Family Matters: Managing Illness in Late Tokugawa Japan, 1750–1868

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A DISSERTATION
PRESENTED TO THE FACULTY
OF PRINCETON UNIVERSITY
IN CANDIDACY FOR THE DEGREE
OF DOCTOR OF PHILOSOPHY

RECOMMENDED FOR ACCEPTANCE
BY THE DEPARTMENT OF
EAST ASIAN STUDIES

Adviser: David L. Howell

November, 2015
Abstract

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This dissertation explores how people living in the city of Edo (present-day Tokyo) in the latter half of the Tokugawa period (1603–1868) dealt with illness. Doctor-based care has most often captured the attention of historians, but the proportion of time doctors physically spent with patients was dwarfed by that provided by domestic caregivers. To elucidate the medical landscape of Edo and describe how urban residents cared for sick family members, I draw from a rich body of family records. These include more than a dozen diaries and over fifty family records written between 1750 and 1868, composed by men and women of diverse social status and occupations such as samurai, commoners, popular authors, and doctors.

Chapter One illustrates how day-to-day management of illness was implemented by family members rather than by medical practitioners, demonstrating the key role of women as mobile caregivers and the ways in which illness bound families together. Chapter Two examines what sufferers consumed when they fell ill, revealing the importance of adjusting diet, self-medicating, and record keeping within the home. Chapter Three depicts the role of religious sites and therapies in the lives of Edo residents, showing the importance of family members’ prayer by proxy.

Against this backdrop of therapeutic options, Chapter Four explores how families interacted with medical practitioners by using the records of three Edo
physicians to trace their daily routines. Diaries of families who hired physicians show that they often saw several doctors over the course of a single illness. Seeing a doctor was not a binary relationship between patient and practitioner but an enterprise that mobilized multiple family members. Chapter Five argues that illness in late Tokugawa Japan was a social event on the scale of weddings or births—one that could bring dozens of visitors to the home, all bringing gifts. In total, this dissertation contends that health care in early modern Japan was rooted in the family, and that the patterns of therapeutic practice seen in early modern diaries were fundamentally shaped by familial participation in illness management.
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Acknowledgements

First and foremost, I owe a great debt of gratitude to my undergraduate professors. At St. Olaf College, Robert Entenmann and Phyllis Larson provided unbounded support of my initial foray into Asian Studies. The enthusiasm of David Booth and Thomas Williamson for critical reading and scholarly debate led to my decision to apply to graduate studies. Stephanie Hoare Divo and the language instructors at Cornell University, Nagoya University, and the Inter-University Program for the Study of Chinese gave me the ability to conduct research in Japanese and Chinese. Without the dedication of all of these mentors, this dissertation would quite simply not exist.

I have been equally fortunate to have a wonderfully erudite and supportive dissertation committee. David Howell has overseen the various stages of my project from its humble beginnings as a seminar paper and provided valuable feedback at every turn. As an advisor, he has struck a fine balance between allowing me to explore my own intellectual whims while always urging me to remain focused on the significance of my discoveries. Benjamin Elman’s tireless support and his enthusiasm for rigor and accuracy in research have provided ideals for which I continue to strive. Suzuki Akihito not only hosted my stay as a visiting researcher at Keio University but he became an invaluable mentor who has helped my professional growth in countless ways. Federico Marcon gave new energy and perspective to my project when he joined my committee midway through the writing process. And Katja Guenther generously agreed to offer her expertise as an examiner in the final stages of the project.
Other faculty members at Princeton have been just as integral to my success in graduate school and the development of this dissertation. Susan Naquin deserves special thanks for her dedication to her students, for teaching me how to survive in academia, and for showing me the path to be an effective reader and writer. Sheldon Garon, Helen Tilley, Joy Kim, Angela Creager, Thomas Conlan, Philip Nord, Keiko Ono, Martin Heijdra, and Setsuko Noguchi all provided their help and support, encouraged my growth as a scholar, and gave valuable input on my research. Amber Min-Lee and Hue Kim Su helped me navigate the institutional side of the graduate program and were always willing to lend a hand. My co-teachers, Jie Li, Tineke D’Haeseleer, and Haruko Wakabayashi also aided my research and teaching in many ways. During my last two years at Princeton, David Leheny did more to ensure my eventual success in the PhD program and my search for employment than anyone could expect of a colleague and friend, and I owe him a great deal for any future accomplishments my career may yield.

This dissertation could not have been completed without the aid of many other institutions and scholars beyond Princeton as well. Yi-Li Wu offered valuable advice on an early version of Chapter One. The Blakemore Foundation generously supported a full year of Japanese language study at the Inter-University Center in Yokohama. The Princeton Institute for International and Regional Studies and the East Asian Studies Program gave me the financial means to conduct summer research that laid the foundation for the dissertation. In Japan, I learned much about early modern Japanese medicine from working with Machi Senjūrō of Nishōgakusha University, and it was under his tutelage that I began to gain confidence in reading manuscript diaries. Suzuki Noriko and Sakai Shizu both shared their acumen and encouragement. Kosoto Hiroshi
and Ōtsu Yukie of Kitasato University generously supported my research and my participation in academic forums in the Tokyo area. Fujimoto Hiroshi offered his keen insight into the history of medicine in early modern Japan and provided valuable advice on the early stages of my project. The archivists at Keio University, Waseda University, Kyōto University, the National Diet Library, the Tokyo Metropolitan Archives, the National Institute of Japanese Literature, the International Research Center for Japanese Studies, the Naitō Museum of Pharmaceutical Science and Industry, and the prefectural archives of Gifu, Saitama, Gunma, Kanagawa, Ibaraki, and Niigata all welcomed me to their collections and helped me gain access to many key sources.

I am also indebted to my colleagues and fellow graduate students at Princeton. Sare Aricanli, William Bridges, Erin Brightwell, Daniel Burton-Rose, Howard Chiang, Mimi Chusid, Chunmei Du, Eno Compton, Kay Duffy, Paul Eason, Maren Ehlers, Michael Emmerich, Kjell Ericson, Meghan Fidler, Yulia Frumer, Elijah Greenstein, Todd Hall, Songyeol Han, Reut Harari, Michael Hatch, Jun Hu, Michael Hunter, Paul Kreitman, Victoria Lee, Wah Guan Lim, Ethan Lindsay, Bryan Lowe, Haimo Lu, Levi McLaughlin, Takashi Miura, Gregory Seiffert, Ori Sela, Sang-ho Ro, Wayne Soon, Daniel Trambaiolo, Jolyon Thomas, Brigid Vance, Mathias Vigouroux, Charlotte Werbe, Xinxian Zheng, and many others all provided advice, support, and friendship.

Many of my friends and colleagues deserve special thanks for their contribution to my scholarship. Christopher Mayo, Seiji Shirane, and Juergen Melzer all read various drafts of the dissertation over the course of several years, and their unfailing camaraderie and sharp wits have proved invaluable. I could not ask for a better writing group. Hannah-Louise Clark’s friendship, her good-natured spirit, and her perseverance as my writing partner saw me through the development of my first full
chapters; her keen insight also helped to shape the final stages of the project. Steve Gump offered innumerable suggestions to improve my prose. David Boyd very generously read through the entirety of the dissertation and offered valuable recommendations throughout. Edward Pompeian gave me advice at each stage of the project.

My greatest debt of gratitude goes to my families in the U.S. and in Japan for their unflagging support. My in-laws, the Hayashi and Isogai families, provided me sanctuary when research proved too hectic and a wonderful writing space that looked out onto the garden. My grandmother, Virginia, has remained interested and supportive of my studies regardless of how far away they have taken me from Minnesota. My sister, Abbie, has given me countless points of life advice, and my nieces, Emmri and Livia, have provided countless moments of joy. My parents, William and Judith, have offered nothing but encouragement from my initial decision to spend a year in Nagoya as an undergraduate exchange student to my last year at Princeton, and it is to them that this dissertation is dedicated.

My wife, Kaoru Hayashi, has been with me at each step of the way. Her sense of humor and uncanny knack for turning near disaster into good fortune have saved me from potential missteps and helped me overcome the inevitable doubts all graduate students face when writing a dissertation. She has been my greatest listener and interlocutor, always giving me well-considered feedback and advice. Her patience, kindness, and companionship have made all of this possible.
Materials from this dissertation have been presented at the following scholarly conferences and meetings. I have benefitted greatly from feedback given by participants at each of these events.


“Visiting the Sick in Late Tokugawa Japan.” Presented at the Princeton University History of Science Program Seminar, April 1, 2013.


“Family Matters: Illness and Nursing Duties in Late Tokugawa Japan.” Presented at the Association for Asian Studies, March 30, 2014.
Conventions and Abbreviations

I have used the modified Hepburn system in romanizing Japanese words. I have applied macrons for most terms and place names except for those that commonly appear in English works, such as Tokyo, Kyoto, and Osaka. Japanese names are provided in their original order—family name followed by given name. Dates are rendered as year/month/day. The year is given as the corresponding Gregorian year, but the month and day are left according to the Japanese lunar calendar. Thus the fifteenth day of the third month of Tenpō 天保 5 would be rendered as 1834/3/15. Intercalary months are indicated by an “i.” All translations are my own unless indicated otherwise.

I have abbreviated frequently used sources as shown below. For complete information, please see the bibliography.

BSS  Bakin shokan shūsei
EJJB  Edo jidai josei bunko
KBN  Kyokutei Bakin nikki
KGR  Kanpu gosata ryakki
TKBN  Torii Kai bannen nichiroku
KIS  Kinsei ikujisho shūsei
Introduction

In this dissertation, I examine sources that describe everyday life—especially diaries—to explore how people living in the city of Edo (present-day Tokyo) during the period from 1750 to 1868 dealt with illness. These diaries of Edo residents depict a diverse therapeutic landscape within the city. During the latter part of the Tokugawa period (1603–1868), Edo ranked among the greatest metropolises in the world as the seat of the Tokugawa polity and home to over one million people. The therapeutic culture that flourished there was no less spectacular than the print and performance culture for which the early modern city has become well known. Sufferers could seek the attention of hundreds of doctors specializing in a variety of ailments; visit temples and shrines to pray for recovery or purchase charms and divine medicines; choose from myriad premade remedies sold by dozens of medicine stores; or prepare formulas at home with the help of medicinal guidebooks available at bookstores and lending libraries. Diaries reveal how Edo residents navigated this crowded medical landscape and the important role that families played in managing illness.

In approaching this topic from the perspective of the sick and their families, this dissertation presents the most comprehensive English-language study of illness and therapy in eighteenth- and nineteenth-century Japan. I add a new perspective to a growing body of scholarship on the social history of medicine in early modern Japan by suggesting that the story of the rise of doctors in the eighteenth and nineteenth centuries has overshadowed a rich set of cultural practices related to illness and therapy. Within the history of medicine, the voices of doctors always ring the loudest, but by
opening our ears to the background murmur of sufferers and their families, as recorded in diaries and domestic records, we can recover quotidian aspects of caring for the sick that reveal the centrality of the family in providing care and the ways in which illness and therapy were embedded in society.

In turn, this approach of analyzing episodes of illness contained within diaries also reveals valuable insights into everyday life and social interaction in early modern Japan. Chapter One asks what sick-nursing can tell us about family structures that extended beyond an individual household, women’s relationships with their natal and married families, and relationships between employers and employees. Chapter Two discusses the therapeutic role of the kitchen and the importance of domestic record keeping in caring for the sick. Chapter Three illustrates how the religious practice of prayer by proxy (daimairi 代参) allowed a number of people to participate in an individual’s treatment and connected sufferers to temples and shrines throughout the city. And Chapter Five argues that having a sick family member was not a private misfortune but rather a large-scale event that could draw dozens of visitors.

In exploring everyday experiences of illness, it is easy to feel a sense of familiarity with the situations diarists found themselves in. After all, everyone can identify with the search for efficacious treatments and the social dynamics that arise from having a sick family member. That does not mean, however, that a focus on the quotidian aspects of sick-life and therapy is limited to explicating universal experiences. When was the last time you had dozens of visitors who appeared at your doorstep bringing sweets because you were suffering from intense gastro-intestinal distress? Or the last time you tinkered with the chemical formulation of the prescription your doctor provided? Or visited the tooth deity residing in a nearby riverbank because you had a
toothache? All of these were regular occurrences in the lives of people living within the city of Edo as they dealt with illness.

**Shifting Analytical Perspective from Healers to Sufferers**

My methodological inspiration for adopting a diary-centered approach arose not from scholarship on Japan or East Asia but from scholars working on sub-Saharan Africa. Toward the end of the 1970s, anthropologist John Janzen was trying to understand the phenomenon of what was termed “medical pluralism”—the coexistence of multiple medical systems or therapeutic systems—in then Lower Zaire (present-day Democratic Republic of Congo).¹ In short, how did people navigate a pluralistic medical landscape? Until that point, most historians and anthropologists had approached the problem by stationing themselves (literally or figuratively) at a conventional site of therapy—a hospital, a doctor’s office, or a traditional healer’s practice—and analyzing that particular medical practice and interviewing people who came to those sites. These therapy-based studies produced narratives that were not only narrow in scope but also overestimated the importance of a given therapy in the lives of patients. Janzen proposed a simple yet elegant solution to this problem: in order to understand what people did when they got sick, he simply followed them around. In doing so, he saw how diverse and varied people’s healing practices really were and how important social relationships could be during times of illness.

In studying people long since departed, it is of course impossible for me to adopt wholesale the methods of an anthropologist. But Janzen’s solution to dealing with a

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diverse therapeutic landscape has critical methodological implications for historians as well. Diaries and family records from eighteenth- and nineteenth-century Japan have allowed me to take a similar line of inquiry by placing my locus of analysis not on any given healer or set of therapies but on what sufferers recorded doing when they and their family members got sick.

My approach of using diaries as the primary source base for the history of medicine also resonates with a wave of scholarship that gained currency among European and North American historians from the mid-1980s to the mid-1990s. In his seminal article “The Patient’s View: Doing Medical History from Below,” Roy Porter declared that for too long historians of medicine had irresponsibly ignored the patient as a subject of study.² He both extolled the patient-centered methodologies found in sociology and anthropology in the previous decade and lamented the relative slowness of his own field to utilize similar approaches.³ By telling “stories of successive breakthroughs in medical science,” previous historians of medicine had “implicitly endorsed the view that the history of healing is par excellence the history of doctors.”⁴ What was needed, he continued, was to create patient-centered accounts to act as a “counterweight” to histories of the medical profession.

³ Sociologists and anthropologists had already begun exploring illness from the perspective of the sick in the 1970s. One standout example is sociologist Nicholas Jewson, who eagerly explored the potential benefits of “patient centered” studies. Jewson argued that during the nineteenth century the “sick-man” moved from a position of power, where he had authority over his own care, to a position of enfeeblement. Physicians’ authority had extended to include patient’s bodies as “objects” and monopolized medical knowledge and treatment. This basic framework would serve as a model for many of the patient-centered histories written in the following two decades. See Nicholas Jewson, “The Disappearance of the Sick-Man from Medical Cosmology, 1770–1870,” Sociology 10, no. 2 (1976): 225–44.
⁴ Porter, “The Patient’s View,” 175.
Porter amplified sentiments that existed from the beginnings of the history of medicine’s roots as an academic discipline. At least as far back at the late 1920s, historians such as Henry Sigerist emphasized the importance of studying patients in addition to physicians. In his final year as director of the Institute of the History of Medicine at Leipzig—just before moving to Baltimore to serve as director of the Johns Hopkins Institute for the History of Medicine—Sigerist formulated the beginnings of “medical sociology.” He opened his essay “The Physician and His Environment” with none other than the patient: “If we wish to look at the physician in his environment we must not see him in isolation. We must take the patient into account as well. The patient is the physician’s justification. Together they form a unit which cannot be torn apart. The relations between these two people, the one seeking aid and the other giving health, constitute medicine.” Sigerist was not necessarily advocating for a patient-centered history; rather, he considered patients as an integral part of physicians’ social environment—an environment also populated by insurance agencies, legal restraints, and government officials. Sigerist’s article emphasized that successful physicians needed to understand their patients and that it was insufficient to merely comprehend medical theories; physicians’ jobs required making intimate connections with those for whom they provided care. Sigerist urged historians to adopt a similar attitude when taking physicians as their historical subjects and to consider patients as integral to the understanding of medicine.

In the mid-1940s, Douglas Guthrie, founder of the Scottish Society of the History of Medicine, also highlighted the relative absence of attention paid to sufferers. Guthrie

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believed the primary problem with the state of the field was that “patients associated
with medical progress are apt to be forgotten ... because so much attention is now
devoted to the chemistry and physics of organs and tissues and excretions that the man
himself is obscured.” Like Henry Sigerist, Guthrie did not explicitly promote patient-
centered studies. Rather, he viewed the patient as another window into historical
changes in techniques and treatment.

Writing in the 1980s, Porter was proposing guidelines not just for the field in
general but also for himself and his co-author, Dorothy Porter. Together they published
two books detailing their medical version of “history from below”: In Sickness and in
Health: The British Experience 1650–1850, which used the diaries and letters of literary
figures to explore lay understandings of illness in early modern England, and Patient’s
Progress: Doctors and Doctoring in Eighteenth-Century England, which showed how those
lay understandings guided interactions between doctors and patients. Of the
monographs published over the next decade, these two books remain the closest
adherents to the project of investigating illness and therapy with an analytical scope
that extended beyond medical practitioners.

Despite the broad push of Roy Porter’s recommendations to explore the realm of
therapy beyond doctors and bookish medicine, most scholars who adopted this
orientation toward the experiences of sufferers remained chiefly interested in
examining the development of professional medicine and what many saw as the

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6 Douglas Guthrie, “The Patient: A Neglected Factor in the History of Medicine,”
7 Roy Porter and Dorothy Porter, In Sickness and in Health: The British Experience 1650–1850
(London: Fourth Estate, 1988); Patient’s Progress: Doctors and Doctoring in Eighteenth-Century
England (Cambridge: Polity Press, 1989). See also Roy Porter’s first monograph in which he
used this methodology to explore a narrower subject: A Social History of Madness: The World
medicalization of society. Mary Fissell drew on the experiences of illness recorded by lay diarists, such as Bristol clerk William Dyer and parson William Holland, to add to the Porters’ portrayal of an open medical marketplace in pre-industrial England, before the late eighteenth century rise of hospital care.\(^8\) Michael McVaugh used diaries, letters, and legal documents to show the relative importance of “bookish medicine” in a much larger medical landscape.\(^9\) And Sheila Rothman demonstrated how patient experiences changed alongside shifting conceptions of tuberculosis among medical professionals in nineteenth- and early twentieth-century America.\(^10\)

While all of these books validated the use of patient-written materials as sources for the history of medicine, none of them fully explored the methodological reorientation laid out in Roy Porter’s “The Patient’s View.” In part, this is because the authors did not stray far from typical concerns of the field; Fissell, McVaugh, and Rothman all essentially wrote external histories of developments in bookish medicine and medical institutions. Although all of them were careful to point out that medical institutions often played a limited role in the context of a patient’s approach to health and healing, doctors and medical institutions still served as the focus of their studies.\(^11\)

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\(^11\) Also relevant are works that took the patient as their subject but did not use sources written by patients themselves. See for example Michael MacDonald, *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth-Century England* (Cambridge: Cambridge
Even Roy Porter and Dorothy Porter gradually shied away from taking the “patient’s view” too seriously. Although Roy Porter’s article claimed doctors to be secondary or even tertiary in many courses of treatment, the Porters’ subsequent books favored illustrating the relationship between patients and doctors over other aspects of sick life.12

In my own work, a culture of daily record keeping among literate Edo residents presents an opportunity to revitalize and add to the methodological push of the 1980s and 1990s. These diaries reveal that the framework of doctor-patient relationship fails to capture the full dynamics of the early modern experience of being sick. Sufferers were embedded in a larger constellation of domestic caregivers who participated in their therapy in a variety of ways. I argue that in the diverse therapeutic landscape of the city, family served as the nexus of care—family members recorded symptoms, tracked efficacy of treatments, gathered information on potential treatments, and administered therapies. Shifting our perspective from healers to sufferers allows us to see how illness and therapy were woven into the fabric of Tokugawa society and how central the family was in managing illness.


Frameworks for the History of Medicine in Early Modern Japan

Before turning to the diaries that serve as this dissertation’s main source base, I would first like to give a brief overview of recent frameworks for the social and cultural history of medicine in early modern Japan. I have roughly divided this scholarship into three overlapping categories: doctors in early modern society, developments in medical thought and practice, and the history of diseases. This is not intended to be a comprehensive review of the state of the field. Rather, I aim to point out the strengths

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13 For the most up-to-date review the field see Fujimoto Hiro 藤本大士, “Kinsei iryōshi kenkyū no genzai: minshū, kōkenryoku to iryō” 近世医療史研究の現在：民衆・公権力と医療, Yōgaku: Yōgakushi Gakkai kenkyū nenpō 洋学：洋学史学会研究年報 21 (2014): 91–125.

Several other themes that I have left out here will be picked up in later chapters. For the history of materia medica and medicinal commerce, see Imai Shūhei 今井修平, “Edo chūki ni okeru toyakushu no ryūtsū kōzō: Bakuhan taisei-tekki ryūtsū kōzō no ichi tenkei to shite” 江戸中期における唐薬種の流通構造：幕藩体制的流通構造の一典型として, Nihonshi kenkyū 日本史研究 169 (September 1976): 31–46; Yoshioka Shin 吉岡信, Kinsei Nihon yakugyōshi kenkyū 近世日本薬業史研究 (Tokyo: Yakuji Nipponsha 薬事日報社, 1989); Miyashita Saburō 宮下三郎, Nagasaki bōeki to Ōsaka: Yunyū kara sōyaku e 長崎貿易と大阪：輸入から創薬へ (Osaka: Seibundo Shuppan 清文堂出版, 1997); Habu Kazuko 羽生和子, Edo jidai kampōyaku no rekishi 江戸時代漢方薬の歴史 (Osaka: Seibundo Shuppan 清文堂出版, 2010); Sugimoto Tsutomu 杉本つとむ, Nihon honzōgaku no sekai: shizen, iyaku, minzoku goi no tankyū 日本本草学の世界：自然・医薬・民俗語彙の探求 (Tokyo: Yasaka Shobo 八坂書房, 2011); and Federico Marcon, The Knowledge of Nature and the Nature of Knowledge in Early Modern Japan (Chicago: University of Chicago Press, 2015).

and weaknesses of different methodological orientations and where my own study supplements and challenges existing scholarship.

Doctors in Early Modern Society

Over the past three decades, the most popular theme taken up by historians of medicine studying early modern Japan has been the rise of doctoring as a livelihood in the eighteenth and nineteenth centuries. Doctoring was, of course, not an entirely new phenomenon—doctors already appeared in some of the earliest written Japanese records—but most scholars now tend to agree that it was not until the mid-eighteenth century that doctors began to operate in large numbers throughout the archipelago.

Tsukamoto Manabu 塚本学 pioneered this argument by first examining doctor-related passages in official documents of Owari 尾張 domain (present-day Aichi 愛知 prefecture), and later by counting the growing number of times the term “doctor” (usually written as ishi 医師) appeared in the eighteenth-century records of a family of village headmen living in Matsumoto 松本 domain (present-day Nagano 長野 prefecture). According to Tsukamoto, by the turn of the nineteenth century, doctors

15 See Tsukamoto Manabu 塚本学, Chihō bunjin 地方文人 (Tokyo: Kyōikusha Shuppan Sābisu 教育社出版サービス, 1977); and “Jūhāsseiki kōhan no Matsumoto-ryō Ueno-gumi to iryō: Kumi o koeru chiiki shakai” 一八世紀後半の松本領上野組と医療: 組をこえる地域社会, in Matsumotodaira to sono shūhen: chiiki ni okeru shakaiteki ketsugō no shokeitai to sono hendō 松本平とその周辺地域における社会結合の諸形態とその変動, ed. Shinshū Daigaku Jingakubu 信州大学人学部 (Matsumoto: Shinshū Daigaku Jingakubu 信州大学人学部, 1982), 1–26. See also his “Minzoku no henka to kenryoku: Kinsei Nihon no iryō ni okeru” 民俗の変化と権力: 近世日本の医療における, in Kinsei saikō: Chihō no shiten kara 近世再考: 地方の
transformed from a small group of healers that served mostly an elite clientele in large urban centers and castle towns to a widespread phenomenon that could be found throughout rural Japan.\textsuperscript{16}

Following Tsukamoto’s observations, historians of medicine began to take great interest in the lives of rural physicians, their levels of medical literacy, and the scope of their practices. Iwamoto Shinji 岩本伸二 criticized previous scholars for writing only about exceptional cases of famous physicians and argued that the field needed to instead focus on “normal doctors” (ish\makebox{\upshape i} p\makebox{\upshape p} an ni tsuite 医師一般について) in the countryside. For Iwamoto, this meant looking at village doctors in Tsuyama 津山 domain (present-day Okayama 岡山 prefecture) at the end of the Tokugawa period. Shibata Hajime 柴田一 supported the move by Tsukamoto and Iwamoto to focus on the countryside, but by studying the biographies of rural doctors in Bitchū 備中 province (present-day Okayama 岡山 prefecture), he argued that village doctors had often studied in urban centers and were surprisingly well-aware of larger trends in bookish medicine.\textsuperscript{17} Over the next two decades, many historians expanded on the story of the

\textsuperscript{16} The word “profession” here is used loosely. As I will discuss in Chapter Four, there was no system of licensure or regulation that determined who could or could not practice medicine.

rise of doctoring as a livelihood in rural Japan and the intellectual networks in which village doctors participated.¹⁸

English-language scholarship has added to this discussion of rural medical practitioners. Ellen Gardner Nakamura examined a group of doctors residing in Kōzuke province (present-day Gunma prefecture) in nineteenth-century Japan who integrated concepts and therapies from European (i.e., “Dutch-style” ranpō 蕨方) medicine into their own practices.¹⁹ Susan Burns used a set of case histories kept by a village doctor residing in Dewa province (present-day Akita prefecture) to demonstrate the degree to which rural practitioners attempted to improve upon classical formulas, often incorporating European medicinal substances, based on their

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experience treating patients. The picture that develops from these works is one in which rural physicians were connected to larger trends in bookish medicine but at the same time were constantly innovating.

Part of the legacy of Tsukamoto and Iwamoto was to create a dichotomy between “normal” and “exceptional” that mirrored a divide between countryside and the city. As a result of this dichotomy, recent scholars of the social history of medicine have mainly chosen to investigate rural villages, leaving large urban centers relatively unexplored. Umihara Ryō 海原亮 has also made this observation in his book that attempts to show the popularization of doctors as a therapeutic option throughout Japan in the eighteenth and nineteenth centuries. While most of his work also focused on rural areas, the last chapter of his book provided one of the few glimpses we have in secondary scholarship of the nature of doctoring in Edo. Umihara primarily discussed the status of so-called domain doctors (han‘i 藩医) and how their association with domain governments served as a symbol of medical acumen. Ironically, despite the fact that Edo hosted the largest concentration of doctors in the entire archipelago, no existing study has attempted to elucidate the day-to-day practice of doctors within the

city of Edo. I take up this topic in Chapter Five by examining the geographic scope of physicians’ practices, how they interacted with patients, and how patients chose from among the thousands of doctors working in the city.

Another consequence of this close focus on physicians that has so far dominated the field is that it gives the impression that other forms of treatment declined or became secondary to hiring doctors. By examining diarists’ records of illnesses, I remedy this imbalance in our understanding of therapy in early modern Japan. This approach reveals the importance of family-based nursing care, food used as therapy, self-medication, and religious therapies. As I will show, doctors played an important role as outside experts in the ways in which families managed illnesses, but they were only one part of the larger framework of therapy.

Developments in Medical Theory and Practice

Due in part to this “social turn” among historians of medicine in the 1980s and 1990s, the intellectual history of medicine has received far less attention than it perhaps warrants. Recently, however, innovative scholarship that connects changing medical theories to larger intellectual trends has begun to change our understanding of the development of bookish medicine. Whereas much of the field had previously focused on the adoption of Western medicine in the late Tokugawa period, recent research has

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23 A few historians have explicitly made this claim. See, for example, Tsukamoto Manabu 塚本学, Kinsei saikō: Chihō no shiten kara 近世再考: 方の視点から (Tokyo: Nihon Editā Sukūrū Shuppanbu 日本エディタースクール出版部, 1986), esp. 165–68; Umihara Ryō, Kinsei iryō no shakaishi, esp. 122–26; and Aoki Toshiyuki 青木政幸, Zaison rangaku no kenkyū 在村蘭学の研究 (Kyoto: Shibunkaku Shuppan 思文閣出版, 1998), 182.

24 John Bowers, Medical Education in Japan: From Chinese Medicine to Western Medicine (New York: Hoeber, 1965), Western Medical Pioneers in Feudal Japan (Baltimore, MD: Johns Hopkins Press, 1970), When the Twain Meet: The Rise of Western Medicine in Japan (Baltimore, MD:
shown that ranpō was not the only engine for change in medical doctrines and that novelty flourished independently of newly imported Western ideas.

In particular, Shigehisa Kuriyama, Benjamin Elman, and Daniel Trambaiolo have all contributed to a body of work that shows what distinguished Tokugawa Japan within the broader context of medicine in East Asia. Kuriyama traced the development of a Japanese diagnostic technique in which Edo period doctors used their hands to physically probe their patients’ abdomens, a technique known as fukushin 腹診 (stomach palpation), to detect vital energy (ki 気, Ch. chi) that had grown stagnant. In addition to the notion in classical Chinese medical texts that a deficiency in vital energy could cause illness, a new theory developed in Tokugawa Japan that claimed a stagnancy or overabundance of ki was equally detrimental. Kuriyama connected this etiology to early modern economic discourse. Just as economic theory of the time asserted that cash and goods needed to be circulated in order to reap profit, so did medical theory claim that ki needed to be circulated in order to ensure health. Kuriyama demonstrated the value of reaching beyond medical texts into socio-economic contexts to explain developments in medical theory.

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Elman explored how doctors in the eighteenth and nineteenth centuries dedicated themselves to reviving “ancient formulas” (kōhō 古方) found in Zhang Zhongjing’s second-century work, the Shōkanron 傷寒論 (ch. Shanghan lun; Discourse on cold damage). Elman argued that this new attention to ancient formulas occurred in a larger intellectual wave of evidential scholarship (kōshōgaku 考証学) in which Japanese scholars refuted more recent continental developments and established themselves as philological authorities who could better read and understand classical texts than their Chinese counterparts.

Trambaiolo expanded upon this revival of ancient formulas and addressed further diversity within Japanese medicine. He sought to answer the question: Without the presence of regulatory organizations that defined who could and could not practice medicine, how did doctors make authoritative claims regarding theory and efficacy? In leading his readers through diverse topics including ancient formulas, vaccination, mercurial drugs, and ginseng, Trambaiolo argued that medical authority stemmed from a combination of philological prowess in analyzing classical Chinese medical texts and practical experience gained through apprenticeships and years of medical practice.

My own work contributes to this discussion of the intellectual history of medicine by showing how families engaged with therapies and created medical texts of their own embedded within records of daily events. Diarists left some of the most detailed writings of symptoms and therapies that we have for the early modern period.

Just as Nakamura, Burns, and Trambaiolo have used physicians’ case histories to understand the way physicians thought through challenging medical problems, so too can diaries be read in a similar fashion. These daily records show the importance that literate families placed on keeping track of symptoms and the efficacy of treatments. Diaries served as case histories, formularies, cookbooks, lists of which temples and shrines would heal which illnesses, and catalogues of commercial medicines. I argue that diaries represent no less than a parallel method of transmission of medical knowledge that ran alongside medical texts.

**The History of Diseases**

Another framework that has gained increasing popularity in recent decades has been the history of specific diseases. The key diseases that scholars have centered on include smallpox, measles, syphilis, leprosy, and cholera. Smallpox in particular has enjoyed such immense attention as a topic that it perhaps deserves its own sub-heading in this review of scholarship. Scholars have been attracted to smallpox as a subject of study both because of its high rate of incidence and also because of the gradual spread of European-style vaccination in nineteenth-century Japan. Textual evidence indicates that smallpox had entered Japan by the eighth century and by the seventeenth had become a permanent feature of urban life as an endemic childhood illness. From Ann Jannetta’s account of a group of physicians who worked to promote the new form of preventative treatment, to Brett Walker’s and Közai Toyoko’s work on state-sponsored vaccination of the Ainu in Hokkaidō, smallpox vaccination has served as a keystone to
discuss the role of government in public health, growing interest in foreign medical knowledge, and the process of assimilating new therapies.  

There are many advantages to limiting the focus of analysis to a single disease. Historians such as Ann Jannetta, William Johnston, and Suzuki Akihito examined records of smallpox, measles, cholera, and syphilis to demonstrate epidemiological and resultant demographical shifts over long periods of time. Suzuki Noriko discussed changing conceptions of the mechanism of diseases such as leprosy and syphilis, and Hartmut Rotermund and Royall Tyler did the same for smallpox.

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30 Suzuki Noriko 鈴木則子, “Kinsei raibyōkan no keisei to tenkai” 近世癬病観の形成と展開, in *Rekishi no naka no ‘raisha’* 歴史のなかの「癬者」, ed. Fujino Yutaka 藤野豊 (Tokyo:
Smits, and Bettina Gramlich-Oka analyzed waves of cultural production that aligned with breakouts of epidemics;\textsuperscript{31} and Brett Walker, Kōzai Toyoko, and Suzuki Noriko tied government responses to epidemics to strategies of political legitimation.\textsuperscript{32}

Historians of medicine have been drawn to concrete illnesses that correspond to modern biomedical disease categories. The diaries of Edo residents have some light to shed on these diseases, but not as much as one might think. The illnesses listed above were important from an epidemiological perspective and even a demographic perspective, but they were not necessarily the most common afflictions in the lives of Edo residents. For instance, while it is true that nearly everyone within the city of Edo contracted smallpox, a topic I discuss at length in Chapter Three, they did so only once, usually during childhood. By privileging a handful of diseases, we lose sight of more mundane complaints that are amply documented in diaries, such as headaches, toothaches, cramps, and diarrhea. These maladies are valuable for what they reveal about domestic care, including sick-nursing, the contents of family’s medical chests, and


a variety of religious healing practices. However, most of the time Edo residents recorded falling ill, they did not attempt to name their ailments; they were more concerned with describing symptoms and treatments. The prevalence of relatively minor ailments in diary entries, in tandem with the lack of interest in identifying specific diseases, suggests that the focus on acute infectious disease in the literature risks distorting our understanding of the social experience of illness.

**Locating the History of Illness and Therapy in Edo Diaries**

Readers familiar with this period in Japanese history will likely recognize many of the diarists that I draw upon throughout the dissertation. The daily records of Matsuzaki Kōdō 松崎慷堂 (1771–1844), a scholar who ran his own academy; Saitō Gesshin 斎藤月岑 (1804–78), a ward representative (machikata 町方) and the author of the illustrated gazetteer *Edo meisho zue* 江戸名所図会 (Illustrated guide to famous places in Edo; 1834–36); and the bookseller and information peddler Sudō Yoshizō 須藤由蔵 (1793–?) have long been mainstays for historians researching the history of the city of Edo.33

What has gone more or less unnoticed is just how much these sources offer for the history of medicine. Edo residents wrote a great deal about episodes of illness. Individual diaries contain hundreds of entries that describe symptoms and treatments in a remarkable level of detail. To explore how families dealt with illness and cared for

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the sick, I draw on a range of diaries written by samurai and commoners, men and
women, bakufu government officials, domain lords, city ward representatives,
booksellers, and popular authors. These daily records give insight into the social
dimensions of care, such as the crucial role of the family in managing illness and the
ways in which friends and acquaintances participated as well.

