body. In contrast to the Cartesian notion, which excluded the reproductive body from its conceptual schema, recent scholarship on reproduction offers the possibility that the body and reproduction can be reconceptualized through the prism of the placenta. That is, an analysis of practices surrounding the placenta may offer an intriguing framework to consider the body in general and the maternal-fetal relation³⁶ in pregnancy in particular. As JaneMaree Maher argues, the placenta can even be seen as a synecdoche of pregnancy. She argues (2001:105) that “Instead of the divisive view of pregnancy as two-in-one, the placenta

³⁶ For example, until the early 1960s in the United States, the placenta was considered as a barrier which protected the fetus from anything that was considered harmful in the mother’s blood stream. The notion that the fetus was located in an insular space meant that there was no expectation for the women to control her behavior for the sake of the fetus. This notion changed in 1965, when the placenta came to be understood as the facilitator of the communication between the maternal and fetal bodies. The discourse following this discovery centered on the importance of surveillance and control of the pregnant body (Longhurst 2000).

calls for an understanding of the singularity and fluidity of this bodily incarnation. The porous nature of the placental division between maternal and foetal matter is part of its ambiguous and challenging nature.” As she correctly points out, the placenta “offends and refigures bodily integrity and boundaries, and it allows for at least two to work together at the site of one, while preventing against a collapse into singularity” (2001:202).

An analysis of the symbolic significance of the placenta, the umbilical cord, and breast milk reveals the relation and tension between maternal and fetal/infant body and identity, which, in turn, gives us a deeper understanding of when and how personhood was granted to the emerging life. This chapter begins by considering the representations of the breast milk and the placenta in obstetrical texts and childrearing manuals, and elucidates the ambivalent views of the maternal body: as the nurturer, the teacher, and the source of danger. The second half of the chapter focuses on the ways in which people handled the placenta after delivery during the Tokugawa period to further illuminate the symbolic significance of this liminal organ. Through the analysis, this chapter demonstrates the ways in which the fetus and the infant were seen as semi-separate persons conceptually independent from the maternal body.

Breast milk: Maternal body as nurturer and protector

Obstetricians in the Tokugawa period generally considered the maternal body as the nurturer of the fetus, and thought that the placenta, umbilical cord, and breast milk played a significant role in taking care of the fetus and infants. For example, in his *Graphic Representation of Pregnancy (Tassei Zusetsu, 1854)*, Kondo Tadayoshi discussed menstrual blood and breast milk within the same framework of nurturing the fetus and the

infant. He thought the fetus was inside the white membrane that contained water, and it was nurtured by the menstrual blood that was sent through the umbilical cord. He considered that the menstrual blood would turn into breast milk to nurture the infant after the birth, and as menstruation resumed, the amount of milk decreased and prepared for the next pregnancy (Nihon Sanka Sōsho 1895:660).

While Kondo did not highlight the function of the placenta, other obstetricians thought that the placenta played a central role in taking care of the fetus. For example, using Chinese concepts and ideas, Ōmaki Shūsei wrote in his *Lessons on Obstetrics* (*Sanka Shinan*, 1826) that the fetus was located in the uterus and received nutrients through the umbilical cord. According to him, the placenta first received the maternal blood, which went through the umbilical cord and reached the fetal liver, from which it traveled to the heart, then it reached every part of the body. Ōmaki continued that once moving through the entire body, the blood returned to the maternal body through the placenta, which was then mixed with that of the mother. He described that it was like a circle (Nihon Sanka Sōsho 1895:883).

Similarly, Kagawa Ransai considered the placenta critical. His disciples recorded that he said, “The placenta is what filters the blood and delivers it throughout [the body of] the child” (*Records of Obstetrics, Sanka Kibun*, around 1810). Okuzawa Kenchū, who studied both Chinese and European medicine, also paid close attention to the blood in his *Inventions in Obstetrics* (*Sanka Hatsumei*, 1833), noting that “while the fetus is in the uterus, it receives the mother’s blood in the placenta and has it reach the whole body to nurture different parts [of the body]. There are numerous thin blood vessels in the

placenta, and they become one and connect to the umbilical cord, and reach the child's navel" (Nakamura 1999:74).

Authors of Confucian childrearing manuals also viewed the maternal body as the protector and nurturer, and held the notion that milk, as well as the placenta and umbilical cord, played a central role in taking care of the fetus and the infant. They considered that the fetus was nurtured with breast milk even while in the uterus. Milk was a powerful symbol of maternal care during this historical period, in which there was no reliable substitute, except other woman's breast milk. For example, Namura Jōhaku wrote in his *Records of Weighty Treasure for Women* (1692) that the fetus was nurtured in the womb with the energy provided through the placenta and umbilical cord (Yamazumi and Nakae 1976:258). He wrote that after the fetus gained the shape of a person in the seventh month, it would be equipped with various senses, including the sense of taste through which the fetus learned the sweetness of the milk. The fetus would start drinking over two liters (one *shō* and three *gō* in the classic Japanese unit for volume) of milk during the night in the ninth month (Yamazumi and Nakae 1976:250). The notion of the fetus consuming breast milk in the uterus was widespread. Hata Genshun (*Cures for Women Hidden on the Bottom of a Small Box, Fujin Ryōchi Tebako no Soko*, 1704) called the umbilical cord the rope of the milk (*chizuna*), and Andō Shōeki (*The Tale of the Truth, Tōdō Shinden*, around 1752) called it the feeding rope (*kainawa*).

Accordingly, fetal deaths were understood to be the result of the fetus discontinuing the drinking of milk in the womb (Sawayama 1998:55; 122; 226; 266). The aforementioned Hata Genshun wrote in his book on folk remedies for women, *Cures for Women, Hidden on the Bottom of a Small Box* (1704) that when the calmness of the belly

was disrupted with the mother falling or lifting something heavy, the fetus would let go of the rope of the milk, resulting in miscarriage. Sasai Sen'an's *Family Manual for Raising Infants* (*Ubuya Yashinaigusa*, 1774) also stated that people thought the fetal death was the result of the fetus letting go of the nipple (Shimano 2007:70-71). This kind of explanation can also be seen frequently in the Reports of Fetal Deaths (*Shitai Hirōsho*), an official local document in Ichinoseki (in present day Iwate prefecture in northern Japan) compiled for the surveillance of reproduction in the nineteenth century (Sawayama 2009). Similar reports from other areas also showed such understandings of the fetal-mother relation during the pregnancy and as the cause of miscarriage. In 1848 in Sendai domain, the husband of a woman who had miscarried after nine months of pregnancy explained that “the baby in the womb let go of the milk” when his wife fell after stumbling on a stone at a riverbed while washing rice (Kikuchi 1997:199-200).

The notion that the children's deaths were caused by their refusal or inability to consume breast milk continued after birth, too. Deaths of infants from various diseases were often discussed as the result of the infants refusing breast milk (Sawayama 2011:170). With no substitute available, breast milk was the only source of nutrients for infants. As such, the lack of breast milk due to the mothers' illness or death was one of the leading reasons for families to abandon their small children (Sawayama 2008; 2016). For example, in 1832, a couple in Osaka left their seven-month-old daughter behind after the mother became ill and could not breastfeed. The parents regretted what they had done and submitted themselves to the authorities. They were punished, but also received a childcare subsidy because they were poor (Sawayama 2011:167-8). For families like them, subsidies included monetary support to purchase breast milk and medication that

was designed to increase lactation (Sawayama 2011:159). *The Guidance on Childrearing (Ikuji Shihō)* from Ichinoseki in 1811 also stated that when the mother could not breastfeed, a subsidy to hire a wet nurse was provided until the infant became three years old (Sawayama 2004:89).³⁷

While physical survival of infants was the primary concern for parents and domain officials, Confucian authors of childrearing manuals considered that breast milk meant more than the mere source of necessary nutrients. More than nutrients themselves, these authors were concerned with the personality characteristics that were believed to have been transmitted from the woman to the child through breast milk. For this reason, the authors of childrearing manuals discouraged the use of a wet nurse, which was common among the elites. For example, Kazuki Gyūzan (1703) wrote: “Even for those who are wealthy enough to hire a wet nurse, the biological mother should breastfeed their own child as long as the mother is healthy and she has enough breast milk.” Recognizing that some would still hire a wet nurse, authors of childrearing manuals listed the criteria for choosing a good one. For example, Kaibara Ekiken wrote in his *Lessons on Children in Japan (Wazoku Dōji Kun, 1710)*, “It is essential to choose a mild-tempered, modest, and thoughtful person who does not speak much.”

This notion remained powerful even to the end of the Tokugawa period, and not only Confucian scholars, but also even obstetricians endorsed such ideas. In his *Essential Knowledge on Medicine (Byōka Suchi, 1831-1832)* Hirano Jūsei wrote: “A fetus is

³⁷ The availability of breast milk was critical for both those with infants who lost their nursing mother, and for those who wished to adopt a child (Sawayama 2011:17). There were numerous cases in which people adopted children when their biological child died, but the mother was still able to breastfeed. Such situations were the reason for adoption in 32 percent (17 out of 53 cases) of the recorded cases in the documents from Sumitomo family from 1738 to 1853, and 73 percent (14 out of 19 cases) in the documents from Kobayashi family from 1782 to 1863, both from Osaka (Sawayama 2011:163).

created with the flesh and the blood of its mother, and the mother's breast milk is the same as the blood. Thus, if a mother wishes for a healthy growth of her child, she should raise the child with her own breast milk. This is very natural.” Hirano further noted that because the mother's health and personality would be transmitted to her child through her energy and blood by breastfeeding, it was essential for the mother to be in good health and a proper state of mind. He wrote: “Desires, concerns, and anxiety will be transmitted to the child and that will become the foundation of the child.”

***Taikyō*: Maternal body as a teacher**

As the discussions above suggest, the maternal body was believed to have had much influence on the fetal and infant bodies. What emerged in such thought was the idea that the mother should educate the child even while it is in the womb. Because they were considered to have shared the body and the spirit, the woman was believed to have an ability to “educate” the fetus during the pregnancy. Many childrearing manuals argued that the education should start as early as possible, and discussed the notion of *taikyō*. Literally translated as “fetal education” or “womb teachings,” *taikyō* is a Confucian idea that a pregnant woman can educate her fetus and ensure the health of her child with her proper behavior during pregnancy (Burns 2002; Shinmura 1996). Some authors lamented that women of their time no longer cared about or practiced *taikyō*. For example, Nakae Tōju wrote in 1641,

It is fundamental to start teaching children when they are very small. There used to be the notion called *taikyō* and the mother was expected to teach her child even when it was still in her womb. People today do not know the way of things and believe that there is no need to educate children when they are small (Yamazumi and Nakae 1976:127).

Similarly, in his *Mirror for Princesses* (*Himekagami*, 1661), Nakamura Tekisai wrote, “If you care about your children, you should be doing *taikyō*. It is regrettable that only very few people today know how to do it” (Yamazumi and Nakae 1976:183).

In *Grasshopper Manual* (1690), Inō Kōken explained,

Without teaching, one does not become a good person. It is important to have good teaching when one is young... you can teach the child even when it is in the womb. What does it mean to teach the child even before it is born? When the child is in the womb, its energy is shared by its mother. Mother’s state of being will be reflected to that of the child... If a child has a problem in the personality and behavior, it comes from the mother’s problems during her pregnancy. Thus, once you realize you are pregnant, be thoughtful with everything, remove any kind of bad thoughts, and make sure not to make mistakes on what you say and what you do, while waiting for the day of the delivery. This is called *taikyō*” (Yamazumi and Nakae 1976:222-223).

Similarly, Kazuki Gyūzan discussed the importance of proper behavior during pregnancy. In *Notes of Fortune for Women* (1692), he wrote that the pregnant woman should keep a good posture, eat proper food, avoid seeing improper scenery, and refrain from listening to obscene music, as the pregnant woman’s proper behavior would ensure the birth of a beautiful baby with superior talent. The author also emphasized the importance of tranquility during the pregnancy, and argued that the pregnant woman should avoid seeing things like large fires, as the stress would cause the uneasiness of the fetus, which would result in the baby being born with a red birthmark (Yamazumi and Nakae 1976). In her *Kara Brocade* (1694), Naruse Isako also stressed the importance of the woman’s proper behavior during pregnancy, by using an analogy with a plant: “if seeds of grains are sowed in a fertile land and receive proper amount of rains and good care, they will grow very well” (Yamazumi and Nakae 1976:270).