Of course, not all diaries are equally useful for my investigation. For instance, in
1816 the author Ryūtei Tanehiko 柳亭種彦 (1783–42) noted after a long gap in his diary,
“From the ninth day of the month to the seventeenth, it has continued to rain, and I
have been unwell with a cold. If I am unable to take up my brush [to write my
commercial fiction], I am not going to write my diary either.” However, compared to
the other diarists examined here, Tanehiko was an exception in his relative silence
regarding his illnesses.

Popular author Takizawa Bakin 滞沢馬琴 (1767–48), by contrast, wrote about
episodes of illness in a level of detail that at times borders on the gruesome. Recording
symptoms meant detailing the aches and pains, feelings of nausea, and bodily
expulsions, even noting the quality and quantity of urine and feces of sick family
members. Although most famously known for his many works of fiction, such as Nansō
Satomi hakkenden 南総里見八犬伝 (The eight dog chronicles; 1814–42), Bakin’s proclivity
for writing also extended into his daily life, and he left one of the most detailed
accounts we have about everyday life in the city of Edo, including sick-nursing

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34 Takizawa Bakin, the moniker by which this author is most commonly known today, is
actually a combination of his real name, Takizawa Okikuni 滞沢興邦, and his pen name,
Kyokutei Bakin 曲亭馬琴.
practices. Bakin’s daughter-in-law, Omichi お路 (1806–58), kept her own diary after her husband and Bakin both passed away, providing a similar level of detail. Allowing for variation across diaries, these materials enable the historian to analyze both the array of treatments families used and how important family members and acquaintances were in recommending therapies and providing daily care.

Other diarists may be less famous but have left records just as valuable as those of more well-known Edoites. Umewaka Minoru 梅若実 (1828–1909), a noh performer employed by the Tokugawa bakufu, faithfully kept a diary from the time of his appointment with the bakufu in 1849 until the year before his death. Iseki Takako 井関隆子 (1785–1844), an accomplished poet, scholar, and wife of a Tokugawa bannerman, composed an erudite account of events in the city and in her household. Other bakufu officials whose diaries I draw upon include retired Edo city magistrates Torii Yōzō 烏居耀蔵 (1796–1874) and Tōyama Kinshirō 遠山金四郎 (1793–1855), along with Tokugawa bannermen Ono Naokata 小野直方 (1701–?) and Moriyama Takamori 森山孝盛 (1738–1815). Officials from other domains who lived in Edo for large portions of their lives,

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such as Takami Senseki 鷹見泉石 (1785–1858), an official of Koga 古河 domain, also left daily records of their time in the city.⁴¹ Joining this list are two doctors who practiced in the city: Sugita Genpaku 杉田玄白 (1733–1817), known for his ground-breaking work in “Dutch studies” (rangaku 蘭学), and Hattori Sōken 服部宗賢 (1752–1820), a domain physician stationed in Edo toward the end of his career.⁴²

This dissertation is, of course, not the first scholarly work to use diaries as a source for the history of medicine in early modern Japan. Takizawa Bakin’s diary in particular has been recognized from the very beginning of the field of the history of medicine in Japan as a valuable source. Fujikawa Yū, Hattori Toshirō, Tatsukawa Shōji, and Yoshioka Shin have all cited particular passages from Bakin’s daily record.⁴³

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Takeuchi Makoto 竹内誠 and Asai Junko 浅井潤子, in Nihon toshi seikatsu shiryō shūsei, vol. 2.


⁴² Sugita Genpaku nikki: Isai nichiroku 杉田玄白日記 : 鶴齋日録, ed. Sugi Yasusaburō 杉幡三郎校 (Tokyo: Seishisha 青史社, 1981); Hattori Sōken 服部宗賢, untitled diary (1818), Keikōdō shozaiki 桂香堂処剣記 vol. 9, held by the National Diet Library.


Other works that have relied upon diaries also typically focused on doctor-patient interaction and medicines. See for example, Suzuki Noriko, “Edo toshi shakai ni okeru byō to shi: Takizawa Tarō no bai” 江戸都市社会における病と死: 鷹見太郎の場合, in Gendai seimeiron kenkyū 現代生命論研究, ed. Hayakawa Monta 早川関多 and Morioka Masahiro 森岡正博 (Kyoto: Kokusai Nihon Bunka Kenkyū Sentā, 1996), 51–61; Osada Naoko 長田直子, “Kinsei kōki ni okeru kanja no ishi sentaku” 近世後期における患者の医師選択, Kokuritsu
Whereas these works mostly highlight only a few passages from Bakin’s diary to illustrate the relationship between doctor and patient or describe the medicinal marketplace in Edo, my approach differs by using the entirety of the diaries both to reveal a range of theracies beyond doctors and herbal medicines and to discuss the role of the family in managing illness. Most of the other diaries and family records I draw upon have yet to appear in any other study of illness and therapy in early modern Japan.

**Chapter Outline**

Chapter One sets the stage for the rest of the dissertation by establishing the home as the center of therapy in early modern Japan. The amount of time medical practitioners spent with patients was miniscule compared to that spent by domestic caregivers. Examining how families handled the time-intensive tasks of sick-nursing allows us to observe the key role of women as mobile caregivers and the ways in which illness bound families together. Furthermore, policies of employers to allow employees to take leave from their duties to return home and nurse sick family members demonstrate how the expectation of family-based sick-nursing was deeply embedded in Tokugawa society.

The next three chapters turn to examine specific types of therapy and the family’s involvement in each. Chapter Two explores the food and medicines consumed by sufferers in efforts to get well. Diarists paid close attention to what family members ate.

when they were sick and also noted recipes that were beneficial for particular symptoms. Family records and domestic guidebooks alike reveal the kitchen to have been an integral component of therapy. Diaries likewise served as repositories for medicinal formulas and observations regarding the efficacy of medicines given to sufferers. The amount of information contained within these daily records regarding symptoms and treatments suggest that diaries played a role in illness management as family-generated medical texts.

Chapter Three explores the largely overlooked topic of religious healing in the city of Edo. Whereas previous studies have concentrated on religious understanding or responses to smallpox, measles, or other epidemic diseases, Edo diarists reveal that religious healing was a commonplace part of dealing with ailments, including minor aches and pains. Family members and acquaintances participated in this key form of therapy by praying by proxy at temples and shrines throughout the city.

Chapter Four studies diaries and doctors’ records to examine how families interacted with medical practitioners. I draw on the records of three Edo-based doctors that give insight into the nature of doctoring from the practitioners’ points of view, explaining the number of patients that could be seen in one day and the amount of traveling that was required to visit patient homes. Diaries of families who hired physicians show that they often saw several doctors over the course of a single illness. Seeing a doctor was not a binary relationship between patient and practitioner but an enterprise that typically mobilized multiple family members to gather information on prospective healers, record the sufferer’s symptoms and report to the doctors, prepare and administer prescribed medicines, and evaluate a doctor’s effectiveness.
Finally, Chapter Five probes the dynamics of illness in the broader context of social relationships that extended beyond the family. Drawing on diaries and domestic records kept by families throughout various regions of Japan, I explain the common practice of visiting the sick (byōki mimai 病気見舞). Early modern gift registers reveal that illness in the early modern period was a social event on the scale of weddings or births—one that brought dozens of visitors to the home, all bringing gifts. These visitors participated in caring for the sick both through offering edible gifts and by exchanging information regarding potential treatments.

Understanding how people in the early modern metropolis of Edo dealt with illness requires attending to the voices of the ill and their families. By entering into the world these diarists described, we move our analytical lens from any single practitioner, medicinal component, or agent of disease to the location in which all of these things converged—the home. And it is in the home that this study begins.
Chapter One
Caring for the Sick at Home

Introduction

Sick-nursing is not for the faint of heart. A Japanese manual admonished its eighteenth and nineteenth century readers that, when caring for the ill, “you must not shirk from urine, feces, pus, blood, or phlegm.”¹ Taking care of sick family members in late Tokugawa Japan was not just messy; it was hard work. Tasks included setting up bedding and keeping it clean, purchasing and administering medicines, cooking nourishing food, helping with toilet needs, meticulously recording symptoms, receiving visitors, and hiring and interacting with medical practitioners. During a historical period in which family care was considered a moral imperative, juggling livelihoods, household chores, and childcare—let alone nursing a sick person—was no trivial matter.

Nursing was not a category of service that any medical practitioner provided in Tokugawa Japan, and it has therefore largely escaped the gaze of medical historians. And while doctors have most often captured the attention of modern scholars, the proportion of time doctors physically spent with patients was dwarfed by that provided by domestic caregivers. What did sick-nursing consist of, how did families handle such tasks, and who actually cared for the ill? This chapter will answer these questions by

examining diaries of Edo residents along with a variety of contemporary domestic guidebooks. I will begin with an overview of medical institutions within the city of Edo and establish the home as the locus of nursing care. I will then investigate how families managed nursing duties, arguing that women in particular played a central role in sick-nursing. Finally, I will turn to a discussion of the government-sanctioned practice of “nursing leave.” In total, this chapter will show the ways in which families managed the time-intensive task of caring for the sick within the context of social expectations and allowances for family-based care.

The Home as Infirmary

The Tokugawa government did not provide Edo residents with much in the way of public health care. Beyond the occasional provisions and medicines doled out during times of disaster, the bakufu contributed funding to only two permanent institutions that administered medical care—the Igakkan 医学館, the government’s medical academy, and the Yōjōsho 養生所, the city infirmary.

In 1765, the Igakkan began its existence as a private school founded by the Taki 多紀 family of medical officials. Initially established in Kanda Sakuma-chō 神田佐久間町, on the northern edge of the city’s main commercial district, it did not officially become a bakufu institution until 1792. After it was destroyed in a large fire in 1806, it was rebuilt a short distance away in Shitaya Shinbashi-dōri Mukai Yanagihara 下谷新橋通向柳原 (present-day Asakusabashi 浅草橋 in Taitō-ku 台東区), where it stayed until
the end of the Edo period. The Igakkan mainly trained medical officials, but its practitioners did see a small number of patients on a set schedule. This periodic free clinic at the medical academy was an outpatient system in which patients visited on scheduled days, usually the third, eighth, thirteenth, eighteenth, twenty-third, and twenty-eighth days of each month. Although treatment was free, limited funding allowed for only between 100 to 200 patients to be seen per year.

Given the lack of inpatient housing and the very limited number of people treated, the Igakkan was decidedly not a hospital or infirmary in any important sense. The main intent behind the government-funded clinic at the academy was to give doctors-in-training practical experience with patients.

The other bakufu-sponsored institution, the Yōjōsho, was a small-scale infirmary established in 1722 in the Koishikawa 小石川 district, northwest of the city center. It quickly became a permanent fixture in the city landscape, with the hill outside its gates gaining the nickname “sick person hill” (Byōninzaka 病人坂). Unlike the Igakkan, the

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3 For most of the early life of the institution, the limit was set at 100 patients, but between 1842 and 1845 this was temporarily raised to 200 patients. See Machi Senjuro, “Edo Igakkan ni okeru rinshō kyōiku” 江戸医学館における臨床教育, Nihon ishigaku zasshi 日本医史学雑誌 59, no. 1 (2013): 17–33.

4 As Ryūtei Tanehiko 柳亭種彦 noted in his diary in 1816, “The hill in front of the gates to the Yōjōsho is called ‘sick person hill’ [Byōninzaka 病人坂]. The original name was Nabewari 鍋わり hill. When the Yōjōsho was built in Kyōhō 享保 7 [1722] and admitted sick people from the twelfth month, [the hill] lost its original name in just twelve years.” 養生所
infirmary exclusively treated in-patients. Throughout its history, the Yōjōsho maintained between 13 and 26 employees, including five doctors—two general internists (hondō 本道), two surgeons (geka 外科), and one eye specialist (ganka 眼科)—all overseen by the city magistrate. Upon its opening, the Yōjōsho had room to house up to 40 patients at one time; this capacity expanded to 100 patients the next year and eventually settled on 117 for the rest of the Edo period. The number of patients treated at the Yōjōsho varied year to year from between 100 to slightly more than 800—this in a city of more than one million residents.


Minami Kazuo 南和男 notes that starting in the 1830s, up to six doctors-in-training, typically from the Igakkan, also assisted in treating the sick. See Minami, Edo no shakai kōzō, 303. On the relationship between the Yōjōsho and Igakkan, see Iwabuchi Yuriko 岩渕佑里子, “Kansei–Tenpōki no Yōjōsho seisaku to bakufu Igakkan” 宽政～天保期の養生所政策と幕府医学館, Ronshū kinsei 論集きんせい 22 (2000): 40–61.


See Minami Kazuo’s calculations, ibid., 308–11. The highest number in the nineteenth century was in 1851 with 846 patients, after which the average for the rest of the 1850s fell to around 450 per year. Compare this number of patients to that of infirmaries in similarly well-developed cities in Europe at the time and one can appreciate how small scale the bakufu public health institutions really were. The Hôtel-Dieu, for instance, a hospital in Paris, had 1,400 beds and was just one of 48 hospitals in the city at the end of the eighteenth century. Early modern London saw five new major hospitals established in the 1700s, two of which, Guy’s Hospital and the London Hospital, had more than 400 beds each. Even Bristol, a city only one-tenth the size of Edo, had an infirmary that cared for 1,200 in-patients and 3,000 outpatients per year during the 1790s. See Erwin Ackerknecht, Medicine
The relatively small space the Yōjōsho occupied in the city’s therapeutic landscape provides important context for understanding bakufu policy toward health care. While historians often describe the Yōjōsho as an institution for the poor, this is not entirely accurate. A city-wide edict of 1722/12/26 laid out the guidelines for admittance to the infirmary, stating it was intended for “those sick within the city districts who are exceedingly poor and cannot obtain medicines, or those who are alone without anyone to nurse them, or those who have a wife and children but who are also sick and therefore cannot provide care.” The notion that family was essential in providing care for the sick was codified into bakufu policies, with the doors of the infirmary not just open to the poor but to those who lacked able-bodied family members.

The relatively small scale of the bakufu-funded institutions, as well as the wording of the 1722 edict, are explained by a larger notion that is essential in understanding how people experienced and dealt with illness in early modern Japan: the locus of therapy was rooted in the home. It was family members who administered treatments and spent day and night caring for the ill.

_Nihon kyoka hiyō_ 日本居家秘用 (Instructions for Japanese domestic life), a manual published multiple times in the seventeenth and eighteenth centuries, described some

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8 町々極貧之病人薬も給兼候俬之者、或ハ独身ニて看病人も無之、又ハ妻子有之候得共、不残相煖養生不罷成者之類… In Kikuchi Shunsuke 菊地駿助, ed., _Tokugawa kinrei kō_ 徳川禁令考 (Tokyo: Yoshikawa Kōbunkan 吉川弘文館, 1931–32), 3: 1419. Later edicts emphasized that even if someone had a nurse, they could be admitted as long as they did not have funds to procure other treatment. For another edict from 1843, in the middle of the Tenpō reforms, see _Edo machibure shūsei_ 江戸町触集成, ed. Kinsei Shiryō Kenkyūkai 近世史料研究会 (Tokyo: Hanawa Shobō 塩書房, 1994–2012), 14: 249.
of the activities expected of a family member tasked with caring for the ill. These duties included preparing medicines, performing acupuncture and moxibustion, and preparing food and bath treatments. The guide urged readers to seek out the best medical specialists in dire cases but emphasized that family members were the ones who actually treated and nursed the patients. Even when hiring doctors, it was the family’s charge to observe changes in skin pallor, breathing, warmth of the body and limbs, rise or fall in fever, condition of the stomach and bowels, amount of urine and stools passed and their quality, and amount of sweating.

When families did seek the services of medical practitioners, examinations and diagnoses were all generally performed at home. Unlike hospital-based medicine, in which patients reside within the realm of the practitioner’s workspace, doctors in early modern Japan made house calls. As I will illustrate in Chapter Four, doctors could visit more than two dozen patients in a single day, traveling several kilometers between homes. When doctors arrived, they offered diagnoses and medicines, not nursing care. Thus, even if families relied on the services of doctors, the actual time that hired medical practitioners spent with the patient was miniscule over the course of an illness.

_Byōka suchi_ 病家須知 (Essential knowledge for the sick family; 1832), a guide to nursing, emphasized the indispensible nature of care giving. In addition to addressing how to prepare medicine and food, hire doctors, and take care of the daily needs of the patient, the author, Hirano Jūsei 平野重誠, listed three further aspects of nursing. First, family members must keep the sick person in good spirits because bad moods could result in worsening condition. Second, nurses should attempt to comprehend the root

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10 _Nihon kyoka hiyō_, 6: 54b.
cause of the illness and seek treatment to target that cause before the illness progressed out of hand. Third, those caring for the ill must strive to improve their knowledge and experience of medicine and nursing practices.\(^\text{11}\) Jūsei quoted a saying that summed up much of the underlying logic of the book: “The doctor is only three-tenths of the thing, the nurse is the rest.”\(^\text{12}\)

Caring for the ill in their precarious states, which included the very real possibility of death, required a watchful eye. The term most commonly used in early modern texts for sick-nursing reflects this attention—kanbyō 看病, literally “watching illness.”\(^\text{13}\) Nursing was no simple matter and could be time-consuming and exhausting, often requiring staying awake through the night, a practice known as yotogi 夜伽 (lit. night attending). Students of the history of medicine of premodern Japan and East Asia will be familiar with the four staple diagnostic methods used to track changes in a patient’s condition. These comprised observing the exterior of the body, especially the pallor of the skin and condition of the tongue; smelling for particular odors and listening to any sounds the body makes; asking questions of the patient; and, finally, tactile examination, especially taking the pulse, and uniquely in Japan, palpating the


\(^{12}\) 医者三分看病七分 Hirano Jūsei, Byōka suchi, 1: 88.

\(^{13}\) This term is still in use in Japan today, especially for care giving in non-life-threatening cases of illness. Other similar terms used in early modern diaries included kaigo 介護, kaihō 介抱, and tsukisoi 付添. The term kango 看護, used in modern Japan to refer to more permanent or professional nursing care (as in the word for a professional nurse, kangofu 看護婦) was not widely used in the Edo period. Joining this list were two more words that referred to staying up at night with the sufferers, yotogi 夜伽 and the less common yozume 夜詰. In the sources examined here, yotogi nearly always meant caring for the ill, whereas yozume was a more general word for working at night or “night duty.”
stomach (fukushin 腹診). Of these techniques, pulse reading and stomach palpating have received the most scholarly attention, but Edo diarists overwhelmingly used another set of yardsticks by which to measure health: bladder and bowel movements.

Diaries reveal a close attention to the passing of stools and urine during times of illness. Authors recorded the number of times the ill passed water and moved their bowels more than any other indicator or symptom. Too many bowel movements or too frequent urination was worrisome, but little to no waste was of just as much concern.

When Takizawa Omichi 滝沢お路 (1806–58) sick-nursed her twenty-two-year-old son, Tarō 太郎, she made note of his daily bladder and bowel movements in her diary. We can see from the ten-day sample of her records below the amount of attention this record keeping required day and night.

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**Table 1.1 Omichi’s Record of Taro’s Bladder and Bowel Movements (1849).**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/1</td>
<td>Diarrhea seven times throughout the day and night. Urinated seven times, and five more times at night, but only in small amounts.</td>
</tr>
<tr>
<td>9/2</td>
<td>Today, diarrhea again … three times since dawn. Urinated six times. At night moved bowels once and urinated five times.</td>
</tr>
<tr>
<td>9/3</td>
<td>Diarrhea once. Urinated seven times during the day. At night, a little bit of diarrhea; urinated a small amount four times.</td>
</tr>
<tr>
<td>9/4</td>
<td>Diarrhea nine times throughout the day and night. Accordingly, only passed a small amount of urine.</td>
</tr>
<tr>
<td>9/5</td>
<td>Diarrhea six times during the day, five times at night, only passing a small amount each time.</td>
</tr>
<tr>
<td>9/6</td>
<td>Diarrhea five times during the day; three times at night. Urinated five times, passing just a little each time.</td>
</tr>
<tr>
<td>9/7</td>
<td>Diarrhea eight times throughout the day and night; urination the same as before.</td>
</tr>
<tr>
<td>9/8</td>
<td>Diarrhea two times during the day, three times at night.</td>
</tr>
<tr>
<td>9/9</td>
<td>Moved bowels once during the day and once at night; passed smoothly. Urinated eight times in total, passing a little bit each time.</td>
</tr>
<tr>
<td>9/10</td>
<td>Beginning before sunset, had diarrhea three times.</td>
</tr>
</tbody>
</table>

Edo residents did not limit such details of illnesses to their domestic records, however. This kind of information regarding urine and bowel movements was part of what family and friends circulated among each other when discussing a sick person’s condition. Twenty years prior to the above episode, Omichi’s father-in-law, Takizawa Bakin 滝沢馬琴 (1867–48), wrote in a letter to a friend: “[My son] was having diarrhea

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15 9/1 水瀉、昼夜二て七度。小水ハ七度、夜ニ入五度なれども、少しソヾ也。
9/2 今日も水瀉...天明方三度瀉ス。小水ハ六度。夜ニ入、大便七度、小水五度。
9/3 今朝、大便七度瀉ス。小水、昼七度。夜ニ入、少々大便瀉ス。小水、夜四度、少々ソヾ通ズ。
9/4 下痢昼夜ニて九度、水瀉。右之故ニ、小水は少々候也。
9/5 水瀉昼六度、夜ニ入五度、其折毎ニ小水少々ソヾ通ず。
9/6 昼五度水瀉、夜ニ入三度。小水其折每ニ少々ソヾ五度通ず。
9/7 水瀉、昼夜ニて八度、小水同断。
9/8 下痢いたし、昼二度、夜ニ入三度。
9/9 今日大便七度、夜ニ入七度、なめらかに通ズ。小水、昼夜ニて八度、少々ソヾ通ズ。
9/10 暮時前方又三度水瀉。

seventy or eighty times a day. Recently that has reduced to twenty or thirty times …” 16 Bakin may have been quick to give such details about his family members’ illnesses and prone to some degree of exaggeration, but he also did not hesitate to describe the state of his own bowels, as we can see in another passage: “Day and night I had diarrhea twenty to thirty times, and though my strength waned, I did not take to bed.” 17

Bodily waste was subject to a different set of rules of propriety than what most of us find familiar or comfortable. The scholar and Koga 鳥河 domain official Takami Senseki 鷹見泉石 could record in his journal that a servant reported the Lord of Dewa 出羽 was unable to attend a meeting because he was vomiting and had diarrhea. 18

When Bakin’s son-in-law came to tell him how Bakin’s daughter was doing during a bout of illness, he reported that she had passed three stools that day and was beginning to feel better. 19 When the child next door had smallpox, Bakin recorded an improvement in her condition after the neighbors came to tell him “last night and this morning twice she passed stools.” 20 Bodily waste was a common measure of health, one that neighbors and acquaintances were willing to share.

Within some households, urine and stools were literally measured. On the seventeenth day of the sixth intercalary month in 1827 Bakin’s son, Sōhaku, abruptly

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17 水瀉昼夜二三十降ニテ、気力よほど衰へ候得ども打臥不申 Ibid., 3: 214.
20 昨夜今朝、大便両度通じ候よし。 KBN, 3: 36.
assumed authorship of his father’s diary and reported the beginning of what would be
a long bout of a severe gastrointestinal ailment: “After breakfast, father suddenly had
acute indigestion. His stomach ached, and he was suffering greatly.”21 Over the next
month, Bakin’s son recorded not only the number of occasions he passed of waste but
also the amounts and occasionally their consistency.

i6/29 Moved bowels three times. Had a bit of diarrhea. Over the course of the
full day he passed over 2 gō 合 of urine [360 ml].
7/1 Moved bowels five times; diarrhea. Urinated several times and
passed 1 gō and 7 shaku finalize [300 ml].22
7/2 Defecated five times during the day and three times during the
night. Passed over 1 gō of urine.23

Sōhaku recorded Bakin’s urine and bowel movements regularly for a month and a half.
One month after the onset of his illness, Bakin’s condition began to gradually improve.
His bowel movements were often normal and although he remained ill into the ninth
month of the same year, by the beginning of the eighth month Sōhaku discontinued
measuring urine and bowel movements. The last entry of this type was on the fifth day
of the eighth month: “He is ill, but gradually getting better. Today he did not have
diarrhea, and he passed his stool smoothly.”24

Sōhaku may have recorded this material with more vigor than other diarists, but
it was by no means unusual. Torii Yōzō 鳥居耀巌 (1796–1873), a high-ranking bakufu
official and former city magistrate, kept track of the volume of urine he
was ill. Even though his diary was usually terse—consisting of an average of only seven

21 朝飯後家君俄霍乱。御腹痛、劇御霍乱。KBN, 1: 136.
22 1 gō 合 was equal to about 180 ml or 0.75 cups. There were 10 shaku 尺 to every gō.
23 潤六月廿九日 大便三度、少々水瀉。小水昼夜四合餘御通じ被為成候...
七月朔日 大便五度、水瀉。小水度々、壺合七勺程通じ被成候...
七月二日大便、昼五度、夜四度、小水合餘通じ申候... KBN, 1: 145–47.
24 御不例、益御順快。今日、御水瀉無之、御本便御快通。KBN, 1: 170.
entries per month, each no longer than a single phrase—he still dedicated close to sixty entries to urine measurements. He not only recorded quantity but also remarked on color and consistency, noting on one occasion, “it is like the juice of a rotten egg,” or on another, “my urine stains material just as if it were blood.” These types of measurements and observations seemed to peak during times of illness, such as during four and a half months when his body began to swell, and we learn that his urine volume varied between only 1 ɡō on the low end and 8 ɡō on the high end.

These records show not only the importance individuals and families placed on keeping track of the course of an illness but also the importance of written records themselves. In fact, some of the most detailed accounts of symptoms we have for early modern Japan exist not in medical texts or doctors’ case records but in domestic diaries. For literate families, diaries served as a repository for this type of information—a place where the effects of treatments could be traced over days and weeks of written observations. As we will see in the following sections, these diaries reveal more than

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26 赤血の如し。Ibid., 206.
27 Ibid., 144–45. Yōzō also recorded his own bowel movements, but with far less specificity and only occasionally noting frequency. Hirano Jūsei’s home-care manual also stressed the importance of waste in judging a patient’s condition: “You must pay especial attention to the amount of food consumed and waste passed. First, take into consideration what was eaten and how much waste was passed. Second, during long illnesses, it is especially troubling when there is only a small amount of urine. Third, when there is no appetite and no stool for several days, you must consider that there is a reason why the stomach circulation has become poor. Fourth is the color and smell of the stool. Fifth is the amount of urine passed day and night, and if it is of dark color, whether it is yellow or whether it is red....” 最意を注べきは、飲食の分量と二便の通閉なり。一便には、喫たる物と便下との多寡を校量、二便には、長病に至て小便の通利少は、尤可からぬことと知得、三便には、いかに食気なくとも、数日大便の閉は、腹気の不下降故あることと思、四便には、大便の色相、臭気の区別、五便には、小便の昼夜の多少、色濁といふ中にも、黄なるあり、赤あり.... See Byōka suchi, 1: 98.
information about symptoms: they also show that families managed the actual labor of caring for the ill.

**Women at the Bedside**

Historians of Japan have largely written women into a passive role in the history of illness and therapy in the early modern period. To the extent women appear at all, historians cast them as subjects of illness and objects of medical investigation. The few studies we have that mention midwives tend to tell us less about the practice of midwives and more about their eventual eclipse by male doctors. Moreover, women’s roles in health care beyond assisting in childbirth remain virtually unexplored. A recent trend among Japanese scholars has even gone as far as to argue that sick-nursing in Tokugawa Japan was primarily the responsibility of men rather than women.

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The role of women in health care may be neglected in most present-day studies, but in Tokugawa sources, women are front and center at the bedside. Here, I aim to reevaluate the role of women in sick-nursing. I first discuss how didactic texts for women included both moral imperatives for caring for the ill and concrete information about how to do so. Then, I examine episodes of illness in the diaries of three families living in the city of Edo during the early nineteenth century to demonstrate the mechanics of sick-nursing. I will suggest that one key to understanding how families managed nursing duties lies in recognizing women as primary caregivers who traveled between families of birth and marriage to care for the ill.

The notion that women handled sick-nursing may seem intuitive, but historians writing in Japanese have pointed to apparent differences in men’s and women’s didactic literature as evidence that men were primarily expected to handle such tasks.\(^{30}\) This argument partially rests on the claim that one cannot find medical information in what is commonly held to be the touchstone text for Tokugawa period women’s education, *Onna daigaku* 女大学 (The greater learning for women), whereas men’s

\(^{30}\) Yana giya Keiko has made this argument most strongly in “Kinsei shakai ni okeru kaigo yakuwari to kaigo shisō” 近世社会における介護役割と介護思想, *Sōgō joseishi kenkyū* 総合女性史研究 10 (1993): 19–36.
didactic texts included concrete instructions for medical care. The problem with this argument, however, is that it fails to account for the Tokugawa-period editions of the text. In fact, Onna daigaku, and other women’s manuals did include medical information, but these passages have simply been overlooked or understudied.

Onna daigaku originally appeared in a format nearly unrecognizable to today’s readers. It was first published in 1716 as part of a larger work, entitled Onna daigaku takarabako 女大学宝箱 (The treasure box of greater learning for women); this was the primary form of the printed text until the Meiji period. The portion of the text that modern publishers have chosen to reprint—what we recognize today as Onna daigaku—constituted just under half of the book; other portions included poetry, illustrations of women working, and instructions on how to care for the sick. The three sections dealing with health and healing detailed care for pregnant women before and after birth, care

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31 At first glance, this claim might seem reasonable since in modern editions of Onna daigaku there is no mention of caring for the ill among the eighteen precepts that describe how women should behave. One of the most commonly cited editions is in Ishikawa Matsutarō 石川松太郎, ed., Onna daigaku shū 女大学集 (Tokyo: Heibonsha 平凡社, 1977), 27–60. An earlier standard is in Nihon kyōiku bunko 日本教育文庫, ed. Dōbunkan Henshūkyoku 同文館編輯局 (Tokyo: Dōbunkan 同文館, 1910–11) 9: 153–58. I have compared five Edo period editions and have listed them here chronologically: (a) 1716 reproduction in Onna daigaku shiryō shūsei 女大学資料集成, ed. Koizumi Yoshinaga 小泉吉永 (Tokyo: Ōzorasha 大空社, 2003–6), 3: 1–140; (b) 1772 edition held by Waseda University; (c) 1829 reproduction in Onna daigaku shiryō shūsei 3: 141–283; (d) 1844 edition held by Keio University Library; and e) 1848 edition held by Nara Women’s University. The author of the text remains unknown. Although the original print edition listed Kaibara Ekiken 貝原益軒 as its author, Japanese scholars have cast doubt on this idea, and most agree this was simply a tactic to raise sales. In Japanese see Yokota Fuyuhiko 横田冬彦, “Onna daigaku saiko” 女大学再考, in Jendā no Nihonshi ジェンダーの日本史, ed. Wakita Haruko 藤田晴子 (Tokyo: Tōkyō Daigaku Shuppankai 東京大学出版会, 1994–5), 2: 363–88. In English, see Yokota Fuyuhiko, “Imagining Working Women in Early Modern Japan,” trans. Mariko Asano Tamanoi, in Women and Class in Japanese History, ed. Hitomi Tonomura, Anne Walthall, and Wakita Haruko (Ann Arbor: Center for Japanese Studies, the University of Michigan, 1999), 153–67.
for sick infants and children, and instructions for mixing emergency prescriptions.\textsuperscript{33} Each of the three parts described various illnesses and offered directions for compounding and applying medicines in each case. Why then, if Onna daigaku takarabako contained concrete sick-nursing instructions, has that fact been lost to many medical historians? In part, it might be because no modern-print edition of the text includes these sections. In excising these portions, modern editors have erased what was an integral part of the book in its Tokugawa format.

Perhaps another reason scholars have overlooked medical information in women’s didactic literature is that such information often appears in unexpected places. For example, Onna Genji kyōkun kagami 女源氏教訓鏡 (Mirror of lessons for women from The Tale of Genji), a work filled with explanations of The Tale of Genji, including vocabulary, character descriptions, poetry and song, also contained instructions for making medicines, headed “prescriptions for various illnesses” (shobyō no yakuhō 諸病之薬方). This section directed readers in making and applying medicines for thirty-five different ailments including various internal pains; problems with the ears, nose, and throat; cuts and other wounds; and skin ailments, such as rashes. An additional part focused on medicines for ailments specific to women and children.\textsuperscript{34} That we can find medical information in a book largely concerned with explicating a literary classic reminds us that we must withhold our assumptions as to where medical information could surface in Tokugawa Japan. Just as literate women were expected to know certain

\textsuperscript{33} I have primarily relied on the reproduction in Onna daigaku shiryō shūsei, vol. 3.
\textsuperscript{34} For a facsimile of the original printed version that includes these sections, see Yamamoto Joshū 山本 序周, Onna Genji kyōkun kagami 女源氏教訓鏡 (Mirror of lessons for women from the Tale of Genji; 1713), reproduced in Edo jidai josei bunko 江戸時代女性文庫 vol. 1 (Hereafter EJJBJ) (Tokyo: Ōzorasha 大空社, 1994).
literary works and the basics of poetic composition, so too were they apparently expected to know how to prepare medicines and treat illnesses.

In the late eighteenth and early nineteenth centuries, health care information in women’s manuals could dominate a large proportion of the overall text. By the end of the eighteenth century, one general manual, *Mansei chinpō onna nichiyō taizen* 万世珍宝女日用大全 (Eternal rare treasure of the complete daily guide for women) published in Edo and Kyoto in 1796, dedicated more than half of its contents to health concerns. The first volume gave instructions for how to maintain a healthy appearance and detailed how to mix compounds and salves that would lengthen hair and change its color and beautify the skin. The entire second volume concerned prenatal and postnatal care and children’s ailments. The third volume included a list of eighty-six prescriptions for various illnesses.  

Books intended for a female audience not only provided practical guidance in medical affairs but also stressed that caring for the sick was part of what made women wise and virtuous. This discourse can be seen even early in the Tokugawa period in works such as the 1669 *Wakan kenjo monogatari* 和漢けんじょ物語 (Tales of wise Japanese and Chinese women), which presents precepts and then biographic exemplars entreatling women to “focus wholeheartedly on nursing” sick parents or parents-in-law. This kind of moral imperative continued throughout the eighteenth and nineteenth centuries. For example, *Yamato jokun* 大和女訓 (Precepts for women of Japan; 1817) stressed self-sacrifice in caring for one’s sick husband. “If your husband is ill, then

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35 Reproduced in *EJJB* vol. 64.
36 父母なやみ給ふ時はひたすら看病すべき事…姑病み給はばひたすら看病すべき事 Reproduced in *EJJB* vol. 81.
you should set aside all bodily concerns to nurse him.”37 As the author of *Onna shorei ayanishiki* 女諸礼縈 (Brocade of women’s etiquette; 1772) put it, “to have knowledge of medicine is one part of filial duty.”38

Two characteristics of health-related information in women’s manuals stand out. First, in period wood-block printed books, the amount of information regarding health and therapy in women’s manuals far outweighed that in men’s manuals. *Fukeikun* 父兄訓 (Precepts for fathers and sons), for instance, urged sons to care for their aging parents, but the only specific instructions described how to prepare soft foods easy to eat with weak teeth.39 Namura Jōhaku’s 名村丈伯 (1674–1748) pair of guides, *Onna chōhōki* 女重宝記 (Handbook for women) and *Otoko chōhōki* 男重宝記 (Handbook for men), which would both be reprinted several times throughout the eighteenth and nineteenth centuries, exhibit this same difference. Whereas *Onna chōhōki* contained information regarding children’s nutrition and remedies, care for pregnant women, and a set of prescriptions for ailments specific to women, *Otoko chōhōki* provided no equivalent guidance.40

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38 それ医道をしる学孝行のひとつなり。 Kitao Tokinobu 北尾辰宣, *Onna shorei ayanishiki*, reproduced in *EJJB*, vol. 40. The manual made good on its pronouncement by providing a wealth of information on diet and health, tips related to pregnancy and birth, as well as a section on emergency prescriptions for various diseases.
39 Hayashi Shihei 林子平 (1786). This is one of the sources upheld by Yanagiya (1993, 2007, 2010) as an exemplar of a men’s educational manual that discusses care for the sick and elderly.
40 First published in 1692, both works were reprinted over five times. The authoritative modern print edition is *Onna chōhōki, Otoko chōhōki: Genroku wakamono kokoroeshū* 女重宝
Second, works intended for a female audience often included instructions on how to manage ailments specific to women and children. All of the women’s literature reviewed here that gave instructions for medical care also addressed topics of prenatal and postnatal care or children’s ailments. That is not to say women’s manuals did not cover general illnesses, however. For example, a treatise on womanly health concerns, written for women, entitled *Fujin ryōji tebako no soko* 婦人療治手箱底 (Toolbox of women’s treatment; 1768), dedicated many of its pages to concerns specific to the female body, such as irregular periods or problems with the breasts, vagina, and uterus. The book also covered a range of non-gender-specific illnesses including instructions for nourishing health and mixing herbal prescriptions for various ailments, listing the healing properties of medicines and herbs that urban residents could expect to find at drug stores.