In such discussions, the oneness of the mother and the fetus were emphasized (hence the basis for the need for women’s proper behavior), while at the same time, the

fetus was seen as an individual who should be protected. The notion of the unity of the maternal and fetal bodies dated back to the sixteenth century,³⁸ and such ideas were elaborated and disseminated widely in the late Tokugawa period. This idea remained a powerful notion, as can be seen in the writing of Shōjuken. In *Lessons for Pregnancy* (*Ninshin Kokoroeki*, 1829), he wrote,

[b]ecause the baby is born after receiving the energy (*ki*) of his or her mother [in the womb], if the mother is foolish, even the son of a great commander can become an incompetent *shogun*, which would result in the downfall of the country. If the mother is not wise and patient, the child would follow it and ruin not only the parents' reputations but also that of the ancestors.

Shōjuken urged both the expectant mother and father to read edifying texts.

Even obstetrical texts had similar ideas. In his *Graphic Representation of Pregnancy* (*Tassei Zusetsu*, 1854), Kondo Tadayoshi considered that the woman and the fetus shared the same energy and the same body (*ikki ittai*), as the fetus was nurtured by the maternal blood, which came through the placenta and umbilical cord. At the same time, he thought that the woman and the fetus were separate beings. He explained that the maternal body and its blood were too hot for the fetus, but the temperature was neutralized with water. He explained that the fetus should be delivered as soon as the water broke because the inside of the womb was too hot for the fetus to stay without water (Nihon Sanka Sōsho 1985:673).

One of the consequences of the publications of Confucian childrearing manuals was that parents started thinking about their child raising in a reflexive manner (Ohta 2011). Numerous texts on childrearing discussed the evaluation of children's performance in terms of the success or failure of parenting, and parents began internalizing such notions.

³⁸ In *Guide to Medical Practice* (1574), Manase Dōsan wrote “the child exists inside its maternal body, and the shared same energy circulate [in their bodies]” (Shinohara 1995:400).

Accordingly, if children had problems, that was considered to have been caused by problematic parenting. Children's education became the responsibility of parents, and the awareness of the importance of proper parenting was further popularized by child-rearing manuals.

Placental protection: Maternal body as danger

While authors of child-rearing manuals considered the maternal body as a nurturing body, which could also educate the fetus, they, as well as local government officials, also held highly ambivalent views on the woman's body. Rulers wished to have control over reproduction, as population numbers were directly connected to the subsidy provided by the central government, but they had limited influence on actual pregnancy and birth. From their perspective, it was problematic that women's bodies had a direct influence on the fetal and infant bodies, and that there was nothing that could intervene in the relationship between them. One way in which the rulers extended control over reproduction was through the use of the notion of pollution (*kegare*). The female body, especially as it related to reproduction, was associated with the notion of pollution and seen as a source of danger for the fetus. The notion of pollution was used to explain the mechanism of how ill fortune occurred (Namihiro 2009:18), and it was central in the belief system as well as the maintenance of the social order in early modern Japan (and arguably even in contemporary Japan to some extent). The most powerful pollution comes from deaths, and people who were associated with death (e.g., dead people and their families, grave diggers, etc.) were considered polluted.³⁹

³⁹ There are several theories on how reproduction in general and birth in particular came to be included in the realm of the polluted. The anthropologist, Namihiro Emiko (1976) argued that pregnancy and the birth came to be part of the realm of the polluted, as they were seen as the opposite of the death. That is, the death was the transition from a person to a non-person (e.g., the dead, spirit, Buddha, a god, etc.), and the

Because the *polluted* were also believed to have *polluting* power, there were a number of taboos observed to avoid the spread of the pollution, and rituals practiced to purify the polluted (Namihira 2009:18; Narikiyo 2003). The birth pollution came to be stressed with the development and consolidation of the patriarchal system. During the Nara period (710-794), it was considered important to avoid seeing or getting involved in birth, which was viewed as out of the ordinary and a dangerous event. However, by the early ninth century, the notion of birth as polluting emerged. The book about laws and customs completed in 927, called *Engishiki*, specified that the pollution period lasted for seven days after birth. This taboo period extended to thirty days by the end of the Heian period (794-1192) (Okada 1982). Whereas the taboos associated with death pollution diminished in the Tokugawa period, the danger of pollution associated with birth was further stressed with the introduction of a legal systems based on Confucian and patriarchal systems from China (Table 4.1).

During the period in which women were considered polluted, they were not allowed to engage in certain activities, including entering shrines, using fire, and so on. The notions that considered reproduction as polluted were reinforced by prominent intellectuals of the time as well. For example, in the discussions of how to properly take medication in his *Lessons for Health Cultivation (Yōjōkun, 1712)*, Kaibara Ekiken stated that when taking medication, a person should not look at anything polluted, such as the

birth was the transformation with opposite direction. Drawing upon the work of Mary Douglas and Edmund Leach, Namihira argued that such a liminal state was seen as unstable and dangerous as well as polluted. While Namihira emphasized the precarious nature of birth at the individual level, the religious scholar Okada Shigekiyo (1982:317-328) stressed the social anxiety associated with birth. He maintained that births and deaths were transformations that disrupted interpersonal relations and social order, presenting the risk of danger to the community and society.

dead or a pregnant woman, as that would cause the spirit to sink and cancel the effectiveness of medication.

Pollution associated with:	Ancient (9th-11thC)	Medieval (12-16th C)	Tokugawa Period
Birth	7 days	30 to 70 days	about 35 days
Blood (Menstruation)		7 days	7 to 12 days
Death	30 days	30 to 50 days	1 day

Table 5.1. Duration of the pollution over birth, menstruation, and death (compiled based on Narikiyo 2003:202)

As the female body came to be seen as the embodiment of risk and pollution, what emerged was the notion that the fetus and the infant must be protected not only from external danger, but also from the poison of its own mother. People believed that the fetal head stayed on the upper side of the uterus and the placenta was imagined to have been located above its head. As discussed in Chapter 3, the obstetrician Kagawa Gen'etsu discovered the correct fetal position (i.e., having the head on the bottom), but even after this discovery, the circulation of this knowledge was limited to medical communities. The placenta was often depicted as the lotus-shaped umbrella, protecting the fetus from the poison coming from its mother. For instance, a text for the practitioners of syncretic religion, *shugendō*, (*Essentials for the Training of Shugendō*, *Shugendō Shūyō Hikketsu*, written around 1520) stated that the placenta covered the head of the fetus and prevented the fetal body from being destroyed by the poisons caused by what the mother ate and drank (Nakamura 1999:72). Similarly, Namura Jōhaku wrote in his *Records of Weighty Treasure for Women* (1692) that the head of the child was covered with the placenta, which protected the child from poisons potentially present in what the mother ate (Yamazumi and Nakae 1976:258).

The toxin a child was believed to have received from his or her mother in the uterus was called “uterine poison” (*taidoku*) and considered highly dangerous. In the early Tokugawa period, uterine poison was thought to be the source of smallpox and measles, the top causes of children’s deaths. For example, Chimura Setsuan wrote in his *Records for the Health Cultivation for Children* (*Shōni Yōjōroku*, 1688) that it would cause measles later in the child’s life. Namura Jōhaku also wrote in his *Records of Weighty Treasure for Women* (1692) that the child with uterine poison might suffer from smallpox and eczema. By the mid-Tokugawa period, its danger was generalized and came to be seen as the origin of any type of diseases for children (Shimano and Shirozu 2007). For example, Kazuki Gyūzan in his *Essential Notes on Raising Children* (*Shōni Hitsuyō Sodategusa*, 1703) considered uterine poison as the primary determinant of children’s diseases, while Oka Ryōin, a prominent pediatrician who served for the central government as a doctor, wrote in his *Cautionary Notes on Children* (*Shōni Imashimegusa*, 1820) that uterine poison would induce various illnesses for children. Hirano Jūsei’s *Essential Knowledge on Medicine* (*Byōka Suchi*, 1831) also stated that eight or nine out of ten children’s diseases were derived from poison left by fathers and mothers of the children (Shimano and Shirozu 2007).⁴⁰

Based on this notion, doctors considered it critical to eliminate all the uterine poison in the infant’s body in order to ensure the healthy growth of the infant. The authors of such texts urged readers to remove the amniotic fluid left in the infant’s mouth as soon as the child was born, as it was difficult to eliminate it from the infant’s body once swallowed. For example, Kazuki Gyūzan wrote: “When a child is born, its mouth

⁴⁰ Hirano did not discuss how the father could leave poison for the fetus.

contains a polluted poison (*edoku*), which means bad fluid in the uterus. As the child cries, the polluted matter will be taken into the throat and get hidden in the stomach, and it will become the source of various diseases” (Yamazumi and Nakae 1976:291-292). The author of *Records of Weighty Treasure for Women* (1692) also wrote that once the infant was born, one should wipe off the old blood in its mouth with a finger wrapped in cotton cloth. He wrote that it was important to have two midwives, so that one could take care of the child while the other helped the mother. He explained that when there was only one midwife, she would tend to pay more attention to the mother and the infant would swallow the blood as it cried for the first time.

Meconium was considered either the poison itself or stool that contained the poison, and authors of childrearing manuals thought that they could discern whether the child could get rid of it by observing the infant’s stool. Kazuki Gyūzan (*Essential Notes on Raising Children*, 1703) as well as Ishida Teikan (*Golden Foundations for Raising Children, Shōni Yōiku Kogane no Ishizue*, 1851) wrote that it was good for the infant to produce much meconium for the prevention of disease. To remove poison from the infant’s body, some doctors recommended the use of laxatives. For example, Kazuki Gyūzan wrote that *ōren* (a type of plant in the buttercup or crowfoot family) and *kanzō* (licorice) should be used to have the infant vomit the poison (Yamazumi and Nakae 1976:293). Oka Ryōin wrote in his *Cautionary Notes on Children* (1820) that the black stool must be completely expelled with laxatives. Terajima Ryōan also wrote in his *Illustrated Sino-Japanese Encyclopedia (Wakan Sansai Zue*, 1712) that the infant could be rid of the poison that remained on the upper chest by taking *kaininsō* (*Digenea*

simplex) within three days after birth (1999:324). *Daiō* (Rheum) was also commonly used as a laxative for infants (Shimano 2007:93).

Doctors were concerned that the removal of the poison would become difficult, especially when it was mixed with breast milk. For example, Chimura Setsuan wrote in his *Records of Health Cultivation for Children* (*Shōni Yōjōroku*, 1688) that breastfeeding before the complete expulsion of meconium would cause digestive problems (Shimano and Shiromizu 2007:95). Chimura thought that leftover amniotic fluid in the infant's mouth would transform into uterine poison when swallowed, while being mixed with breast milk. The aforementioned pediatrician, Oka Ryōin, also argued that the expulsion of the uterine poison must be done before the infant drank milk for the first time. He urged that the mother must refrain from feeding the infant even if the infant cried, considering the risk of having the infant become ill later in his or her life (*Cautionary Notes on Children*, 1820).

The notion of uterine poison persisted throughout the Tokugawa period. Toward the end of the Tokugawa era, doctors started to argue that breast milk helped, rather than made it difficult, to remove uterine poison from the body of the infant. Nonetheless, the dominant narrative of needing to expel toxins remained. For example, Kuwata Ryūsai, a doctor of Dutch medicine who popularized vaccination against smallpox, wrote in his *Tales of Childrearing with Love* (*Aiiku Satan*, 1853) that the first breast milk could eliminate the toxins that were accidentally swallowed.

Treatment of the placenta after birth

As the discussions above demonstrated, the placenta was believed to have provided nutrients to the fetus and protected it from toxins derived from the maternal body during

pregnancy. Once delivered, it was treated carefully with rituals, and an examination of such rituals further reveals the meanings attached to the placenta and people's views on the fetal-maternal relationship. The instructions of proper treatment of the placenta often included the three steps of purification, wrapping, and burial. Writings about such processes indicated that people viewed the placenta as both the physical and spiritual protector of the fetus, which, if not treated properly, could potentially bring misfortune to the child and his or her family.