Medical information in women’s educational texts was so common as to be nearly ubiquitous, but we need to be careful in our interpretation of these manuals. While they may point to a series of discourses circulating in society at the time, they do not necessarily describe the actual activities or beliefs of women. Furthermore, women’s diaries of the Tokugawa period document that women read broadly—far from being limited to texts aimed at women, they read popular fiction, poetry, and philosophical works. Iseki Takako 井関隆子 (1785–1844), for example, was well-versed in the latest in *kokugaku* 国学 scholarship and often quoted from a range of classical texts.

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41 Obata Genshun 小幡玄春 addresses the book to women in his preface. Reproduced in *EJJB*, vol. 88.

and commentaries when making arguments in her diary. Literate women did not rely only on didactic texts written for women, but would have been able to read the dozens of popular medical manuals written for a broad audience. Many authors of women’s didactic texts considered knowledge of healing an essential part of women’s education, and women themselves practiced healing in a society whose printed material was filled with moral imperatives for nursing and concrete information on how to care for the ill.

**Women’s Roles as Mobile Caregivers**

While educational texts provide insight into the discourse linking women to health care, we must turn to other sources to understand how families delegated nursing duties. What do diaries of Edo residents tell us about how families managed to handle all of these tasks, and who actually cared for the ill?

The daily records of district headman Saitō Gesshin (1804–78) show just how integral extended family was in caring for the ill. Gesshin lived in the Edo district of Kanda Kiji-chō. Serving as a ward-representative (machikata) as his father had before him, he gained much recognition for continuing his father’s work of creating an illustrated gazetteer of the city of Edo and its environs, entitled *Edo meisho zue* (Illustrated guide to famous places in Edo). In addition to his project of cataloguing famous places within the city, he also kept a daily record between 1830 and 1875, detailing events in his own household and the districts he oversaw.  

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43 It is also worth noting that Takizawa Bakin’s daughter-in-law, Omichi, needed no additional training when she became Bakin’s amanuensis upon his loss of vision.  
44 For an overview of Saitō Gesshin’s life and the historical sources he left behind, the best introduction remains Nishiyama Matsunosuke, “Edo no machi-nanushi Saitō
Although Gesshin did not often record the particulars of any given illness, his detailed descriptions of comings and goings from the house allow us to see how his family managed nursing duties. For instance, Gesshin’s wife, Oren, began feeling unwell in the first month of 1854. Over the next three months, she spent more and more time in bed, and in the middle of the fourth month, she suddenly took a turn for the worse. Gesshin did not attempt to name her illness or symptoms in his diary, but he did record who helped nurse her.

Over the course of eighteen days, a number of family members living in separate homes traveled to Gesshin’s house in Kanda, often staying the night, taking turns to nurse Oren. Beginning on 4/15, Gesshin’s eldest sister walked 1.5 km north from her home in Koami-chō 小網町, where her husband was ward-representative, and arrived at Gesshin’s house, staying throughout the night and the next four days to help nurse Oren. When the eldest sister returned to her own home on 4/19, Gesshin requested the aid of his second older sister living 2.5 km to the southeast in Reiganjima 霊岸島, and the mother of Gesshin’s assistant (kakiyaku 書役), who was also his neighbor, stayed to help for one night. The eldest sister returned the following day for one night, followed once again by the neighbor’s mother. Then, on 4/24, Gesshin’s sister living in Reiganjima sent her daughter Otowa to care for Oren. The next day, Okoto, a daughter of Gesshin’s eldest sister, joined her cousin Otowa to jointly nurse their ailing aunt. On 4/26, a third niece, Orin, joined the two other girls, bringing the total of visiting nurses

45 These measurements are the linear distances between the districts in which family members lived. The actual distance one would travel between these locations was almost certainly greater.
to three. Over the next five days, at least three female family members jointly nursed Oren until she passed away on 5/2 at the age of 43.46

All told, five women in the family traveled to the Saitō household, often staying several days at a time to nurse Oren. Except for two nights during which the district assistant’s mother visited, it was Gesshin’s sisters and nieces who spent the most time by Oren’s side. As for immediate family living within the Saitō home, Gesshin did not record their roles. Gesshin (age 50) and his wife, Oren (43), lived with his mother (79); two daughters, Okisa (16) and Otsune (12); and two sons, Ringo (9) and Kannosuke (7). Gesshin did not mention any of Oren’s natal family helping to care for her. Whether their visits were simply not recorded or they did not visit at all is not clear, and unfortunately there is not enough information available regarding Oren’s natal family to make any suppositions. What is clear, however, is that households such as the Saitō family relied on sisters, daughters, nieces, cousins, and aunts—female family members—traveling to care for the ill.

The men of the family did not seem to travel between households to nurse the ill as often as women did. The family had plenty of able-bodied men who could have helped. Both of Gesshin’s sisters had sons, but they made no appearance until Oren’s funeral.47 That is not to say that men did not play a role in sicn-nursing, just that the diary is not explicit in detailing Gesshin’s own actions. And while Gesshin was most certainly involved in medical decision-making, it appears that women in his family performed most of the work in caring for the ill.

47 *Saitō Gesshin nikki* 5: 185
We see a similar pattern of women traveling to family members’ homes for sick-nursing in other Edoite diaries, such as in the daily records of popular author Takizawa Bakin and his family. For much of his diary, Bakin resided in Kanda Myōjinshita Dōbōchō 神田明神下同朋町, on the western boundary of Soto Kanda 外神田. 48 Although most famously known for his many works of fiction, such as Nansō Satomi hakkenden 南総里見八犬伝 (The eight dog chronicles), Bakin’s proclivity for writing also extended into his daily life. He left one of the most detailed accounts we have about everyday life in the city of Edo, including sick-nursing practices.

Bakin himself rarely nursed family members. When he did, it was often because he had no other choice, such as when both his wife and son were sick and he needed to help his daughter-in-law with sick-nursing. 49 Neither did he record his son, Sōhaku, caring for sick family members, except when there was a shortage of women to do so. This may seem odd, given that Sōhaku was a doctor himself, but it is reflective of the nature of doctoring in Tokugawa Japan. As we will discuss later in Chapter Four, doctors provided diagnoses and medicines; beyond examining patients, they did not tend to the needs of the sick. Thus Sōhaku would take the pulse of his sick family members and mix medicines, but Bakin rarely recorded him actually sick-nursing. 50

Instead, as with Gesshin’s household, the women of the family handled care giving. Besides Bakin’s wife and daughter-in-law, who lived with him in the household

48 In present day Tokyo, Bakin’s house would be located less than a kilometer north-west of Akihabara station 秋葉原駅. For a concise biography of Takizawa Bakin, see Asō Isoji 麻生應次, Takizawa Bakin 滝沢馬琴, Jinbutsu sōsho 人物叢書 37 (Tokyo: Yoshikawa Kōbunkan 吉川弘文館, 1959).
49 KBN, 2: 177.
50 There are a few notable exceptions, such as when Sōhaku cared for Omichi the night after she gave birth. KBN, 4: 468.
and handled most of the nursing duties, his sisters, daughters, and eventually
granddaughters, all traveled from their own residences to Myōjinshita to help care for
the ill. These women moved across both physical spaces—one sister had to walk more
than 12 km round trip—and familial lines. At the time Bakin started his diary, his sisters
and daughters had both long been married, with children and homes of their own to
manage. And yet they returned to their brother’s house several times each year to offer
their services as caregivers.

The mobility seen in the nursing activities of the women in these three diaries
thus encourages us to reconsider popular notions regarding marriage in early modern
Japan. Textbooks and monographs alike tend to portray married women as wholly
integrated into their married families—even cut off from their natal families. The
social world that Gesshin and Bakin described, however, suggests that married women
indeed maintained relationships with their birth families, and that illness was one key
that connected them together. We can see this quite clearly in Bakin’s diary. His
daughter-in-law, Omichi, for example, left to care for her parents and brother when
they were seriously ill, and Bakin’s daughters came back during times of illness. In fact,
in certain years, their nursing-related visits outnumbered any other kind of interaction.

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51 Recent scholarship has greatly changed our view of the permanency (or lack thereof) of
marriage in Tokugawa Japan. See Anne Walthall, “Life Cycle of Farm Women in Tokugawa
Japan,” in Recreating Japanese Women, 1600–1945, ed. Gail Lee Bernstein (Berkeley:
University of California Press, 1991), 42–70; Harald Fuess, Divorce in Japan: Family, Gender,
and the State, 1600–2000 (Stanford, CA: Stanford University Press, 2004), esp. 18–74; and
Amy Stanley, “Adultery, Punishment, and Reconciliation in Tokugawa Japan,” Journal of
Japanese Studies 33, no. 2 (2007): 309–35. The point here is to think beyond marriage as a
binary state in which women were either a member of their birth family or a member of
their married family and to consider the familial relationships they maintained after
marriage.

52 For example, when Bakin was sick in 1828, they each visited four times to check on his
By entering into a marriage, women did not substitute one family for another as much as they broadened the number of households over which they watched.

Years later, Omichi recorded in her own diary that these family ties and their importance during times of illness survived the deaths of Bakin and Sōhaku. In the late summer of 1849, she chronicled the illness of her twenty-one-year-old son, Tarō 太郎, who had been sick in bed for nearly a month. Tarō was initially afflicted with a painful ankle, but his condition degenerated to include convulsions, fever, sores on his tongue, stomach pain, diarrhea, and impaired urination. For the next one hundred days until his death, he would need nearly constant attention, more than Omichi could provide alone. Besides Omichi herself, seven women, including her sister-in-laws, daughters, nieces, and, occasionally, a neighbor, came to stay at the home, taking turns nursing Tarō.53

Younger girls of these families accompanied their mothers to care for the ill and from the age of seventeen or eighteen began to make nursing trips on their own. Of the seven women who visited to nurse Tarō over the course of three-and-a-half months, Omichi’s nineteen-year-old niece, Otsugi, contributed the most, making the 8 km round-trip from her own home fourteen times, staying a total of thirty-one days. Before this age, like many small children mentioned in the diaries, she often accompanied her mother to nurse the ill, beginning at age four and continuing through her teens. As Otsugi grew older, these trips with her mother most likely served as training for her

53 *Michi-jo nikki*, 5–60.
later nursing activities. Bakin recorded his granddaughter making overnight nursing trips on her own beginning at age seventeen.54

Gesshin also noted his young daughters and nieces traveling with their mothers to care for the sick. His niece, Otowa, nearly always joined her mother, O’nei, when she came to the Gesshin household to help sick-nurse, just as Gesshin’s daughters tagged along with Oren during her trips. By age sixteen, Otowa began making solo visits to care for the sick, and when Gesshin’s daughters had left to marry into other families, they too returned during times of illness.

As these diaries demonstrate, at least among literate Edo residents, sick-nursing in the nineteenth century was characteristically handled by women. That is not to say care giving was simply the mother’s responsibility; sisters, daughters, aunts, and nieces handled nursing duties across multiple households. A mother would care for her family members within her own household, just as she would travel among those of her extended family to care for others.

**Nursing Leave**

Nursing could put strain on families, especially when multiple people within a household were sick. While women typically handled most nursing duties, sometimes circumstances required all able-bodied family members to lend a hand. In the summer of 1823, Takizawa Bakin described in a letter to a friend the challenges of having sick family members when both his son and wife were sick earlier that spring. Bakin had his hands full even when one of his daughters came back home to help nurse: “[I] had to

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54 Young boys who were still breast-feeding also accompanied their mothers on such trips, but they appear to have stopped doing so after age six.
cook the rice, draw the water, and during that time prepare my wife’s medicine, help her get up and lay down, receive visitors, clean the house, do the daily shopping in the evening, and stay up at night to nurse. Because of all this, for fifty or sixty days I did not sleep for a single hour at night…. Finally at the end of the fifth month, my wife returned to health.” Clearly Bakin was no stranger to hyperbole, but the point he made to his friend is one worth considering: illness required care and attention from family members and a redistribution of domestic work. For Bakin, this meant neglecting his writing—his main source of income. As we will see, Tokugawa society was sensitive to the strain nursing duties could put on a family.

In modern society, we are all familiar with the idea of sick leave—requesting an excused absence from the place of one’s employment because of personal illness. This type of leave was also routine in Tokugawa society, and several historians have noted how samurai leveraged their illnesses, real or feigned, to temporarily suspend their official duties. Constantine Vaporis, for instance, mentions in his study of the system of alternate attendance (sankin kōtai 参勤交代) that illness was a standard excuse for daimyō to delay their travels to or from Edo.

What is perhaps less familiar to us nowadays, but what was prominent in Tokugawa society, was nursing leave (kanbyō kotowari 看病断). The earliest extant bakufu provision for nursing leave, dating from 1646, granted officials time away from their

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55 Bakin shokan shūsei, 1: 144–45.
56 Constantine Vaporis, Tour of Duty: Samurai, Military Service in Edo, and the Culture of Early Modern Japan (Honolulu: University of Hawai‘i Press, 2008), 57–61. For an examination of illness as an excuse to dismiss oneself from official posts in the context of Qing China, see He Bian, “Too Sick to Serve: The Politics of Illness in the Qing Civil Bureaucracy,” Late Imperial China 33 no. 2 (Dec. 2012): 40–75.
posts to return home if their wife, parents, or children were ill.\textsuperscript{57} In 1664, another edict expanded the category of relations for whom officials could take nursing leave. Although it stressed that parents and children were of special importance, it also gave consideration to aunts, uncles, grandchildren, nephews, and nieces.\textsuperscript{58}

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In making allowances for officials to set aside duty to care for the sick—thereby codifying the institution of nursing leave—the bakufu simultaneously prescribed the boundaries of what counted as family. Perhaps because the number of requests for nursing leave had gotten out of hand, Senior Counselor (rōjū 老中) Honda Tadayoshi 本多忠良 (1690–1751), issued the following edict in 1742:

\begin{quote}
Regarding nursing leave, it is not applicable to [the illnesses of] family members beyond parents, wives, and children. However, other requests may be considered if one’s brothers, sisters, aunts, uncles, or other close relatives, are in poor condition and have no one else to care for them.\textsuperscript{59}
\end{quote}

While this edict affirmed earlier regulations regarding nursing leave, it also limited the scale of applicability, prescribing which family members counted as valid subjects of...

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\textsuperscript{58} 親類頰テ御番断之覚 親子 兄弟 祖父 祖母 伯父 伯母 孫 甥姪 舅 妻 右之分類大切にて、別に親子兄弟も無之病人にて候ハゝ、御番所出し可申候、其内親子八格別之事、以上。\textit{御当家令條 vol. 25, item 299, transcribed in Kinsei hōsei shiryō sōsho, 2: 175}.

\textsuperscript{59} 看病断之義、父母妻子之外断不相立候、乍然兄弟姊妹伯叔父母其外近縁之者難見放軽テ外ニ可致看病ものも無之族は、其節相連候上之義たるべく候。On 1742/7/27 the edict was distributed to sōshaban 奏者番, jinja bugyō 神社奉行, and ōmetsuke 大目付. On 7/28 it was distributed to daimyō, and on 7/29 it was distributed to bannermen and gokenin 御家人. Transcriptions of the edicts can be found in \textit{Ofuregaki kanpō shusei 御詔書寛保集成}, ed. Takayanagi Shinzō 高柳真三 and Ishii Ryōsuke 石井良助 (Tokyo: Iwanami Shoten 岩波書店, 1934), number 2961; and \textit{Kenkyū ruiten 慶猷類典}, ed. Minami Kazuo 南和男 (Tokyo: Shiseki Kenkyūkai Kyūko Sho in 史料研究会 汐古書院, 1984), 3: 21. Yanagiya Keiko also lists a similar chronology in her “Kinsei buke shakai no kanbyō ni tsuite,” 61.
care. The wording allowed for some leeway if no one else could care for other relatives, although we will see in the diaries of those asking for leave that in practice officials tended to invoke only immediate family in their requests. This edict not only set the standard for the rest of the Tokugawa period, applicable to bakufu officials and daimyō alike, but also served as a template for other domains to draft comparable regulations.

Many daimyō outside of Edo similarly allowed retainers to take leave to care for sick family members. The diary of the Shimazu 島津 family, lords of Sadowara 佐土原 domain (present day Miyazaki 宮崎 prefecture), frequently recorded retainers requesting and receiving nursing leave. What the bakufu in Edo typically called kanbyō kotowari 看病労, Sadowara officials termed kanbyō oitoma 看病労, but the basic meaning, “nursing leave,” was the same. A typical entry from 1841 reads, “Ogiwara Dan’emon sent a servant to report that because his mother has been unwell recently, he requests nursing leave for ten days. The request was granted and sent back to him.”

On average, in the 1840s, the daimyō gave permission at least once per month for a retainer to take nursing leave.

Even daimyō themselves took advantage of the bakufu’s policy for nursing leave. Although sankin kōtai 貫地交代 required daimyō to alternate their residence between their

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60 萩原弾右衛門より母此間相勝不申候付今日より日数十日之間看病御暇奉願候由御用人を以申出候ニ付願済申渡之。 Sadowara-han Shimazu-ke Nikki 佐土原藩島津家の日記 四, reproduced in Miyazaki-ken shiryō 宮崎県史料, ed. Miyazaki Kenritsu Toshokan 宮崎県立図書館 (Kyoto: Rinsen Shoten 臨川書店, 1995), 8: 55. For instance, in the five months recorded for year of 1841, nursing leave was requested and granted six times. See pages 55, 62, 98, 169, 187, and 199.

61 Other domains throughout Japan sported local variants of nursing leave: kanbyō negai 看病願 in Takazaki and Tokushima domains; kanbyō oitoma negai 看病御暇願 in Odawara, Sendai, Hachinohe, and Akita domains; kanbyō hikinegai 看病引願 in Koromo domain; kaihō o’itoma kotowari 介抱御暇願 in Morioka domain; and tsukisoi okotowari 付添御暇 in Hirosaki domain. For a brief overview of nursing leave in both bakufu and domain legal codes, see Yanagiya Keiko, “Kinsei buke shakai no kanbyō kotowari ni tsuite.”
domain and Edo, nursing leave was one instance in which they were given permission to delay their travel to or from Edo. The chronicles of Akita domain, for example, record daimyō requesting nursing leave at least seven times over several generations.62

For direct retainers of the bakufu, such as gokenin 御家人 and hatamoto 旗本, nursing leave seems to have been a far more regular occurrence. We can see this in the diary of Ono Naokata 小野直方 (1701–?), a retired bakufu retainer of gokenin 御家人 rank who lived with his family in the northern part of the city, Koishikawa Sanbyakuzaka 小石川三百坂.63 When Naokata retired from duty at Edo Castle, his son Shōbei 庄平衛 took over his post as hiroshiki soeban 広敷添番 and was later promoted to kachigashira 徒頭 in the employ of the Hitotsubashi branch of the Tokugawa family.64

Over the twenty-nine-year course of Naokata’s diary, he recorded his son taking nursing leave one or two times per year. For example, toward the end of autumn in 1749, Naokata became increasingly ill over the course of seven days, suffering from a host of symptoms including a troubled stomach, bleeding hemorrhoids, difficulty urinating, chills, and numbness in his legs.65 When he only proceeded to get worse,

62 These requests came in 1671, 1702, 1703, 1715, 1749, 1753, and 1758. See Yanagiya Keiko 柳谷慶子, Kinsei no josei sōzoku to kaigo 近世の女性相続と介護 (Tokyo: Yoshikawa Kōbunkan 吉川弘文館, 2007), 280.
63 Present-day Bunkyō-ku 文京区.
64 The exact nature of the blood relationship between Naokata and Shōbei is unclear, but it seems likely that Shōbei was Naokata’s younger brother who was adopted as a son to take over the household. Naokata retired early in 1729, perhaps with the express purpose of letting Shōbei have the position. Shōbei was promoted in 1757.
65 The diary covers the period between 1745 and 1773. Naokata wrote that he developed a troubled stomach (腹合悪く) and bleeding hemorrhoid (痔血走り) during a trip to Kyoto, and his symptoms only worsened upon returning to Edo. Kanpu gosata ryakki: Eiin 官府御沙汰略記: 影印, ed. Yamada Tadao 山田忠雄 (Tokyo: Bunken Shuppan 文献出版, 1992–94), 2: 363 (hereafter cited as KGR). He finally recovered two months later in the beginning of 1750.
Shōbei submitted his nursing leave notice on 10/6, staying home to care for his father for thirteen days and returning to his post on 10/18, once Naokata began to recover.66

Shōbei took nursing leave on a fairly regular basis, but he still needed to abide by restrictions regarding the length of time he could stay away from his post. He was allowed to take off only five successive on-duty days for the purpose of caring for a sick family member. Shōbei, like most officials, did not work consecutive days but rather was on duty only every other day or every third day. In effect this equaled a lengthy leave of more than ten days, such as when Shōbei stayed home thirteen days in 1751, this time to care for his mother,67 or twelve days to care for his son who had been stricken by smallpox in 1757.68 Even so, this restriction posed problems in cases of particularly severe or lengthy illnesses. When Shōbei had already reached his nursing leave limit after caring for his son through 1757/2/24, he used some ingenuity, and perhaps dishonesty, to continue to care for his wife who had just given birth two days before:

After the fifth hour of the morning, we sent [servant] Kakuhei to deliver a notice of sick leave to the Hitotsubashi post. Because nursing leave is restricted to five on-duty days, from the twenty-seventh day [Shōbei] will say he himself is ill and stay home.69

Ending his nominal sick leave on 3/6, Shōbei took a total of thirty days of leave. By claiming that he himself was ill, Shōbei avoided the normal limits of nursing leave and increased the amount of time he could help care for his wife and children.

66 今日ノ番ヨリ予病気看病断り御番引込。KGR, 2: 366–72
68 KGR, 6: 245–66.
69 朝五時過、一橋當番所へ病気断り状角平ニ為持造ス、看病断り番五ツ限リユへ、廿七日番ヨリ自分病気ニシ引込。KGR, 6: 257.
When an official took time away from his post, someone needed to compensate for his absence. Thus, Naokata also recorded when his son’s co-workers took nursing leave because Shōbei was burdened with extra duty. The most frequent leave-taker in the first decade of the diary was Yamamoto Buemon, whose family seemed constantly beset by misfortune. For example, on 1750/4/2, Shōbei’s on-duty days doubled as he covered for Buemon, who took nursing leave until 4/10 to care for his daughter. Three months later, on 7/26 he again took leave to care for his mother until her death on 8/3. Buemon remained away from his post for nearly two months but gave Shōbei a break when he sent a relative, Yamamoto Tetsuhachirō, to temporarily fulfill his duties. Shōbei’s break was short-lived, however, when on 9/19, the replacement, Tetsuhachirō, himself took leave to care for his wife who had just given birth. In total, Shōbei covered for his co-workers’ nursing leave four times that year.

It is worth taking a moment to consider the truthfulness behind the requests for nursing leave made by officials such as Shōhei and Buemon. There is no doubt that nursing leave was an acceptable reason for taking time off from one’s post, yet as we saw when Shōbei took time to care for his mother, the allowed duration of kanbyō kotowari was not always enough, and in Shōbei’s case, that meant inventing another excuse to extend his time off. Buemon, however, used nursing leave as an excuse for other reasons. When his uncle died in the beginning of 1762, he was unable to receive

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70 KGR, 3: 55–56.
71 Ibid., 112–14. Buemon remained away from his post after his mother died, but he found a relative to temporarily replace him, alleviating Shōbei of extra work.
72 Ibid., 139.
73 The other times included covering for another coworker, Sasase Suke’emon, from 2/24–3/6 (ibid., 31), and on 9/19, when Buemon’s replacement Yamamoto Tetsuhachirō took leave to care of his wife who had just given birth (ibid., 139–44).
sanctioned absence to attend the funeral, so he lied, insisting instead that his wife was sick and he needed to nurse her. In these instances, each official was not always honest in the reason he gave to avoid duty. Yet, even if untruthful, the excuse was not necessarily invalid. Nursing leave, as Vaporis has pointed out with sick leave, built flexibility into government occupations. The concern is not whether officials always told the truth, but rather to recognize that nursing sick family members, especially immediate family, was an accepted practice and a valid excuse for setting aside duty.

We might wonder why men in official posts needed to take nursing leave in the first place. The answer is not necessarily obvious, for unlike Takizawa Bakin, the Ono family had plenty of hired help, with as many as six servants. Also, Ono Naokata retired before the age of thirty and was able-bodied in his forties and fifties with time to spare. Certainly having one more person to assist in nursing and take up the slack of others in managing the household was an important contribution, but there was also a widespread notion in Tokugawa society that family members should care for one another.

We can see this moral imperative for family care in the educational literature of the period. Popular Confucian texts mentioned nursing duties in the context of filial piety such as *Rikyu engi tai’i* 六論衍義大意 (Essential explication of the six precepts), commissioned by the shogun Yoshimune in 1722 and widely distributed in the capital and reprinted more than a dozen times through the next one-and-a-half centuries. A

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74 KGR, 9: 30.
75 They had four servants until 1756 but gained two more for a total of six when Shōbei was promoted to *kachigashira* 徒頭 in 1757.
76 For a brief overview of the history of *Rokyu engi tai’i* and its reprints, see Ishikawa Matsutarō 石川松太郎, *Ôraimono no seiritsu to tenkai* 往来物の成立と展開 (Tokyo: Yûshôdô Shuppan 雄松堂出版, 1988).
section detailing the proper duties to perform and attitudes to maintain toward one’s parents states, “If a parent has an illness, set aside all other matters, without resting day or night. Only dedicate yourself to nursing them and choosing their medicines.” By printing and distributing this moral guide, the bakufu underscored the moral imperative to care for sick family members, giving precedent for nursing leave from official duties. Another didactic text published in the 1770s, Shitei kun 子弟訓 (Precepts for children), stressed personal responsibility in caring for ailing parents. “One should nurse sick parents oneself, preparing medicines from their base ingredients by hand, tasting them before administering. This should not be left to others to do.” This emphasis on caring for sick parents as kind of filial piety helps to explain why officials such as Ono Shōbei could justify taking leave from their posts even if they had plenty of help around the house.

Manuals dedicated solely to medical concerns likewise affirmed the need for families to care for sick members. Byōka suchi for one, often criticized rich samurai and merchants for ignoring this imperative. After describing the necessity of caring for sick family members and how sufferers would languish without vigilant care, the author castigated wealthy families that would delegate such important tasks to servants:

> You would be mistaken, however, to assume that this situation [of negligence in caring for the ill] is most common in poor families.... In this day and age, this is often how lords and noblemen treat the sick, and there are similar cases involving rich merchants. Thus, the sick in rich families are often worse off than those in poor families, and because of these negligent practices, light illnesses turn into heavy illnesses, heavy illnesses

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77 父母若病あらば、晝夜帯をとくず、他事をすてて看病し、医薬の事にのみ心を盡すべし。Muro Kyūsō 室鳩巢, Rikuyu engi tai’i 六論衍義大意 (Essential explication of the six precepts), transcribed in Nihon kyōiku bunko 日本教育文庫 (Tokyo: Dōbukan 同文館, 1911), 2: 585.

78 父母病あらば、必みづから看病しあつかふべし、薬は本より手にかけて煎じ、先なめてのち進よ、人にまかずる事かず。Tejima Sōji 手島宗義, Shiteikun 子弟訓 (Precepts for children; 1811), transcribed in Nihon kyōiku bunko, 2: 659.
progress to a worse stage, and dangerous cases will most certainly result in death.\footnote{然を比患貧賤者にのみ多く、富貴の家には少ことかと思は、さにあらず....今の世の縁神貴族の病者の接び多はかくのごとし。富商大賈もまた此に類もある。故に富貴の家の病人は、卑賤にも劣て、いつも軽は重、おもきは漸進て、険証ならば必死ぬることと思は、此等習あるに由ばなりけり。 \textit{Byōka suchi}, 1: 95–96.}

Whether laying out tenets of filial piety or critiquing the lax attitudes of rich families, these three texts shared a common discourse: the moral mandate that caring for the sick required vigilance and self-sacrifice. Nursing was a task best handled by family members rather than delegated to others, and therefore it was worth taking leave from official duties to nurse ill relatives.

Samurai in the employ of the bakufu or various domains could take advantage of nursing leave as codified in bakufu and domainal laws, but commoners also had similar recourse. In 1791, the burgeoning young poet Kobayashi Issa 小林一茶 (1763–1828) faced a dilemma. After years of working as a live-in servant in various Edo households, he finally obtained a respectable job as scribe for the leader of the well-known Katsushika poetry circle, when he received word that his father was ill. Born in the northern reaches of Shinano 信濃 province (present-day Nagano 長野 prefecture), he had been sent to Edo at age thirteen to be a domestic servant. Over the course of fourteen years in the city, he developed an interest in poetry and gradually worked his way into some of the most respected poetry circles. Although he had not yet reached the level of fame he would enjoy later in life, his position as scribe for the head of the Katsushika school of poetry gained him some level of notoriety.\footnote{Issa worked for Mizoguchi Somaru 溝口素丸 (1713–95), a Tokugawa bannerman and leader of the Edo-based haikai circle Katsushika \textit{(katsushika ha} 葛飾派). For general information on the life of Issa, see Kobayashi Keiichirō 小林計一郎, \textit{Kobayashi Issa} 小林一茶} To fulfill his duties as
both a son and a scribe, Issa appealed to his new employer to let him take temporary leave to care for his sick father. Upon receiving permission, he wrote the following letter in appreciation:

You have generously employed my lowly person, even promoting me to the position of scribe. Furthermore, because it seems my father who lives in the countryside has become seriously ill, I am grateful to receive thirty days of leave. If my father recovers, I will return immediately. Please let me then serve you again.  

Rather than abandon his new job, and thereby potentially damage his reputation in Edo, Issa appealed to his employer to allow him temporary reprieve, much like the bakufu officials we saw earlier. After receiving permission, Issa traveled more than 200 km back to his home and helped care for his father. After thirty days Issa indeed returned to Edo as promised. Soon thereafter, he resigned his post to embark on what would turn into a seven-year journey as an itinerant poet, traveling through western Japan.

In 1801, once Issa had returned to Edo after his long period of traveling, he again returned to his hometown to care for his ailing father. In a daily record he maintained to describe his father’s condition, he explained why such a long trip was necessary and why his brother, who did not contribute much to his father’s care, was so deplorable: “We have our parents only once in this life, so taking care of them should never be a chore … a ravening tiger will not eat its father and mother, while the crow, though we

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might despise it, will repay its parents by caring for them for fifty days.” To care for one’s parents was, in Issa’s account, the fulfillment of a natural responsibility.

Household servants, too, were documented in diaries requesting and receiving nursing leave to care for their sick family members. The Ono family, who at any given time had four or more servants, gave their hired hands short breaks, usually three to five days at a time, to tend to their sick family members. Their servants often came from families who lived in areas outside of Edo. In 1755, one male servant took five days to care for his father living across the bay to the east in Kazusa province (present day Chiba prefecture), and the next year a servant girl took five days to care for her mother living in a village to the north, Warabi (located in present day Saitama prefecture). Because servants occasionally needed to travel significant distances to reach their homes, the Ono family provided means to make the journey easier. When a servant received word that his father living in Shinano province was very ill, the Ono family composed a letter explaining his errand and his importance to their household to ease his passage through bakufu-controlled checkpoint barriers (sekisho). The Ono family’s leniency in granting nursing leave to their servants was a gesture of benevolence that both appeased their servants and the servants’ families with whom they made the contracts.

There were limits, however, to such generosity, and in the case of the Takizawa household, things did not always go so smoothly. On 1829/11/30, the Takizawa family’s only servant, a girl named Kane, received word from her brother that their

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82 Quoted and translated in Harold Bolitho, Bereavement and Consolation: Testimonies from Tokugawa Japan (New Haven, CT: Yale University Press, 2003), 69.
83 KGR, 5: 264 and KGR, 6: 151–53.
84 KGR, 9: 161.
mother was gravely ill. Bakin made note of the event in his diary: “Here in our own home Ohyaku is sick in bed, making for a troublesome situation, but since Kane said her parent is sick, we sent her off at once to her mother’s place. We will at least ask that she returns early tomorrow morning.” Despite Bakin’s insistence, Kane’s brother wrote once again the following day, reporting that Kane wanted to take a longer period of leave to care for her mother. Bakin replied that they themselves were busy caring for the sick and could not manage normal household chores on their own, so if Kane could not return soon, she should send someone to temporarily take her place. This exchange went back and forth several times, without reaching an agreed-upon conclusion.

By 12/9, Bakin began to suspect that perhaps Kane and her brother were not being truthful. When Kane’s mother had visited the Takizawa household only fourteen days earlier, she seemed in good health. The father of Bakin’s daughter-in-law, Tokimura Genryū 土岐村元立, who was Kane’s guarantor, decided to investigate the matter and reported back to Bakin:

In the evening, Tokimura Genryū came. Regarding what I had told him yesterday about our servant girl Kane, this morning he went to pay his respects to Kane’s mother at the residence of the lord of Yamato. As we suspected, Kane was lying when she said her mother was sick. In fact, it turns out Kane is a relative of one Saibei 才兵衛 in the employ of Aoyama Takagi 青山高木, and it is his adoptive mother who is sick, and that is who Kane went to nurse. Since she was totally dishonest, she should return the deposit [we gave her]. Genryū said that tomorrow he would travel to Saibei’s residence to see what could be done.

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85 KBN, 2: 252.
86 Ibid., 225.
87 It is worth noting that the Takizawa family’s relationship with Kane was anything but smooth. Sōhaku, especially, felt she often acted rude, and Bakin reported that the family repeatedly scolded her for her
Failing to reach any agreement with Kane, the Takizawa family cut their losses and hired a new servant.\textsuperscript{88}

This scenario demonstrates the prescribed limits of family relations with regard to acceptable use of sick leave. Bakin was angry not because Kane’s story was untrue—after all, it appeared she was indeed caring for someone who was ill—he was upset because Kane had lied in claiming her own mother was sick. It is certainly possible she stretched the truth because she did not expect the Takizawa household to give her time off to nurse anyone other than her immediate family. Whether Kane was truthful is somewhat beside the point; the focus here is on the validity of nursing leave as a concept. Bakin did not question Kane’s initial request despite trying circumstances at home. Taking leave from obligations to nurse sick family members was widely accepted in Tokugawa society, from the highest daimyō to the lowest servants.