Records show that the imperial family and elites between eleventh and fourteenth centuries, as well as the Ashikaga family⁴¹ in the fifteenth and the sixteenth century, washed the placenta with water, *sake* (rice wine), and vinegar (Nakamura 1999:12). The placenta was then placed in a container or containers and buried in a location that was considered lucky. Proper treatment of the placenta was also discussed in medical texts. For example, the oldest medical text known in Japan, *Ishinpō* (984), cited a Chinese classic, *The Sutra of Birth (Sankei)*, and stated that:

The placenta should be washed first with pure water then with sacred *sake*. It should be wrapped in a silk and placed in a jar. One should place five coins and place the placenta on top. If parents wished the child to have literary talent, they should place a writing brush as well. Place the lid tightly so that it would not be damaged by insects or eaten by farm animals or birds or wild animals. The lucky direction should be determined based on the birth month. One needs to have someone dig a hole that is 97 centimeters (three *shaku* and two *sun* in Japanese unit) deep, and bury it there. If damaged by animals or insects, the child might become ugly or die with disease (Maki 1995:154-155).

The discussions of how to treat the placenta were found in the diary of a regent, Kujō Michiie, in 1209 and resembled the description in *Ishinpō*, though there was an added process of soaking the placenta in vinegar in this text (Doi 2004:168). The placenta

⁴¹ A prominent samurai family, which established Muromachi shogunate (1336-1573).

treatment from 1434 after the birth of Ashikaga Yoshikatsu depicted in *The Diary of the Birthing Place (Osanzo Nikki)*, also involved purification, proper wrapping, and burial with coins and a writing brush (Doi 2004:168).

The placenta treatment among the elites might have been popularized after it was formalized during the Muromachi period (1336-1573). The powerful Ise and Ogasawara families detailed various proper protocols for warrior families, and their instructions included how to treat the placenta (Nakamura 1999; Tanigawa 2001:92). The processes depicted in these methods were further elaborated in later years. For example, an Ogasawara document from the sixteenth century, *On the Donning of a Belt for Pregnancy (Kainin Chakutai no Koto)*⁴² stated:

The placenta should be washed with water, have sake poured over it, and then wrapped in paper. It should then be placed in pottery with a lid and wrapped in blue silk. This should be placed in the placenta bucket (*ena oke*) along with a bow made of mulberry, an arrow made of lotus, kelp (*kombu*), chestnut (*kachiguri*), and *noshi* (ceremonial decoration on a gift to wish good luck). The bucket should be wrapped in a white cloth and then placed in a box. This should be buried in the direction of good luck, which would be determined based on *onmyōdō* (Japanese esoteric cosmology based on Chinese natural philosophy, theory of yin and yang, and five elements). If the child was a boy, step on the soil with the left foot for three times, and if a girl, twice with the right foot. Recite a spell and dig a hole that is 109 centimeters (three *shaku* and six *sun* in Japanese unit) deep to bury the placenta. If eaten by wild animals, the child would go mad, and if eaten by insects, the child would suffer from malignant tumor (Nakamura 1999:39-40).

The Ise tradition also discussed how to properly treat and bury the placenta. *The Record from a Birthing Place (Sanjo no Ki)* from the seventeenth century, which noted that it was a copy of a writing by Ise Sadariku, stated:

Wash the placenta thoroughly, wrap it in white silk and place it in the placenta bucket with the painting of a pine tree, a bamboo, a crane, and a turtle (symbols of good luck and longevity). A person in charge of the signal arrow (*hikime/kaburaya*) and the head of *onmyōdō* (*onmyō-gashira*)⁴³ place coin(s) that states *taihei* (this can

⁴² A dictation of Ogasawa Nagatoki, recorded by Iwamura Ikyu Shigehisa.

⁴³ *Onmyōdō* can be translated as the Way of Yin and Yang, and it is Japanese esoteric cosmology

be translated as peace and order) and bury the bucket on a lucky direction (Nakamura 1999:38).

The Manners in the Birthing Place (Sanjo Hōshiki, 1756) by Ise Sadatake further elaborated the instruction in *The Record from a Birthing Place*. With regards to the placenta, the author instructed as follows:

Wrap the placenta in white silk cloth after washing it in a basin with *sake* and water. Place the white silk cloth on the bottom of the placenta bucket made of pine, and wrap the placenta with it, place coins wrapped in a paper as a weight. Pack cotton between the placenta and the bucket so that the placenta would not move. Place a lid on the bucket and close it with nails. Place it in an outer bucket, place a lid on it, wrap it in a white and red silk, and put it in a pot with a lid made of pine (Nakamura 1999:51-53).

Oral history suggests that elite families actually practiced this. For example, interviews on customs in women's quarters in the feudal lord's castle published in 1892 resembled the instruction in the aforementioned *On Donning of Belt for Pregnancy (Kainin Chakutai no Koto)*. The informant in this oral history project said that they washed the placenta with water, poured *sake* on it, wrapped it in paper, and placed it in a placenta bucket with a mulberry bow, a lotus arrow, *kombu* kelp, chestnut, and *noshi*. They then wrapped it in a white cloth and buried it (Nagashima and Ohta 1968).

Archeological evidence also showed that elite families followed the instructions from the medieval period. For example, a placenta buried in the cemetery for the Date Family in Zuishōji Temple in the central Edo was wrapped in a silk cloth, placed in a cedar bucket with a lid. The bucket was decorated with the painting of a crane, turtle, pine and bamboo with silver pigment. It was then wrapped in a silk with the pattern of a crane, turtle, pine, and bamboo and placed in a copper container with a lid. In the placenta bucket, there were 120 copper coins, which were ten times more than the

established around the seventh century.

number of coins suggested to place in a popular Confucian text for women, *Records of Weighty Treasure for Women* (1692). There were also two bamboo knives that were considered to have been used to cut the umbilical cord. This placenta belonged to the child of the third domain lord of Sendai, Date Tsunamura. The child, Ōgichiyo, was born in 1681, but died four years later. Researchers consider that the placenta bucket was buried in the cemetery after he died (Tanigawa 2001:90-91).

With the popularization of Confucian childrearing manuals, starting in the seventeenth century (Yamazumi and Nakae 1976), the elite practices of proper placenta burial came to be known to people in different social strata. By the early to the mid-eighteenth century, people in the mid to lower strata of society came to practice modified versions of the elite placenta burial rituals (Tanigawa 2001:95). The instructions which appeared in Confucian texts were simplified versions of elite practices and typically included the three steps of washing, placing in container(s), and burial.

The first step of the placenta treatment was washing and purification, using water or *sake*. The infant was bathed as soon as it was born, and a number of records show that the placenta was also treated with water at this time. The placenta was (at least sometimes) washed with the child, while the umbilical cord was still connecting them (Yasui 2006). Once cleansed, the placenta was placed in a pottery jar, which would be contained in a (cedar) bucket, after being wrapped in a cloth. The explanation in *Various Protocols for Women* (*Onna Shoreishū*, 1660) resembled the customs seen among the warrior class, but it recommended the use of a single bucket, rather than the three layers of containers. *Records of Weighty Treasure for Women* (1692) also stated that one placenta bucket would suffice, though formally twelve placenta buckets were used. Confucian books,

such as *Records of Weighty Treasure for Women* (1692), *Illustrated Encyclopedia of Art and Literature for Women* (*Onna Geibun Sansaizue*, 1771), and *Essential Notes on Raising Children* (*Shōni Hitsuyō Yashinaigusa*, 1703), instructed that lucky symbols like the crane, turtle, pine and bamboo should be painted on the bucket. The placenta was then typically buried with items such as money, a fan, a writing brush, or a small sword.

Even obstetrical texts sometimes included instructions of how to handle the placenta. For example, Kondō Tadayoshi wrote in his *Graphic Representation of Pregnancy* (*Tassei Zusetsu*, 1854) “[s]pread a piece of paper in the placenta bucket and put a broken piece of clay container, the placenta, and the umbilical cord in it. Bring the four corners of the paper together on top, and place the lid of the bucket and a bamboo knife on top.” This did not mean that the rules were strict. After the explanation, Kondo wrote “[f]ollow the tradition of the family” (*Nihon Sanka Sōsho* 1895:708).

While childrearing manuals stated that the placenta bucket was the most outer container used for the placenta burial, existing archeological evidence does not match such instructions. Most of the excavated containers from the Edo archeological sites have been two pieces of pottery bowls put together (Tanigawa 2001:88). They were typically called *kawarake* and were common in Eastern Japan. In Western parts of the country, the most common container used for the burial of the placenta was pots that were originally used to hold water for extinguishing fires (Doi 2004:164).

Obstetrical texts also suggested the difference between elites and ordinary people in how they treated the placenta. In his *Records of Obstetrics* (*Sanka Kibun* around 1810), Kagawa Ransai wrote that while elites used a pot with the painting of sparrows or turtles, ordinary people used terra-cotta pots (Nakamura 1999:82). In *The Secret Essentials in*

Obstetrics (Sanka Hiyō, mid-19th century), Kagawa wrote that the placenta should be placed in a small charcoal extinguishing pot with three small dried anchovies as well as a sea cucumber, as the sign of celebration (Nihon Sanka Sōsho 1895).

The last step of the treatment of the placenta was the burial. In the Tokugawa period, authors of Confucian texts wrote that once placed in a container, the placenta should be buried in the location of a good omen, though there was no agreement on what that meant (Yasui 2006). The location of burial varied, based on the status of the family. While imperial families and elites buried the placenta in specially designated locations inside or outside property, ordinary people generally buried it in boundary areas that were within or near their property, such as in a garden or earthen floor typically used in a kitchen (for well-to-do people) or under the doorsill or even on the street (for people in the lower strata).

Records of Weighty Treasure for Women (1692) only stated that it should be buried in the location of the good omen, but an accompanying illustration showed people burying the placenta in the garden. The author wrote that it was regrettable that those who in the lower strata of society left it on a street or a gate of a shrine. Similarly, printed material from 1846 that criticized the birth taboos associated with *hinoeuma*, the belief that people, especially women, born in the year of fire horse would bring bad luck, included a discussion and illustration of the placenta burial. The illustration depicted a young couple, burying a container tied with a rope, in a garden. It stated “[w]hen you bury the placenta after the birth, bury it in a pure location with the direction of good luck. Place it in pottery. I do not mention the items to co-bury as it is something everyone knows” (Doi 2004:174).

The biggest disagreement about burial location was on whether the location should be somewhere people frequently came by and stepped on the burial site, or should be somewhere far enough away so that it would not be stepped on by people. Those who promoted the burial in the location with heavy traffic suggested that it was customary to bury it in places like underneath the birthing place and doorsills (e.g., *Secret Book of Paragon for Women*, *Onna Kagami Hidensho*, 1652; *Guidebook of Childrearing for Women*, *Fujin Yashinaigusa*, 1689; *Records of Weighty Treasure for Women*, 1692; and *Illustrated Encyclopedia of Art and Literature for Women*, *Onna Geibun Sansaizue*, 1771). The author of *Guidebook of Childrearing for Women*, Baiu Sanjin, suggested that people in urban areas buried it under the doorsill, and those who lived in rural areas buried it under the floor of the birthing space (Nakamura 1999:64). In his *Secret Essentials in Obstetrics* (*Sanka Hiyō*), Kagawa Ransai wrote that one should bury [the placenta] under the doorsill of the family house entrance. He added that it was considered fortunate to be buried where people walked by and being stepped on meant receiving love.

This view was not shared by others, however. Kazuki Gyūzan wrote in his *Essential Notes on Raising Children* (*Shōni Hitsuyoō Yashinaigusa*, 1714) that one must choose the location of good omen, bury deeply in a place where people would not step on it (Nakamura 1999:75). Kojima Isai, a disciple of Gotō Konzan, the authoritative figure in the *Koihō* tradition of medicine, wrote in his *Paths for Safe Delivery* (*Hosan Michishirube*, 1782):

Today, people simplify the process of taking care of the placenta. They bury it in places like near the doorsill on the side of premises and under the floor. Moreover, they say that stepping on it would make the head of the child hard. This is terribly wrong and words simply fail me. Think about it, people. The placenta is something

that belonged to the body of the child. There is no reason not to treat it with respect” (Nakamura 1999:76).

Similarly, the obstetrician Mizuhara Sansetsu, wrote in 1850 that the placenta should be placed in a bucket and buried in a dry and elevated location on the premises. He warned that it should not be disposed of with other polluted or polluting matters (Nakamura 1999:79).

The ways in which people treated the placenta reveal people’s views on the beginning of life as well as the relationship between the mother and the child. Historical materials suggest that there were multiple meanings attached to the placenta. The idea that appeared most frequently in this research was that people in the Tokugawa period saw the placenta as the fictive partner or sibling of the newborn that came out of the same maternal body. Because the status of the placenta was believed to have been transmitted to the child, it was considered important to treat it carefully with respect. The placenta was, at least sometimes, washed with the infant while it was still being connected with the umbilical cord. In such cases, people might have been considering the practice as bathing, rather than washing, suggesting that people felt that the placenta should be treated equally with the infant.

The fact that the discussions of how to handle the placenta were included in the section of how to take care of a newborn infant is another indicator that the placenta was viewed as a part of, or partner of, the fetus. Pointing out the resemblance between the funerals for newborn infant and the treatment of the placenta, the folklorist Yano Keiichi argued that the newborn infant and the placenta were in the inseparable state until the infant underwent rites of passage, after which the infant was recognized as a human being and the placenta was buried as it had accomplished its role (1987:11).

People also saw the placenta as a protector with the special power to heal the infant when it was in trouble. The placenta was believed to have protected the fetus from the uterine poison coming from the maternal body, and as discussed in Chapter 3, the placenta and umbilical cord were sometimes used for the resuscitation of the infant. This notion is not limited to Tokugawa Japan, as the anthropologist, James G. Frazer discussed in *The Golden Bough*:

Thus in many parts of the world the navel-string, or more commonly the afterbirth, is regarded as a living being, the brother or sister of the infant, or as the material object in which the guardian spirit of the child or part of its soul resides. Further, the sympathetic connexion supposed to exist between a person and his afterbirth or navel-string comes out very clearly in the widespread custom of treating the afterbirth or navel-string in ways which are supposed to influence for life the character and career of the person... (2009 [1922]:41)

The placenta played the role of protector during pregnancy in the maternal body, but it also meant that it was exposed to maternal blood, rendering it a polluted and polluting matter associated with birth. That is, it was polluted by the maternal blood, and it could be polluting if not properly purified. Several texts, including *Records of the Health Cultivation for Children* (1692) and *Illustrated Encyclopedia of Art and Literature for Women* (*Onna Geibun Sansaizue*, 1771), stated that one should sprinkle salt water before burial as a way of paying respect to *jigami*, a god associated with the placenta and believed to have protected the local area and farming. Such treatment had the dual meanings of preventing the gods from getting upset with the pollution, and having the placenta under the protection of the gods (Nakamura 1999:42). Because the blood associated with pregnancy and birth was considered dangerous, it was important to remove such danger properly. If the placenta was protecting the fetus from the mother, it is not hard to imagine that people felt the need to demonstrate their sense of appreciation

for the placenta for all the work it had performed. Leaving it while being covered with the dangerous blood would be disrespectful.

Finally, there was an idea that considered that the placenta contributed in boosting the energy for reproduction. While some Confucian texts complained that people in the lower strata of society treated the placenta as filthy objects and simply threw them away on places like streets (e.g., *Records of the Health Cultivation for Children*), such an elite view might not have reflected the perspectives of the poor farmers (Nakamura 1999). That is, while elites tended to value the preservation of the placenta, farmers might have seen the placenta as a symbol of reproductive energy. That is, the placenta was seen as the equivalent of roots for plants, with the potential ability to revitalize the plants.

Andō Shōeki's *Tale of the Truth* (*Tōdō Shinden*, around 1752), represented such perspective. He wrote that "People buried the placenta in the dirt, after the child was born with its completed body. The placenta is the husk of the human. The placenta rots in the dirt completely. After returning it to the dirt, after two months, one might get pregnant" (Yamazumi and Nakae 1976). Andō held the perspective that considered that human resembled grains, and viewed the placenta within that framework. Further, the returning of the placenta to the soil symbolized the separation of the placenta from the child and the woman, putting the end to their liminal state (Nakamura 1999:146). Burials of the placenta in boundary areas within the family property (e.g., near doorsills, an outhouse, etc.) may also be related to the notion that considered the placenta having energy for reproduction, as these locations were associated with reproduction. By returning the placenta to the realm it had come from, people wished for the birth of another child in the future (Iijima 1987; 1989).

Conclusion

The treatment of liminal body parts that connected the maternal and fetal/infant bodies reflected people's notions of the beginning of life as well as the relationship between the mother and the child. An analysis of liminal body parts allows us to ask whether the mother and the child were the unified beings or separate individuals. This chapter demonstrated that such question may not be answered simply with the options of either unified or separate. The placenta was an intermediary being between the maternal and fetal bodies, and perception of the placenta during pregnancy and the treatment of the placenta after birth highlighted the ambiguity of the fetal bodily boundaries and the ambivalent view on the maternal body.

This chapter shed light on the notion of fetus-hood vis-à-vis the perspectives on the maternal body revealed through the examination of the placenta. On the one hand, the mother was seen as a protector and the nurturer of the child, who sent nutrients and energy through the placenta and the umbilical cord. Earlier authors of child-rearing manuals stressed the importance of breastfeeding by the infant's biological mother because it allowed the continuous sharing of energy that had already begun during the pregnancy. They believed that the fetus, the corporeal product of the woman, should be nourished with the woman's breast milk, which suggests the conceptual continuity from the fetus-hood to the infant-hood.

On the other hand, this notion of one-ness was far from complete. The maternal body was at times seen as the threat to the fetus. In the womb, the placenta was believed to have been the lotus-shaped umbrella that blocked the poison of the mother. As soon as

the infant was born, people were expected to perform various rituals and procedures to make sure that the infant was protected from the (maternal) pollution.

In short, the maternal body was seen as what protected the fetus and what the fetus should be protected from. Conflicting views on the maternal-fetal/infant relations were not contradictory. That is, because they were one, maternal poison could affect the fetus and infant. Oneness meant both the good and the bad could be transmitted to the child, which led to the interests in controlling women's bodies and behaviors. Because they were physically inseparable, the emphasis was placed on considering them as separate so that elites could impose control over them.

Chapter 6. Abortion and Infanticide

The Tokugawa era is typically characterized with the relative peace (i.e., lack of warfare) and the development of various cultural practices (e.g., arts, crafts, and theater). An interest in children also expanded, as exemplified by increasing publications of childrearing manuals, representations of children in art, and prevalence of private educational institutions. However, it was also the period in which a large percentage of the population struggled to survive and strived to improve their quality of life. Farmers tried to maximize their chance of survival and possible long-term economic success by keeping the family size small, and abortion and infanticide were some of the ways in which they controlled their family size. Considering people's attitudes toward intentional termination of the emerging life as one way in which we can access the conceptualizations of the beginning of life and personhood, this chapter investigates practices of and politics surrounding abortion and infanticide.

Abortion and infanticide were commonplace in a number of historical and cultural contexts globally (Allason-Jones 1989; Corbier 2001; Dasen 1997; Harris 1994; Park 2010; Patterson 1985; Scott 1999). Tokugawa Japan was no exception, as evidenced by numerous bans and campaigns against such acts. Drawing on recent developments in historical demography, studies on anti-abortion and infanticide policies, as well as an analysis of moralistic texts against such practices, I examine when and how people saw the fetus and neonates as a person whose life should be protected. I begin by outlining the historical contexts in which small-size family became desirable, followed by the discussions of evidence of abortion and infanticide, as well as the actors involved in the practices and methods used. Following that, I examine regulations and moralistic

discourses on reproduction in this historical context. Considering fetal victimhood as one of the most powerful ways in which fetal personhood becomes salient today, I analyze how authors of anti-abortion and infanticide pamphlets argued against such practices.

Building upon the findings discussed in the previous chapter that parents' commitment was critical for the emerging life to be recognized as a person, this chapter maintains that performing abortion and infanticide generally did not involve the sense of guilt associated with killing. Accordingly, the notion of fetal victimhood, the predominant anti-abortion discourse today, was virtually absent in campaigns against abortion and infanticide in the Tokugawa period. What was common, instead, was the stories of the suffering people would experience as divine punishment from a consequence of these actions, or the accusatory notes that claim that these acts were so shameful that committing to such acts would condemn people to a demon-like existence.

Desire to control family size

The dominant understanding of abortion and infanticide in early modern Japan was based on the notion that Japanese culture considered children under seven years old as near-deities. Proponents of this idea argued that people believed that infanticide was the act of sending the infant back to the gods' world where it had come from, and this perspective allowed them to justify such acts as a means of controlling family size. Most notably, the prominent folklorist Yanagita Kunio wrote that those who committed infanticide considered that this practice was "not the killing of a child, but as the act of not raising the being" (1966:395). Scholars who took this position emphasized that personhood was attained in a gradual manner through successive rites of passage, and because infants were not considered persons per se, infanticide did not evoke the same

sense of guilt, stigma, or legal consequences that was attached to the murder of an adult person. Expressions employed in the Tokugawa period were used as one piece of evidence of such mentality. Ordinary people in rural areas used terms such as “returning the child” (*kogaeshi*), “humbly return” (*okaeshi mousu*), “return” (*kaesu*), and “giving it back” (*modosu*) to talk about infanticide. Phrases such as “not picking up” (*toriagezu*) and “not raising” (*sodatezu*) were used in different parts of Japan from the late eighteenth to the end of nineteenth century as well (Ohta 2006:25).⁴⁴ These ideas clearly show that the act was not seen as victimization of a person.

Elites in urban centers had different ideas, however. They castigated farmers’ activities by referring them as *mabiki*. *Mabiki* is a term used in farming, and it meant culling or thinning out of seedlings, and this was based on the idea that by creating proper distance between each sprout, each would grow stronger than they would otherwise. Applying this idea to children, this term had the connotation of raising children better by having fewer, suggesting that parents were making a clear calculation about how many children they would have (Ohta 2006:110).

As a number of contemporary writers pointed out, people had a strong preference for small families with few children. The author of *the Guide for the Prosperity of Descendants* (the year of original publication unknown, reprints published in 1850, 1851, and 1857),⁴⁵ for example, wrote, “In the country side, having too many children is considered as a burden of for a family.” Official documents from the Aizu region in eastern Japan in 1745 stated that having numerous children would not necessarily result

⁴⁴ Modern Japanese term for abortion is *jinkō ninshin chūzetsu* (artificial abortion/termination of pregnancy), or typically *chūzetsu* (abortion/termination) in short, and infanticide can be translated as *nyūji satsugai* (killing of an infant), but these terms were not used in the Tokugawa period.

⁴⁵ The original Japanese titles and other information on each text can be found in Appendix II.

in unhappiness (Ohta 2007:166), suggesting that many associated raising many children with hardship. A Confucian scholar, Ashi Tōzan, wrote in 1754 that people came to limit the number of children to two, and even wealthy families would not have more than three or four children (Sawayama 1997:40). Similarly, a domain warrior from Sendai, Owada Gonbē, wrote in 1793 that the mid-level farmers would keep only two or three children no matter how many children they gave birth to, and poorer farmers would not raise more than two children (Sawayama 1997:40). There was, in fact, a stigma attached to families with many children. The author of *On Childrearing* (1791, 1972), Ehata Jirō Uemon, wrote that people ridiculed those with many children and sometimes suggested that these families should practice infanticide because having too many children created too much inconvenience. Similarly, the author of *Teachings about Childrearing* (1822), Sekiguchi Toyotane, wrote that one should not feel ashamed of having many children, again, implying that it was.