Nursing leave was a feature of contract work beyond household servants, as well. As Amy Stanley has shown, brothel owners throughout Tokugawa Japan were lenient in allowing girls to temporarily return home to care for sick family members, and stipulations for nursing leave were even written into contracts. In cases when girls left without permission, they often received pardons if they claimed they only intended to care for an ailing parent.\textsuperscript{89}

Family members were expected to care for one another, and this often meant putting aside present duties and returning home. Yet the fact that people did use nursing leave as an excuse to travel and break norms should not leave us skeptical of insolent behavior (see, for example, ibid., 28, 33, and 56). And yet, despite their dissatisfaction, they still allowed Kane to take nursing leave.

\textsuperscript{88} Ibid., 272.

the whole enterprise. It was because of the power of the claims and the social acceptance of family nursing care that people could use this excuse to cover for other activities. From samurai in government posts to prostitutes to domestic servants, caring for the sick was a legitimate excuse for leaving one’s duties.

Conclusion

Sick-nursing among the Edo residents examined here was a family matter. What we see in these diaries is not a general communalism in which neighbor helped neighbor. These families rarely relied on help from neighbors, and although they had servants, they generally did not record sick-nursing among servant duties. Instead, when extra help was needed, family members traveled, sometimes from miles away, to care for the sick. The term “domestic care,” then, can at first seem misleading, given how much travel was involved. The domestic space was indeed the center of therapy and family members the providers and managers of treatment, but illness had the capacity to reach beyond an individual household and draw in family living in other locations.

Investigating illness and therapy also has the capacity to shed light on the nature of the family in nineteenth-century Japan. Although we often think of women as leaving their families and joining a new one when they married, we can see that especially in times of illness, marriage did not mean severing ties with a woman’s natal family, as much as it meant increasing the number of individuals that she would look after. These observations also have implications for the history of medicine at large. Although there has been a gradual burgeoning of the study of women’s roles in healing, especially in the context of early modern Europe, as historian of medicine Mary Fissell
has recently noted, there has also been a reluctance to consider the role of women in their own domestic environments. Historians have instead decided to focus on women who were healers by occupation or livelihood, such as midwives, counterparts to male doctors. This reticence to discuss more quotidian sick-nursing can be linked to a fear of equating women with the amateur, the static, and the sequestered. As we have seen in the Tokugawa case, domestic care was anything but static.

The fact that families cared for their own members may not seem surprising. What is perhaps more remarkable is the degree to which employers allowed their employees (both women and men) to take leave from their duties to ostensibly return home and nurse sick relatives. A variety of sources from late Tokugawa Japan reveal an expectation that the home was the center of therapy and families were to care for their own members, and provisions for this kind of nursing leave can be found in government regulations and private diaries of commoner households alike. To ignore this type of care risks privileging non-familial practitioners and overlooking how central family was to maintaining the health and condition of the sick and the ways in which illness bound families together.

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Chapter Two

Consuming Food and Medicines

Introduction

The previous chapter focused on the home as the primary location where sick nursing took place and how families managed caring for the ill. These next three chapters will turn to the specifics of what sick nursing entailed and the actions people took to try to get well. I will draw on eighteenth- and nineteenth-century medical texts and domestic manuals to help provide context, but the methodological focus of each thematic chapter will remain on the therapies that diarists actually recorded using. In focusing on the daily records of Edo residents, we will explore what diaries can tell us about how people managed illness and therapy in early modern Japan that might otherwise be overlooked in medical texts and doctors’ records. We will begin by looking at the food and medicines consumed by sufferers and then turn in later chapters to the topics of praying for recovery and hiring medical practitioners.

Within the history of medicine the role of food in therapy has long been overshadowed by the role of medicines, but there is merit in examining these topics in tandem. In Tokugawa Japan, diet modification was recognized as important for dealing with any illness. As Hirano Jūsei 平野重誠 described in his 1832 nursing manual: “As the saying goes, ‘nursing is first, food is second, and medicine is third.’ Except in emergency cases, rather than rush to give medicines, controlling diet is most
important.”¹ In practice, the diarists under examination here did not seem to adhere to this hierarchy; they both modified their diet and took medicines at the first sign of symptoms.

Of course, in early modern Japan food was tied to the concept of health in other ways beyond serving as a type of therapy. Food was the cornerstone of the discourse of yōjō 養生 (nurturing life). Yōjō encompassed a range of healthful practices intended to extend and improve one’s wellbeing, including improving one’s diet, managing emotions, and regulating daily activities.² A full examination of the broader concept of yōjō and the topics of maintaining health and preventing illness are beyond the scope of this dissertation. Instead, this chapter focuses on the notion of food as therapy (shokuryō 食療). I introduce how diarists kept track of what sick family members ate, how people associated specific foods with specific ailments, and how medical texts and domestic handbooks gave guidance as to what to eat for various symptoms.

In the past thirty years, historians have given considerable attention to tracing flows of medicinal ingredients and what doctors in the Tokugawa period prescribed.

Some historians have focused on imported ingredients, showing, for instance, how important Korean and Chinese ginseng was to international trade. Others have compared the case records of physicians to the standard formulae of medical classics in an attempt to judge the degree of innovation. But some of the most basic questions remain unexplored: How often did people take medicines? How did consumers keep track of efficacy? What was the underlying logic behind the marketing and consumption of commercial drugs? At what might be the height of diversity in both medical practice and material medicines in the Edo period, what did families keep in their medicine chests? By using the diaries of Edo residents to answer these questions, this chapter also considers the ways in which daily records themselves may have served an integral role in how literate families managed illness.

Managing Diet during Times of Illness

Detailed records kept by Edo diarists show the importance people placed on diet during times of illness. In the previous chapter, I discussed how Omichi and other family members managed nursing duties when her son, Tarō, was severely ill in 1849 at the age of twenty-one. In addition to recording his symptoms, Omichi documented

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what and how much he ate every day over the course of three months. The ten-day sample below gives a sense of this close attention she paid to food.

Table 2.1 Ten Days of Records Detailing Tarō’s Diet during His Illness of 1849.

<table>
<thead>
<tr>
<th>Date</th>
<th>Food Eaten</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/1</td>
<td>No appetite. Gave him one bowl of [rice gruel], three times</td>
</tr>
<tr>
<td>9/2</td>
<td>Ate one bowl of rice gruel (kayu 粥) three times, morning, noon, and evening.</td>
</tr>
<tr>
<td>9/3</td>
<td>Three times, one bowl of rice gruel each time. In between ate small amounts of grapes and sweets.</td>
</tr>
<tr>
<td>9/4</td>
<td>No appetite; three times ate one bowl of gruel</td>
</tr>
<tr>
<td>9/5</td>
<td>Food: one bowl of rice gruel for each meal. In between meals, ate a bit of sweets and grapes.... Also ate a little bit of ice-dried rice-cakes (kōrimochi 氷もち).</td>
</tr>
<tr>
<td>9/6</td>
<td>Did not eat anything.</td>
</tr>
<tr>
<td>9/7</td>
<td>Ate a bit of rice gruel in the morning and the same at noon. In the evening, ate half a bowl of buckwheat noodles (soba 蕎麦), half a bowl of wheat noodles (udon), and a bit of yam (imo 苋).</td>
</tr>
<tr>
<td>9/8</td>
<td>In the morning ate three small rice balls, at noon bit of tea over rice and a needle-</td>
</tr>
</tbody>
</table>

5/9/1 食気無し、一晩ゾの三度すむ。
9/2 朝昼三度、粥老三度ゾ食す。
9/3 三度粥老椀ゾ食す。其间ぶどう・くわし杯少しゾ食す。
9/4 食気なく、三度白粥老三度ゾ食す。
9/5 食事、粥老三度ゾ食す。其间、くわし・ぶどう杯、多く食せず...氷もち少々食す。
9/6 食事なし。
9/7 朝粥少々、食之、昼同断。夜二入、そば半わん・うどん半わん・いも少々、食之。
9/8 食事、朝握飯小三ツ、昼茶飯少々、さより一尾。其间、しつぼくそば老ツ食ス...其内胸痛納り、あま酒を食ス。
9/9 朝小握飯三ツ、昼飯鰻鍋ニテニわん、夕飯二碗。其间、そば・麴麦がき・くわし・いも等也。
9/10 朝昼両度、握飯三ツゾ食ス。飯べん・ミつば・ハツがしらの平ニテ食ス。夕飯ハ酢赤がひニテ一わん半食之。其间、いも・くわし杯也。


6 More commonly written as 氷餅, these dried rice cakes were made in the winter months to be consumed in the heat of summer, and they were said to be good for stomach ailments. See Gunma kenshi 群馬県史 (Gunma-shi: Gunma Kenshi Hensan Iinkai 群馬県史編纂委員会, 1980), 27: 347; and Fukuda Ajio 福田アジオ ed., Nihon minzoku daijiten 日本民俗大辞典 (Tokyo: Yoshikawa Kōbunkan 吉川弘文館, 1999), 51.
fish (sayori 養魚). In between meals, he ate buckwheat noodles with vegetables (shippoku soba).… [In the evening] when his chest hurt, he had sweet sake (amazake あま酒).

9/9 Ate three small rice balls in the morning, two bowls of rice with loach hotpot (dojō nabe 鯖鍋) at noon, and two bowls of rice in the evening. In between, ate buckwheat noodles, boiled buckwheat dough (sobagaki 糬を捣), sweets, and yams.

9/10 Both in the morning and at noon ate three rice balls along with a dish of fish cake, trefoil (mitsuba), and yatsugashira yam. For dinner, ate a bowl and a half of rice with vinegar cockle (akagai 赤貝). In between meals, ate yam and sweets.

Examining the food listed above, rice gruel stands out as a staple item, especially during the first seven days when Tarō had little appetite. As his condition improved, Tarō began eating more solid foods, including rice balls, noodles, yams, and fish. Between meals he ate various sweets that had been gifted by visitors who stopped in to check on him. A materia medica book that Omichi had on hand at the time, Kaibara Ekiken’s 貝原益軒 Yamato honzō 大和本草 (Materia medica of Japan; 1706), provides some context for the foods she prepared for Tarō. Rice gruel, the most frequent item, was purportedly good for the stomach and a variety of ailments. According to the manual, buckwheat aided digestion, rice wine helped loosen any obstructions within the body, loach boosted the spleen and the function of the stomach, and needlefish was generally good for the sick to eat.³⁷ Omichi herself did not explicitly detail the reasons behind each dietary choice, but as we will see, Edo residents were conscious of the various effects foods were believed to have.

Diarists had good reason to record what their family members consumed during times of illness. Preparing food for the sick was not only about choosing foods that were soothing or nourishing; people in late Tokugawa Japan believed that, depending on the

patient’s symptoms, certain foods could be downright dangerous. What was good for one ailment might be detrimental for another. For instance, Shokumotsu nōdoku hen 食物能毒編 (On the beneficial and poisonous properties of food; 1848), a manual published in Edo around the time Omichi was writing her diary, declared garlic (ninniku 大蒜) beneficial for people with stomach ailments but harmful to those with eye disease. The “poisons” to which the title of the work referred were rarely constant or fixed. Whether any specific food was thought to be poisonous depended on the condition of the person consuming it.

Part of the reason diarists kept track of what sick family members ate was to document any of these potential links between their diet and changes in symptoms. In 1834, Bakin wrote about one incident involving his granddaughter. “Recently Otsugi has been suffering from chickenpox (suitō 水痘). At first, [my daughter Osaki and son-in-law Seiemon] did not realize, and they fed her sardines (iwashi 鮪), so her chickenpox became filled with pus. I warned Seiemon to be careful about food.” Shokumotsu nōdoku hen and other contemporary works contained the same proscription against giving sardines to those with chickenpox. Within the early modern framework of variable food attributes, feeding a sufferer the wrong food could have serious consequences.

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8 Ōkura Nagatsune 大蔵常, Shokumotsu nōdoku hen 食物能毒編 (On the beneficial and poisonous properties of food; 1848), 4b, held by Naitō Kinen Kusuri Hakubutsukan 内藤記念くすり博物館. Reproduced in vol. 12 of Shokumotsu honzōbon taisei 食物本草本大成, ed. Yoshii Hatsuko 吉井始子 (Kyoto: Rinsen Shoten 臨川書店, 1980), 334.
9 お次、此節水痘いたし候よし。最初、しらずして、鰻をたべさせ候故、うミをもち候よし也。食物分け候様、清右衛門～及示談。KBN, 4: 136.
10 See Ōkura Nagatsune, Shokumotsu nōdoku hen, 2a; Katsuki Gyūzan 香月牛山, Kankai shokkyō 巻懐食鏡 (Culinary mirror pocket scroll; 1790), 91b–91a, reproduced in vol. 12 of Shokumotsu honzōbon taisei, 45–46; and Ishikawa Genkon 石川元混, Nichiyō shokkan 日養食鏡 (Culinary mirror of daily regimen; 1820), 3a–3b, reproduced in ibid., 192.
To help sort out which food should be given when, literate families could turn to various guides such as *Shokumotsu nōdoku hen* that catalogued these attributes. Part of a larger genre of *materia medica* (*honzōgaku 本草学*), these manuals largely followed the basic organizational format of the highly popular and influential Ming dynasty work *Honzō kōmoku 本草綱目* (*Systematic materia medica; Ch. Bencao gangmu; 1596*). As Federico Marcon has shown, the *Bencao gangmu* served as the classificatory model for early modern Japanese manuals and encyclopedias of all kinds.\(^{11}\) This classificatory scheme comprised sixteen sections (*bu 部*), each of which further divided to make a grand total of sixty categories (*rui 類, Ch. lei*). For example, one of the sixteen sections dealt with grains (*koku 穀, Ch. gu*) and comprised the four categories of hemp-wheat-rice, millet, legumes, and fermented products. Each entry for a particular item generally listed eight attributes: proper name; variant names; physical characteristics and growing conditions; previous errors of description in related literature; pharmacological properties and methods of extraction; dosage, taste, and toxicity; treatable ailments; an account of the item’s discovery; and, finally, a list of medicinal formulas.\(^{12}\)

Japanese guides constructed on this model could result in formidable tomes covering hundreds of edible species of plant and animal. One such early example, *Honchō shokkan 本朝食鑑* (*Culinary mirror of the realm; 1697*), covered 442 items across

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12 hefty volumes resulting in a total of 1,014 pages. In addition to the standard Honzō kōmoku–style descriptions, the author weaved in his own commentary, mixing scholastic references with his own personal experiences, resulting in long, detailed entries.

An average-length entry for red beans (azuki 小豆), a sweet legume that appeared in Edo period diaries, serves as a representative example. The entry, consisting of 353 characters, explained that the beans have two planting-harvest cycles, one from the fourth to the seventh month and the other from the sixth to the ninth month. The sprouts reach a height of around thirty centimeters (one shaku 尺), with small, pointed leaves that bear yellow flowers with a somewhat rotten odor. When the bean pods reach around six centimeters in length (two sun 寸) and turn a greenish yellow or black color, they are ready to be picked. As for the beans themselves, when boiled they turn from red to a deep purple. Next the text listed several culinary applications for red beans, and how the beans can be used as a cleaning agent to remove dirt and oil from skin and clothing. Finally, the entry concluded by listing read beans’ healing properties: red beans contain no poison and are good for calming the spirit, removing excess moisture from the body, improving urination, reducing swelling, counteracting heat-poison (netsudoku 熱毒), helping to discharge the placenta, encouraging breast milk

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13 There are 507 numbered pages in the original printed version; each page has two sides for the equivalent of 1,104 pages by modern publishing standards. Hitomi Hitsudai 人見必大, Honchō shokkan 本朝食鑑 (Culinary mirror of the realm; 1697), reproduced in Shokumotsu honzōbon taisei, vols. 9–10. For a transliterated edition in modern print, see Honchō shokkan 本朝食鑑, transliterated and annotated by Shimada Isao 島田勇雄 in 5 vols. (Tokyo: Heibonsha 平凡社, 1976–81).

14 The book was written in kanbun 漢文, or classical Chinese, an efficient style of writing when compared to the more lengthy mix of kana and kanji writing often termed wabun 和文, or Japanese script. The modern transliterated version is considerably longer.
production, protecting against epidemics (on’eki 瘟疫), and counteracting poisons found in fish.\textsuperscript{15}

In contrast to such hefty tomes filled with informative but lengthy entries, other food manuals in the late-eighteenth and early nineteenth centuries forwent systematic descriptions of taxonomy and growing conditions and instead focused on the beneficial and harmful properties of foods. For example, in 1851 the agricultural specialist Ōkura Nakatsune 大蔵永常 (1768–?) published the above-mentioned book, Shokumotsu nōdoku hen, which covered nearly 450 varieties of food. This was around the same number as Honchō shokkan, but Shokumotsu nōdoku hen resulted in a relatively slim volume of just 74 pages because it listed only curative and harmful properties in simple language.\textsuperscript{16} To use the example of red beans once again, the entry simply states: “Dissipates heat poison (netsudoku 熱毒) and bad blood (akuketsu 惡血),\textsuperscript{17} strengthens the spleen, and improves urination.”\textsuperscript{18} The book was aimed at a broader audience than works like honchō shokkan, which were written in kanbun 漢文 and thus composed entirely of Chinese characters. Shokumotsu nōdokuben on the other hand primarily used kana and

\textsuperscript{15} Honchō shokkan, vol. 1, 42a–43a, reproduced in Shokumotsu honzōbon taisei, 9: 117–19.
\textsuperscript{17} Other readings for the term 惡血 include oketsu and akuchi. Here I have listed the reading given in the original text.
\textsuperscript{18} 熱毒惡血をちらし脾をつよくし小便を利す。 Ōkura Nagatsune, Shokumotsu nōdoku hen, 23b.
characters that were glossed in *kana*. It also did away with the systematic categorization of the *Bencao ganmu* in favor of simply listing each food item in alphabetical (*iroha*) order.

Specialized encyclopedic works provided a large amount of information regarding the properties of food, but they were not the only printed source of such information. More abbreviated guides to food properties also found their way into general domestic guidebooks. For example, *Sekai manpō chōhōki* 世界万宝重宝記 (Precious record of the myriad treasures of the world; 1696) covered food therapies and items to be avoided for 56 ailments.19 *Kaisei zōho chūya chōhōki* 改正増補昼夜重宝記 (Revised and extended precious record for all hours; 1776) contained information on the potential effects of 148 different foods arranged by general type from grains, to fruit, fish and animals.20

Single-page woodblock prints offered similar advice, often focusing on specific ailments and providing information in a colorful and entertaining fashion. Some of the best extant examples come from the measles (*hashika* 麻疹) epidemic of 1862, during which publishers sold a slew of prints that combined visual flair with didactic advice on how to deal with the disease. These colorful prints were so numerous that they now reside in art collections throughout the world.21 The example below takes the form of a

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sumo wrestler rankings chart (*bantsuke* 番付) featuring a lively scene in which a measles deity is tossed to the ground.

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The measles deity is accompanied by a doctor, identifiable by the iconic spoon used to mix medicines. As in other measles prints, the doctor appears to be attempting to protect the measles deity, expressing the common sentiment that doctors and medicine shop owners were profiting from the spread of the disease. The identity of the man tossing the
The title running down the center in bold script reads, “For your viewing,” (goran no tame 為御覧). The horizontal subtitle on the right, “Things that are good” is mirrored by one on the left, “things that are forbidden.” The twenty-eight legible items (several are artfully obscured by the combative scene in the lower half of the print) are listed by sumo rank in descending order, ōzeki 大関, sekiwake 関脇, komusubi 小結, and maegashira 前頭. The items on the “good” side consist of: baked salt (yakishio), aged daikon radish pickles (furutakuan), carrots (ninjin), daikon radish (daikon), wax gourd (tōgan), Chinese yam (nagaimo), dried daikon radish (kiriboshi), loach (dojō), sweet potato (satsumaimo), miso marinade (misozuke), rice-flour dumplings (shiratama). On the “forbidden side” are listed: river fish (kawa uo), water (mizu 水), young bamboo shoots (shindake), fatty foods (aburamono), buckwheat (soba), tofu, shiitake mushrooms, spicy foods (karakimono), burdock (gobo), sorgum (morokoshi), green onion (negi), cucumber (kyūri), broad beans (soramame), pickled plum (umeboshi), salted-rice bran (nukamiso).23

There is considerable variety to be found in the prescriptive and proscriptive advice of different measles prints. Another produced in Edo in the same year by artist Utagawa Yoshitora 歌川芳虎 (fl. 1850–80) depicts its dietary suggestions by replacing the heads of human forms with various foods and objects.

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23 A similar sumo rankings–style print, Hashika nōdoku yōjō ben 麻疹能毒養生辨 held by the Naitō Kinen Kusuri Hakubutsukan, lists as its top-four recommended foods: black beans (kuromame 黒豆), red beans (azuki), yaenari (known today as ryokuto 緑豆, En. mung bean), and grilled wheat gluten (yakifu). The forbidden side lists chilled foods (hiemono), raw food—especially fish (namamono)—and green onions (negi) and garlic chives (nira).
Figure 2.2 *Hashika kinki aramashi* (Gathering of the measles taboos; 1862).Courtesy of Archives and Special Collections, Library and Center for KnowledgeManagement, University of California, San Francisco.
Yoshitora had a long career of producing a variety of images, from kabuki scenes to depictions of foreign visitors during the late Edo and early Meiji period. Less well known is that he and his fellow Utagawa colleagues capitalized on the measles epidemic of 1862 by producing a number of didactic prints. In the pair of prints above, the twenty-one seated figures on the left represent the foods and activities that were to be avoided for fifty to one hundred days when suffering from measles. Those on the right are deemed beneficial to sufferers. Each trans-human figure wears a nametag to clarify its identity. The text along the top of the prints, which lists the items embodied by each of the figures, also gives a brief history of measles in Japan from ancient times to the late Edo period and provides further advice on how to deal with the disease.

These two examples of measles prints agree on some points. Therapeutic foods recommended by both sources include Chinese yams, daikon radish, carrots, wax gourds, and rice-flour dumplings. Some forbidden foods also overlap: fatty foods, burdock, green onion, and spicy foods. But the lists diverge beyond this handful of items, and they conflict on at least one recommendation: *Goran no tame* claims loach as beneficial, whereas *Hashika kinki aramashi* declares all fish flesh to be harmful. Printed dietary advice for the sick was plentiful in late Tokugawa Japan, but that abundance of information may have conceivably burdened family members choosing between conflicting sources.

While food had a dynamic relationship with illness, some constants were to be found in the diaries of Edo residents. If there was one food that could be pointed to as a ubiquitous staple of sick life, it was the previously mentioned rice gruel (*kayu* 粥). Rice

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gruel is a food in need of historiographical rehabilitation. *Gruel* is admittedly not a particularly appealing word in English, so to understand its place in Tokugawa food culture, we need to belay any quick judgments. By definition, gruel refers to a dish made with a large portion of water to grain that is similar to, but not as thick as, porridge. *Gruel* largely holds a negative connotation in the English language, because of its literary associations with the poor and destitute (e.g., in Charles Dickens’s *Oliver Twist*). In Tokugawa Japan, rice gruel was far from elegant fare but did not necessarily have a stigma attached to it. Wealthy samurai, especially in western Japan, ate it for breakfast, and even emperors consumed it.  

In eastern Japan, including Edo, rice gruel was not nearly as popular as in the west, but it remained a staple for the sick. As Kitagawa Morisada 喜多川守貞 (1810–?) explained in his voluminous encyclopedia of customs:

> In Edo, [unlike in Kyoto,] because people cook their rice in the mornings, they do not eat rice gruel. From a young age they do not eat gruel, so occasionally even when they are on the sick bed, there are many people who do not eat it...In Kyoto and Osaka because people eat gruel from a young age, they are not just being thrifty, but many people actually like it.  

Morisada explained that since people in western Japan cooked their rice later in the day, and because they preferred not to eat cold rice in the mornings, they chose to eat gruel.

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26 江戸は、おほむね朝炊なる故に粥を食せず。幼よりこれを食さず。故にたまたま病床にても、これを食し得ざる人多く...京阪にては幼よりこれを食す故に偽のみにもあらず、これを好みて食す者も多し。*Morisada mankō* 5: 77. Morisada wrote the main body of the encyclopedia between 1837 and 1853, but he continued editing and adding entries through 1867. The book did not see publication, however, until 1908 under the title *Ruiju kinsei fūzokushi* 類聚近世風俗志 (Collected customs of the early modern period).
as a warm breakfast.\textsuperscript{27} Contrary to his statement that many people in Edo did not eat gruel even when sick, for the Edoite diarists examined here, it was their food of choice when ill. The 130 odd times rice gruel appeared in Takizawa Bakin’s diary, for instance, nearly always coincided with when someone was suffering from stomach ailments, fevers, chest pains, or colds. The only other instances the family partook of the dish were on special occasions, such as on the seventh day of each new year when they ate seven-herb rice gruel (nanagusagayu 七草粥) as part of a ritual intended to ensure a year without misfortune.\textsuperscript{28}

Rice gruel was often the first food families served to sufferers after a period of not eating. For example, when Bakin was in the midst of a severe episode of gastrointestinal distress and he finally began to eat after four days of vomiting and constant diarrhea, his son, Sōhaku, recorded the moment in the diary: “This morning, for the first time he ate two monme 両 (7.5 grams) of rice gruel.”\textsuperscript{29} For the next eighteen days, Bakin’s diet largely consisted of rice gruel, occasionally supplemented with small amounts of lily bulb starch noodles (katakurimen かたくり麺) and dried rice (hoshii 糠). It was another eight days before Sōhaku reported a major change in Bakin’s diet: “Gradually, little by little, his condition is starting to get better … he ate five monme (19 grams) of red bean rice gruel and three pieces of small dried fish. This was the first time

\textsuperscript{27} Ibid., 78.
\textsuperscript{28} See KBN, vol. 1: 270; vol. 2: 292; vol. 3: 14, 315; vol. 4: 19, 560. Morisada briefly mentioned this custom in his miscellaneous writings; see Morisada mankō, 4: 167 and 5: 79.
\textsuperscript{29}今朝、始而粥粥両被召上候。KBN, 1: 154. One monme 両 is equal to about 3.75 grams.
he ate fish since he fell ill." After that day, Bakin’s consumption of gruel trailed off and he gradually returned to eating more normal fare.

Rice gruel’s ability to promote general good health and assuage specific symptoms was praised in materia medica and dietary guides as well. The author of Honchō shokkan seemed to hold rice gruel in particularly high regard and offered lessons he had learned through his own experiences:

A long time ago, I met an old man in the mountains. He was over one hundred years old, but the color in his face was bright, and his arms and legs were still healthy. When I asked him, ‘What kind of medicine are you taking in order to live this long?’ he responded, ‘From the time I reached sixty, every day I have been eating plain rice gruel, and I stop eating when I am full. That’s it. Other than that, I do not do anything special.’ Once I met a forty-plus-year-old samurai who often suffered from cold-diarrhea (reisha 冷瀉), but then every day he began eating plain rice gruel, barley rice gruel (ōmugigayu 大麦粥), or chestnut rice gruel (kurigayu 栗粥), without taking any medicine. After five years, his cold diarrhea was completely cured. After that, he lived to be over ninety years old. If this true, then this is because rice gruel improves the function of the kidney and the liver, increases vital energy (genki 元気), and nourishes the five viscera.

Rice gruel was particularly versatile as a sick food. Not only was it seen as one of the most nourishing and easily eaten foods, it also served as a vehicle for other therapeutic ingredients. Even today, rice gruel remains a staple of sick life as a sort of “chicken soup” of the Japanese culinary repertoire.

Edoite diarists recorded modifying rice gruel to heal particular ailments. For Matsuzaki Kōdō 松崎懐堂 (1771–1844), a scholar-official who grew up in Kyushu and

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30 御不例、追々少々ズ御順快…赤小豆粥五抑程、小麩干物三枚、被召上候。御発病後、始而魚類被召上候。KBN, 1: 171–72.
spent his boyhood as a monk before moving to Edo to study at the bakufu-sponsored Confucian academy (Shōheikō 昌平倉), rice gruel was both standard morning fare and a form of therapy against illness. By adding ingredients, he was able to tweak the effect of the gruel. Kōdō included several of these recipes in his diary. One such recipe, Three Flavor Rice Gruel (sanmigayu 三味粥), called for mixing summer-ripened red beans with barley, boiling and combining these two ingredients before going to bed for the night, boiling them once more upon waking in the morning, and finally adding rice to the mix to complete the gruel. Kōdō noted that this recipe was effective for hangovers and swellings.\footnote{Matsuzaki Kōdō 松崎懐堂, Kōdō nichireki 懐堂日曆, ed. Yamada Taku 山田琢 (Tokyo: Heibonsha 平凡社, 1970–83), 2: 72–73.} Other variations he recorded and used included mixing in garlic chives (nira 鶏) for stomach pain, and red beans (azuki) for constipation.\footnote{Kōdō nichireki, vol. 5: 195, and vol. 6: 3.}

What diaries and didactic texts alike reveal is that food could be an important method of treatment. When a family member got sick, the early modern kitchen served additional duty as a culinary pharmacy. When used as a treatment for illness, food had its own theoretical foundation, proscriptive rules, and recipes for specific ailments. Medical texts and domestic manuals were useful as reference works but could never be relied upon on their own. As with medicines, deciding on a course of diet required careful attention to a patient’s symptoms and the possible effects of ingested food. Diaries served both as empirical records that documented what sufferers consumed and any changes in their condition as well as compendia of potentially efficacious recipes that could be tried in future cases of illness.
Making and Consuming Medicines

Just as Edo residents prepared special foods and modified their diets during times of illness, so too did they take an active and empirical approach to medication. They dosed themselves and their family members for all types of ailments, buying pre-made commercial medicines, taking prescriptions from doctors, and making formulas at home from raw ingredients.

The diary of retired Edo city magistrate Torii Yōzō 鳥居耀蔵 (1796–1874) reveals the importance people placed on self-medicating. Yōzō served in various positions within the bakufu, ending his career in the prestigious position of city magistrate (machibugyō 町奉行) of the city of Edo during the Tenpō 天保 era reforms (1841–44). Following the downfall of the architect of the reforms and his superior, Mizuno Tadakuni 水野忠邦 (1794–1851), Yōzō found himself forced to resign and move to Marugame 丸亀 domain in northern Shikoku, where his movement and activities were carefully restricted by domain authorities. During his twenty-three years in Marugame he kept a diary that, among other topics, chronicled his illnesses and treatments.34

Although Yōzō had lost much of his wealth and nearly all of his political power, he was well looked after in Marugame. In addition to servants, domain physicians attended to his every symptom and discomfort. In the early years of his stay in Shikoku, he repeatedly noted the presence of three doctors in particular: Kozaki Gen’an 小崎玄庵,

Miyatake Tonan 宮武団, and Ikeda Kōryō 池田孝良. All three physicians consulted together in serious cases, such as when Yōzō began to experience pain in his left leg and had trouble walking in the summer of 1851. The three doctors discussed his case and settled on a course of medicine. When their prescriptions failed to show any sign of effectiveness, a fourth doctor visited and prescribed a new formula. In the end, it seems the leg improved only after Yōzō forwent all of these prescriptions and began taking his own medicine. Apparently, easy access to so many doctors at no apparent cost did not keep Yōzō from dosing himself.

Four years earlier Yōzō suffered from sudden stomach pain and recorded the course of the ailment:

5/7 Pain beneath my heart; vomited water. The doctor prepared Greater Bupleurum Root Decoction (dai saikô tō 大柴胡湯). I was shaking during the night, and he prescribed Lesser Bupleurum Root Decoction with Added Gypsum (shō kei ka seki 小柴加石).

5/8 Urgent stabbing pain in my stomach. Again the doctor prescribed Cinnamon Twig Decoction with Added Poria Sclerotium (keishi ka ryō 桂枝加苓). I shook again during the night.

5/9 Shaking again. Large vessel in my right leg is swollen.... A number of doctors made various arguments [over my treatment], but the matter was

35 These three doctors appear repeatedly between 1851 and 1852 and occasionally thereafter until 1868.
36 TKBN, 101–102.
37 In translating the names of formulas into English I primarily relied on Nanba Tsuneo 難波恒雄, Wakanyaku no jiten 和漢薬の事典 (Tokyo: Asakura Shoten 朝倉書店, 2002). Also helpful were examples in Andrew Goble, Confluences of Medicine in Medieval Japan: Buddhist Healing, Chinese Knowledge, Islamic Formulas, and Wounds of War (Honolulu: University of Hawai‘i Press, 2011); and Susan Burns, “Nanayama Jundō at Work.”
38 Yōzō abbreviated well-known formulas, especially those that he took frequently. The full name of this formula would read: shō saiko tō ka sekkō 小柴胡湯加石膏.
left unsettled. I had them prepare Bupleurum Root Middle Strengthening Decoction (saiko kenchū tō 柴胡建中湯), and I took it.

5/11 Very much recovered. ³⁹

Yōzō seemed to listen to the recommendations of doctors, but he was always ready to switch to his own plan of medication if he felt the prescribed formulas were not working.

If he did not make an entirely different formula, Yōzō would tweak those that were provided by physicians. When he suffered abdominal pain and fever in the late spring of 1852, the doctor Kozaki Gen‘an prescribed Greater Bupleurum Root Decoction with Added Japanese Pepper (sanshō 山椒) (dai saikō ka shō 大柴胡加椒). After three days of taking this formula, Yōzō decided to remove one of the ingredients, scutellaria root (ōgon 黄芩). ⁴⁰ Yōzō did not record why he removed the scutellaria root, but like many other diarists, he appears to have had a grasp of individual components and their function within formulas.

We can see this kind of modification of prescriptions within the diaries of Yōzō’s compatriots back in the city of Edo as well. Takami Senseki 鷹見泉石 (1785–1858), an official of Koga 古河 domain, spent the majority of his life living in Edo. When his father fell ill in 1807, he kept a special diary to record symptoms and treatments. Senseki recorded frequently adjusting formulas prescribed by the various doctors who

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³⁹ 5/7 心下痛、吐水。医は大柴胡湯処方、晚間振戦、小柴加石を進む。
5/8 腹拘急。医又、桂枝加芩を処す。晩又振戦。
5/9 又振ふ。右脚大路怒腫…数医議論紛々として定まらず。予柴胡建中湯を調剤せしめ服用。
5/11 顚る快。
This five-day episode appears in TKBN, 74–75.

⁴⁰ “I took out scutellaria root from the previous formula” 前方、黄を去る。Ibid., 105.
examined his father, usually by either adding or removing varieties of ginseng. The picture that diarists such as Senseki and Yōzō leave us with is of people who not only dosed themselves and their family members but also took an active role in modifying medicines that physicians gave them.

Within this context of self-medication and frequent tinkering with formulas, Yōzō placed great importance on recording who prescribed or prepared which medicines. After the name of a formula, he typically either wrote the first character of a doctor’s name or the character for “self” (ji 自). This tendency is clear throughout a series of ailments he experienced in 1851.

4/1 Sores on tongue again. Took Restorative Decoction (seiryō tō 清涼湯). Ko 小 [Kozaki].
6/1 Shoulder hurts. Took Shoulder Controlling Powder (teiken san 採肩散). Miya 宮 [Miyatake].
6/23 Recently I have not been eating. Took Stomach Pacifying Powder with Added Poria Sclerotium (bukuryō 伏苓) (heii ka ryō 平胃加苓). Miya 宮 [Miyatake].
7/3 I switched formulas to Pinellia Tuber Heart Irrigating Decoction with Added Poria Sclerotium (hange ka ryō 半瀉加苓). Ko 小 [Kozaki].