Historical evidence of abortion and infanticide

While scholars have not reached consensus on the pervasiveness of abortion and infanticide and their impact on the population decline, most agree that these practices existed during the Tokugawa period.⁴⁶ Abortion was sometimes mentioned in popular culture (e.g., illustrations, poems, and stories), and numerous anti-abortion and

⁴⁶ In his influential *Study on Abortion and Infanticide* (1981 [1936]), Takahashi Bonsen considered abortion and infanticide a strong factor for the declining population during the late Tokugawa period. Drawing on documents on the policies and demography at the local domain level, as well as discourses on infanticide from intellectuals, Takahashi concluded that while infanticide was not a new practice, its incidences increased with the starvation and poverty associated with famine. Takahashi's view was challenged by the folklore scholar, Chiba Tokuji (1983), who argued that abortion and infanticide were not as prevalent as Takahashi had suggested. Chiba maintained that the population stagnation was due to various epidemics and the increased number people migrating from rural to urban areas in search of work. Chiba argued that the practice decreased in the late Tokugawa period, and that the justification for the practice was not based on poverty, but on the perspectives on life and death in Japan that did not invoke a sense of guilt over the act of infanticide.

infanticide policies and campaigns also suggest that it was a significant social problem during this period. Recent studies have demonstrated the prevalence of the practice with empirical data. For example, the improbably high number of late-term miscarriages and stillbirths recorded during this period was part of the evidence contemporary researchers used to conclude that reported cases must have included late-term abortion and infanticide.⁴⁷ High rates of late-term miscarriage and stillbirth were associated with popular methods of abortion and infanticide. While most abortions are performed in the early stage of pregnancy today, late-term abortion was more common in Tokugawa Japan. Pregnancy was not officially recognized until the fifth month, around the time pregnant women experienced quickening, and by definition, people could not perform an abortion until then.⁴⁸ The absence of menstruation did not rule out other medical possibilities, and women used various methods to figure out whether they were pregnant or not. There was also a notion that it was safer and more effective to perform an abortion after the fetus became large, as the popular method of abortion involved puncturing of the fetal tissues through the vagina with a stick.

The high rates of late-term miscarriage and stillbirth were also related to the ways in which people tried to hide abortion and infanticide. People often disguised abortion and infanticide by claiming that they had miscarriage or stillbirth. In a personal diary, a farmer, Tsunoda Tōzaemon, wrote that he “told a lie and reported that the infant was born

⁴⁷ For example, the historian, Sawayama Mikako (2009:63) found that in records from Ichinoseki (present day Iwate prefecture in northern Japan) in 1810, 72 percent of reported fetal deaths among the warrior class and 87 percent among farmers occurred between the seventh and tenth month of pregnancy. Takamura Emi (2002:18) studied 13 cases of perinatal deaths in Mito (present day Ibaraki prefecture in eastern Japan) between 1821 and 1841 and found that all cases happened between the seventh and tenth month of pregnancy.

⁴⁸ This notion is evident outside the Japanese context as well. For example, until the twentieth century, lay people in England did not consider abortion prior to quickening as an ethically problematic or criminal act (McLaren 1984:107-112).

dead,” after committing infanticide (Ohta 2006:115). Obstetricians were aware of this, as Kagawa Mantei reportedly said that “some women pretend that they had a miscarriage when they actually had an abortion” (Kure and Fujikawa 1898:254). The ability to discern whether women had abortions or miscarriages was a critical skill for obstetricians in order to determine appropriate treatment. A number of obstetrical textbooks discussed how to make such determinations, again, suggesting that women often claimed that they miscarried or the baby was a stillbirth, when they, in fact, had an abortion.

Comparisons of birth statistics based on class and gender is another way researchers have found that people of this era committed abortion and infanticide. The skewed sex ratio of reported fetal and infant deaths among warrior class families, for whom the continuation of the family through male offspring was particularly important, revealed that female infants were more likely to be killed than male infants.⁴⁹ While there was no skewed sex ratio found, farmers’ records showed that there were seasonal patterns in which births took place. For farmers, labor provided by female family members was essential for survival, and because women’s work was unavailable during and shortly after the birth, efforts were made to time pregnancies and births to correspond with the farming calendar (Shinmura 1996:222). Records show higher birth rates in the early part of the slow season, which minimized labor shortages associated with pregnancy and birth, and maximized the time that mothers could breastfeed, increasing the chance of survival for infants (Sawayama 2006:36).⁵⁰

⁴⁹ In Ichinoseki, among the 45 cases of reported fetal deaths among the warrior-class population, 14 were male and 31 were female, while among farmers, the numbers were both 17 (Sawayama 2009:63).

⁵⁰ For example, among 244 births in a village in Iwate between 1811 and 1821, 25% of the births took place in January according to the Chinese (Lunar) calendar, which coincided with the beginning of the slow farming season in the village (Mukoda 2006). Similarly, 13% of births took place in February in a neighboring village, in which the slow farming season was from the end of December to the end of April

Historical materials revealed the actors involved and methods employed in regard to birth control as well. Abstinence was practiced when men worked away from home, and prolonged breastfeeding was promoted to avoid unwanted pregnancy,⁵¹ but effective methods of contraception were limited. Unwanted pregnancy was one of the common concerns shared by many, and studies of obstetrical textbooks, policy documents, and moralistic texts indicated that midwives and doctors performed abortions. Despite the lack of formal training, midwives were often the trusted reproductive specialists within communities. They offered various forms of aid, including abortion and infanticide, in addition to assisting with births.

While the domains' official doctors were technically against abortion and infanticide, doctors who worked closely with people responded to the needs of families, which sometimes included the termination of unwanted pregnancies. The fact that some doctors explicitly included their refusal to perform abortion in their rules for the apprentices suggested that it was not unusual for women to seek out the aid of doctors when they wished to terminate pregnancies. Most famously, the first school of obstetrics in Japan, the Kagawa School, included the prohibition of abortion in their bylaws (Ochiai 1994:72). A doctor in Ichinoseki domain, Chiba Rian, also had his disciples sign an oath that included a clause stating that they would not prescribe abortive medicine (Sawayama 2009).

(Takagi 1996). The births in the Kamitozawa district in Sendai were also concentrated around the end of the busy farming season and during the slow farming season (Kikuchi 1997:143).

⁵¹ For example, Kazuki Gyūzan wrote in his *Shōni Hitsuō Sodategusa* (1703) that with breastfeeding, women could space the ages of children by three to four years, while those who hired a wet-nurse could get pregnant every year.

The most common method of abortion was the puncturing of the uterus with a stick through the vagina. A domain official doctor from Sendai, Sasaki Bokuan, wrote in 1858 that midwives put musk on the tip of a stick (e.g., ox knee root, burdock root, and *daikon* root), and inserted it into the vagina to terminate unwanted pregnancies (Sawayama 1997:126). The obstetrician Kagawa Mantei also explained that an abortion could be performed through the insertion of the root of the ox knee plant through the vagina, after rounding the tip of the root (Kure and Fujikawa 1898:254). According to Sasaki Bokuan, abortion was a highly dangerous procedure from which many women lost their lives. The obstetrician, Kondo Tadayoshi, also wrote in his medical textbook (1854) that it was particularly difficult to treat cases in which people put musk or clove on the tip of a stick to puncture the uterus, as the poisoning could be severe (Kure and Fujikawa 1898:705). The risk associated with abortion was one of the reasons people resorted to infanticide. In Tokugawa Japan, a midwife or the mother of the infant typically performed infanticide by suffocating the infant as soon as it was expelled from the maternal body.

Policies against abortion and infanticide

While ordinary people were trying to limit the number of children out of economic concerns, local government officials had different ideas. In the Tokugawa period, regulation of reproduction began in the early seventeenth century by local domain officials and it intensified over time. Reproductive regulations are often motivated by rulers' desire to control the population (McCulloch 2012:21).⁵² For domains struggling

⁵² This is evident in more recent Japanese history as well. During World War II, the Japanese government promoted having as many children as possible and prohibited abortion under the slogan of "beget and multiply." Once the war was over, however, the Japanese government was concerned with population explosion and quickly implemented a law that allowed abortion (Norgren 2001; Ogino 2008). Today, the government is encouraging births out of the concerns over an aging society and a declining birthrate.

with financial difficulties, the declining child population was highly problematic. Considering this population trend as the result of intentional termination of emerging life, domain officials started implementing ordinances against abortion and infanticide (Drixler 2013; Ohta 1997; 2006; 2007; Sawayama 2005).

The oldest ordinance was issued in 1611 in the Satsuma domain (present-day Kagoshima prefecture in southwestern Japan), and the policy targeted warrior and farming classes. The domain issued similar policies in 1633 and 1645, the same years in which the central government changed the land assigned to each domain, which destabilized the family lives of low-ranked warriors (Ohta 1997:17). The first national law that included a clause for the protection of infants was the Edict on Compassion to Living Thing of 1687 (*Shōruiawaremi-rei*), which banned infanticide and the abandonment of a child (Tsukamoto 1983). Even though this edict was overturned in 1709 after the death of the Shogun Tokugawa Tsunayoshi, the leader who issued it, control over reproduction continued and intensified as Japan entered the eighteenth century.

The small-scale stem family had become the standard by the mid-eighteenth century, with the average size of a household being between four and five people, which consisted of parents and two to three children (Hayami 1973). The shogun-led military government and domain officials became further concerned with population decline following devastating famines in the late eighteenth century (Burns 2002). A number of domains implemented edicts to prohibit infanticide and abortion. They also exercised surveillance and control over the maternal body by registering pregnant women. For example, the Tsuyama domain (present day Okayama prefecture in western Japan) issued

a law to prohibit abortion and infanticide in 1756, and added punitive clauses to regulate the registration of pregnancy and childbirth in a similar law issued in 1781. Further, from 1786, failing to file a pregnancy notice was considered a de facto attempt to conduct an abortion or infanticide, and those who did not file were punished severely, even when the baby was born without any problems (Sawayama 2005:93-94).

Other domains began implementing a system of surveillance in the early nineteenth century by mandating the submission of various documents pertaining to reproduction as well. Sendai domain, for example, institutionalized a law to require the notification of pregnancy and birth in 1804, and the number of documents pertaining to such reports increased significantly in the 1840s.⁵³ In this domain, pregnancy had to be registered around five months after the woman's last period, and once an infant was born, families were expected to present the name, birth order, gender, and whether it was a singular or twin or triplet birth (Sawayama 2006). The implementation of the mutual surveillance among community members was another way in which domain officials tried to gain control over people's reproductive activities. Birth records from 1811 Tsuyama domain show that not only were families required to file reports for both pregnancy and birth, community members were expected to attend births to make sure that everything was done properly. Further, the same members were held accountable when domain officials found any evidence of abortion or infanticide (Sawayama 2005:99).

Since infanticide was often performed under the guise of miscarriage or stillbirth, domain officials tried to discern whether reported perinatal deaths were spontaneous or

⁵³ Among the twenty-four sets of reports on pregnancy, births, and perinatal deaths available today, eighteen dated between 1840 and 1875 (Kikuchi 1997:142). Documents from early nineteenth century Ichinoseki also show that its domain officials had a great interest in closely following people's reproductive activities.

artificial. Officials required the submission of a death report and doctor's note in cases of perinatal deaths, and they found it suspicious when such reports identified the cause of death as falling, food poisoning, and extended trip (Sawayama 2006). Investigation could be quite involved, when officials were skeptical of the claim. For example, when a 28-year-old woman from a farming family in the Karita district of Sendai domain had a stillbirth during the ninth month in 1848, a farmer in charge of promoting and enforcing the anti-abortion and infanticide policy inspected the body of the dead infant, in front of a mutual-surveillance group called "a five-person group" (*goningumi*). The report from this inspection showed that they checked the gender, length, eyes, mouth, hands, legs, genital, anus, placenta, umbilical cord, and the color of the body (Kikuchi 1997:197-200).

In addition to extending surveillance to families and community members, domain officials targeted midwives and doctors for the prohibition of abortion and infanticide. Officials watched their work closely and ordered the suspension of their business when doctors or midwives were found to be engaging in abortion and infanticide (Sawayama 2006). They were particularly concerned with the activities of doctors, who were visiting the domain from other parts of the country, considering that it was such doctors who often performed abortions and reported them as miscarriages or stillbirths.