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42 3/24 頸痛、羚散服す 自。
4/1 又舌瘡、清涼湯服す 小。
6/1 肩痛、提肩散服す 宮。
6/23 近日不食。平胃加苓 宮。
7/3 半瀉加苓に転方 小。
All entries from TKBN, 100–101.
The doctors referred to here are none other than Kozaki Gen’an and Miyatake Tonan mentioned above. Yōzō seemed to heed their advice and take their prescriptions, but he was the ultimate arbiter of his own treatment, whether that meant changing doctors, modifying their prescriptions, or making his own medicines. Examining the formulas listed over the course of six years between 1846 and 1851 as a sample, it appears that Yōzō dosed himself around three-fourths of the time.43

Yōzō’s writings reveal a rhythm to trying different medicines. For chronic, mild ailments, such as the weakness in his leg discussed earlier, or when he experienced small sores on this tongue, he would take the same medicine (or combination of medicines) for seven to twenty consecutive days.44 For more acute illnesses, Yōzō switched medicines every few days. For instance when he experienced stomach pains and vomiting in 1846, he took four different medicines and one bowl of rice gruel over the course of eight days:

9/4 Pain below heart; large vomiting. Took Greater Bupleurum Root Decoction. Made by myself.
9/6 My illness has become increasingly severe, and I cannot freely get in and out of bed. I added mirabilite (bōshō 芝硝)45 to the previous formula. I prepared the medicine myself and took two doses.
9/7 Had diarrhea twelve times. Removed the mirabilite and instead added coptis root (ōren 黄連).
9/10 For the first time I took pueraria root paste (renkatsu 煉葛) with water.
9/11 Tonight for the first time I ate thin rice gruel.46

43 Of the forty-one formulas listed, Yōzō appears to have chosen and prepared thirty of them himself. TKBN, 58–102.
44 TKBN, 100–101.
45 Mirabilite is a sodium sulfate crystal that can be found near certain hot springs. Nanba Tsuneo, Wakanyaku no jiten, 277–78.
46 9/4 心下痛み大吐。大柴胡湯服す。自ならり。
From the 11th day of the 9th month, Yōzō’s condition continued to improve, and he completely recovered on the 22nd. Sufferers and their families tried different formulas not out of blind desperation but rather based on observation. Changing symptoms or the lack of noticeable efficacy warranted modifying treatment. In the beginning of the eight-day record above, after taking Greater Bupleurum Root Decoction, Yōzō noted on the fifth that his urine and bowel movements had become impaired. Mirabilite, which he added on the following day, was widely reported to ease the passing of stools and urine, and it seemed to work, perhaps too well—after adding the mineral to the formula, he suffered frequent diarrhea. The coptis root, with which he replaced the mirabilite, was often used to stop diarrhea and assuage stomach discomfort.\(^\text{47}\)

A similar rhythm of switching or modifying medicines can be found in all of the diaries examined in this dissertation that record medicine usage. When Bakin was struck by dysentery-like symptoms of stomach pain, severe diarrhea, bloody stools, and fever in the summer of 1827, his son noted every change in his condition and treatment. Excluding slight adjustments in the amounts of any given medicine taken, the family changed or modified the formulas he took thirty-three times over the course of forty-six days.\(^\text{48}\) These medicines were variously recommended by family members, doctors, and acquaintances and included formulas mixed at home, premade commercial medicines, and those prepared by three different physicians and their disciples.

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\(^{9/6}\) 病益々甚しく起臥自由ならず。前方に加芒硝、自来し、二貼服す。
\(^{9/7}\) 便利十二行。硝を去り、黄連加服す。
\(^{9/10}\) 初めて煉葛を水服す。
\(^{9/11}\) 此の夕始めて稀粥を食す。

These five entries are from TBKN, 60–61.

\(^{47}\) For the effects of mirabilite and coptis root see Nanba, Wakanyaku no jiten, 30–32.
\(^{48}\) KBN, 1: 151–86.
During times of illness, diarists evaluated medicines on a near daily basis. When Matsuzaki Kōdō experienced lower back pain, blood in his urine, and a dry mouth he took Five Mushroom Powder (goreisan 五苓散).\footnote{See later in this chapter for a full description of this formula.} He recorded that the formula reduced the dryness in his mouth, but his back pain only increased. So he began taking Bupleurum and Poria Decoction (saireitō 柴苓湯) prescribed by a doctor, Inaba Chōan 萩葉長安.\footnote{Saireitō can be found in Shōni ryōji chōhōki 小児療治重宝記 (Precious record of treatments for children; 1845), 158a–158b, reproduced in Chōhōki shiryō shūsei, 23: 433–34; and Taki Motoyasu 多紀元範, Kanshūhō yōho 観聚方要補 (Overview of collected formulas essential and supplemental; 1819) 3: 42b, reproduced in Kinsei kanpō igakusho shūsei 近世漢方医学書集成, ed. Ōtsuka Keisetsu 大塚敬節 and Yakazu Dōmei 矢数道明 (Tokyo: Meicho Shuppan 名著出版, 1979), 47: 426.} The next morning he reported the medicine “very effective” (sukoburu kō ari 頑る効あり).\footnote{Kōdō nichireki 4: 102.} When he suffered from stomach pains, he tried a commercial medicine he had heard much about, Hanabusa Bunzō’s 英文蔵 Rising Dragon Pill (tōryū gan 登龍丸), but on the third day he wrote, “I have been continuously been taking Bunzō’s pill for three days but there is no effect,” and he never took it again.\footnote{三日文蔵丸薬を連服するも効なし。Ibid., 6: 355.} Kōdō’s diary is filled with similar notes about whether certain medicines had any effect. Diarists and their family members were quick to switch to new formulas or modify their current regimen if it proved ineffective or if their symptoms changed.

Like Kōdō and other early modern diarists, Yōzō’s proclivities for frequently changing medicines meant that he usually consumed several different admixters every time he fell ill. But among the diverse formulas he consumed, certain medicines served as standard treatments for common ailments and would have been familiar to his fellow...
townsfolk back in the city of Edo. Many, in fact, can still be found in drug stores in Japan today.

For instance, when Yōzō suffered from colds (kanbō 感冒), he prepared Pueraria Root Decoction (kakkon tō 薏根湯). This formula can be found in medical texts published by the bakufu medical academy as well as in medical books aimed at popular audiences and a variety of domestic manuals. The formula typically consisted of eight parts pueraria root (kakkon 薏根), four parts ephedra (maō 麻黃), four parts jujube (taisō 大棗), three parts cinnamon bark (keihi 桂皮), three parts peony root (shakuyaku 芍藥), two parts licorice root (kanzō 甘草), and one part dried ginger (kanshōga 乾生姜).

Pueraria Root Decoction can also be found in the diaries of Yōzō’s contemporaries back in Edo. Kōdō, Bakin, and Omichi all recorded preparing this decoction when they or their family members had colds. While Yōzō likely relied on servants and doctors to bring him medicinal ingredients, the other diarists examined here relied on family members to obtain components they did not have on hand. Like Yōzō, the families in Edo mixed and prepared the formulas at home. Omichi wrote of one such occasion when she was sick: “Today I have spent the entire day inside. With my cold I have had the chills and been lying down with the portable heating-stove. So after lunch [my daughter] Osachi went to the medicine store in Kubo-chō to buy medicines. She soon bought them and returned home. She prepared Pueraria Root

53 TBKN, 73, 95, 100, 105, 112, 146, 177, 196, 202, 218, 220, 229.
Decoction, and I took it.” By identifying these popular formulas, we can reconstruct a common medicinal repertoire shared by literate Edoites, as well as gain a glimpse into people’s medicine chests.

Below are four of the most common formulas, in addition to Pueraria Root Decoction, that Yōzō, Kōdō, Bakin, and Omichi recorded preparing. The ingredients listed for each formula are taken from contemporary medical texts and domestic manuals, including *Nichiyo chōhōki* 日用重宝記 (Precious record for daily use; 1764), *Kohō benran* 古方便覧 (Convenient reference for ancient formulas; 1782), *Myōyaku tebikigusa* 妙薬手引草 (Handbook of miraculous medicines; 1783), *Kanshūhō yōho* 観聚方要補 (Overview of collected formulas essential and supplemental; 1819), and *Idō ryōji chōhōki* 医道療治重宝記 (Precious record of medicine and treatments; 1860).^57

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56 今日終日在宿。感冒にて悪寒致候由にて、安火ニ平臥。依之、昼後おさち久保町薬種屋江薬買取ニ行、ほどなく買取、帰宅。即、葛根湯調剤致、煎用ス。 *Michi-jo niki*, 373.
Five Mushroom Powder (gorei san 五苓散)\textsuperscript{58}

Formula: five parts alisma (arrowhead) root (omodaka 沼漉), three parts atractylodes root (jutsu 赤), three parts polyporus sclerotium (chorei 猪苓), three parts poria sclerotium, two parts cinnamon bark.

Used for: dehydration, nausea, stomach pain, and headaches.\textsuperscript{59}

Bupleurum Root Cinnamon Twig Decoction (saiko keishi tō 柴胡桂枝湯)\textsuperscript{60}

Formula: five parts bupleurum root, two parts ginseng, four parts pinellia root (hange 半夏), two parts jujube, three parts cinnamon twig, two parts licorice root, two parts peony root, one part dried ginger, two parts scutellaria root (ōgon 黄芩).

Used for: stomach ache, nausea, fever, and chills.

Greater Bupleurum Root Decoction (dai saiko tō 大柴胡湯)\textsuperscript{61}

Formula: six parts bupleurum root, three parts peony root, three parts pinellia root, three parts jujube, four parts ginger (shōga 生姜), two parts unripe citrus (kijitsu 枳実), three parts scutellaria root, one part rhubarb (daiō 大黄).

Used for: diarrhea, dehydration, stomach pain, and nausea.


\textsuperscript{59} The uses for each medicine are compiled from the diarists’ own accounts as well as from Taki Motoyasu’s Kanshūhō yōho.

\textsuperscript{60} For diarists’ records, see TKBN, 73, 75. Kōdō nichireki, vol. 3: 150, 200, 272; vol. 4: 99; vol. 6: 194, 210, 338. KBN, 4: 420, 502. Michi-jo nikki, 220, 221, 229, 393, 394, 429. This formula was often abbreviated as saikei tō 柴桂湯. A formula can be found in: Kohō benran, 26a, reproduced in Minkan chiryō, 5: 605.

Pinellia Root Heart Irrigating Decoction (hange shashin tō 半夏瀉心湯) 62

Formula: five parts pinellia root, three parts ginseng, three parts scutellaria root, three parts licorice root, two-and-a-half parts dried ginger, three parts jujube, and one part ephedra.

Used for: stomach pain, nausea, and indigestion.

Examining this small sample of the most popular formulas across these four diaries reveals some common characteristics of medication in early modern homes. The uses for these formulas hint at the kind of ailments faced on a regular basis, especially the pervasiveness of gastro-intestinal ailments. Examining the medicinal ingredients on this list also allows us to look inside people’s medicine chests and reconstruct a common domestic pharmacopoeia. Historians have paid great attention to imported foreign ingredients arriving in the ports in Nagasaki and Tsushima, especially Korean and Chinese ginseng. 63 Ginseng certainly loomed large in the early modern medical consciousness, as we saw in the example of Takami Senseki adding it to the prescriptions physicians prescribed for his father. Ginseng appears in two of the five formulas above, but it was far from the most pervasive ingredient.


The five most common components in terms of quantity and occurrence were: jujube (taišō 大棗), pinellia root (hange 半夏), bupleurum root (saiko 柴胡), peony root (shakuyaku 芍薬), and ginger (shōga 生姜). Compared to ginseng, these ingredients were of a more mundane sort that, however common in the lives of Edoites, have managed to avoid the limelight of the history of medicine. All of them were locally produced in the Japanese archipelago and readily available in medicine shops.

That these diarists recorded preparing these medicines says something about medical knowledge among literate city dwellers as well. All of these formulas can be traced back to a foundational work in Chinese medicine, the Shanghan lun 傷寒論 (J. Shōkanron; Treatise on cold damage), written by Zhang Zhongjing 張仲景 around the second century. This work garnered newfound interest and circulation in Tokugawa Japan. As Benjamin Elman and Daniel Trambaiolo have separately demonstrated, many doctors in the eighteenth and nineteenth centuries dedicated themselves to reviving the “ancient formulas” (kohō 古方) found in Zhang Zhongjing’s work. These formulas had

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64 One exception is Chinese licorice root, the topic of investigation in Miyashita Saburō, “Kanzō no yunyū” 甘草の輸入, Kansai Daigaku tōzaigakujutsu kenkyū kiyō 関西大学東西学术研究紀要 42 (March 1991): 39–56.
65 Although not infallible, Kaibara Ekiken’s Yamato Honzō serves as a rough guide to the material medica of the Japanese archipelago, since Ekiken included in his text only those items that could be found in Japan. See Marcon, The Knowledge of Nature, 91–101. For all five ingredients, see Yamato honzō, 1: 155, 192, 205, 209, and 234. For descriptions of each in modern Japanese, see Namba, Wakanyakō no jiten, 108, 133, 143, 192, 253. Of course, just because these ingredients were cultivated in Japan does not mean they were also not imported. Surviving records from the Nagasaki trade show that both bupleurum root and ginger were occasionally imported from China. See Habu, Kampōyaku no rekishi, 54–55.
clearly gained widespread traction beyond physicians’ practices as daily remedies in literate households by the early nineteenth century.

Using these “ancient formulas” did not mean strictly adhering to a text more than a millennium-and-a-half old, however. In examining the case records of the doctor Nanayama Jundō 七山順堂 (1818–68), who practiced in Dewa 出羽 province (present-day Akita 秋田 prefecture), Susan Burns has demonstrated how most of his formulas were based on, but not limited to, those from the Shanghan lun. Jundō’s two volumes of case records also reveal that he was constantly innovating and manipulating the formulas in an effort both to improve the originals and to create appropriate treatments based on his patients’ changing symptoms.\(^{67}\) Much in the same way, the diarists here were involved in a similar empirical endeavor. They may not have written their own commentaries on the Shanghan lun as Jundō did, but their diaries are proof of their approach to making medicines and modifying formulas outside of the oversight of hired physicians.

The existence of these common formulas in diaries hints at a shared medical literacy. Of course, the diarists did not limit themselves to the “ancient formulas” found in the Shanghan lun, and the variety of popular manuals that contained these formulas meant that people need not have read the original text to familiarize themselves with Pueraria Root Decoction or Five Mushroom Powder. But the ability to prepare and modify formulas serves as a reminder that medical knowledge and the ability to prepare components into medicines was not solely the purview of doctors.

\(^{67}\) See Susan Burns, “Nanayama Jundō at Work,” esp. 71–78.
Buying and Producing Commercial Medicines

The biggest difference between the record Yōzō kept in Marugame and the other Edoite diaries examined here is the absence of the countless variety of commercial medicines that were sold in the city he had left behind. Along with the formulas that families in Edo prepared from raw ingredients, premade commercial medicines constituted a large portion of their home treatments.

In 1591, not long after Tokugawa Ieyasu established his new castle town of Edo, an enterprising merchant moved there to set up a store specializing in remedies for eye ailments.68 This was the first in what would become a flood of medicine stores. By the early nineteenth century, residents and visitors could choose from hundreds of such shops. Edo kaimono hitori annai 江戸買物独案内 (Self-guide to shopping in Edo; 1824), a guide book sold to travelers and armchair window-shoppers, contained nearly 260 advertisements for medicine stores.69 This number certainly did not include every shop specializing in medicines, nor did it include itinerant merchants or the myriad other stores and temples that sold medicines on the side. Medicine stores and their products filled the city landscape and provided sufferers with a huge variety of therapeutic options.70

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69 Nakagawa Hōzando 中川芳山堂, Edo kaimono hitori annai 江戸買物独案内 (Self-guide to shopping in Edo; 1824). Held by the National Diet Library. The shopping guide contained 257 of ads for medicine stores, 50 of which were wholesalers of medicinal ingredients (yakushu monya 薬種問屋). A few of the store locations were listed twice, both as wholesalers and as sellers of premade commercial medicines, bringing the number of main store locations in the ads down to 249. On the other hand, many of the ads also listed several branch locations owned by a single merchant, bringing the total number of store locations to around 300.
70 The best overview of medicine stores in Edo is Yoshioka Shin 吉岡信, Kinsei Nihon yakugyōshi kenkyū 近世日本薬業史研究 (Tokyo: Yakuji Nippōsha 薬事日報社, 1989). See also
Broadly speaking, the items sold by these stores can be split into two categories: individual medicinal ingredients and pre-prepared medicines. Individual medicinal ingredients (yakushu 薬種), otherwise known as raw medicines (kigusuri/shōyaku 生薬), were intended for buyers to prepare and mix on their own as we saw earlier in this chapter. The term historians writing in English most often use for the other category of pre-prepared medicines, “patent medicines,” can be misleading. This word derives from a practice beginning in eighteenth-century England of applying to the patent office to register a proprietary medicine.71 Tokugawa Japan, however, maintained no system of patent registration. Despite this difference, historians still use the term to refer to medicines made and sold without prescription or physician oversight. To avoid any potential confusion, I will use the term used by early modern Japanese medicine buyers and sellers themselves, baiyaku 売薬, or “commercial medicines.”

The diaries of Edo residents are filled with experiences and information related to baiyaku. The Rising Dragon Pill that Matsuzaki Kōdō took for stomach pains, mentioned earlier, was one such commercial medicine. Although he took it at the end of 1843, he first wrote about the promising medicine nearly two years earlier: “Rising Dragon Pill: Sold by the bookstore owner Matsudaya Den’emon 岡田屋伝衛門 in Shinbashi Takegawa-chō 新橋竹川町. Miraculously effective for curing tan’in 痰飲 (excess fluid in the stomach). [My student] Miyahara 宮原 says that his wife’s mother

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71 See, for example, Roy Porter, Quacks: Fakers and Charlatans in English Medicine, illustrated ed. (Charleston, SC: Tempus Publishing, 2000), 36.
has experienced [its effects].” Just as Kōdō kept track of potentially useful recipes and medicinal formulas, so too did he make note of commercial medicines. Another example was White Dragon Salve (hakuryūkō 白龍膏), a familial formula (kahō 家方) sold by a silk shop and attested to by his friend Bonsai 凡斎. Kōdō’s entries followed a pattern in which he named the medicine, described its effects, and attributed the information and the medicine’s apparent efficacy to an acquaintance.

As we can see from these two examples, medicines were neither always sold by drug stores nor prepared by doctors or pharmacists. In this regard, the records of the Takizawa family are valuable not only for what they reveal about medicine consumption but also for what they tell us about small-scale production of commercial medicines. Bakin supplemented his writing income by producing and selling medicines on the side. As a fiction writer who also sold medicines, Bakin was not alone. Fellow authors such as Santō Kyōden 山東京伝 (1761–1816) and Shikitei Sanba 式亭三馬 (1776–1822) also engaged in similar supplemental livelihoods. We can see evidence of these medicine businesses in the authors’ own works. Santō Kyōden, for instance, included advertisements for his medicines alongside his own book promotions in the final pages of his works. While the staple of his store seems to have been tobacco-related items, he...

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72 登龍丸。新橋竹川町の書肆、岡田屋伝衛門売る。痰飲を治すること妙。宮原生云、その妻の母経験すと。Kōdō nichireki, 6: 185.
73 Ibid., 4: 148.
74 Shikitei Sanba’s medicine advertisements can be found in Edo kaimono hitori annai, 252b and 253a. His medicines also appear in the back of many of his works of fiction, such as Chūshingura henchikiron 忠臣蔵偏発気論 (Strange tales from The treasury of loyal retainers; 1812) and Hitogokoro nozoki karakuri 人心覗からくり (Trick for peeping into people’s minds; 1812), reproduced in Shikitei Sanba shū 式亭三馬集, ed. Tanahashi Masahiro 柵橋正博 (Tokyo: Kokusho Kankōkai 国書刊行会, 1992), 243 and 363.
also sold medicines. His most famous medicine was the Reading Pill (*dokusho gan* 理書丸), an advertisement for which reads:

**Reading Pills** 1 pack, 1 monme 5 bu
Bolsters one’s patience, improves memory, strengthens eyesight, and good for when you are bored. Also sweeps away glum feelings and refreshes the spirit. To be used by those suffering from weakness and thirst. Beneficial to stock up before heading out on a trip. Further details included in the efficacy guide. Place of sale: Kyōden’s Shop.\(^{75}\)

Although scholars have occasionally described Kyōden’s shop as a medicine store, this is not entirely accurate. He did sell a handful of medicines there along with women’s makeup, but as noted earlier the majority of his goods were tobacco related, especially tobacco pouches and pipes.\(^{76}\) This might seem a minor point, but it reinforces the fact that medicine sales were not limited to special pharmacies, and shops of all kinds could sell remedies produced through the cottage industry of commercial medicines.

For the Takizawas, selling medicine was truly a family business in which all members participated. Producing the medicines involved buying, preparing, and measuring the ingredients before combining them according the familial formulas (*kahō*). Beyond compounding the medicines, the family also had to fold paper into packages, label each with the medicine’s name, and write an instruction sheet to accompany each package. The rate at which the Takizawa family produced medicines varied depending on their pending orders, but in general, they were able to prepare

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\(^{75}\) 読書丸　一包代一匁五分
気根を強くし、物覚へよくし、眼力を強くし、ものに退屈したるによし。又、鬱気を払
い、気分を爽やかにする。虚症潟症の人用てよし。又、旅行にたくわへて益多し。詳しくは
能書にあり。

売弘所京伝店
リカン社, 2004), 588.

\(^{76}\) Koike Tōgorō 小池藤五郎, *Santō Kyōden* 山東京伝 (Tokyo: Yoshikawa Kōbunkan 吉川弘文
館, 1961), 89, 106.
around one hundred packages and accompanying sets of instructions over the course of fifteen days.\textsuperscript{77}

Although they occasionally made other varieties, four main medicines formed the core of the family’s production. These medicines, their prices, and their intended effects can be found in advertisements throughout many of Bakin’s works of fiction. One such advertisement in the back of episode eighty-two of \textit{Nansō Satomi hakkenden} 南総里見八犬伝 (The eight dog chronicles), published in 1832, reads:

- **Familial Divine Woman Decoction** Miraculous medicine for various women’s path-of-blood [vaginal] ailments. One pack, 100 coppers (dō 銅). This medicine uses a good prescription that is a family secret. Its effectiveness is particularly immediate before and after giving birth; [its effect is] like an act of a god. And yet it is not only for path-of-blood ailments. When it is used according to the [prescribed] symptoms, there is no way you will say it is not effective. This is not the common type of “shake out” medicine.\textsuperscript{78} One can see all the details on the paper packaging.

- **Refined Wonderful Effect Pills** Large pack, 2 gold \textit{shu} 朱. Medium pack, 1 \textit{monme} 分 \textit{bu} 5. Small pack, 5 \textit{bu}. Not sold in smaller quantities. Made by choosing medicinal ingredients, using a precise method of production, and applying family knowledge to create the perfect dosage. For these reasons, its effects are 100 times greater [than other similar formulations], [its effect is] as if a god has acted.

- **Bear Gall Black Pills** One pack, 5 \textit{bu}. Pills made from bear bile without much filler material added.

\textsuperscript{77} See, for example, \textit{KBN}, 3: 56–67.

\textsuperscript{78} So-called “shake-out” medicines were intended to be placed bag-and-all in hot water and shaken or agitated to diffuse the medicine into the water.
Women’s Menstrual Cramp Miraculous Medicine One pack, 64 copper.
Half-pack, 32 copper. Especially good for menstrual cramps. Use in cases of delayed vaginal discharge after birth with no fear of blood clots.79

The advertisement ends by listing the place of manufacture as Bakin’s house and the place of sale as his son-in-law’s shop. Though not mentioned in this specific ad, the family also sold their medicines through Bakin’s publisher, Ichibei 市兵衛 of the Izumiya 和泉屋 bookstore.80

The word “familial” here is one that appears in many medicine advertisements in the late Tokugawa period. What I gloss as “familial” is the term kaden 家伝, which literally means “transmitted through the family.” While it might seem odd for Bakin to advertise his medicines as one tied to his family line despite no claim or obvious family connection to physicians, these formulas drew upon a different kind of authority than bookish medicine. The implication of the term “familial” was that a medicine’s efficacy had been proven over the course of several generations. Familial medicines made sense in a world in which the home was the locus of treatment and the family served as the administrators of that therapy.

79 家伝神女湯 婦人ちのみち諸病の妙薬 包代百銅 此くすりは家密の良方にしてなかんつく産前産後ちのみちに既効神のごとし着ちのみちのみにもあらず症にしたかつてよく用るときは効あらずといふことなしよのつねなるふり出しのたぐひにあらずくわけはつつみ紙にみえたり
精製奇応丸 大包代全金と 中包代半々分 小包代五分 はしたうり不仕候 薬種をえらみ製方をつまびらかにしほんりやう家伝の加げんをもってすこのゆえにその効百ばいあたかも神のごとし
熊胆黒丸子 一包代五分 くまのい汁をもって丸ず多くのりをまじへず
婦人つぎむしの妙薬 一包六十四銅 半包三十二銅 つぎむしはさらももさんごをり物の滞りに用ひてせくくわいのうれいなし

In Nansō Satomi hakkenden 南総里見八犬伝, episode 82 (dai hachijūnikai 第八十二回), series 8 (hasshū 八幡), volume 5 (kan no go 巻五), 22 a. Held by Waseda University.
80 KBN, 3: 56. Izumiya is listed in Edo kaimono hitori annai, vol. 1, 31b.
It may be tempting to view the family’s medicine business as merely taking advantage of Bakin’s popular works of fiction to peddle useless “snake-oil.” In fact, these familial medicines were among the most frequently consumed drugs within the Takizawa household. Everyone in the family apparently took Refined Wonderful Effect Pills and Bear Gall Black Pills for cramps, abdominal pains, nausea, and diarrhea.\(^{81}\) The women in the family regularly took Familial Divine Woman Decoction and Women’s Menstrual Cramp Miraculous Medicine. After Bakin’s daughters had moved out of the home, they returned when their supplies of Divine Woman Decoction ran low.\(^{82}\) Producing these medicines was both a means of livelihood and a way to stock the family’s medicine chest with useful therapies.

**Conclusion**

This chapter began by asking how our perspective on how people dealt with illness in early modern Japan might change if we consider diaries as valid sources for the history of medicine. In explaining how families used food and medicines to treat illness, the overarching theme that emerges is how frequently families changed therapies depending on a patient’s symptoms. From a broad perspective, this theme might not appear so novel a conclusion. After all, Susan Burns’s examination of Nanayama Jundō’s case histories has already shown that doctors often faced competition and that Jundō was sometimes only one of several doctors to treat a single patient. What is new here is that diaries show how families were not simply replacing one outside authority with another. Rather, they modified sick family members’ diets,

\(^{81}\) Examples can be found in *KBN*, vol. 1: 44, 45, 96, 164, 223, 364, 387; vol. 2: 116, 177, 188, 234, 249, 310, 311, 373, 376, 381, 400, 439, 476.  
\(^{82}\) *KBN*, 1: 77 and 112.
dosed them using formulas prepared within the home, hired doctors and modified their prescriptions, and bought premade commercial medicines to use at home. They made these decisions based on firsthand knowledge of their family members’ conditions and any change in their symptoms.

In the introductory chapter to this dissertation, I discussed the value of locating medical history in diaries. In examining instances of diet modification and medication, we can see these daily records are more than windows into how people dealt with illness in the past. In a sense, diarists were compiling case histories of their family’s illnesses. To be sure, these case histories were interspersed with entries having little to do with disease or therapy, but the diaries provide some of the most detailed accounts of illnesses and treatments that we have of early modern Japanese society. In addition to case histories, diaries also served as formularies, cookbooks, and catalogues of commercial medicines, all rolled into one, with the added value of tracking efficacy personalized to individual sufferers. Rather than viewing diaries as simple records of events, or sources to demonstrate and validate ideas found in medical texts, we should recognize these domestic records as medical texts in their own right.
Chapter Three

Praying for Recovery

Introduction

Religious healing in early modern Japan is a well-acknowledged but little-studied subject. Historiographically speaking, it has resided between the academic fields of religion and the history of medicine. Historians of religion have tended to discuss religious therapy in isolation from other forms of therapeutic practice, and historians of medicine have generally treated it, if at all, in piecemeal fashion.¹ Most scholarship casts religious healing in the eighteenth and nineteenth centuries as a last resort or something practiced only in cases of certain diseases. What little work has been done on the subject has focused on endemic smallpox and measles, epidemic disease, or fox possession (often interpreted by historians as mental illness).² These

¹ Monographs on religious healing tend to focus on earlier periods. See Shigeta Shinichi 繁田信一, Onmyōji to kizoku no shakai 陰陽師と貴族社会 (Tokyo: Yoshikawa Kōbunkan 吉川弘文館, 2004); and Koyama Satoko 小山聡子, Shinran no shinkō to jujutsu : byōki chiryō to rinjō gyōgi 親鸞の信仰と呪術 : 病気治療と臨終行儀 (Tokyo: Yoshikawa Kōbunkan 吉川弘文館, 2013).
afflictions were indeed all targets of religious healing, but, as I will argue, the therapeutic repertoire of Edo residents in the late Tokugawa period included a much broader spectrum of religious therapies for all manner of illnesses.

For those studying illness and therapy in early modern Japan, excluding religious practice as a subject of investigation is a methodological choice—a division that most Edo residents would not have made. The goal of this chapter is not to provide a comprehensive survey of the wide variety of religious healing practices in late Tokugawa Japan, though the topic is rich enough that many books could be dedicated to the subject. Instead, I aim to integrate religious healing into the larger picture of therapeutic practice within the city of Edo.

As a starting point, I explain the term “religious healing” and why the subject merits close investigation. Then, using the Takizawa household as an example, I demonstrate how even a family steeped in medicinal commerce and bookish medicine relied on temples and shrines when faced with all manner of ailments. Next I turn to the diary of the noh performer Umewaka Minoru (1828–1909) to illustrate the larger context of early modern religious practice. We will see that diarists visited a wide range of temples and shrines to pray for recovery in part because different sites were associated with particular illnesses. Just as the previous chapter revealed how

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2008); and Susan Burns, “Relocating Psychiatric Knowledge: Meiji Psychiatrists, Local Culture(s), and the Problem of Fox Possession,” Historia Scientiarum 22: 2 (2012): 88–109. Most of these works are more concerned with etiologies of illness connected to deities than with actual therapies. Some important exceptions to these general trends include Duncan Williams, The Other Side of Zen: A Social History of Sōtō Zen Buddhism in Tokugawa Japan (Princeton, NJ: Princeton University Press, 2005), esp. 86–116. Also of note are several passages in the encyclopedic works written for a general audience, such as Tatsukawa Shōji 立川昭二, Kinsei yamai no sōshi: Edo jidai no byōki to iryō 近世病草紙：江戸時代の病気と医療 (Tokyo: Heibonsha 平凡社, 1979); and Miyata Noboru 宮田登, Edo no hayarigami 江戸のはやり神 (Tokyo: Chikuma Shobō 筑摩書房, 1993).
guidebooks helped people sift through myriad options for medicines and food, so too
did guidebooks offer instructions for how to perform religious therapies and advice for
which sites were efficacious for which ailments. Finally, in considering the place of
smallpox in early modern life, I argue that smallpox was more than a disease; it was an
event in which illness, family rituals, and religious practice were woven into one. In
total, this chapter argues that religious therapies were a regular and essential part of
illness management that allowed large numbers of people to participate in an
individual sufferer’s treatment.

**Toward an Integrated History of Healing**

Throughout this dissertation and chapter I use the terms “religious therapies”
and “religious healing” as shorthand for a diverse range of treatment methods. These
are terms of my own choosing that denote therapies that were tied to temples, shrines,
and deities. Religious therapies also involved prayers, charms and amulets, and
medicines or substances imbued with divine power. There is no ideal word to capture
this category. Some readers may object to these terms, especially since some scholars
have criticized the concept of “religion” as a Eurocentric construct that does not apply
to premodern Japan. One popular alternative, “faith healing,” has its own problems.
Faith healing might avoid the potentially problematic construct of “religion,” but at the
same time it suggests that these therapies involved willful belief on behalf of the
participants, a claim that is difficult, if not impossible, to prove. Furthermore, non-

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religious healing methods, including the use of doctors and herbal medicines, arguably required an equal amount of faith. In short, my use of “religious therapies” is a heuristic device that allows me consider a category of ubiquitous healing practices that have largely remained outside of the field of history of medicine but were essential to families at the time.

In his study of the diverse activities of the Sōtō Zen sect, Duncan Williams argues that historians of early modern Japan have overlooked the therapeutic aspects of religion in favor of exploring “advances in Sino-Japanese medicine” and the new “school of Dutch medicine.”

Historians of medicine have written on more diverse topics than perhaps Williams suggests, but he is essentially correct about the lack of attention given to religious healing, especially within the community of historians of medicine. A statistical analysis of the articles published in Japan’s premier history of medicine journal, Nihon ishigaku zasshi 日本医史学雑誌, illustrates this trend of disregarding religious therapies. In the past thirty years, of the journal’s 417 peer-reviewed articles, only eight deal explicitly with religion, and of those only one is concerned with early modern Japan. This small number is at odds with the prevalence of religious healing in the lives of people living in Tokugawa Japan. It also reflects a field concerned with reaching back in time to find the closest analogues of modern biomedicine.

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4 Duncan Williams, The Other Side of Zen, 88–89.
5 This analysis is based on a database I constructed that accounts for all articles from 1985 to 2014. The single article that deals with the Tokugawa period does not, in fact, discuss religious therapies but rather the epidemiological effect of burial rituals. See Kōzai Toyoko 香西豊子, “Kinsei nihon no shitai kuyō” 近世日本の屍体供養, Nihon ishigaku zasshi 日本医史学雑誌 53, no. 4 (2007): 531–44.
Much of the work over the past thirty years in the social history of medicine in Japan might be broadly characterized as telling the story of “the rise of doctors.” The most well-known articulation of this argument was made by Tsukamoto Manabu in his study of the changing therapeutic landscape from the seventeenth to the late eighteenth century. By tracking the increasing number of doctors recorded in various documents, especially in rural areas, he argued that doctors and their medicines overtook priests and prayer as the main form of treatment by the second half of the Edo period, a change he credits with a corresponding decrease in death rates.  

Since the publication of Tsukamoto’s work, several books have reached similar conclusions, the most sweeping in scale being Umihara Ryō’s Kinsei iryō no shakaishi: Chishiki, gijutsu, jōhō 近世医療の社会史：知識・技術・情報 (A social history of early modern therapy: Knowledge, technique, and information). In this rigorous and convincing study of the spread of doctoring and bookish medicine, Umihara acknowledges religious healing by citing records of rituals held during times of epidemics in rural areas. On the other hand, he offers no analysis of such rituals. His main concern is to find evidence of doctoring, and in his chapters that deal with urban environments, where doctors were plentiful, there is virtually no mention of religious

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healing. This gives an impression that within urban centers religious therapies became displaced by or were secondary to the services of doctors.

Understandably, this story of the rise of doctors and bookish medicine appeals to historians of medicine for several reasons. It is not only empirically compelling but it is also a demonstrable change that seems to foreshadow the later development of state-regulated biomedicine in the late nineteenth and early twentieth centuries. Historians have convincingly demonstrated an increase in the number of doctors but at the same time have also explicitly or implicitly argued that this increase was accompanied by a decrease in reliance on religious therapies. This doctor-focused line of research often harbors the assumption that religious therapies took a back-seat position as last resorts during times of epidemics or were primarily used by people too poor to afford medical practitioners.