For example, officials in Sendai domain problematized the activities of Hiruta Gensen, a self-taught obstetrician from the Mito area (eastern Japan). Sendai domain was concerned because Hiruta was believed to have not only performed abortions but also taught the techniques to midwives. The domain issued a decree in 1816, urging people to report the names of midwives who learned abortion techniques from Hiruta (Sawayama 2009). While domain officials problematized his activities, Hiruta was a popular doctor

because he not only responded to the needs of families, but also saved the lives of many women (Ogata 1919:18). In another case, officials in Ichinoseki domain found the activities of a doctor named Takashina San'ei suspicious. Records from 1852 and 1853 showed that all of his patients traveled long distances to see him, and the cases he treated had a high rate of perinatal deaths. Sawayama (2004:100) noted that Takashina used abdominal massage, which was typically used during difficult births, so that he could make abortion appear as miscarriage or stillbirth.

Along with existing legal penalties, several domains in northeastern Japan in the early nineteenth century implemented welfare programs as a measure to prevent infanticide, and these types of programs soon spread to other parts of the country. For example, child support began in the southern part of Aizu domain (present day Fukushima) in 1818 with donation from private funds, and subsidies were provided or loaned for the first three years of children's lives (Ohta 2007:185). While such financial support was typically inadequate (Kikuchi 1997:145; Ohta 2007:179; Sawayama 2006), it contributed in cultivating the moral awareness that abortion and infanticide were crimes and people were expected to carry all pregnancies to term and raise children thereafter.

One of the critical contexts behind the desire for a small family size was economics. From the late seventeenth to the early eighteenth century, the family came to be seen as an autonomous economic unit (Oto 1996:113) and intensified the level of labor that came to be required in farming (Hayami 1973).⁵⁴ Consequently, increasing importance was placed on the work provided by the young women in family, and their inability to contribute due to pregnancy or early childrearing was perceived as an

⁵⁴ Hayami Akira (1986; 2003) called this process "industrious revolution" as opposed to the industrial revolution in Europe, in which the use of machinery farming animals increased.

economic burden on other family members. Farmers tried to minimize such impact by limiting the number of children, but with the lack of effective contraceptives other than abstinence available, people relied upon methods including abortion and infanticide.

While family continuity had been a significant concern for the elite warrior-class in Japanese society, even farming families came to think of children as both possible contributors to the economic family unit, and as important family members who would continue the family lineage (Ohta 2007). Having too many children was considered a threat to family survival, as it meant the loss of labor by young women and more children who needed to be fed (Ohta 2007:423). Yet, at the same time, it was also important for families to have enough children to ensure that their family line would continue. As people considered it essential that every member of the family be able to contribute to the economic wellbeing of the household, they wanted fewer but healthier children who required minimal care when they were small and could work as soon as they were old enough. This meant that those infants with signs that suggested a potential physical weakness that would limit their ability to work or require other family members to care for them were more likely to be killed than healthy infants (Sawayama 2004:94). Such cases included infants with birth defects and multiples, who not only tended to be weak, but also significantly increased the care required to raise them.⁵⁵

⁵⁵ Killing of infants with birth defects was recorded in other cultural and historical contexts as well. For example, Aristotle was against infanticide as long as the child did not have birth defect, and Plato also wrote that infants with a deformity were “not worth rearing,” even if parents wanted to (Patterson 1985:113). In ancient Roman society, Seneca mentioned weak and deformed infants were killed, and Soranus suggested that sick and deformed infants were not worth raising (Allason-Jones 1989:42; Scott 1999:70). A large number of neonates might have been considered too weak to be raised, as criteria given by Soranus for healthy infants were so narrow and strict (Harris 1994:12). Such attitudes changed during the medieval period. In the fourth century, the first Christian Roman emperor, Constantine legalized the sale of infants (Harris 1994:1) and criminalized infanticide, and church leaders expanded such bans to abortion (Park 2010:18).

A shortage of breast milk for multiples was another concern (Ohta 2006:125; Sawayama 2011; 2016). The negative perception regarding multiples was reinforced by the beliefs that they resembled animal offspring and that multiples were the result of too much sexual intercourse during pregnancy, which was criticized in various Confucian publications. The author of *the Guide for Raising Infants* (1794) wrote that having twins and triplets was auspicious, but people felt ashamed of it and killed the infants and prayed that it would never happen again.

Infants born with the umbilical cord wrapped around their necks were also candidates for infanticide, as they were considered to be a sign of a high-risk birth that could easily result in the death of the baby. Similarly, pre-term and premature infants were seen as too weak to thrive. A prominent doctor, Kazuki Gyūzan, wrote in his text, *On Raising Small Children* (1703), that “[t]here are many people who kill babies born after seven or eight months of pregnancy, who are very small and appear as if they should not grow up.” All of these narratives suggest that infants were evaluated through the lens of viability, risks, and the level of burden to the family.

Abortion and infanticide in moralistic texts

In addition to various policies implemented by local domains, anti-abortion and infanticide messages were conveyed through moralistic texts that condemned such acts. In these texts, moral commentators, including Buddhist monks, Confucian scholars, doctors, and domain officials, emphasized the sinfulness of killing in general, and abortion and infanticide, in particular. These texts are useful as they inform us *why* authors of these texts thought that abortion and infanticide were reprehensible. They can also be understood as the arguments that they thought as most persuasive to those who

considered performing abortion and infanticide. While the most dominant argument against abortion today is based on the idea that the fetus has the moral status equivalent or similar to a person, this was not always the case. Contemporary anti-abortion discourses today often depict the aborted fetus as innocent victims, but such a stance was unusual in the Tokugawa period. For ordinary people in this historical context, the notion of shame and the fear of divine retribution were far greater concern.

The fetal victimhood narrative did exist during the Tokugawa period, but it was unusual and should be considered something distinct from the anti-abortion discourse today. That is, moral transgression of abortion and infanticide was not something universally acknowledged. Newborn infants were not thought as human beings even by those who wrote anti-infanticide texts (Drixler 2013:55). Thus, the claims for personhood in the fetus and infants should be understood as a rhetorical device rather than firmly held beliefs by pundits. It was one way in which moral commentators tried to convince readers that the infanticide was inhumane. The author of *On Childrearing* (*Ikujihen*, 1791-1792) Ehata Jirōemon, for example, wrote:

There is no person who would not be sad when a two to five-year-old child who died from disease. A newborn baby might not speak or move his or her hands or feet, but if you kill something that had the body of a human, it is a killing of a human... How would you feel if someone captured you and killed you, suffocating your mouth and putting a rope around your hands and feet (Takahashi 1955:782)?

Tachibana Giten (1861) presented a view that the fetus and infants already had the ability to feel pain. He argued that pregnancy and birth themselves were already painful experience for the fetus, drawing intimate connections between the existence of the fetus and the actions of the mother. He wrote:

In the mother's womb, [the fetus] experiences the heat as if bathing in boiling water when the mother drinks hot water or tea. When she eats something cold, [the fetus]

experiences the extreme coldness... Delivery is like going through the mountains with rocks on both sides. Once being outside the maternal body, [the infant] cries because everything [the infant] touches with its thin skin feels like being stabbed with a sword (Takahashi 1955:692).

The fact that the fetus and infants did not have moral status resembling an adult could also be observed in how authors made claims that children as a treasure, rather than a financial burden for the family. In censuring abortion and infanticide, Tachibana Giten wrote that children were a more important treasure than a storehouse full of riches, and *Guide for Raising Infants (Akago Yōiku Kanjin no Hiki, 1794)* stated “Since ancient times, wise people considered people, rather than money, as treasure.” This did not mean, however, that the authors considered infants as rights-bearing individuals. Rather, they depicted infants as someone who would benefit parents and families in the future. The author of *Praise of Birth and Childrearing* wrote, “[w]hen you die, the only people who will perform your memorial service would be your own children. The prosperity of families is derived from not killing. Children are the treasure of the family.” Similarly, *Songs to Admonish against Abandoning of Children* stated that “[o]nce grown, children would take care of you when you are sick, and perform memorial services after you die.” The notion of children as treasure was based on the belief that these offspring would bring social and economic security and prosperity to the family.

A far more common way in which authors urged readers question the moral justness of abortion and infanticide was by invoking shame and fear. The most widely circulated text of this genre, *The Guide for the Prosperity of Descendants (Shison Hanjō Tebikigusa, author and year of original publication unknown)*, argued that even though those who committed infanticide had the face of a human, they had the heart of a demon. The work included a picture of a woman suffocating an infant, with a text stating, “This

woman has a gentle face but she kills even her own child. She must not feel anything killing other people's children. She has the heart of a demon..." The text above the picture of the demon warned those who committed infanticide, "If you want to see your face, look at this picture. The face you see in a mirror is a superficial face, and not a real one. The true reflection of the woman who commits infanticide is what you see in this picture" (Illustration 5.1).



Illustration 5.1. *The Guide for the Prosperity of Descendants* (The author and the year of the original publication unknown). The woman on the right is committing infanticide.

The text states that she was a demon (shown on the upper left) in the guise of a human.

Authors also listed stories of animals sacrificing themselves for their offspring, and argued that infanticide was an aberration from nature and those who practiced such acts were less than animals. For example, *The Guide for the Prosperity of Descendants* had such stories; including one of a pheasant, which died after trying to protect her eggs from fire, as well as a story about hens that plucked out their own feathers to keep their eggs warm. It also included a story of a man who became a monk as a result of his guilt after shooting an arrow into a pregnant female dog and watching the dog die as she tried to pick up her litter of puppies while they fell out of her belly. Similar stories could be found

in other texts including *Praise of Birth and Childrearing* (*San'iku Wasan*, n.d.) and *Songs to Admonish against Abandoning of Children* (*Sutego Kyōkai no Uta*, 1861).

Other authors attempted to instill a sense of fear by taking advantage of people's belief in divine punishment and hauntings. Threats of divine retribution suggested that punishment would begin while those who committed abortion and infanticide were still alive. The author of *The Guide for the Prosperity of Descendants* wrote, "If one practices infanticide, the family would experience a number of hardships caused by the malice of the child," suggesting that the infant was an agentic being, capable of bringing about bad fortune. *Expostulation* (*Satoshikusa*, 1851) stated that if one commits infanticide, even the children whom parents decided to raise might die from sudden illnesses or diseases like smallpox and measles. The author also wrote that there were more than a few cases of women who had killed their infants and later died from complications associated with childbirth. A doctor from the Aizu region, Ishida Ryūgen, wrote a parable of a woman who committed infanticide and subsequently became homeless, died of starvation, and dogs and birds ate her corpse because no one buried her body. He also wrote that a midwife, who had committed infanticide, lost her son when he was still young, and she was beaten up by her two "disabled and deformed" grandchildren.

Punishment was said to have continued as people died as well. A Buddhist monk, Tachibana Giten, wrote in his *Songs to Admonish against Abandoning of Children* that "[w]hen a woman who had killed her child was dying, she said that she was suffering from numerous infants attacking her." Even novels stressed the mercilessness of abortion and infanticide. A popular poet and story-writer, Ihara Saikaku, wrote in his *The Life of an Amorous Woman* (*Kōshoku Ichidai On'na*, 1686) that when the protagonist was about

to die, she looked outside a window and saw numerous children, wearing lotus leaf-shaped placenta on their heads and their lower bodies soaked in blood (Illustration 5.2). They were crying and saying that she was a terrible mother. The character realized that those were children she had aborted in the past.



Illustration 5.2. Illustration from Ihara Saikaku's *The Life of an Amorous Woman* (*Kōshoku Ichidai On'na*, 1686)

The excruciating suffering in hell for those who committed abortion and infanticide was another typical theme in such texts. For example, the aforementioned Ishida Ryūgen wrote that once the midwife died, she went to eternal hell in which all the babies she had killed came and pulled at her hands and feet, tearing her body in half. The author of *Praise of Birth and Childrearing* wrote that when dying, all the crimes committed would be presented and if a person had committed abortion or infanticide, he or she would go to hell and suffer torment. The descriptions of hell depicted by Tachibana Giten as follows:

Killing of living beings results in being hit with an iron pole. Your body is broken into pieces like sand, and the shredding of your body is like cooking fish and meat... You suffer from being burned in the ferocious inferno, and blades would fall like rain and stab your body... This is the punishment for killing birds and animals. Imagine what it would be to kill a human (Takahashi 1955:701-704).