The families we have observed in previous chapters, such as the Takizawa, Saitō, Takamori, Umewaka, and Matsuzaki, were all literate, were well-educated, often had considerable knowledge of medicine, and possessed enough wealth to hire whatever manner of practitioner they wished. And yet, their use of doctors and medicines did not preclude religious healing. If these literate city dwellers helped to sustain thousands of practicing physicians, so too did they fuel the therapeutic offerings of hundreds of religious sites in and around the city.

**Religious Healing in a Medical Family**

If there were a single family that embodied the early nineteenth century’s rise of doctoring and bookish medicine, the Takizawa family would be it. Bakin studied
medicine at a young age before giving it up in favor of writing popular fiction. He never entirely abandoned the pursuit of medical knowledge; he obtained and read books on healing and materia medica. Like other popular Edo authors, he even supplemented his writing income with his own commercial medicine business, which saw all members of the family compounding ingredients and packaging them for sale. His son, Sōhaku, was a practicing doctor who, for a time, served as personal physician to the Matsumae 松前 daimyō. Sōhaku’s wife, Omichi, came from a family of doctors as well—her father and brother were both medical officials of Kishū 紀州 domain. Although the Takizawas were by no means rich, when someone in the home fell ill, they had the financial means to hire just about any practitioner they desired, including freelancing medical officials. Yet Bakin’s diary clearly shows that being engaged in medical practice, selling medicines, or hiring the best doctors did not necessarily displace religious healing.

The Takizawa family sought out religious therapies for all manner of illnesses, aches, and pains. In fact, Sōhaku, the doctor of the family, was the most ardent seeker of effective religious therapies, whatever his symptoms. For instance, when he experienced a toothache in the summer of 1829, he visited a spot along the bank of the Senjugawa 千住川 river that he had just learned about. Bakin recorded the trip: "To

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10 Bakin’s first mention of Omichi and her family can be found in KBN, 1: 79. For a brief description in Japanese secondary scholarship, see Asō Isoji, Takizawa Bakin, 106.
pray for his toothache to get better, Sōhaku visited the tooth deity at Senju Ōhashi bridge…. It is said that the tooth deity is Sannō Seibeï Gongen and resides in the bank of the Senjugawa river.”¹¹ When Sōhaku’s toothache subsided, he returned to the tooth deity to offer thanks and to pray that it would not recur. Thereafter, he made four additional trips to the same deity that year.¹²

When sufferers were too sick to travel outside the home, a family member would go in their stead. This practice was known as daimairi 代参, or prayer by proxy. When Sōhaku was pained by another toothache but bedridden with a host of debilitating symptoms, his father and son went to Shōheibashi 昌平橋 bridge to pray on his behalf. Bakin noted in his diary: “Tarō and I traveled to Shōheibashi bridge to make a prayer for Sōhaku’s toothache to get better…. We brought an oiled paper bag with the prayer written on the outside and a pear inside as an offering to Togakushi Shinmei 戸隠神明 and sent the bag down the Kandagawa 神田川 river.”¹³ Within the Takizawa household, family members made these kinds of visits nearly every time someone was laid up in bed.

In addition to toothaches, some of the most common and pesky health concerns among nineteenth century city dwellers were eye-related problems. The prevalence of eye ailments in Tokugawa society is partially explained by the smoky and soot-filled interiors of early modern homes due to charcoal and wood-burning stoves (kamado 竈)
used for cooking and charcoal braziers (*hibachi* 火鉄) used for heating.\(^{14}\) In the summer of 1827 Bakin’s wife, Ohyaku お百, suffered swelling around her eyes when working with charcoal and soot. Bakin recorded one incident: “Since we had a lot of charcoal dust, Ohyaku made several dozen briquettes. The rim of her right eye yet again developed a swelling.”\(^{15}\) This was the second time that month her eyes had swollen. Two weeks prior Bakin noted: “This morning around the fourth hour [about 10 o’clock], Ohyaku went out. She went to the area of Ōhashi to pray for her swelling to be cured. She prayed at Masaki Inari 正木稲荷 shrine and returned before noon.”\(^{16}\) In addition to eye-washes (*araigusuri* 洗薬), the most common therapy the family relied upon for eye-related ailments was prayer. Ohyaku visited three sites that month, including Masaki Inari. Two weeks later she prayed to the Daikokuten 大黒天 deity within the nearby Myōjin 明神 shrine and later used a charm from Tsumagoi Inari つま恋稲荷 shrine to ward against eye disease.\(^{17}\) When her eyes returned to normal, she again traveled to Masaki Inari to give thanks for her recovery.\(^{18}\)

Visiting temples and shrines for all kinds of ailments was a regular part of the Takizawa family’s therapeutic repertoire, but as seen in the above examples, family


\(^{15}\) 堅炭の粉多く有之候ニ付、お百、炭団製之、数十出来。右之めふち、又々腫物出来。右ニ付、眼疾也。KBN, 1: 38.

\(^{16}\) Ibid., 136.

\(^{17}\) KBN, 1: 139, 143. During this time, Ohyaku also visited several other sites, including Yotsugi Inari 世縫稲荷 and Sensōji 浅草寺, among others, but Bakin was not explicit as to whether she prayed for an end to her eye troubles on these occasions.

\(^{18}\) “Ohyaku went to pray at Ōhashi Masaki Inari to give thanks for recovering from her swelling” (大橋正木稲荷へ腫物御平癒願ほどき之為、御参詣). KBN, 1: 202. It is not clear from the diary whether Ohyaku gave thanks to other deities.
members did not exclusively favor any given religious site or sect. Even though Ohyaku deemed Masaki Inari efficacious enough to return to give thanks when her eye swelling was healed, when Sōhaku suffered from an eye ailment in the following year but was too sick with other complaints to travel himself, Ohyaku instead prayed at a new location. The family was open to trying new sites and religious therapies based on trusted recommendations. “According to [my younger sister] Ohide’s account the other day, praying to Enma for eye disease is efficacious and has been popular in recent years,” Bakin wrote. Hearing this story, Ohyaku “went to Enma at some temple around the Koishikawa Baba area to pray for Sōhaku’s eye ailment to get better. She made an offering of konnyaku [devil’s tongue jelly] at the time of the prayer.”\(^\text{19}\) Six days later, Ohyaku and her daughter once again traveled to pray to Enma for an end to Sōhaku’s eye troubles. When Sōhaku’s eyes began to trouble him again the following year, the family prayed at yet another site, the Kamakuragashi Jizō かまくらがし地蔵.\(^\text{20}\)

In the grand scheme of things, the above instances of eye ailments were nothing unusual in Tokugawa society, and each family member recovered in a matter of weeks.\(^\text{21}\) Bakin was not so lucky, however. At age 68, he began to lose his eyesight, in

\(^{19}\) KBN, 1: 336. Enma (known as Yama in Sanskrit) is the king of hell. During the Edo period, as part of their prayers to Enma, people began offering konnyaku, a starchy jelly made from the konnyaku (devil’s tongue) plant. Today this particular deity is known as Konnyaku Enma. Sufferers from eye disease still visit Konnyaku Enma, located within Genkakuji in Bunkyō-ku, to pray for relief. In Japanese, see Miyata Noboru 宮田登, Ikigami shinō: hito o kami ni matsuru shūzoku 生き神信仰：人を神に祀る習俗 (Tokyo: Hanawa Shobō 塚書房, 1975), 136–37. In English, see Emiko Ohnuki-Tierney, Illness and Culture in Contemporary Japan: An Anthropological View (Cambridge: Cambridge University Press, 1984), 161; and Ian Reader and George Tanabe, Jr., Practically Religious: Worldly Benefits and the Common Religion of Japan (Honolulu: University of Hawai‘i Press, 1998), 249–50.

\(^{20}\) KBN, 2: 71.

\(^{21}\) Accounts by Dutch, German, and British physicians visiting Tokugawa Japan portray a population plagued by eye disease. German physician Otto Gottlieb Mohnike (1814–87) spent over two years in Japan between 1848 and 1850 and noted his dismay at both the number of blind people and the poor quality of treatment for eye disease: “In
what would become one of the more famous episodes of illness in early modern Japan.

It happened abruptly one day in the second month of 1834. As he did with most events, he meticulously recorded the onset of this new ailment in his diary: “Since this morning, the center of my right eye is not well; there is a small amount of pain. I cannot see

opthalmology the Japanese are still far behind the West; as a proof of this one has only to observe the multitude of blind people in the country, some of whom have lost their vision because of smallpox, another group theirs because of other, poorly treated eye infections.” Translated and quoted in John Bowers, *When the Twain Meet* (Baltimore, MD: Johns Hopkins University Press, 1980), 18.

British physician William Willis (1837–94), who spent over twenty years in Japan between 1861 and 1881, echoed Mohnike’s impression: “Nowhere in the world does one find so many blind people, which to a large extent has to be attributed to a complete ignorance of ophthalmology. Many diseases, had they initially been treated correctly, would soon have been cured, but now end up with complete loss of sight. Diseases of the retina are particularly frequent, also cataracts; I saw a few cases of granulation (trachoma), but not an epidemic.” Quoted in Alan Macfarlane, *The Savage Wars of Peace: England, Japan, and the Malthusian Trap* (Oxford: Blackwell, 1997), 266–67.

Based on his own observations and reports from Japanese friends, Mohnike estimated at least 8 percent of the total population was blind. Other European physicians expressed similar opinions: Carl Peter Thunberg who stayed in Japan in 1775–76, Philipp Franz von Siebold in 1823–29, and J.L.C Pompe van Meerdervoot in 1857–63, all commented on the high prevalence of eye problems. See, for example, Thunberg’s words on the matter in Timon Screech ed., *Japan Extolled and Decried: Carl Peter Thunberg and the Shogun’s Realm, 1775–1796* (London: Routledge, 2005), 151. For a brief summary in Japanese of observations made by European visitors, see Tatsukawa Shōji 立川昭二, *Kinsei yamai no sōshi*, 80–81.

These foreign accounts are valuable windows into Tokugawa society, but they are not devoid of problems. While it is true that a number of foreign visitors commented on the pervasiveness of blindness in Japan, that does not necessarily mean that the actual blind population was greater than elsewhere in the world. Blindness was perhaps more visible in Japan. During the Tokugawa period, the blind often made their livelihood through professions that brought them into contact with large numbers of people. While many visually impaired simply continued their lives as part of commoner households, others left home and generally fell under the legal and occupational jurisdiction of guilds—such as the beggars guild or the guild of the blind (tōdōza 当道座)—that functioned somewhat like labor unions. The guild of the blind, for instance, enjoyed a government-recognized monopoly over highly visible and public professions, including musical performance, storytelling, acupuncture, and massage. By paying dues, guild members could train in these arts and enjoy some form of job security. Although the tōdōza’s monopolistic control over these professions grew weaker in the nineteenth century, the blind remained associated with the arts and healing. It is difficult then to judge to what degree the blind’s conspicuous place in society may have exaggerated the perception of foreign visitors. On such guilds, see Gerald Groemer, “The Guild of the Blind,” *Monumenta Nipponica* 56, no. 3 (2001): 349–80; and WeiYu Wayne Tan, “The Careers of the Blind in Tokugawa Japan, 1603–1868” (PhD diss., Harvard University, 2015).
anything out of my right eye." Bakin began a fourteen-year struggle to treat an eye disease that threatened to end his writing career and eventually left him in near total blindness. Present-day scholars and novelists alike tend to portray Bakin’s vision problems in dramatic fashion, as the climax to a series of hardships that accompanied the author while he was producing some of his most treasured works. The family’s subsequent visits to temples and shrines to pray for his eyesight to be restored, however, were well within established patterns of care for the Takizawa family and Edo society as a whole.

What differed, if anything, were the specific sites that the family patronized from illness to illness. In addition to neighborhood temples and shrines, such as Ike no Benten and Sensōji, the family also visited other sites for the first time. For instance, when Bakin lost most of the sight in his remaining good eye, Sōhaku visited an Edo branch of the famous Konpira shrine in Shikoku. Recorded by Bakin as Ikoma Konpira, it was located within the Ikoma family’s Edo compound, and because of its link with the main shrine, was said to have comparable powers to answer prayers and heal illnesses. Sōhaku made consecutive visits for seven days and

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22 予、今朝より、右の眼中不例、少々痛有之。右眼一向に見えず候… KBN, 4: 51.
23 See, for example, Sugimoto Sonoko’s popular fictionalization of the latter half of Bakin’s life, which begins with Bakin losing the sight in his right eye and dramatizes how Bakin enlisted the writing ability of his daughter-in-law as he dictated the final episodes of his masterpiece Nansō Satomi hakkenden (The chronicles of the eight dog heroes of the Satomi Clan of Nansō). Sugimoto Sonoko, Takizawa Bakin (滝沢馬琴, 2 vols. (Tokyo: Bungei Shunju, 1977).
24 For an overview of the Konpira main shrine and branch shrines as popular destinations for prayer healing, see Sarah Thal, Rearranging the Landscape of the Gods: The Politics of a Pilgrimage Site in Japan, 1573–1912 (Chicago: Chicago University Press, 2005), esp. 77, 100, 116.
gave up eating sardines (iwashi 鰤) as part of the prayer.\textsuperscript{25} Bakin also noted partaking in healing practices initiated by people outside of the immediate family when he received special water from his publisher, who must have been anxious over the condition of his star author: “Heibei went to pray at Nishi Arai Kōbōdaishi 西荒井弘法大師, and he brought me a bamboo tube filled with shrine water. Apparently this is effective if eye-disease sufferers use it to wash their eyes.”\textsuperscript{26} In the end, Bakin’s fears were realized in the early winter of 1840 when he could no longer see well enough to read or write. The last diary entry Bakin would write with his own hand reads, “I am writing this [entry] by touch alone.”\textsuperscript{27} From the beginning of 1841 he depended on his daughter-in-law Omichi as his amanuensis to read and write for him until his death in 1848.

Beginning with Fujikawa Yū in 1911, historians of medicine began to take note of this famous episode. Fujikawa dedicated a significant portion of two articles to the subject, but he intriguingly chose to leave out any mention of religious therapies.\textsuperscript{28} Writing sixty-seven years later, Hattori Toshirō described Bakin’s descent into blindness and the treatments he tried in even more detail—he included the names of doctors and medicines, and he quoted liberally from Bakin’s diary—but again chose not to mention any treatments related to temples and shrines.\textsuperscript{29} Among the half-dozen works of

\textsuperscript{25} See KBN, 4: 68 and BSS, 3: 216.
\textsuperscript{26} 平兵衛、西荒井弘法大師へ参詣のよし、供水竹の箒二入持参、被贈之。眼病のもの洗候へバ効あるよし也。 KBN, 4: 242.
\textsuperscript{27} 只手かげんのみにて、是を書く Ibid., 366.
\textsuperscript{28} Originally published in 1911, the two articles—“Bakin no byōshi” 馬琴の病志 and “Bakin no byōshi ni tsuite” 馬琴の病志に就て—have been reprinted in Fujikawa Yū chosakushū 富士川遊著作集, ed. Fujikawa Hideo 富士川英郎 (Kyoto: Shibunkaku Shuppan 思文閣出版, 1981), 4: 292–96.
\textsuperscript{29} Hattori, Edo jidai igakushi no kenkyū, 751–55.
medical history that touch upon Bakin, the only mention of religious healing at all is related to smallpox—a disease that historians tend to treat as a special case.

In contrast, scholars of religion have been more likely to see religious healing as a normal part of life in the Tokugawa period. Nam-Lin Hur, in his study of the place of Sensōji in Tokugawa society, described the grounds of the Asakusa Kannon as the Takizawa family’s “last hope” and “final court of appeal” during times of illness and hardship. In fact, in almost every instance of illness that lasted for several days, the family practiced religious healing of one kind or another at sites such as Sensōji. Whether for eye disease, menstrual cramps, toothaches, diarrhea, or headaches, the family traveled to various religious sites to pray for relief; religious therapies were not a last resort but an integral part of illness management. The diaries of Takizawa Bakin and other Edo residents urge us to reconsider the place of prayer in the history of medicine.

Variety in Early Modern Religious Practice

The Takizawa family visited a variety of religious sites to pray for an end to illnesses. Although the heterogeneous nature of the family’s actions may appear to be a product of desperation during times of illness, visiting such a diverse range of temple and shrines was in fact a key characteristic of religious practice of nineteenth-century Edo residents.

Any number of diarists from this period provide ample evidence of this diversity in religious practice, but comparing and contrasting each diary is out of the scope of this chapter. Instead, a profile of the visitation practices of Umewaka Minoru, a bakufu-sponsored noh performer, serves as a fairly representative example. Like many people who maintained homes within the city, Minoru had a Buddhist altar (butsudan 仏壇) within his domicile. In a practice widespread since the seventeenth century, his extended family would visit on occasion to pay their respects to their ancestors. In addition, he and his family patronized funerary temples (bodaiji 菩提寺), where they went to venerate deceased family members. The family was likely registered with just one temple, as per bakufu regulations, but they actually patronized three: Eikan’in 栄院院, Kaianji 海安寺, and Zenyūji 善雄寺, giving annual cash donations to each. Minoru visited these three temples for memorial events, of course, but they were far from the only religious sites he visited. Over the course of two years, from 1853 to 1854, he recorded a total of seventy-six visits to thirty-seven different religious sites, as shown in the table below.

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33 Minoru recorded giving annual donations of between ten to fifty hiki to these three temples. See, for example, *Umewaka Minoru Nikki*, 1: 24–25. On the place of funerary temples in Tokugawa society, see Nam-lin Hur, *Death and Social Order in Tokugawa Japan: Buddhism, Anti-Christianity, and the Danka System* (Cambridge, MA: Harvard University Asia Center, 2007). As Hur notes, the bakufu required individuals to be registered with funerary temples, a policy that can be traced back to anti-Christian edicts in the seventeenth century and continued through the end of the Tokugawa period. In general people registered with only one temple, but plural registration was not unknown. See Hur, *Death and Social Order*, 124–31.
Table 3.1 Umewaka Minoru’s Visits to Religious Sites in 1853–54.\textsuperscript{34}

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Number of Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kai’anji 海晏寺 / 海安寺</td>
<td>9</td>
</tr>
<tr>
<td>Nishi Arai Daishi 西新井大師</td>
<td>8</td>
</tr>
<tr>
<td>Sensōji 浅草寺</td>
<td>6</td>
</tr>
<tr>
<td>Marishiten 摩利志天</td>
<td>6</td>
</tr>
<tr>
<td>Kanda Myōjin 神田明神</td>
<td>4</td>
</tr>
<tr>
<td>Zenyūji 善雄寺</td>
<td>3</td>
</tr>
<tr>
<td>Kameido Tenjin 亀井戸天神</td>
<td>3</td>
</tr>
<tr>
<td>Eikan’in 栄関院</td>
<td>2</td>
</tr>
<tr>
<td>Fukagawa Hachiman 深川八幡</td>
<td>2</td>
</tr>
<tr>
<td>Kasamori 堺守</td>
<td>2</td>
</tr>
<tr>
<td>Ōji Inari 王子稲荷</td>
<td>2</td>
</tr>
<tr>
<td>Mokuboji 木母寺</td>
<td>2</td>
</tr>
<tr>
<td>Saifukuji 西福寺</td>
<td>2</td>
</tr>
<tr>
<td>Shinmei 神明</td>
<td>2</td>
</tr>
<tr>
<td>Benten 弁天\textsuperscript{35}</td>
<td>1</td>
</tr>
<tr>
<td>Otowa no Gokokuji 音羽之ごこく寺</td>
<td>1</td>
</tr>
<tr>
<td>Ueno Benten 上野弁天</td>
<td>1</td>
</tr>
<tr>
<td>Myōken 妙見</td>
<td>1</td>
</tr>
<tr>
<td>Asukayama Ōji Gongen 飛鳥山王子権現</td>
<td>1</td>
</tr>
<tr>
<td>Kametaka Mura Fuchisaki Benten 亀高村淵崎弁天</td>
<td>1</td>
</tr>
<tr>
<td>Ueno Ryōdaishi 上野両大師</td>
<td>1</td>
</tr>
<tr>
<td>Sarue no Inari 猿江之稲荷</td>
<td>1</td>
</tr>
<tr>
<td>Kakujōji no Benten かくじょう寺之弁天</td>
<td>1</td>
</tr>
<tr>
<td>Asakusa Mukōjima Ushi no Omae 浅草向厳牛ノ御前</td>
<td>1</td>
</tr>
<tr>
<td>Hanayashiki Rengeji Daishi 花屋敷連花寺大師</td>
<td>1</td>
</tr>
<tr>
<td>Fuyuki no Benten 冬木之弁天</td>
<td>1</td>
</tr>
</tbody>
</table>

\textsuperscript{34} Data compiled from Umewaka Minoru nikki, 1: 109–92.

\textsuperscript{35} Without further description, it is difficult to know whether this entry is identical to any other Benten sites in the list.
In addition to the large number of temples and shrines, the above list also reveals that Minoru’s religious practice spanned many different sects. His visits included Buddhist temples affiliated with Jōdo-shū, Sōtō-shū, Shingon-shū, and Tendai-shū. Minoru also frequented shrines dedicated to many deities (kami), such as Marishiten, Hachiman, Inari, Shinmei, Benten, and Myōken.

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36 That these temples belonged to different sects is historical fact but not necessarily important for Edo-period visitors. Furthermore, as many scholars of religion have pointed out, any given religious site could host a variety of deities. Trying to classify a particular location as “Buddhist” or “Shinto” is often pointless, if not misguided. A particularly compelling case is presented by Sarah Thal in *Rearranging the Landscape of the Gods*. For another example in English of the variety seen in religious practice among Edo residents, see Nishiyama Matsunosuke’s analysis of Saitō Gesshin’s diary in *Edo Culture: Daily Life and Diversions in Urban Japan, 1600–1868*, trans. and ed. Gerald Groemer (Honolulu: University of Hawai’i Press, 1997), 80–91. For a brief overview of religious practice in the city of Edo, see also Miyata Noboru 宮田登, “Edo chōnin no shinkō” 江戸町人の信仰, in *Edo chōnin no kenkyū* 江戸町人の研究, ed. Nishiyama Matsunosuke 西山松之助 (Tokyo: Yoshikawa Kōbunkan 吉川弘文館, 1973), 2: 227–72.
As scholars of religion have noted, trips to temples and shrines were not necessarily somber occasions. Minoru often invited friends and made a day of it, combining entertainment with prayer, such as when he and a friend went to a Hachiman shrine in Fukagawa 深川, then continued on to a nearby Benten shrine, and then ate dinner at Daigokuya 大黒屋, a popular eel restaurant near Reiganbashi bridge, before heading home. That temples and shrines played an important role in the social lives of Edo residents has been well established. What has received less attention is the degree to which religious sites figured into therapeutic regimens for all types of illnesses.

Minoru only occasionally recorded the reason for his visits to these locations, but from his terse accounts it is clear that he relied on temples and shrines during times of illness. As a bakufu official and a prized performer, he earned a comfortable stipend and regularly hired doctors, often paying for the services of several during the course of an illness, but so too did he simultaneously use religious therapies. When his adoptive father fell ill, for instance, in the autumn of 1854, the family visited Kaianji temple and Shinmei shrine. When his mother was sick the following year, he visited Sensōji’s Asakusa Kannon and also Myōken shrine. Minoru did not give many details of these visits, but his daily records show that in addition to buying medicines and hiring doctors, visiting religious sites was key in treating illnesses.

One of the sites Minoru visited the most throughout the 1850s was Kasamori shrine. In his diary, Minoru recorded the name of Kasamori as “ヌヲ” (literally

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37 Umewaka Minoru nikki, 1: 112–3. Hanasaki Kazuo 花咲一雄 records poems related to this restaurant in his Senryū Edo meisho zue 川柳江戸名所図絵 (Tokyo: Miki Shobō 三樹書房, 1994), 96. Minoru and made similar outings with friends and family once or twice a month. For other examples, see Umewaka Minoru nikki, 1: 114, 119, 120, 126, 131, 164.

38 Umewaka Minoru nikki, 1: 182 and 208.
“protection from scabs”); the shrine was home to a deity believed to ward off or cure a variety of ailments that produced scabs or pustules, including rashes, smallpox, measles, chicken pox, and syphilis. As one of Minoru’s contemporaries explained, the name of the shrine was originally rendered with a different set of characters: “Around the fifth or sixth year of Keisei (1793–4), many people began to call Kasamori Inari 篠森稲荷 in Yanaka 谷中 Kasamori Inari 瘡守稲荷 and it became popular to pray for cures there for various skin ailments. When making the prayer one offers a dirt dumpling (tsuchidango 土団子); once the prayer has been answered, one then offers a sweet rice dumpling.”39

Although Minoru did not specify which ailment he wished to cure or stave off, he visited Kasamori shrine at least once a year, often paired with a trip to see a doctor.40

Minoru’s shrine and temple visitation practices also reflect the lack of a clear boundary between medicine and religious healing. For instance, he traveled to Tennōji 天王寺 in Yanaka to buy moxa, a dried root rolled into pellets and set alight on bare skin, a therapy known as moxabustion (kyū 炎) that was a staple home remedy. Moxa was a substance sold by pharmacies and doctors alike, but Tennōji likely advertised its own moxa as imbued with special efficacy.41 Duncan Williams, in his study of the Sōtō Zen Buddhist sect’s production and sale of medicines, describes how temples claimed to have distilled the sacred into physical remedies, producing an efficacy that exceeded


40 See, for instance, Umewaka Minoru nikki, 1: 45, 57, 70, 81, 114,136, 163.

41 Umewaka Minoru nikki, 1: 172. For another example of Edoites buying medicines from temples, see Sōhaku’s taking of medicine from Shinkōji temple for a swollen tongue (KBN, 1: 382).
mere herbal components. In Minoru’s case, the moxa he bought from Tennōji was specifically meant to assuage symptoms of kakke 脚気, an illness characterized by cramps and joint pain. Whether through prayer, charms, or medicines, temples and shrines offered a variety of therapeutic options. Minoru’s diary again shows that choosing religious therapies or medicinal remedies was not an either-or proposition; wealthy Edo residents relied on both simultaneously.

**Specific Sites for Specific Ailments**

Beyond the broad context of early modern religious practice, another explanation for why people patronized such a wide range of temples and shrines for therapeutic purposes is that religious sites offered the hope of cures for specific ailments. Within the Takizawa family, when someone suffered from a swelling of some kind, they went to Masaki Inari shrine; for smallpox, they visited Hakusan Gongen 白山権現 shrine; and for eye ailments, they visited Tsumagoi Inari shrine. Guidebooks could help literate Edo residents navigate a crowded religious landscape to find which site was best for which ailment. One such guidebook, *Edo shinbutsu gankake chōhōki* 江戸神仏願掛重宝記 (Precious record of prayers to deities and buddhas in Edo; 1814), demonstrates the close

43 There is no one-to-one correlation between kakke and any disease recognized by modern biomedicine. It is probably best thought of as a category that encompasses a constellation of ailments involving cramps and joint pain. See Andrew Goble, “Rhythms of Medicine and Community in Late Sixteenth Century Japan: Yamashina Tokitsune (1543–1611) and His Patients,” *East Asian Science, Technology, and Medicine* 29 (2008): 18. For how discourse surrounding kakke changed in the modern period and was eventually succeeded by beriberi and later identified as vitamin B deficiency, see Alexander Bay, *Beriberi in Modern Japan: The Making of a National Disease* (Rochester, NY: Rochester Press, 2012).
association of religious sites with specific forms of healing. The author listed thirty-one places around the city and the types of prayers that people frequently offered up there.

Table 3.2 Religious sites and prayer requests in *Edo shinbutsu gankake chōhōki*.

<table>
<thead>
<tr>
<th>No.</th>
<th>Site Name</th>
<th>Type of Prayer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Takao Inari no Yashiro 高尾稲荷の社 (Takao Inari Shrine)</td>
<td>For headaches, thinning hair, head sores, and other head-related ailments</td>
</tr>
<tr>
<td>2</td>
<td>Kiri Daimyōjin 锌大明神</td>
<td>For smallpox</td>
</tr>
<tr>
<td>3</td>
<td>Tongūjin 頓宮神</td>
<td>For miscellaneous prayers</td>
</tr>
<tr>
<td>4</td>
<td>Osan no Kata おさんの方 (Lady Osan)</td>
<td>For toothaches and mouth ailments</td>
</tr>
<tr>
<td>5</td>
<td>Ishi no Baba Sama 石の婆々様 (The Old Stone Woman)</td>
<td>For “one-hundred-day cough”⁴⁵</td>
</tr>
<tr>
<td>6</td>
<td>Tamago no Mamori Fuda 鰤卵の守札 (Protective Egg Charm)</td>
<td>For warding against bodily injury</td>
</tr>
<tr>
<td>7</td>
<td>Kyōbashi no Rankan 京橋の欄柵 (Railing of Kyōbashi bridge)</td>
<td>For headaches</td>
</tr>
<tr>
<td>8</td>
<td>Nihonbashi no Rankan 日本橋の欄柵 (Railing of Nihonbashi bridge)</td>
<td>For headaches and “one-hundred-day cough”</td>
</tr>
<tr>
<td>9</td>
<td>Myōto Ishi 女夫石 (Husband-Wife Rock)</td>
<td>For improving relations between husband and wife</td>
</tr>
<tr>
<td>10</td>
<td>Kitami-mura Iemon 北見村伊右衛門 (lomen of Kitami Village)</td>
<td>For snake bites</td>
</tr>
<tr>
<td>11</td>
<td>Meguro no Takitsubo 目黒の瀧壺 (Waterfall of Meguro)</td>
<td>For avoiding disease from cuts when shaving children’s pates</td>
</tr>
<tr>
<td>12</td>
<td>Yoroi no Watashi no Kawamizu 鎖の渉の河水 (Water from Armor Crossing River)</td>
<td>For smallpox and other childhood illnesses</td>
</tr>
<tr>
<td>13</td>
<td>Tanbotoke 痰仏 (Phlegm Buddha)</td>
<td>For all ailments related to phlegm</td>
</tr>
<tr>
<td>14</td>
<td>Ji no Kami 痔の神 (Hemorrhoid Deity)</td>
<td>For hemorrhoids</td>
</tr>
</tbody>
</table>

⁴⁴ The analysis of this text is based on the reproduction in Ōshima Tatehiko 大嶋建彦 ed., *Edo shinbutsu gankake chōhōki* (Tokyo: Kokusho Kankōkai 国書刊行会, 1987). Since no new page numbers have been given in the modern edition, I refer to specific locations in the text by citing the original page numbers from the woodblock-printed version.

⁴⁵ One-hundred-day cough, or *hyakunichizeki* 百日咳, is sometimes glossed as whooping cough.
15) Mago Jakushi 孫杓子 (Grandchild Ladle)  
   - For smallpox

16) Kōzaki Jinnai 幸崎甚内 (Jinnai Bridge of Kōzaki)  
   - For okori 喾

17) Kume no Heinai 条の平内  
   - For various illnesses and miscellaneous prayers

18) Higiri no Jizō 日限地蔵 (Deadline Jizō)  
   - For miscellaneous prayers

19) Ōkido no Kurogane 大木戸の鉄 (Iron of Ōkido)  
   - For kakke

20) Enokizaka no Enoki 業坂の榊 (The Hackberry on Hackberry Hill)  
   - For toothaches

21) Asakusadera no Niō 浅草寺の仁王 (The Two Guardian Deities of Sensōji Temple)  
   - For smallpox and measles

22) Sanzugawa no Uba 三途川の老婆 (The Old Woman of Sanzugawa River)  
   - For mouth ailments

23) Nawa Jizō 縄地蔵 (The Rope Jizō)  
   - For miscellaneous prayers

24) Cha no Ki no Inari 茶の樹の稲荷 (Tea Tree Shrine)  
   - For eye disease

25) Kumagaya Inari no Fuda 熊谷稲荷の札 (Charm of Kumagaya Inari)  
   - For protection against robbery

26) Ōji no Yari 王子の鏃 (Spear of Ōji)  
   - For miscellaneous prayers

27) Matsuyabashi no Kōshin 松屋橋の庚申 (Statue of Matsuyabashi Bridge)  
   - For various illnesses and miscellaneous

28) Ibo Jizō 症地蔵 (Wart Jizō)  
   - For warts

29) Ne no Hijiri 子の聖神 (Sacred Ne)  
   - For ailments afflicting the lower-half of the body

30) Setsubun no Mamori Fuda 節分の守護札 (Protective Charm of the Setsubun Festival)  
   - For difficult births

31) Hori no Uchi no Hari Gofū 墟の内の張御符 (Protective Charm of Hori no Uchi)  
   - For various illnesses and miscellaneous prayers

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46 Okori was associated with fever and diarrhea. Modern scholars commonly identify this illness as malaria.
As we can see from the table above, the majority of recorded prayers involved recovery or protection from illness or bodily injury. Only six sites made no explicit mention of illness or injury. Of those six, one promised to improve marital relations (#9), one to protect households from robbery (#25), and the rest (#3, 18, 23, and 26) were left as unspecified prayers.

The content of this manual reveals three important characteristics of religious healing in Tokugawa Japan. First, a variety of sects were involved in offering religious therapies. Duncan Williams has shown that Sōtō Zen was a healing entrepreneur, selling medicines and charms aimed at alleviating or curing symptoms. As Williams himself notes, this practice was of course not limited to Sōtō Zen. The guide above lists temples of a variety of other Buddhist sects including Jōdo-shū 浄土宗, Tendai-shū 天台宗, Ji-shū 時宗, Sōtō-shū 曹洞宗 and Nichiren-shū 日蓮宗. Healing specific ailments or symptoms was one way in which temples and shrines distinguished themselves in a crowded religious landscape.

Second, religious sites for healing were not limited to the grounds of temples or shrines. Deities were embedded in the cityscape: riverbanks, rocks, plants, and even man-made architecture could harbor points of connection with deities. The following is an example of an entry from the guidebook concerning the railing of a bridge.

Railing of Kyōbashi bridge:

Pray for relief from headaches by tying a piece of straw rope to the ornamental cap of the middle column of the north-side of the Kyōbashi railing. When one is cured, it as if a god [has acted]. After recovering, put

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tea in a green-bamboo tube. Pour [the tea] first into your hand and then from your hand onto the ornament.\textsuperscript{48}

The city of Edo was overlaid by a religious topography in constant flux, one that was tied to the architectural landscape, and one in which new sites of worship could spring up quickly and draw crowds of people.\textsuperscript{49}

The third characteristic revealed by the guidebook is that each site required a specific set of actions to ensure success. For instance, when praying to Kiri Daimyōjin for someone with smallpox to be healed, one was to walk to the middle of Ryōgokubashi bridge, recite the name “Kiri Daimyōjin of Hida province,” face north, throw three awls (kiri 鋤) into the middle of the river, and make a prayer for a smallpox sufferer. The guidebook instructed readers to offer certain items at some sites, recite particular phrases, or abstain from selected foods when praying at others. Much like the instructions for preparing a medicinal recipe, materials and technique were crucial elements in religious healing.

Other guidebooks to temples and shrines relayed similar kinds of information regarding the therapeutic properties of certain sites or deities. For the Edo area, such works included Kikuoka Senryō’s 菊岡善涼 Edo sunago 江戸砂子 (Gold dust of Edo; 1732), Saitō Gesshin’s 斎藤月岑 Edo meisho zue 江戸名所図会 (Illustrated guide to famous places in Edo; 1834–36), and Utagawa Hiroshige’s 歌川広重 Ehon Edo miyage 絵

\textsuperscript{48}京橋の欄楯 京橋のらんかん北側のあんなかなるぎぼうしに荒縄をもってくりく頭痛のぐわんがけをするに治することごとに平壌のとき青竹の筒に茶を入れこれをそぞぎうけまたかのぎぼうしにかけおきなり。Edo shinbutsu gankake, 6b, 7a.