The accompanying image (Illustration 5.3) provided a graphic example of such suffering, depicting a woman and two men being attacked by two demons.



Illustration 5.3. Image of hell from Tachibana Giten's *Songs to Admonish against Abandoning of Children* (1861)

As discussions above illustrate, descriptions of hell and suffering were abundant and detailed, reflecting on the worldview held by many during the time. People believed that their misbehaviors could upset gods and result in misfortune. With the belief in reincarnation, people also cared about how their acts affected their fate in afterlife. In the context where fetus and infants were not thought as part of a human community in and of itself, terminating their lives did not automatically register itself to ordinary people as an impermissible act. The narratives against abortion and infanticide were another indicator that informed us that the fetus and infant *became* child, that is, a person, only after recognition by their parents or other caretakers.

Conclusion

Abortion and infanticide were significant social issues during the Tokugawa period. Local government officials, who wished to increase the population, established various

policies against such acts. Moral entrepreneurs also published a number of anti-abortion and infanticide pamphlets. By contextualizing the justifications for and criticism of abortion and infanticide, this chapter examined the notions of the beginning of life as well as social position of the fetus and infants in the late Tokugawa period.

While campaigns against abortion and infanticide were gathering momentum, this did not mean that those who were in anti-abortion and infanticide campaigns based their argument on the idea that the fetus and infants were already persons who should not be victimized. Contrary to dominant anti-abortion narrative today, a fetal victimhood narrative was limited. Even advocates against abortion and infanticide did not necessarily hold the notion that the fetus and infants were persons with moral status. People generally did not have the sense of guilt in terminating the life of non-person fetus or infant, who came to be seen as a human, only after their parents decided to raise them as their children. That is, no position in family meant no position in society.

Accordingly, there was no notion of the fetus and infants as human being in campaigns against abortion and infanticide. The arguments were mostly instrumental in nature. That is, the authors tried to convince people that if they were to raise the child, the child would benefit them socially and economically, and if not, gods or demon would torment them in this world or in the afterlife. Similarly, even when the fetus and infants appeared in the discussions, they were not depicted as innocent victims. Rather, they were vengeful spirits, which would threaten the health and wellbeing of the parents.

Chapter 7. Conclusion

While being deeply personal and fundamentally intimate, issues surrounding the beginning of life are also universal questions asked in various traditions. This work examined how different social actors in the late Tokugawa era cognitively made sense of the genesis of life and the status of highly ambiguous beings: the fetus and infant. Social positions of children changed during the Tokugawa period. While the dominant understanding of childhood in premodern Japan was that small children belonged to the realm of gods and people did not have strong emotional attachment to them, as this dissertation has shown, people in the Tokugawa period *did* care about children. An increasing number of private schools, depictions of children in popular stories and art work, as well as travelogues by overseas observers indicated that many adults tried to provide the best they could afford for their children.

This work grappled with the questions of how such a change occurred, and what were the conditions in which the fetus and infants came to be recognized as a person. To decipher the conceptualizations of the beginning of human life in the Tokugawa period, I focused on the following ways in which the fetus and infants were recognized as a person and gained a position in society: how the fetus became a social actor at the discursive level (Chapter 2); the manners in which obstetricians came to see the fetus and infants as patients (Chapter 3); when and how their parents recognized them as their child (Chapter 4); the ways in which the boundary between the fetus and maternal bodies were imagined (Chapter 5); and whether rulers and moral entrepreneurs envisioned them as victims of abortion and infanticide (Chapter 6). In so doing, this work captured the notions of the fetus and infant both in terms of changes observed at the broader social level (e.g.,

representations of the fetus, infants, and children; the notions of the beginning of life in a medical field; and policies and moral campaigns pertaining to reproduction), and the level of individual experiences in family (e.g., experiences of pregnancy and childbirth; making or not making commitment to raise the child; and responses to perinatal deaths).

Obstetrics and the fetal and infant patienthood

The emerging field of obstetrics brought changes in the medical and social realms. When considering the changes at the societal level, the significance of obstetrics should not be underestimated. While pregnancy and childbirth were not considered medical matters in ancient and medieval periods in Japan, this changed during the Tokugawa period, when local obstetrical practices emerged for the first time in Japanese history. Obstetrics granted a social role, namely patienthood, to the fetus and infants in its professional practices.

The fetus and infants were not considered patients in the nascent field of obstetrics, however. Obstetrics in Japan began in the mid-eighteenth century with doctors' attempts to save the lives of women with pregnancy complications, and to the doctors of this period, the birthing mothers were their only patients. However, as the field developed, doctors came to try to save the lives of the fetus and infants as well. A number of doctors, who were uncomfortable with the process of the popular fetal extraction methods using an iron hook, invented tools and techniques (e.g., internal podalic versions, tools made of whale bone) to save both the mother and her fetus, by safely extracting the fetus while it was alive. Later textbooks also included instructions of how to take care of newborn infants, and discussed methods for resuscitation in case of apparent death of the newborn infant.

Scholarship on modern reproductive technology has demonstrated that the extensive use of technology focusing on the fetus contributed to fetocentric discourse, while fetocentrism encouraged the use of such technologies (Casper 1997; 1998; Petchesky 1987; Rapp 2000; Sleeboom-Faulkner 2007). The close relationship between medical practices and social values is not a new phenomenon exclusive to modern societies, however. As this study has shown, the inventions of various techniques and the desire to see, know, and save the fetus was related with the emergent discourse of fetocentric ideas in eighteenth and nineteenth century Japan. Obstetricians were cognizant of campaigns against abortion and infanticide, and because of the association people made between them and abortion practices, some doctors explicitly stated that they would not perform such procedures. While saving the life of women remained the primary concern of obstetricians, the idea that the fetus and infants were potentially savable patients was disseminated at the grassroots level through women's experiences with obstetrical care.

With the development of obstetrics, the medical gaze (Foucault 1976) came to include the emerging life as a patient. In addition to developing techniques and tools to save the fetus and infants, obstetricians accumulated knowledge about the fetus. While earlier texts also included information about the fetus, these texts were exclusively about how to save the life of the pregnant woman, and the knowledge about the fetus was considered important solely for this purpose. The knowledge that was deemed relevant in this context was the fetal position at the time of delivery that would affect the approach to delivery that a doctor should take.

Descriptions of the fetus gradually became more detailed, and illustrations in obstetrical textbooks further solidified the image of the fetus. Obstetricians came to understand and see women's bodies based on the pictorial knowledge gained in textbooks. While valuing women's embodied knowledge gave the sense of agency and importance to the woman, images gave authority to the expert. The description of the fetus also came to include the explanation of the fetal development, rather than merely the discussions of fetal positions at the time of delivery, further indicating that doctors were interested in the fetus itself.

Conceptualization of childhood in childrearing manuals and people's experiences

Even though obstetricians developed techniques that were preventive in nature (i.e., abdominal massage), they were considered professionals who could help only in the time of emergency. The number of women who could be seen by an obstetrician was limited. The majority of births were attended by midwives, and what formed ordinary people's knowledge about reproduction was what midwives told them and experiences passed on by word of mouth.

A type of material added to the sources of knowledge available for ordinary people was childrearing manuals. One of the important social changes in the Tokugawa period was the expansion of literacy and publication industry. With this, even ordinary people gained direct access to knowledge beyond what they could gain from their family and community. Childrearing manuals were one of the popular literary genres, and such manuals targeting women often provided information of not only how to take care of children, but also visual and descriptive explanations of fetal development. With the popularity of childrearing manuals, discussions of fetal development in such texts came

to be copied and parodied in other stories as well as different forms of entertainment, further contributing to the heightened interests in the fetal development, and making the fetus a social actor.

Childrearing manuals, most notably *Records of Weighty Treasure for Women*, depicted the fetus as a child, emphasizing the continuity between the fetus-hood and infant-hood. The mother's parental responsibility was said to have begun while she was pregnant, when she was expected to provide an optimal environment for the fetus. These texts also stressed that the pregnant woman's proper behavior was believed to have ensured the desirable reproductive outcome. Through reading childrearing manuals, women fostered the identity as mothers, and awareness of what was expected to them.

The placenta and breast milk physically and symbolically connected the mother and her child. This dissertation demonstrated that while the breastmilk symbolized the maternal care, maternal influence was not always seen as a positive. In fact, authors of childrearing manuals considered that the mother could have an adverse impact on the fetus, and this ambivalent view on the maternal body was encapsulated in how they considered the placenta. That is, the placenta was seen as what provided nutrients from the mother, but also what protected the fetus from poisons derived from the maternal body. Harm could be derived from what the woman ate and drank, but also from her general behaviors as well. Women came to bear heavy responsibility as a mother even before the delivery, as the idea that proper behaviors were essential for the birth of a healthy and intelligent child became more widespread. While the fetus was completely dependent on its mother and the fetal-maternal unity was emphasized based on this idea, the fetus was also depicted as a conceptually separate human being from its mother.

One of the reasons that the fetal development narrative in childrearing manuals became popular was that it aligned with the women's physical and social experiences during pregnancy. The family's formal recognition of pregnancy took place around the fifth month of gestation, when the pregnant woman experienced quickening, and the family and community members acknowledged the status of pregnancy, as the pregnant woman underwent the rites of passage, donning a special belt for pregnant women. The fetus was believed to have transformed from a matter to a human around this time. In *Records of Weighty Treasure for Women*, too, the fifth month was marked as critical, in which the image of the fetus switched from a Buddhist altar fitting and a body-less head to a human with a complete body.

Centrality of parental commitment

As the significance of rites of passage suggest, from the parents' perspectives, pregnancy alone did not mean the recognition of the fetus as their child. This study found that granting of personhood was not an automatic process based on the age of the fetus and infant. Instead, what mattered was the family's commitment to raise the emerging life as their child. Only after such recognition did the fetus became a member of its family. The family was the most critical social institution that determined the fate of the child, and for an emerging life, no position in the family meant no position in society. For this reason, gaining the status of childhood was critical. The fetus and neonates nonetheless remained in the realm of liminality, and they were further incorporated to its family and community through successive rites of passage after birth.

Once parents decided that they wanted to raise the fetus or infant as their child, many provided for their child as the best they were able to, as attested by representations

of children in art, as well as diaries by people in Japan and by visitors from overseas. Parents' emotional attachment to their small children can be observed in mortuary practices as well. While dominant understandings of perinatal deaths in premodern Japan were based on the argument presented by folklore scholars, who maintained that children under seven years old belonged to the realm of gods and their deaths were differentiated from those of adults, this study revealed that it was not always the case. Folklorists have argued that the bodies of the fetus, infant and sometimes even small children were buried within the family property or designated graveyard separate from those for adults. Contrary to what folklorists have suggested, diaries showed the emotional distress parents experienced with the deaths of their children, and archeological evidence revealed that there were cases in which the fetus and infant received Buddhist treatment when they died.

While folklorists and historians have suggested that in-house burials represented the notion of children as near-deities whose spirit could easily move back and forth between this world and beyond, such notions were not as universal or stable as previous studies have suggested. While children under seven years old were not seen as part of the adult world, evidence suggests that people came to see them as important members of their family. People did not give up on the lives of children whom they decided to raise, and children's deaths were not treated lightly. For grieving families who lost their children, being able to hold a proper Buddhist funeral was probably a welcome change. Having a posthumous Buddhist name also allowed such families to keep the memory of the deceased child separate from other children. The mourning processes changed according to their views on their children, along with the institutional changes, including temples'

involvement in biopolitical activities of the local government and its establishment of posthumous names.

The central role of the parents' commitment in the notions of the beginning of life also explains why abortion and infanticide were widely practiced in the society where an increasing interest in children took place. While an emotional investment in children and the prevalence of abortion and infanticide might seem contradictory at first glance, this study demonstrated that this was not necessarily the case. Those who performed abortions and infanticide justified such acts as a necessary way to control the family size so that the family could survive and potentially improve the quality of their life, which in turn, allowed them to devote their (limited) resources to the children they decided to raise. That is, the family was economic unit, and certain sacrifices were considered inevitable for the sake of family continuity. Once the family decided to raise the child, he or she became an important member of the family, and parents invested in children, both emotionally and financially.

Considering that the concept of fetal victimhood is one of the powerful ways in which fetal personhood becomes salient today, this study examined whether such notions were present in the Tokugawa period. This study found that because the people's commitment to parenting was central in the conceptualizations of the beginning of human life, people did not consider abortion and infanticide as the victimization of a person. For this reason, they generally did not have the sense of guilt in terminating the life of the fetus and neonates, when they decided not to raise the them. Accordingly, fetal and infant personhood narratives in the discourse of anti-abortion and infanticide campaigns were limited. Some writers did condemn abortion and infanticide based on the idea that the

fetus and infant were already persons. However, such reasoning was merely one of many ideas, and it was not even a common argument.

Instead, most authors tried to invoke the sense of shame by writing that those who committed abortion and infanticide were demons or less than animals, or evoke the sense of fear by taking advantage of people's belief in divine punishment. They wrote to readers that in committing abortion or infanticide, they would face severe punishment during their lifetime and continuing into the afterlife. Even when authors argued against abortion and infanticide based on the notion that children were a treasure, they did not necessarily mean that children should be valued in their own right. Rather, they made the argument based on the parents' economic and social interests, stating that children were beneficial for the family. Adults expected their children to contribute to the family economy, and (if a first-born boy,) continue the family line, and children's economic role was significant.

Conclusion

One might wonder, if the fetus and infants were seen as children or treated as patients, why they would not be considered victims in cases of abortion and infanticide. The answer can be summarized thusly: the status of the fetus and infant was a *conditional* childhood. That is, without parental acknowledgement, the fetus and infants were not seen as a part of human community. Parenthood involved an explicit commitment during pregnancy to take care of the fetus and infant as their child. Without such an acknowledgement, parents did not experience the sense of guilt in terminating the life of the fetus or infant. The fetus and infant becoming a patient also required parents' acknowledgement that the emerging life was their child. In other words, only when the

interests of parents and obstetricians met (i.e., the desire to save the life of the fetus or the infant), did the fetus and infant become a patient, and thus gain personhood.

Critical engagement with the notion of the fetus and infant is essential for an understanding of the conceptualization of the genesis of life, but it has a far-reaching impact. Though largely neglected in study of human cultures, “it is the infant’s unique embodiment of powerlessness and powerfulness which makes it not just a fascinating subject of study, but a key element in any writing of past and present societies” (Scott 1999:127). An analysis of people’s understanding of the fetus further reveals aspects of people’s understanding of the genesis of life in particular, and their worldview in general, that cannot be accessed otherwise.

An application of the approaches taken in the sociology of cognition allowed me to access the meaning making process in a historical setting. It enabled this dissertation to demonstrate how people made sense of their reproductive process, and considered the notion of personhood, in the context where they experienced changes in medical practices as well as exposure to discourses and policies that tried to control people’s reproduction. By focusing on the manners in which the fetus and infants were incorporated into the categories of patienthood, victimhood, and childhood, this study construed the classificatory scheme of personhood. I argue that only when we consider the multiple fields in society, can we observe such dynamics.

Among the three types of personhood I analyzed, the victimhood was the only category that was not part of discourse during the Tokugawa period. This suggests that anti-abortion discourse does not necessarily have to do with the notion of fetal personhood. In the discussions surrounding the beginning of life today, the question most

frequently asked is about the timing. That is, when the embryo, or the fetus, or the infant gain socially recognized personhood. A socio-historical examination of the conceptualization of the beginning of life reminds us that the framing of the question itself is conditioned in the specificity of the society we live today.

Appendices

Appendix I: List of obstetrical textbooks and Confucian childrearing manuals

Original Title	Title in English	Year	Author
<i>Ishinpō</i>		984	Tanba no Yasunori
<i>Keitekishū</i>	<i>Guide to Medical Practice</i>	1571	Manase Dōsan
<i>Onna Kagami Hidensho</i>	<i>Secret Book of Paragon for Women</i>	1652	Unknown
<i>Onna Shoreishū</i>	<i>Various Protocols for Women</i>	1660	Unknown
<i>Himekagami</i>	<i>Mirror for Princesses</i>	1661	Nakamura Tekisai
<i>Chūjoryū Sanka Zensho</i>	<i>Encyclopedia of Chūjō-style Obstetrics</i>	1668	Chūjō Tatewaki
<i>Shōni Yōjōroku</i>	<i>Records of the Health Cultivation for Children</i>	1688	Chimura Setsuan
<i>Fujin Yashinaigusa</i>	<i>Guidebook of Childrearing for Women</i>	1689	Baiu Sanjin
<i>Inagogusa</i>	<i>Grasshopper Manual</i>	1690	Inō Kōken
<i>Fujin Kotobukigusa</i>	<i>Notes of Fortune for Women</i>	1692	Kazuki Gyūzan
<i>Onna Chōhōki</i>	<i>Records of Weighty Treasure for Women</i>	1692	Namura Jouhaku
<i>Karanishiki</i>	<i>Kara Brocade</i>	1694	Naruse Isako
<i>Shōni Hitsuyō Sodategusa</i>	<i>Essential Notes on Raising Children</i>	1703	Kazuki Gyūzan
<i>Fujin Ryōchi Tebako no Soko</i>	<i>Cures for Women Hidden on the Bottom of Small Box</i>	1704	Hata Genshun
<i>Wazoku Dōji Kun</i>	<i>Lessons on Children in Japan</i>	1710	Kaibara Ekiken
<i>Wakan Sansai Zue</i>	<i>Illustrated Sino-Japanese Encyclopedia</i>	1712	Terajima Ryōan
<i>Yōjōkun</i>	<i>Lessons for Health Cultivation</i>	1712	Kaibara Ekiken
<i>Shōni Hitsuyō Sodategusa</i>	<i>Essential Notes on Raising Children</i>	1714	Kazuki Gyūzan
<i>Tōdō Shinden</i>	<i>Tale of the Truth</i>	around 1752	Andō Shōeki
<i>Sanron</i>	<i>A Discourse on Childbirth</i>	1765	Kagawa Gen'etsu
<i>Onna Geibun Sansaizue</i>	<i>Illustrated Encyclopedia of Art and Literature for Women</i>	1771	Torigai Suiga
<i>Ubuya Yashinaigusa</i>	<i>Family Manual for Raising Infants</i>	1774	Sasai Sen'an

<i>Sanronyoku</i>	<i>Discourse on Childbirth, Expanded</i>	1775	Kagawa Genteki
<i>Hosan Michishirube</i>	<i>Paths for Safe Delivery</i>	1782	Kojima Isai
<i>Sanka Hatsumō</i>	<i>Instruction of Obstetrics</i>	1793	Katayama Kakuryō
<i>Sanka Kibun</i>	<i>Records of Obstetrics</i>	around 1810	Kagawa Ransai
<i>Injikai</i>	<i>Cautionary Lesson against Lasciviousness</i>	1815	Takai Ranzan
<i>Tasseien Sanka Gaijutsu Hiroku</i>	<i>Secret Records of Tasseian Obstetrics</i>	around the 1820s	Oku Ressai
<i>Sanka Naijutsu</i>	<i>Methods of Obstetrics</i>	unknown	Oku Ressai
<i>Kaiseikōhōhiketsu</i>	<i>Secret Instruction/Method of Hook Technique to Restore Life</i>	unknown	Oku Ressai
<i>Shōni Imashimegusa</i>	<i>Cautionary Notes on Children</i>	1820	Oka Ryōin
<i>Sanka Shinron</i>	<i>New Theory of Obstetrics</i>	1820	Tateno Ryūtei
<i>Sanka Shinan</i>	<i>Lessons for Obstetrics</i>	1826	Omaki Shūsei
<i>Ninshin Kokoroeki</i>	<i>Lessons for Pregnancy</i>	1829	Shōjuken
<i>Byōka Suchi</i>	<i>Essential Knowledge on Medicine</i>	1831-1832	Hirano Jūsei
<i>Sanka Hatsumeii</i>	<i>Inventions in Obstetrics</i>	1833	Okuzawa Kenchū
<i>Eiri Nichiyō Onnna Chōhōki</i>	<i>Illustrated Records of Weighty Treasure for Women for Everyday Life</i>	1847	Takai Ranzan
<i>Junseian San'iku Zensho</i>	<i>Junseian Encyclopedia of Obstetrics</i>	1850	Mizuhara Sansetsu
<i>Shōni Yōiku Kogane no Ishizue</i>	<i>Golden Foundations for Raising Children</i>	1851	Ishida Teikan
<i>Aiiku Satan</i>	<i>Tales of Childrearing with Love</i>	1853	Kuwata Ryūsai
<i>Tassei Zusetsu</i>	<i>Graphic Representation of Pregnancy</i>	1858	Kondo Tadayoshi
<i>Sanka Hiyō</i>	<i>The Secret Essentials in Obstetrics</i>	mid-19th century	Kagawa Ransai
<i>Sanka Shinshiki</i>	<i>The New Approaches in Obstetrics</i>	Unknown	Kagawa Mansai

Appendix II. List of Moralistic Texts Studied (From Takahashi 1955)

Title	Title in English	Year	Author/Publisher
<i>Ikujihen</i>	On Childrearing	1791-2	Ehata Jirōemon
<i>Akago Yōiku Kanjin no Hiki</i>	Guide for Raising Infants	1794	Rin'nōji Daiken
<i>Ikujishū</i>	Compilation of Writings on Childrearing	1802-11	Okano Ōhara
<i>Yōiku Kyōyu</i>	Teachings about Childrearing	1822	Sekiguchi Toyotane
<i>Kodakaraben</i>	On Children as Treasure	1830	Takenaka Umenoshin
<i>Shison Hanjō Tebikigusa</i> (reprint)	Guide for the Prosperity of Descendants	1850	Jōsenji
<i>Shison Hanjō Tebikigusa</i> (reprint)	Guide for the Prosperity of Descendants	1851	Igarashi Tomiyasu
<i>Satoshikusa</i>	Expostulation	1851	Nakamura Kanoe
<i>Banmin Kokoro no Kagami</i>	Mirror of the Heart	1854	Ishida Ryūgen
<i>Shison Hanjō Tebikigusa</i> (reprint)	Guide for the Prosperity of Descendants	1857	Hirayama Chūbē
<i>Sutego Kyōkai no Uta</i>	Songs to Admonish against Abandoning Children	1861	Tachibana Giten
<i>Sanka Kyōdōben</i>	Teachings for Families with Infants	1862	Morikawa Yōgen
<i>Chichibu Shasō Ikuei Kōdokusho</i>	On Raising Infants by Chichibu Shasō	1863	Inoue Nyojō
<i>Shison Hanjō Tebikigusa</i> (original)	Guide for the Prosperity of Descendants	Unknown	Chichibu Kikusuidera
<i>Enmei Kosodate Wasan</i>	Praise of Childrearing	Unknown	Ueno Usui Giten
<i>Ikuji Zusetsu</i>	Illustrated Guide for Childrearing	Unknown	Saruta Genteki
<i>Nōgyō Shōni Shikyōben</i>	Teachings on Farming and Raising Children	Unknown	Takahashi Gondō
<i>Mozu no Saezuri</i>	Chirping of Shrike	Unknown	Heinosuke
<i>Sekishi Yashinaigusa</i>	On Raising Babies	Unknown	Arai Nobuaki
<i>San'iku Wasan</i>	Praise of Birth and Childrearing	Unknown	Unknown
<i>Kosodate Wasan</i>	Praise of Raising Children	Unknown	Unknown
<i>Kosodate no Oshie</i>	Teachings of Childrearing	Unknown	Unknown
<i>Kosodategusa</i>	On Childrearing	Unknown	Unknown

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