\textsuperscript{49}On this changing landscape and the general phenomenon of what is referred to as hayarigami 流行神 (popular deity) worship, see Miyata Noboru, Edo no hayarigami.
Listing the symptoms that any given site was said to cure was a staple of gazetteers and guides to temples and shrines.

The authors of guidebooks were not the only ones interested in cataloguing the healing qualities of religious sites; many Edo residents also recorded this kind of information in their diaries and journals. Matsuzaki Kōdō 松崎懸堂 (1771–1844), a retired scholar-official living on the outskirts of Edo, kept track of not only medicinal recipes, as we saw in Chapter Two, but also the curative properties of temples, shrines, various deities, and rituals. Originally from rural Higo 肥後 province in Kyushu, he spent his early youth as an acolyte at a nearby temple, and at the age of fifteen traveled to Edo, eventually entering the bakufu’s Confucian academy, the Shōheikō 昌平倉. At age thirty-two he entered into the service of Kakegawa 掛川 domain (present-day Shizuoka 静岡 prefecture) as a scholar-official and teacher, alternately living in Kakegawa and the dominal mansion in Edo. In 1814 he retired, giving his position to his son and setting up a residential academy in Hazawa 羽沢, on the fringe of the city, about 6 km to the southwest of Edo castle. Having lived in various areas throughout Japan, Kōdō recognized and took note of local knowledge regarding efficacious religious sites specific to the area he was currently residing.

In 1840, when his four-year-old son suffered a toothache, Kōdō applied garlic chive (nira 蒜) juice to the toddler’s gums and wrote about a site of which he had recently learned: “On the right-hand side of the fourth road of Shitaya Sakashita 下谷坂

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there is a shrine dedicated to Teruhime Myōjin 照姫明神. Those who suffer from toothaches should take a handful of roasted beans (irimame 煎豆) and bury them at the foot of the shrine, saying as they do so ‘heal this [pain] and ensure that until the flowers of these beans bloom, it shall not occur again.’\(^{51}\) Kōdō did not simply record such information; he acted on it the very next day.\(^{52}\) Along with commercial medicines and doctors, religious therapies formed a large part of information that well-educated urbanites collected regarding illness and therapy.

**Religious Healing at Home: Smallpox and Family Ritual**

Until now, I have largely omitted smallpox from the discussion of religious healing in order to provide a counterweight to the majority voice in secondary scholarship and restore a more balanced view of religious therapies as quotidian practice in late Tokugawa Japan. Yet it is worthwhile to reconsider smallpox in the context of this dissertation’s focus on the family since this disease played an important role in early modern Japanese life. Families turned to temples and shrines to deal with the disease, but that did not make it unique. As we have seen, religious therapy was used for nearly all kinds of maladies, including headaches and colds. What made smallpox special was the way in which it was woven into family life and religious practice within the home.

For the sake of convenience, I have followed the lead of other historians of medicine and translated hōsō 瘟瘍 as “smallpox.” However, hōsō was not simply a disease; it was an essential part of childhood. What began as an epidemic disease, first

\(^{51}\) これを治め、この豆が花を発くに至るまで起ること勿れと *Kōdō nichireki*, 5: 349.
\(^{52}\) Ibid.
recorded in the eighth century, had by the seventeenth taken root in cities as a near constant part of life.\textsuperscript{53} It was so common that nearly everyone experienced it as part of childhood. Indeed, smallpox had the quality of a rite of passage, not unlike a deadly version of the chicken pox. And it was deadly, killing an estimated 10 to 20 percent of children.\textsuperscript{54} Despite the real possibility of death, smallpox was so much a part of the ordinary life cycle that it became highly ritualized, with its own special set of religious practices and family events.

In the Tokugawa period, there were several coexisting notions regarding the cause of smallpox. Popular manuals and medical texts commonly attributed the illness to fetal poison (\textit{taidoku} 胎毒), which would accumulate in the mother’s womb and eventually express itself later in a child’s life in the form of smallpox and other ailments.\textsuperscript{55} Manuals that gave birthing instructions, such as \textit{Onna chōhōki}, provided prescriptions for newly born children that would reduce residual fetal poison and thereby lessen the hardship of the eventual case of smallpox.\textsuperscript{56} Other didactic texts


\textsuperscript{54} Jannetta, \textit{Epidemics and Mortality}, 89–92.


claimed that allowing newborns to drink their mother’s breast milk (rather than having a wet nurse) would flush fetal poison out of their system. Another set of overlapping beliefs held deities responsible for smallpox. Prints from the eighteenth and nineteenth centuries offered various illustrations of smallpox deities, or *hōsōgami* 痘瘍神. These otherworldly figures that engendered smallpox took forms ranging from decrepit men holding walking sticks, to horned demons, to old crones. Harmut Rotermund and Royall Tyler have argued that conceptions of smallpox deities shifted in the late Edo period from that of malevolent beings to protective guardians. Even if the deities caused the illness, they also held the power to allow children to pass through the event relatively unscathed. Whereas earlier rituals were intended to drive away the malevolent beings, in the eighteenth and nineteenth centuries these deities came to be seen as forces that mediated the illness and were to be appeased rather than attacked.

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57 Yamagata Bantō 山片蟠桃, *Yume no shiro 夢の代* (In place of dreams; 1820) in *Kosodate no sho 子育ての書*, ed. Yamazumi Masami 山住正己 and Nakae Kazue 中江和恵 (Tokyo: Heibonsha 平凡社, 1976), 3: 289. Katsuki Gyūzan’s 香月牛山 *Shōni hitsuyō sodategusa 小児必用養育草* (Essential child care; 1714) also linked fetal poison to the fluid and detritus found in an infant’s mouth immediately after birth. The text recommended wiping away any such liquid and material to avoid severe diseases in the future. See *Kosodate no sho*, 1: 291.


59 Hartmut Rotermund and Royall Tyler, “Demonic Affliction or Contagious Disease? Changing Perceptions of Smallpox in the Late Edo Period,” *Japanese Journal of Religious*
This dual nature of smallpox deities as figures that could both cause and assuage suffering is nicely encapsulated in a story written by Bakin’s mentor, Santō Kyōden 山東京伝 (1761–1816). Within his book Mukashigatari inazuma byōshi 昔話稲妻表紙 (An old tale with a cover of lightning; 1830), he related an episode of a man who saved an old woman from a pack of wild dogs. When the man returned home he found his eight-year-old son stricken with smallpox. His wife had already set up an altar dedicated to the smallpox deity and diligently nursed the boy, but he had only been getting worse.

When the man faced his son, a voice issued from the stricken boy’s mouth:

I am the old woman whom you saved; I am actually a smallpox deity … but I did not know this was your house. I stayed here and gave smallpox to this little boy. He originally had bad symptoms and would have certainly been dead in another day or two…. Now it is time I return your kindness from the previous day, and I must be off. Once I have gone, the scabs will quickly fall off and the smallpox be healed.60

The tale demonstrates the idea that smallpox deities could be seen as neither inherently good nor bad; they regulated the severity of an illness and gave families the ability to affect the outcome.

When Bakin’s grandson, Tarō 太郎, was just one year old, the family made several trips to visit shrines and temples to make prayers in anticipation of his inevitable encounter with the disease. On one occasion, they visited Takuzōsu Inari 沢

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60 “危難を救たまはりし老女にてはべり、我実は病瘡の神ならが…おん身の家ともしらず、ここに宿し、この小児につきて病瘡をやましみぬ、元来此児難症にて、今一両日を過ごれば落命すべき所…前の日の厚意を報はるは此時なり、我とみに立去べし。我去れば病瘡速にかせおちて平癒すべきなり” vol. 2, 4b–5a. Held by Waseda University. Rotermund and Tyler also discuss this episode in their “Demonic Affliction or Contagious Disease,” 382–84, though we are drawn to different elements in our analyses. Carmen Blacker offers another translation in her The Straw Sandal or The Scroll of the Hundred Crabs (Mukashi-banashi Inazuma-byōshi) (Folkestone: Global Oriental, 2008), 32–35.
藏主稲荷 and prayed for Tarō to experience only a mild case of smallpox between the ages of five and seven.\textsuperscript{61} The point was not for Tarō to escape the illness entirely; after all, smallpox was a nearly unavoidable part of growing up. Rather, the family wanted to ensure Tarō would go through the lightest possible case of the illness at an optimal age. Presumably they believed that if he were too young or too old, his chances of survival would decrease.

*Edo shinbutsu gankake chōhōki* described similar prayers that people made when visiting temples and shrines. For instance, bathing children in water drawn from Yoroi no Watashi 鎧の渉 promised to lessen the severity of their forthcoming smallpox episode.\textsuperscript{62} According to the manual, the statues of the guardian gods (*niō* 仁王) within the grounds of Sensōji provided similar protection: “If you bring children who have yet to go through smallpox, have them crawl between the legs of the statue on the right-hand side. Then when it comes time for them to get sick, theirs will be only a mild case.”\textsuperscript{63}

As for Bakin’s family, their prayers would only partially be answered. In the second month of 1831, when Tarō had just turned two, he developed a slight fever. Two days later the family found red spots—four on his face, three on his left elbow, and one on his left shoulder. This visual cue set off the preparatory stage of a series of rituals. First, Bakin asked one of his daughters to buy red cotton cloth and make special

\begin{footnotesize}
\begin{itemize}
\item \textsuperscript{61} *KBN*, 2: 186. A depiction of Takuzōsu Inari can be seen in volume four of *Edo meisho zue*. See *Edo meisho zue*, ed. Suzuki Kenichi and Ichiko Natsuo (Chikuma Shobō, 1996) 4: 236–37. The site is located in present-day Bunkyō-ku Koishikawa sanchōme 文京区小石川三丁目.
\item \textsuperscript{62} “When one bathes a child who has yet to suffer smallpox or measles, then their case will be very light” (痘瘡はしかまへの子に湯あみさをするときはいたってからし). *Edo shinbutsu gankake chōhōki*, 16b.
\item \textsuperscript{63} 金竜山浅草寺の仁王尊右乃かたの一体を挙し、いまだ痘瘡せざる小児を此ところへ連行、此股ぐらをくだらすれば、痘瘡はしかいたってからし *Ibid.*, 13b.
\end{itemize}
\end{footnotesize}
clothing and a hat, which Tarō would wear for the duration of his illness. These clothes were paired with a daruma doll and a number of small toys. Next, they visited two shrines to obtain protective charms. Finally they set up a smallpox altar (hōsō-dana) within the house. Upon this altar they placed the protective charms, implements borrowed from Hakusan Gongensha shrine, and red-colored woodblock prints.64

Tarō weathered the illness fairly smoothly. He developed fifty pustules on his face alone and was unable to consume anything besides mother’s milk, but nothing caused the family any undue worry. On the tenth day of the illness Bakin could see signs of recovery, and on the fifteenth day the family took down the smallpox altar and returned the implements to Hakusan Gongen shrine. Finally, they performed sasayu—a ritual washing that marked the end of the ordeal.65

There were many reasons families performed sasayu at the end of an episode of smallpox. Katsuki Gyūzan’s 香月牛山 (1656–1740) popular child-rearing manual, Shōni hitsuyō sodategusa 小児必用養育草 (Essential child care; 1714), described the ritual in detail:

As is the custom in our land of Japan, when the smallpox sores have dried over but the scabs have not yet fallen off, add a small amount of alcohol into rice water, or add in two mouse droppings, and bring to a boil. If you then wash the sores with this hot water, they will dry out, and it will give the sufferer a pleasant feeling. This is called sasayu. After applying sasayu, clean the sufferer’s room, put away the smallpox altar, and gather the family together to celebrate.66

64 KBN, 2: 319–21.
65 Ibid., 323–30.
66 わが日本の風俗にて、痘瘡収靱て、いまだ痂おちざる前に、米ノ浄水に酒少シばかりを加へ、或は鼠の糞二つばかり入レて、沸湯をかけて後、その病者の居所を掃除し、痘の棚なども仕舞ひて、親族打よりて祝ふ事。KIS, 3: 247.
The imperial court physician Tachibana Nankei 橘南谿 (1753–1805) wrote:

This popular custom has come to be understood as a way to celebrate the completion of smallpox. Add a little sake into rice water; take a soft towel and soak it in the warm solution; then gently wring the towel, dripping the solution on the face, hands, and feet. This method will cause the scabs to fall off quickly.  

While medical manuals urged for a degree of caution—such as being careful not to get the sasayu solution in children’s eyes—they generally agreed the procedure had beneficial effects.  

At least for some families, sasayu also functioned as a way to send off the smallpox deity who had been mediating the child’s illness. Negishi Yasumori 根岸鎮衛 (1737–1815), an Edo city magistrate (machibugyō 町奉行), recorded a story in his journal in which a child possessed by a smallpox deity opened its mouth and said: “I wish you to quickly perform sasayu…. I must move on to the next [child].” The notion that sasayu would release the smallpox deity and free the child from illness appears in other

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67 世俗の習ひにて、これを痘瘡仕あげたる祝ひごとのやに心得来るなり。米の白水に酒少し加へ、和らなく手拭に、右の湯を浸し、緩く絞りて、面部手足に少しばかりあつなり。これ早く落畜せしむる法なり。Tachibana Nankei 橘南谿, Tōsō suikyōroku 痘瘡水鏡録 (Record of the water mirror of smallpox; 1781), 21a. Held by Waseda University. See also Tatsukawa Shōji’s analysis of this passage in relation to sasayu in his Edo yamai no sōshi 江戸病草紙 (Tokyo: Chikuma Shobō 筆摩書房, 1998), 162–64.

68 Shisuiken Shuran’s 志水軒朱蘭 Hōšō kokoroegusa 痘瘡心得草 (Instructions for smallpox; 1798), 14b–15a, gives instructions on how to properly administer sasayu and warns against getting the solution in the child’s eyes. Held by the National Diet Library; Ikeda Kinkyō’s 池田錦橋, Tōshin imashimegusa 痘疹戒草 (Lessons regarding smallpox; 1806), vol. 2, 25b–26a, explains that sasayu is an effective way to remove any remaining poison after the illness. Held by the National Diet Library, request number 847-217.

69 早々ささ湯をかへ湯遣ひ度...我等も外へ行ねばならぬ事あり Mimibukuro 耳袋 (Ear bag), ed. Hasegawa Tsuyoshi 長谷川雄 (Tokyo: Iwanami Shoten 岩波書店, 1991) 2: 401–2. The story was the personal experience of a doctor who was an acquaintance of Yasumori. When the doctor asked to where the deity needed to go, the voice from the child’s mouth gave a specific house address in Yotsuya 四谷. The family performed sasayu, and the child quickly recovered. When the doctor visited the house that the deity named, he found that a child there had developed a fever and the initial signs of smallpox, just as the deity claimed.
records as well, perhaps most famously in Kobayashi Issa’s account, Oragaharu おらが春 (My spring; 1819). He told of how his daughter, just over a year old, had neared the end of a bout of smallpox and the family prepared to celebrate: “We performed sasayu, sending off the deity, but my daughter became weaker and weaker, and each day our hopes grew less. In the end … she wilted away from this world like a morning glory.”

If Issa’s daughter had died earlier, while still in the midst of the illness, it would have been little more than a sad, yet common, tale. Issa’s story is all the more heartbreaking because at first his daughter appeared to have survived; otherwise, sasayu would not have been performed. Setting aside the question of whether or not all families believed in smallpox deities, at the very least, sasayu served as a family ritual that marked a child’s safe passage through this potentially deadly ordeal and celebrated of a new stage of life.

Upon performing sasayu for Tarō, Bakin wrote that “the smallpox rituals were complete.” The Takizawa family’s smallpox-related activities did not in fact end with sasayu, however. Like many families, they held a celebration for which they made red-bean rice (sekihan 赤飯), common fare at celebratory occasions and religious festivals.

They then distributed the rice to friends, family members, and the temples and shrines whose deities had answered their earlier prayers. Finally, they made separate trips again to Hakusan Gongen and Takuzōsu Inari to give thanks and offerings in return for

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70 筋湯浴せる真似かたして、神は送り出したけれど、益々よはりて、きのふよりけふは頼みすくなく、終に...薔の花と共に、此世をしぼみぬ。Buson shū Issa shū 蕨村集 一茶集, ed. Teruoka Yasukata 暦亜康隆 and Kawashima Tsuyu 川島つゆ (Tokyo: Iwanami Shoten 岩波書店, 1959), 462.

71 痘瘍の式祭畢ル KBN, 2: 330.

72 Sekihan was so common at religious festivals that Helen Hardacre translates it as “festival rice.” Kurozumikyō and the New Religions of Japan (Princeton, NJ: Princeton University Press, 1986), 158.
ensuring that Tarō experienced only a mild case of smallpox. In total, the various rituals took fifteen days to complete and were repeated for Bakin’s other two grandchildren when they, too, fell ill with smallpox.

The daily records of commoners and samurai alike display a rhythm to smallpox rituals. When Moriyama Takamori森山孝盛, a Tokugawa bannerman, welcomed the birth of two daughters in 1781 and 1784, he also visited temples and shrines to obtain smallpox charms. Like those obtained by Bakin, these charms were to ensure his daughters suffer only mild cases and only when they were slightly older. The girls both made it through very mild cases at the ages of three and six—the older of the two even managed to avoid being bedridden. On the thirteenth day after each girl fell ill, the family performed sasayu and held a celebration featuring red-bean rice. While there is not enough detail in the diary to determine whether the family set up a smallpox altar, the activities recorded here match a pattern common to families in the late Tokugawa period.

Although I have focused on the urban environment of the city of Edo, families living in more rural villages appear to have practiced a similar set of smallpox-related activities. Of course we must recognize that the cultural and epidemiological nature of smallpox was not uniform across Japan, and more isolated communities could still be devastated by periodic epidemics. Yet many rural villages that were plugged into trade and travel routes experienced similar endemic rates of incidence as found in cities.

73 KBN, 2: 336, 334, 405.
74 Moriyama Takamori Nikki森山孝盛日記, in Nihon toshi seikatsu shiryō shusei日本都市生活史料集成, ed. Harada Tomohiko原田伴彦, vol. 2 (Tokyo: Gakushū Kenkyūsha学習研究社, 1977), 116. Takamori also obtained a charm in the form of a horseshoe that promised to relieve the insatiable itchiness that smallpox could cause; see ibid., 58.
75 Ibid., 144.
76 Jannetta, Epidemics and Mortality, 100–104.
and documentary evidence suggests they practiced rituals in much the same way as their urban counterparts. Gift registers, a topic I will turn to again in Chapter Five, show that in villages across eastern and central Honshu children stricken with smallpox received red-colored clothing, red woodblock prints, and daruma dolls. These registers reveal that rural families also performed sasayu and celebrated by sharing red-bean rice at the conclusion of smallpox episodes.77

The prevalence of these rituals can be explained by recognizing smallpox as a step in the human lifecycle. The importance placed on smallpox and its associated rituals is readily apparent when examining biographies written in the Edo period. For instance, the book seller and information peddler Sudō Yoshizō 須藤由蔵 (1793–?) gave a brief synopsis of the life of the shōgun Tokugawa Ienari 徳川家斉 when he died in 1837. The first five events Yoshizō chronicled of the late shōgun were his first visit to Sannō Shrine, his hair-growing ceremony (kamioki 髪置), first hakama donning, smallpox,

77 Evidence of sasayu and special gifts can be found in gift registers belonging to rural families living in the provinces of Shimōsa 下総, Musashi 武蔵, Kōzuke 上野, Hida 飛騨, and Mino 美濃. A small sample of such registers include: Inaba-ke monjo 稲葉家文書 000928 and 000930, Ibaraki Kenritsu Rekishikan 茨城県立歴史館; Uchida (Tadashi)-ke 内田(正)家文書 236, held by Saitama Kenritsu Monjokan 埼玉県立文書館; Inō-ke monjo 伊能家文書 P8003 315, Gunma Kenritsu Monjokan 群馬県立文書館; Hanamura-ke monjo 花村家文書 B3-2-7, and Ōmae-ke monjo 大前家文書 B3-2-50 and B3-2-127, Gifu-ken Rekishi Shiryōkan 岐阜県歴史資料館. This evidence contrasts with an argument made by Ōta Motoko 大田幸子 and rearticulated by Morita Toyoko 森田登代子 that smallpox rituals existed primarily in large urban centers and were absent from rural areas. See Ōta Motoko, “Kinsei nōson shakai ni okeru kodomo o meguru shakō: Kai no kuni yamanashi-gun shimojirī-mura Yoda-ke monjo wo tegakari ni” 近世農村社会における子供をめぐる社会：甲斐国山梨郡下井尻村依田家文書を手がかりに, Kokuritsu rekishi minzoku hakubutsukan kenkyū hōkoku 国立歴史民俗博物館研究報告 54 (1993): 189; and Morita Toyoko, Kinsei shōka no girei to zōtō: Kyōto Okada-ke no fushūgi, shūgi monjo no kenō 近世商家の儀礼と贈答：京都岡田家の不祝儀•祝儀文書の検討 (Tokyo: Iwata Shoin 岩田書院, 2001), 329–32.
and *sasayu*. Similarly, when Ienari’s son Tokugawa Naritaka 徳川斉荘, daimyō of Owari domain, died in 1845, Yoshizō noted in his diary that Naritaka was born in 1810 and listed twenty-seven major events, including his coming-of-age ceremony, marriage, promotions, and smallpox *sasayu* ritual.

If, as I am suggesting, smallpox in the Tokugawa period was more than just a disease, then what difference does it make for our understanding of dominant narratives in the history of medicine in Japan? Every student of the subject knows the story of the spread of vaccination in the mid-nineteenth century. This narrative has appeared many times over in Japan and most recently in English in Ann Jannetta’s *The Vaccinators*. In short, a loosely affiliated, but geographically dispersed, group of pioneering physicians worked tirelessly against the sluggish Tokugawa bakufu to promote a new technique in order to save the lives of countless thousands. While the government did not impede such work, neither did they sponsor the sort of mass-vaccination program needed for society-wide eradication of the disease. As Brett Walker has shown, the bakufu did sponsor a few vaccination campaigns, mostly targeting the Ainu population living in Hokkaido. Walker claims that the vaccinations were so effective in the north that they “convinced Ainu that their own medical culture and metaphysical order were inferior.” The image promoted in this line of scholarship is one in which medical progress swept away old cosmologies and religious practices.

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78 *Fujikokaya nikki* 藤岡屋日記, ed. Minami Kazuo 南和男, in *Nihon toshi seikatsu shiryō shūsei* vol. 2, Ibid., 211.
79 According to Yoshizō, Noritaka had his *sasayu* ceremony on 1820/1/19 at the age of nine. Ibid., 564.
In fact, among many of the most learned urbanites, new medical treatments, including vaccination, were by no means incompatible with religious practice and belief. In 1838, Matsuzaki Kōdō asked the physician Totsuka Seikai 戸塚静海 (1799–1876) to inoculate his son. While true vaccination did not arrive on the scene until 1849, Seikai performed the inoculation procedure in which he made a small incision in the child’s arm and inserted a dab of pus taken from another patient’s fresh smallpox pustules. The goal was to limit the smallpox symptoms to a small area around the incision and thereby save the patient from getting a full-blown case. On the day Seikai performed the procedure, the family made red-bean rice in celebration. In hindsight, the celebration may have proved premature, since the inoculation did not seem to have the intended effect. Their son came down with a heavy case of smallpox with pustules covering his whole body, especially his face. Yet by the twelfth day after his breakout he had largely recovered, and the family performed sasayu, again made red-bean rice, and brought portions to friends and family. In short, inoculation and vaccination were not as incompatible with such cultural practices as they might at first appear. Families

82 Whereas smallpox vaccination used the cowpox virus, inoculation (also known as variolation) used the pus from human smallpox pustules. Seikai likely learned European-style inoculation from his time studying under Philipp Franz von Siebold in Nagasaki during the 1820s. After returning to Edo he practiced inoculation and later vaccination and achieved a high degree of notoriety, becoming appointed as a bakufu physician in 1858. For biographical details on Seikai, see Jannetta, The Vaccinators, 98, 117, 162, 165.


84 Aoki Toshiyuki 青木歳幸 has also shown that families performed sasayu after vaccinations; see his “Saga-han rangaku saikō: Ishigakushi no shiten kara” 佐賀藩儒学再考：医師史の視点から, Saga Daigaku Chiikigaku Rekishi Bunka Kenkyū Sentā kenkyū kiyō 佐賀大学地域歴史文化研究センター研究紀要 1 (2007): 15. Hartmut Rotermund notes that measles prints (hashika-e 麻疹絵) advertised medicines within a religious framework. One such print bears the text: “Good medicines subjugate evil disease, thanks to the protection of the gods.” Translated and quoted in “Illness Illustrated,” 264. See also Rotermund, “Demonic Affliction or Contagious Disease,” 395. Hiroshi Kawaguchi has made a similar point in his recent study, “Faith Healing and Vaccination against Smallpox in Nineteenth-Century
wove new medical techniques into existing patterns of religious practices and family rituals.

**Conclusion**

How did religious therapies fit into larger patterns of treatment in the lives of Edo residents? To describe this category of treatment as anything other than essential would be to ignore the degree to which the families discussed in this chapter visited temples and shrines to pray for recovery. If religious therapies were inserted into a hierarchy of treatment options—albeit a messy hierarchy with blurred boundaries—they would come a very close second to self-medication. These families visited temples and shrines to pray for recovery, purchased charms, and performed healing rituals far more often than they hired doctors. And although religious practices connected to smallpox have received the most attention from modern scholars, the majority of temple and shrine visits to pray for recovery were for a wide range of other ailments including diarrhea, headaches, and toothaches. Religious healing was an integral part of illness management, even for families who could afford to hire the best doctors.

Examining instances of religious healing in diaries offers a window into the involvement of family and acquaintances in a sufferer’s treatment. As we have seen in many of the examples above, family members traveled to temples and shrines on behalf of sufferers. Praying at temples and shrines differed from physical medicines and doctors’ services in at least one major way: prayer did not always require consent or action on the part of the sufferer. This meant that a broader spectrum of people could

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participate in this style of healing over other therapeutic options. When Bakin began losing sight, for instance, his understandably worried publisher made trips to pray on his behalf.\(^{85}\) And when Bakin’s grandson, Tarō, fell ill in his early twenties, sixteen members of his rifle troupe all went together to pray for his recovery at a nearby shrine.\(^{86}\) Illness management was embedded in social relationships, and in turn, sufferers’ social networks connected them with religious sites throughout the city.

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\(^{86}\) *Michijo nikki*, 27.
Chapter Four
Dealing with Doctors

Introduction

By the early eighteenth century, Edo had become a major center of medical learning and practice. The city not only hosted a greater population of doctors than any other Japanese city but also supported one of the highest doctor per capita ratios in Japan. The viability of Edo as a city for doctors depended on several factors. The existence of the bakufu and its limited system of medical officials supported a small part of the large doctor community. More important to aspiring and practicing doctors, however, was the city population of more than one million residents, which ensured a large pool of potential clients. Unlike doctoring in other large cities such as Kyoto and Osaka, a unique feature of practicing medicine in Edo was the concentration of domain doctors supported by the residences of the some 260 daimyō. Most of these daimyō retained doctors as vassals and stationed them within their Edo estates to tend to the health of their families and retainers. Many of these samurai doctors also pursued private practices where they treated samurai and commoners alike.

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It has become customary in Japanese scholarship to refer to doctors retained by a domain as han’i 藩医, but it should be noted that this is a modern term created by historians. In Tokugawa texts, doctors with samurai status are distinguished from other practitioners by the terms kan’i 官医 or ji’i 侍医.
Many historians maintain that in the second half of the Edo period the number of doctors in Japan grew and permeated all levels of society, both urban and rural. Some authors have gone so far as to suggest that the increase in number of doctors signified a reduction in other forms of treatment. Diaries of Edo residents, however, do not support this conclusion. As we saw in previous chapters, patients may indeed have increasingly sought physicians’ services, but they simultaneously continued to use other forms of treatment, including self-medication and visits to temples or shrines. How, then, did doctors integrate into the medical landscape and the treatment patterns of individual families?

This chapter explores the place of doctors in Edo society from the perspective of both doctors and patients. First, I discuss the general lack of government oversight or regulation of medical practice. Next, I analyze the practices of three doctors active in the city at the turn of the nineteenth century: Hattori Sōken 服部宗賢 (1752–1820), a domain physician stationed in Edo toward the end of his career; Sugita Genpaku 杉田玄白 (1733–1817), another domain physician known for his work on anatomy; and Katakura Kakuryō 片倉鶴陵 (1751–1822), a commoner doctor. The diaries of these physicians reveal the highly mobile nature of doctoring and allow us to map the geographic range of doctors’ practices. Against this backdrop, I examine how families interacted with doctors and how sufferers chose to hire specific doctors when faced with hundreds of options. Finally, I introduce critical and skeptical discourses regarding medical

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2 Aoki Toshiyuki, for example, claims that in the second half of the Tokugawa period commoners began to rely mainly on doctors for healing—religious healing became relegated only to those diseases doctors could not cure, such as epidemics and fox possession. See, Aoki Toshiyuki 青木透幸, Zaison rangaku no kenkyū 在村蘭学の研究 (Kyoto: Shibunkaku Shuppan 思文閣出版, 1998), 182.
practitioners. In total, I argue that patients approached doctors with a high degree of ambivalence. Far from being at the mercy of a greater medical authority, families were quick to change doctors, often hiring several over the course of a given illness.

The Regulation of Medical Practitioners

Within the city of Edo, nearly anyone could become a doctor. Because the bakufu did not implement any form of professional licensing or mandatory medical education, there were almost no limits to who could call himself a doctor. In fact, the use of the term doctor to describe Tokugawa practitioners requires some explanation. In this chapter, I use the terms doctor and physician to describe anyone who practiced medicine and treated patients for financial compensation. My relatively lax usage of these terms reflects the ambiguity of the Tokugawa context. It was not until the Meiji government implemented a system of medical licensing in 1874 that doctoring began to transform into a limited and regulated profession.

Medicine was not entirely absent from Tokugawa governance, however. The bakufu did gradually build a system of official medical posts. These positions were charged with the health of the shogun, his family, and high-ranking officials rather than

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3 Nearly all doctors were men. There is a great deal of work to be done on the topic of women practitioners in Tokugawa society—certainly female practitioners existed, and although at least a few were referred to as doctors, most were midwives and shrine attendants. On the handful of examples historians have found of women as practicing physicians, see Ōta Taeko 太田妙子, “Edo jidai no josei ishi 1: Inai Seian, Matsuoka Kotsuru, Takaba Osamu” 江戸時代の女性医師（一）：稲井静庵・松岡小鶴・高場乱, Itan 医譲 87 (2008): 5388–95; “Edo jidai no josei ishi 2: Ganka’i, haikaishi, wataraisonono” 江戸時代の女性医師（二）：眼科医・俳諧師 度會園, Itan 医譲 88 (2008): 5504–14; “Kinsei–Edoki no ‘josei ishi’” 近世–江戸期の「女性医師」, Itan 医譲 89 (2009): 5686–98.

with professional oversight of the larger medical community. The bakufu’s official medical school, the Igakkan, likewise concerned itself not with regulation of the city’s practitioners but with grooming potential shogunal physicians and encouraging the exchange of knowledge through lectures and publishing. In short, the lack of institutional control over practitioners meant that one could become a doctor by the simple act of self-proclamation.

In the context of early modern Japan, doctoring was essentially a livelihood rather than a closed and regulated profession. Like medicine production and commerce, discussed in Chapter Two, doctoring was an activity that people could pursue in addition to their official occupation. Occasionally, in the case of doctors retained by domains or the bakufu, livelihood and occupation overlapped, but as I discuss later in this chapter, even doctors receiving stipends could maintain a private practice. Occasionally, historians have pointed to evidence that could be interpreted as bakufu oversight of doctoring. One such example is a petition submitted in 1843 by a peasant in Közuke province, (present-day Gunma prefecture), to his local administrator:

7 Here I follow David Howell’s distinction between “occupation, which refers to the economic activity linked to a household’s formal status, and livelihood, or the economic means by which households actually supported themselves.” David Howell, Geographies of Identity in Nineteenth-Century Japan (Berkeley: University of California Press, 2005), 46.
...From a young age, I have been sickly and have had difficulty working diligently in agriculture. Thus I have decided to practice medicine. Until now, I have practiced within and outside of my village and my numbers of patients have evermore increased. Since I am receiving requests for treatment from all over, I earnestly request I be allowed to make a living practicing medicine.8

Although it may appear this peasant needed permission to practice medicine, in fact the document has little to do with peddling the healing arts. Rather, the petitioner was asking for authorization to withdraw from his official occupation of peasant farmer. This is a small but important distinction. At the time of submission, the petitioner was already practicing medicine—a livelihood for which he did not need to seek prior consent. However, as his patient base grew, he desired to quit his occupation as a farmer and focus entirely on his medical practice. Severing or changing his obligation to his lord required authorization, but simply practicing medicine did not. As long as people could maintain their official obligations, there was little or nothing to prevent them from selling their services as a doctor.

Doctors were largely free to ply their trade as they saw fit, but there were a few potentially deadly exceptions. In particular, the bakufu was primarily concerned with the sale of medicines. These regulations mainly targeted medicine stores, but because doctors also served as conduits of medicines, they fell under the purview of bakufu regulations. Broadly speaking, the bakufu was concerned with three things: the sale of fake ingredients (nise yakushu 似薬種), the sale of poisonous medicines (dokuyaku 毒薬), and the inflation of prices of particular medicinal components. The sale of fake ingredients or poisons in particular could carry heavy penalties. A list of punishments

from 1742 stated, “Those selling poisonous medicines will be paraded through the streets and then imprisoned. Those selling fake medicinal components will be paraded through the streets and then put to death.”

These were indeed severe punishments, but it is important to recognize that the bakufu had a very narrow scope for what they considered to be “fake medicine.” In actual cases of punishment, the offenders were usually found guilty of selling fake ginseng or one of the few other ingredients regulated by the bakufu. Beyond a handful of select components, however, nearly anything was fair game, and the regulations stated nothing about medicinal efficacy. A doctor could, for example, place a cube of sugar into boiling water and sell it to his patients as a cure for blindness and be in no danger of upsetting the authorities. As long as commercial treatments were not overtly toxic or imitations of specific ingredients like ginseng, doctors could freely peddle whatever concoctions they desired. The bakufu’s hands-off attitude toward doctoring allowed nearly anyone the chance to sell therapeutic services. This meant that patients encountered a large, open medical marketplace—one in which they had to exercise caution in choosing doctors.

**A City Filled with Doctors**

Providing a precise estimate of the number of doctors who resided in Edo is exceedingly difficult because of the absence of regulated professional organizations or guilds and because the bakufu never conducted an official survey. The earliest

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government assessment was not completed until the early Meiji period when, in 1874, the nascent Medical Bureau (imukyoku 医務局) asked doctors across the country to self-report by submitting a questionnaire regarding their practices. A total of 28,262 doctors responded to this survey—approximately one doctor per 1,120 people. Fuse Shōichi argues that since the Meiji government had yet to implement any restrictions on medical practitioners, this figure offers a rough idea of the total number of doctors in Japan at the end of the Edo period.11

The Tokugawa government did not conduct such a survey, but privately published directories suggest that the doctor per capita ratio in the city of Edo was much higher than in most other areas of the country. In 1819 and 1820, Shiratsuchi Ryūhō 白土竜熈, himself an Edo doctor, compiled and published five volumes listing more than 2,000 doctors residing in city, Edo kinsei ika jinmeiroku 江戸江戸今世医家人名録 (Directory of current doctors in Edo).12 The first volume, published at the end of 1819, covered the city as a whole, and the additional four volumes published the following year split Edo into north, south, east, and west quadrants. The volumes contained very few repeated names, except for the author himself, who included himself in all five volumes. The guides listed doctors in alphabetical (iroha) order, in seven to eight vertically aligned entries per page. Each entry began with the doctor’s area of expertise, such as internal medicine (naika 内科), surgery (geka 外科), or acupuncture (shinka 針科),

12 Shiratsuchi Ryūhō 白土竜熈, Edo kinsei ika jinmeiroku 江戸江戸今世医家人名録 (1819–20), 5 vols., held by the National Diet Library.
and was followed by the doctor’s address. For those physicians employed by a domain, the domain was also listed.

The addresses within these catalogs allow us to make a very rough approximation of the topographic distribution of doctors within the city of Edo. As demonstrated in the figure below, many practitioners resided along a swath of land running north to south, just east of the Edo Castle area (Okuruwa-uchi 御曲輪内; region 1 in Figure 4.1).
Figure 4.1 Geographic Distribution of Doctors Listed in *Ika jinmeiroku* (1819–20).\(^{13}\)

\(^{13}\) The areas on this map are based on *Edo Tōkyō kasane chizu* 江戸東京重ね地図, ed. Nakagawa Keiji 中川恵司 (Tokyo: Epipt Kanpanī エーピーピーカンパニー, 2001), DVD software; and *Edo fukugenzu* 江戸復原図, ed. Tōkyō-to Kyōiku-chō Shakai Kyōiku-bu Bunka-ka 東京都教育庁社会教育部文化課 (Tokyo: Tōkyō-to Kyōiku linkai 東京都教育委員会, 1989). For another analysis of these numbers, see Umihara Ryō, *Kinsei iryō no shakaishi*, 305.
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The demographic and geographic information provided by the *Ika jinmeiroku* must be interpreted with some caution. It is safe to say that the central and eastern portions of the city were home to several hundred doctors, but the lower number of entries for the western portion of the city does not necessarily mean that fewer practitioners lived there. The distribution may reflect inherent biases in the compliers’ social connections and methods for data compilation. Because there were no professional organizations or guild memberships, including all practitioners would have been an impossible task. Furthermore, since a single physician and his students
compiled the directories, the scale was limited by their own knowledge and social connections. The author of the guidebook himself, Shiratsuchi Ryūhō, lived in Nihonbashi Kita, and it may not be coincidence that it was this area of the city that recorded the most doctors. Yet even acknowledging that there were most likely far more practitioners in Edo than are listed in these guides, the numbers suggested here are considerable. Given an approximate city population of one million, this would mean there was at least one doctor per 500 people—a far higher ratio than the countrywide average in the opening years of the Meiji period.

### Status and Medical Practice

General histories of medicine in Japan often distinguish between commoner doctors and those of samurai status. In a short introduction to Japanese medicine Nakayama Shigeru writes: “The samurai class had its government doctors and fief doctors, and townsman and peasants had their local practitioners.”14 This statement succinctly introduces the idea that doctors held different official statuses, but it misleadingly conflates practitioners’ statuses with those of their clients. In fact, samurai doctors regularly treated commoner patients, and commoner doctors treated samurai patients. The large number of daimyō and their families living in Edo meant there were also many domain doctors—Shiratsuchi Ryūhō’s directories listed more than 1,000 who held samurai status.15 It is tempting to assume these doctors simply served their daimyō. However, diaries of Edo residents, as well as records kept by Edo doctors, reveal that a doctor’s status did not dictate whom he could treat.

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15 Umihara Ryō, Kinsei iryō no shakaishi, 305.
Thus, although Bakin was a commoner, the fact that he often hired the services of samurai-status doctors was not unusual. One of the doctors he most frequently engaged, Hayashi Genkō 林元曄, was in the employ of Imabari 今治 domain (present-day Ehime 愛媛 prefecture). As Umihara Ryō 有間亮 has suggested, samurai status—being employed by a domain or the Tokugawa bakufu—may have been a point of advertisement for physicians, but it was not a barrier to patients seeking treatment. The easiest way to understand what it meant for a doctor to be employed by a domain is to think of their practice as being split into two parts: occupational duty and private practice.

This distinction between official occupation and private practice is easy to establish by examining the daily records of domain physicians. Hattori Sōken 服部宗賢 (1752–1820), a native of Yamato 大和 province (present-day Nara 奈良 prefecture), kept one such diary during his time stationed in Edo. He initially traveled to Edo in the retinue of the daimyō of Takatori 高取 domain, and once there he lived in the Takatori estate and managed a successful practice. His surviving manuscript diary records his daily activities for a period of about four months in the late winter and spring of 1818. Although short in chronological scope, the diary offers a wealth of detail concerning life in the capital, the number of patients Sōken saw, and locations he traveled to see patients.

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16 Genkō was also listed in the 1820 Kita 北 volume of Ika jinmeiroku.
17 I use the term “private practice” to describe Sōken’s medical practice that went beyond his official occupational duty of treating the daimyō and his family.
18 For Hattori Sōken’s biographic information according to his epitaph, see Nara-ken Takaichi-gun shiryō 奈良県高市郡志料 (Nara: Nara ken Takaichi gun Yakusho 奈良県高市郡役所, 1915), 526–30.
19 Hattori Sōken 服部宗賢, untitled diary in Keikōdō shozaiki 桂香堂処剂記, vol. 9 (1818). Manuscript diary held by the National Diet Library.
Simply put, serving as a domain doctor was akin to a part-time job. Sōken’s diary carefully marks each day as either on-duty (tōban 当番) or off-duty (hiban 非番). Sōken was only on-duty every other day; thus, in one month, he served for only about fifteen days. In the intervening intervals, he was largely free to spend his time as he chose. Furthermore, even during on-duty days, it seems his service was required only in the mornings; in the afternoons, he often continued his private practice. Thus, Sōken actually spent a minority of his time fulfilling his obligation as a domain medical official.\(^\text{20}\)

Sōken’s case also reveals that a samurai doctor was not limited to treating other members of the samurai class. Sōken lived within the Takatori kamiyashiki 上郷 compounds, which itself was located in an area known as Nishi no Maru Shita 西丸下, or Daimyō Kōji 大名小路, immediately to the east of Edo Castle.\(^\text{21}\) In theory, this area was restricted to samurai and commoners with special permission to enter. For the sake of his private practice, however, Sōken traveled to locations throughout the larger city of Edo and saw a great variety of patients. On typical off-duty days, Sōken saw approximately thirty patients, and on on-duty days he saw ten to fifteen. His patients included other daimyō, their retainers and families, Tokugawa bannermen (hatamoto 旗本), and merchants. From the three-month sample his diary provides, his occupation as a domain physician appears to have taken up only about one-fourth of his total time practicing medicine and encompassed a small percentage of his patients.\(^\text{22}\)

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\(^{20}\) Ibid.

\(^{21}\) Hattori Sōken is also listed in the “east” (higashi 東) volume of Ika jinmeiroku (1820).

\(^{22}\) Hattori Sōken 服部宗賢, untitled diary.
Domain doctors received stipends, but these stipends did not necessarily ensure a comfortable lifestyle. Most samurai doctors resided at the bottom of the pay scale. In Fukui domain, for example, the yearly payment was 3 to 10 fuchi—not enough to comfortably raise a family. Unlike many of their samurai counterparts who needed to engage in livelihoods that had little to do with their official positions, medical officials could simply ply their same trade by selling therapeutic services on the side.

Sugita Genpaku, another domain doctor, attained remarkable wealth through private practice. Genpaku is most commonly known for his works on Western anatomy and Dutch studies and is heralded by medical historians as a founding father of western medicine in Japan. In his own time, he was a popular practicing physician. A native of Edo, he followed in his father’s footsteps and eventually took over his father’s post as physician to the daimyō of Obama domain (present-day Fukui prefecture). Unlike Hattori Sōken, Genpaku did not travel back and forth from the capital to the domain; rather, he was permanently stationed in Edo. But like Sōken, his official occupation took up far less time than his own lucrative private practice.

Genpaku’s diary, which covers the years between 1787 and 1805, shows that income from his private practice far outweighed what he received from his official post. When first hired by the daimyō of Obama domain in 1769, he was awarded 5

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23 Umihara, Kinsei iryō no shakaishi, 235.
24 See, for example, Šaki Shizu’s discussion of Genpaku in Sakai Shizu, Nihon no iryōshi 日本の医療史 (Tokyo: Tōkyō Shoseki 東京書籍, 1982), 276–84.
This soon increased to 8 fuchi, and finally a high of 230 koku in 1776. Although this is considerably more than many other samurai physicians, his private practice earned him an even greater sum. Between 1795 and 1804, he procured between 400 to 600 ryō per year seeing patients, even more than the stipends of most shogunal doctors. These examples of Hattori Sōken and Sugita Genpaku illustrate the flexibility of domain doctors to engage in private practice. Although official medical posts provided samurai status and a limited income, they clearly did not monopolize a doctor’s time or preclude a potentially lucrative private practice.

**Geographic Range of Urban Practitioners**

Unlike in present-day Japan, Tokugawa period doctors did not see patients in hospitals or clinics. With the exception of a few specialists, such as surgeons and eye doctors, doctoring was a mobile profession, one practiced in the homes of patients. Takizawa Bakin’s diary gives some sense of the distances doctors traveled to diagnose and treat sufferers. Generally speaking, while living in Soto Kanda, Bakin’s family called on doctors who lived within a 2.5-km radius. In particular, several of the doctors were located in the Nihonbashi-Kita area (region 8 in Figure 4.2 below). Furthest away, Itō Zuisan lived 2.5 km to the southeast in Kayaba-chō 茅場町; Sugimura Genseki lived 2 km to the southeast in Muramatsu-chō 村松町; and

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26 Katagiri Kazuo, Sugita Genpaku杉田玄白 (Tokyo: Yoshikawa Kōbunkan 吉川弘文館, 1971), 302–4. One fuchi was nominally the amount of rice needed to support one man’s sustenance for a single year—the equivalent of about 1.8 koku, or 324 liters. See, for example, Vaporis, Tour of Duty, 115–16.


28 For finding locations within Edo and measuring the approximate distances between them, I have relied on Edo fukugenzu and Edo Tōkyō kasane chizu.
Taki Anshuku 多紀安叔 lived 1.5 km to the south near Hongoku-chō 本国町 (also within Nihonbashi Kita). Yet not all of the family’s doctors came from the Nihonbashi Kita area. The doctor who made the most appearances in Bakin’s diary, Hayashi Genkō 林元曄, lived 1.5 km to the west in Ogawa Machi 小川町. Other nearby doctors included Komine Sōyū 小峰宗祐, who lived near Sanmaibashi 三枚橋, 1 km to the north in Shitaya 下谷 (area 37), and Oka Ryōsetsu 岡良節, who lived only 0.5 km to the northeast in Hongō 本郷 (area 33).

Although the geographic scope of urban doctors’ practices has gone relatively unexamined, a few scholars have discovered that rural doctors often traveled beyond their own villages to treat patients in nearby settlements. For example, Sugano Noriko has shown how a family of doctors living in Yahomura 谷保村 (present day Kunitachi-shi 国立市, about 30 km west of Edo) in the late Tokugawa period regularly traveled to villages more than 6 km away. In a study of a village doctor living in Uwajima 宇和島

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29 These three doctors all appear to have lived in Nihonbashi Kita. According to Bakin’s diary, Itō Zuisan 伊東瑞三 lived in Kayaba-chō かやば町. KBN, 2: 84–85. Bakin’s diary noted Sugimura Genseki 杉村玄碩 as living in Ryōgoku Muramatsu-chō 両国むら松町. KBN, 1: 125.

Taki Anshuku 多紀安叔, more commonly known as Taki Motokata 多紀元堅, was listed in Bakin’s diary as living in the same neighborhood as Bakin’s acquaintance Hanabusaya Heikichi 英屋平吉, a bookseller living in Hongoku-chō. Hanabusaya Heikichi is listed in Nakagawa Hōzando 中川芳山堂, Edo kaimono hitori annai 江戸買物独案内 (1824), 1: 21, held by Waseda University Library.

30 Bakin describes Hayashi Genkō 林元曄 as living nearby to the west. KBN, 1: 160. Komine Sōyū 小峰宗祐 is listed in Bakin’s diary as living near Izumibashi Sanmaibashi 和泉橋通三枚橋. KBN, 1: 159. Oka Ryōsetsu 岡良節, a bakufu medical official, lived in Hongō Kasadani 本郷傘谷. KBN, 2: 101.

domain (present-day Ehime 愛媛 prefecture), Inoue Jun found that the rural physician would travel up to 10 km to see patients.\textsuperscript{32}

Although tempting to assume that urban areas supporting a dense population would show a more limited geographic range of medical practice than rural areas, the records of Edo doctors suggest that many urban physicians were just as mobile as their rural counterparts and in fact traveled far beyond the distances recorded in Bakin’s diary. As previously mentioned, Hattori Sōken resided in the estate of Takatorii domain, located within a samurai-only area adjacent to Edo castle.\textsuperscript{33} The ten to thirty patients outside his occupational duties whom he saw daily were spread across the central and eastern portion of the city. On one particular day in the beginning of 1818, Sōken traveled to see thirty patients in seven regions of the city. First he saw patients in his own neighborhood; then he traveled to Inaba-chō 因幡町 (Kyōbashi Minami; area 10), Hatchōbori 八丁堀 (area 11), Kanda Myōjinshita 神田明神下 (the area Bakin lived in Soto Kanda; area 7), Shinobazu no Ike 不忍池 in Hongō 本郷 (area 33), and finally Higashi Tobizaka 東薙坂 in Koishikawa 小石川 (area 32). Measured linearly, the round trip would have covered almost 10.5 km. Of course, this estimate accounts neither for the distance between patient houses within each area nor for the extra distance to navigate streets and waterways; the actual distance traveled was likely much farther.\textsuperscript{34}

\textsuperscript{32} Inoue Jun 井上淳, “Bakumatsuki zaison ranpō’i no iryō to shakai undō: Seike Kataniwa no ashiato” 幕末期在村薬医の医療と社会活動：清家堅庭の足跡, Kokuritsu rekishi minzoku hakubutsukan kenkyū hōoku 国立歴史民俗博物館研究報告 116 (2004), 130–33.
\textsuperscript{33} Sōken’s general location can be inferred from his diary, but he was also listed in the “east” (higashi 東) volume of Ika jinmeiroku (1820).
\textsuperscript{34} Hattori Sōken 服部宗賢, untitled diary in Keikôdō shozaiiki 桂香堂処剤記, vol. 9. (1818) Manuscript diary held by the National Diet Library.
Like Hattori Sōken, Sugita Genpaku also recorded the locations he traveled to treat patients. Unlike Sōken, Genpaku chose to live in his own furnishings rather than stay in his domain’s estate.\textsuperscript{35} He located his home in the Nihonbashi Kita area, one of the most populous and commercially vibrant areas of Edo. Although he often visited patients within his own neighborhood, as the figure below indicates, he also traveled to other districts on a daily basis.\textsuperscript{36}

\textsuperscript{35} After becoming a medical official of Takatori in 1769, Genpaku initially lived within the Sakai Naka Yashiki 酒井中屋敷, but he moved after seven years to his own residence in Nihonbashi Hamachō. See, Katagiri Kazuo 片桐一男, \textit{Sugita Genpaku} 杉田玄白 (Tokyo: Yoshikawa Kōbunkan 吉川弘文館, 1971).

\textsuperscript{36} \textit{Sugita Genpaku nikki: Isai nichiroku} 杉田玄白日記: 鶴齋日録, ed. Sugi Yasusaburō 杉靖三郎校 (Tokyo: Seishisha 青史社, 1981), 2–44. It should be noted that Genpaku seems to have traveled even more than Figure 4.2 suggests. He often noted that he was going out to see patients (byōdo 病用), but he did not always record to which locations he traveled.
Figure 4.2 Locations to which Sugita Genpaku traveled to see patients as recorded in his diary over the course of one year (1787).

|   | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|   | Okuruwa-uchi | 御曲輪内 | 21 | Shirogane | 白金 |
|   | Nagata-chō | 永田町 | 22 | Azabu | 麻布 |
|   | Kōjimachi | 麹町 | 23 | Akasaka | 赤坂 |
As shown in Figure 4.2, Genpaku was remarkably mobile in his private practice. Asakusa, particularly the Yoshiwara brothel district, was one of his most frequented areas, perhaps because of his specialty in treating syphilis. Not only did he regularly visit areas around the city center but he also traveled as far away as villages on the outskirts, such as Mitani 三谷 in Ebara 荏原 county, almost 12 km to the southwest of his home in Nihonbashi Kita.\(^{37}\)

The geographic ranges of Genpaku and Sōken’s practices serve as reminders that in early modern Japan, before the advent of hospitals and clinics, doctors traveled great distances to patients’ homes to administer treatment. This characteristic of early modern doctoring limits the value of knowing a doctor’s address. The location of a doctor’s

\(^{37}\) *Sugita Genpaku niki*, 26, 41.
address may have been related to his status (especially if they lived within daimyō estates) but can only be a limited indication of his geographic range of practice.

A few factors, however, may have encouraged patients to choose nearby doctors. First, hiring doctors over great distances could be costly. Physicians often traveled by palanquin, or boat in some cases, and they were often accompanied by attendants (tomo no mono 供之者) who would shoulder their medicine chests. Patients often found themselves responsible for these travel fees. Ono Naokata 小野直方 (1720–1800), a bannerman living in Koishikawa in the second half of the eighteenth century, had to pay between 150 and 200 mon 文 per visit to cover the palanquin fee of some of his doctors. Although the records of Genpaku and Sōken suggest many patients were willing to pay travel fees, for others this additional compensation was a consideration when choosing a physician. When Bakin was struck by a gastrointestinal ailment in 1827, his son-in-law Atsumi Kakujū 渥見覚重 recommended an acquaintance, the doctor Kawamura Sōtan 川村宗旦. However, because the doctor’s attendant required a fee of 200 hiki 歩, the family decided to instead to call upon a physician who lived less than 2 km away and did not charge extra fees. Families willing to cover traveling costs could hire a doctor who resided more than a dozen kilometers away, but sticking with nearby practitioners may have been more economical.

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38 Genpaku often mentioned traveling by boat. See for example, Sugita Genpaku Nikki, 25, 26, 29. Attendants became a concern for the bakufu because of the fees they charged patients. The bakufu issued several edicts in attempt to reduce the amount of money attendants charged. See edicts of 1841 and 1845 in Edo machibure shūsei, 13: 430–31 and 15: 190.
40 Kakujū was the husband of Bakin’s third daughter. KBN, 1: 160.
Hiring Multiple Doctors for a Single Illness

Reliance on doctors as a source of treatment may have steadily increased throughout the Edo period, but the ways in which patients used doctors differed greatly from present-day practices. Rather than relying on a single trusted physician, people often chose instead to hire a series of different doctors to treat a single illness.

Moriyama Takamori 森山孝盛 (1738–1815), a Tokugawa bannerman living in Akasaka 赤坂, recorded several instances of severe illness in his diary. In every case, doctors never appeared as sole practitioners—the family always hired several individuals in an attempt to treat a single illness. For example, when in 1775 Takamori’s adoptive father began vomiting blood, the family hired four doctors within just four days. Rather than maintaining allegiance and trust in a single physician, if after a few days the patient showed no signs of recovery, the family switched to another doctor (ten’i 転医 or tenyaku 転薬). Although seeing many doctors over the course of a single bout of illness may sound extravagant, Takamori’s response does not seem overly eccentric and can be seen within other Edo diaries. Ono Naokata’s family, for instance, also called upon many doctors in succession. They rarely saw any single practitioner for more than three to five consecutive days before switching to another. When Naokata himself fell ill in 1749, for example, over the course of one-and-a-half months he

42 Moriyama Takamori nikki, 42.
43 See, for example, Moriyama Takamori nikki, 71–72, 175–76.
switched doctors eight times. A few years later, his wife changed doctors six times in twenty-four days.

These patterns of hiring multiple physicians revealed in patient diaries can also be found in certain doctor-written works, especially case histories. For example, Katakura Kakuryō 片倉鶴陵 (1751–1822), a commoner doctor practicing in Edo, published a collection of 103 case histories in three volumes. In each instance he lists the patient’s name, address, condition upon examination, the patient’s previous courses of treatment, and the course of his own prescribed treatment. One of the most striking features of the case history collection is that in nearly every instance, Kakuryō’s patients had already started treatment or had seen another doctor before him. In some examples, patients continued to see other practitioners while still receiving Kakuryō’s treatment.

In one case, a patient began experiencing strong stomach and back pains and then diarrhea mixed with blood and pus. According to Kakuryō, “the patient had seen several doctors, but to no effect.” Yet when the patient finally called on Kakuryō, his diarrhea ended within three days, and he returned to normal within a month. In another case, a pregnant woman began to have contractions (jintsū 陣痛), so the family called on a midwife (onba 稳婆) who gave the pregnant woman medicine to induce the birth; however, the pain only got worse, and after six days the woman had still not

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44 Kanpu gosata ryakki, 2: 363–91.
47 Katakura Kakuryō 片倉鶴陵, Seikendō chiken 静倉堂治験, 3 vols., in Kinsei kanpō igakusho shūsei 近世漢方医学書集成, ed. Ōtsuka Keisetsu 大塚敬節 and Yakazu Domi 矢数道明, vol. 81 (Tokyo: Meicho Shuppan 名著出版, 1982). The first volume was originally published in 1818, the second in 1821, and the third in 1822.
48 数医ヲカヘテ効アラズ。Seikendō chiken, 2: 357–58.
given birth. The family then called on another doctor who said the baby had already
died within the womb. When the family asked Kakuryō’s opinion, he said there was in
fact no sign that the baby had died, and with his help, the woman gave birth to a
healthy baby boy.49

Case histories such as these suggest doctors were not only responsible for
diagnosing and treating their patients but also had to manage adverse effects of self-
administered therapies or treatments prescribed by other practitioners. From Kakuryō’s
records, it seems that he rarely encountered a therapeutic tabula rasa—patients
invariably dosed themselves or had already received treatment from other physicians.
The other doctors described in Kakuryō’s account are often portrayed as ignorant in
contrast to his own diagnostic acumen, and Kakuryō often cast himself in heroic roles—
setting himself apart from the other doctors and succeeding where they failed.

Although it is tempting to consider this practice of seeing multiple doctors as a
phenomenon limited to large urban centers, recent scholarship suggests that seeing
multiple doctors was possible in the countryside as well. Osada Naoko, in her analysis
of the diary of a village headman in a village west of Edo in Tama 多摩 county (present
day Kunitachi-shi 国立市), noted that if a villager’s condition was dire, the family
would call on multiple doctors, even if it meant seeking doctors beyond the village.50
Susan Burns’s examination of the case histories of a physician in the town of Yuzawa 湯
沢 in Dewa 出羽 province (present-day Akita 秋田 prefecture) mentions one example in

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49 Ibid., 358–59.
50 Osada Naoko 長田直子, “Kinsei kōki ni okeru kanja no ishi sentaku: ‘Suzuki Heikurō
kōshi Nikki’ o chūshin ni” 近世後期における患者の医師選択：「鈴木平九郎公私日記」を中心に,
Kokuritsu rekishi minzoku hakubutsukan kenkyū hōkoku 国立歴史民俗博物館研究報告 116
which at least four physicians treated a single patient.\textsuperscript{51} Along with the diaries of Edo residents, these studies suggest that the practice of hiring multiple doctors over the course of a single illness was widespread throughout Japan, even in rural areas.

Although some historians have acknowledged that people in early modern Japan often saw more than one doctor, others have been quick to view doctors in modern terms, especially with respect to the concept of a primary physician. Hattori Toshirō, for example, in touching upon Takizawa Bakin’s diary, describes one of Bakin’s doctors, Hayashi Genkō, as his “primary physician” (shuji’i 主治医).\textsuperscript{52} Yet people in early modern Japan did not seem to have a “primary physician” or “family doctor.” In Bakin’s case, Hayashi Genkō indeed appears more frequently than any other doctor, but he was treated in the same manner in which other doctors were treated: if a family member’s condition did not show signs of improvement within a week or so, they moved on to another practitioner.

In a city filled with doctors, how did families choose one physician over another? The diaries of Bakin and his daughter-in-law Omichi reveal the importance placed on the previous experiences of family and friends in finding suitable practitioners. When Bakin fell ill in 1828, the family initially hired Taki Anshuku, a member of the renowned Taki family who headed the bakufu medical academy. After nine days of receiving exams performed by Anshuku and his apprentices, the family became dissatisfied with his services and decided to switch to another practitioner. After seeking advice from


\textsuperscript{52} Hattori Toshirō 服部敏良, \textit{Edo jidai igakushi no kenkyū} 江戸時代医学史の研究 (Tokyo: Yoshikawa Kōbunkan 吉川弘文館, 1978), 749.
family and friends, they decided to follow up on the suggestion of the neighbor’s mother, who recommended Komine Sōyu.

Sōyu also failed to meet the family’s expectations, so they kept looking for another practitioner. When Bakin’s son-in-law suggested a doctor he knew quite well, Kawamura Sōtan, the family learned (as we saw above) that Sōtan required extra fees for each of his visits, so they decided to go with yet another practitioner. The son-in-law then suggested another doctor he had dealings with, Hayashi Genkō. Genkō was both cheaper and closer than other doctors. Because the family deemed his treatments to be effective, and Genkō continued to provide prescriptions until Bakin recovered. All of the physicians the Takizawas considered hiring during the above episode were recommended by friends and family who had previously hired them.

Recommendation from family and friends was perhaps the most important factor in selecting a doctor, but Bakin and his family also relied on another method that helped them make such decisions: divination. When choosing Genkō, Bakin’s son, Sōhaku, noted that he lived to the west, which was a “good direction” (hōi mo yoroshiki 方位も宜敷). Sōhaku’s declaration of the west as a “good direction” to find a doctor is a reference to the family’s regular divinatory practices. For instance, when choosing a new doctor for her ailing son, Omichi consulted a divination specialist who told her to find a doctor who resided to the south. 53 When the family was uncertain whether they should switch doctors, they visited a temple and participated in the divinatory practice of drawing strips of bamboo (mikuji 神籤) to rank potential options. When Omichi and her daughter Osachi visited Kohinata Dainichi Nyorai 小日向大日如来 to seek guidance on the best course of action for her son’s treatment, they asked three questions before

53 Michi-jo nikki, 13.
drawing the bamboo strips: first, how good her son’s current doctor was; second, whether they should change doctors; and third, whether moxibustion was appropriate for this illness. The results of the divination revealed that his current doctor was very good (daikichi 大吉), that prospect of changing doctors was only slightly less good than retaining the current physician (chūkichi 中吉), and that moxibustion was bad and should be avoided in this case.54

When families heard about a promising practitioner with whom they had no direct experience, they treated him with caution. In the fall of 1840, Bakin was increasingly desperate to save some remnant of his eyesight. His right eye had already been unusable since six years earlier and now the sight in his left eye was increasingly getting weaker. After trying the treatments of an eclectic practitioner who used both Chinese-style and Dutch-style medicines and seeing no effect, he turned to a “folk doctor” (zokui 俗医), who had been recommended by his son-in-law. The folk doctor prescribed an expensive medicine filled with exotic ingredients, including pearls from Ise 伊勢 bay, rhinoceros horn (usaikaku 鳥犀角), and tiger meat (toraniku 彫肉). Rather than purchase the full prescription, Bakin was able to get the doctor to sell him one-fourth of the normal amount so he could test it before fully committing.55

This tentative approach toward dealing with doctors was shared by many diarists. Matsuzaki Kōdō was explicit about his strategies to determine whether a practitioner was effective. In 1837 he was beginning to grow anxious over his son’s treatment. Although not entirely dissatisfied with the current doctor, he thought that

54 KBN, 4: 542.
another doctor might be even better, and he related his plan to his acquaintances: “I suggested we try Takai’s medicine, and after two or three days return to the previous doctor’s medicine [if it does not work].”\textsuperscript{56} None of the diarists seemed to have stuck with any single practitioner. Even if families did develop favorite doctors, they continued to pass over those favorites for other more promising physicians. In short, doctors were sought after on an illness-by-illness basis, and the city provided hundreds if not thousands of potential options for sufferers. In an environment in which doctors had such limited tenure, the family remained the only therapeutic constant.

\textbf{Skeptical Attitudes toward Doctors}

Beyond seeking expertise in a specific disease, why did people tend to see multiple doctors rather than rely on the expertise of one well-trusted physician? Part of the reason may have been that Edo residents maintained a skeptical attitude toward practitioners’ abilities and intentions. Writing to a friend in 1834, Bakin explained, “If [an illness is] prolonged, then the patient uses medicine for a longer period of time. This is good for the doctor, but bad for the patient.”\textsuperscript{57} Bakin feared that doctors might intentionally extend the course of an illness to make more money from their patients. Although people hired doctors to help overcome sickness, they seemed reluctant to entrust their entire care to any one practitioner.

This kind of skepticism toward physicians is not surprising given the absence of regulation of medical practice. Bakin was certainly not alone in his guarded approach to doctors. Literature, poetry, and social commentary from the later Edo period were rife

\textsuperscript{56} 高井の薬を試みて、二三日にして後に旧剤に復せば如何と。Kôdô nichireki, 5: 103.
\textsuperscript{57} 長引候ヘバ、くすりも久しく用ひ候故、医の為によろしく、病人の為に歹し。Bakin shokan shūsei, 3: 216.
with discourses of skepticism and suspicion directed at doctors. By the mid-eighteenth century, doctoring had become known as a potentially highly lucrative profession. Historians have noted that doctoring was a popular form of livelihood among wealthy farmers and second or third sons of wealthy families who were outside the direct line of inheritance. Given this lucrative potential, early modern authors questioned whether doctors were motivated primarily by financial gain rather than the goal of healing their patients.

Stories of doctors’ greed and avarice can be found in various social commentaries from the second half of the Tokugawa period. Hitomi Yaemon 人見弥衡門 (1729–97), an Edo native and an official of Owari domain, argued that the commercial nature of doctoring twisted practitioners into a new class unto themselves:

Doctors were originally part of the four classes [samurai, peasant, artisan, and merchant], but now they have become something else entirely. Except for merchants, there is no one who can reap more rewards than doctors. Yet, year after year their profits increase. They have gotten used to being lauded at their patients’ homes and have forgotten their own base status and have become arrogant.

Yaemon’s criticism serves to suggest the extent to which doctoring could be profitable and also expresses the widespread concern that doctors were primarily concerned about their profits rather than treating their patients.

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58 Ono Sanataka 小野真孝 has collected several hundred humorous poems that treat doctors in a comical or even harshly critical light. Ono Sanataka 小野真孝, Edo no machi isha 江戸の町医者 (Tokyo: Shinchōsha 新潮社, 1997).

Doctors themselves were often some of the harshest critics of their own trade. Their writings often warned about greedy physicians who were not above manipulating their patients rather than healing them. Hirata Atsutane 平田篤胤 (1776–1843), for example, told of how doctors could trick patients into their confidence:

> The doctor would prepare ahead of time a pill containing charcoal. He would tell patients that upon taking the medicine, if they had a black-colored stool, then it was a sign that the medicine was working well. Sure enough, when, just as the doctor said, the patients passed a black-colored stool within a day or two, they would come to trust the doctor.  

Taki Motonori 多紀元德 (1732–1801), a high-ranking bakufu medical official and the head of the Taki medical school (later the bakufu’s medical school), also warned against what he called “thief doctors.” He argued that many renowned doctors gained their fame through smooth talking instead of their medical skill. These doctors took advantage of the fact that patients hired multiple physicians for a single illness. If such a physician were in the middle of a string of doctors and the patient’s condition improved, he would take credit and claim it was his medicine that actually ameliorated the patient’s symptoms. Similarly, if the patient’s condition worsened, or the patient died, the physician blamed his competitors. Hiring multiple doctors may have given patients such as Bakin a greater chance of receiving an effective treatment, but as Motonori’s critique suggests, this convention also introduced an element of uncertainty as to whose treatment was actually responsible for any improvement. At best, sufferers maintained an ambivalent attitude toward doctors. If a practitioner’s recommended therapies failed

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60 カネテ灰墨ノ丸薬ヲコシラヘテ。モシ明日ニモ成リテ。黒キ大便ガ出タナラバ。此方ノ薬ノ能ク廻ル験ジヤ。ト云聞セオクト。果タシテー両日ノ中ニ黒キ大便ヲスルニ依テ。始メ此方ノ云キカセタル通りユエ。信仰スル気ニナル。 Hirata Atsutane 平田篤胤, Shizunoiwaya kōhon 志能石屋講本 (1811), 59–60, held by Waseda University Library.  
61 Taki Motonori 多紀元徳, Ika shokun 医家初訓 (1792), 8–10, held by Waseda University Library.
to produce noticeable results within a few days, families would move on to another
doctor, all while continuing self-medication and religious healing practices.

Conclusion

Treatment regimes in late Tokugawa Japan were varied and complex. Untangling
the constellation of therapies families relied upon requires looking beyond
the individual sufferer and following the actions of family members as they sought
medicines, religious healing, and the services of medical practitioners. In highlighting
how families quickly moved through a number of doctors over the course of a single
illness, I do not intend to deny the importance of doctoring but rather to put it into
appropriate context. In the larger picture of family-managed therapy, doctors played an
important, but largely supplementary, role.

Doctors were seemingly everywhere in Tokugawa society. They found official
positions in the bakufu and domainal governments; they walked the streets of Edo in
the hundreds, if not thousands; and they found themselves the punch line of humorous
literature. But their authority and status differed greatly from that of the present day.
Without clinic or hospital, they practiced their trade in the homes of their patients, often
for only a few days at a time before being passed on for another, more promising option.
In no case in the sources examined here did doctors seem to have any control over the
larger coordination of therapy. Instead, they were pieces of an ever-changing
amalgamation of healing options that families used in an ongoing search for effective
treatments.
Chapter Five
Visiting the Sick

Introduction

In the middle of the summer of 1827, the Takizawa house suddenly became a busy place. For a period of forty-five days, the family received two to three visitors per day, many bringing gifts such as noodles, sweet rice cakes, and bags of sugar. The Takizawa family often treated their guests to dinner, snacks, or tea. All told, the family received one hundred forty visits and forty-seven gifts. The cause for this socialization was neither wedding nor celebration of the birth of a new child nor coming of age ceremony. Rather, what drew these visitors was a horrible case of diarrhea and general gastro-intestinal distress that afflicted Takizawa Bakin, the family patriarch.¹

Receiving a mass of guests during a time of illness was not a rare occasion for the Takizawa family. When someone in the family fell ill, the other family members not only had to coordinate therapy and nursing but also had to handle several visitors per day. Who was sick and the nature of the illness might change, but visitors remained a constant. The Takizawa family may have been a well-connected, relatively wealthy family, but, as we will see, their case was not unique. In Tokugawa Japan, illness was a social event, and a sick family member could lead to dozens of visitors converging on a

¹ KBN, 1: 151–85.
household. For early modern families, handling these visits was part of the rhythm of managing illness.

Thus far, we have seen how the home in late Tokugawa Japan became the locus of illness and therapy. Chapter One elucidated family responsibilities and the primacy of women in nursing the sick. Chapters Two and Three traced how a number of therapeutic goods flowed into homes—family members procured medicines to treat sick individuals and acted as proxies in praying at shrines, often bringing back curative water and charms. Chapter Four illustrated how doctors visited patient homes and how the whole family was mobilized in using outside practitioners. This chapter maintains a focus on the home but broadens the scope beyond the immediate family to examine what happened to social relations in times of illness. I will explore the practice of sick visits (byōki mimai 病気見舞) in the context of social ties, gift giving, and knowledge exchange in the late Tokugawa period.

I begin by describing sick visits as a cultural practice in late Tokugawa Japan. I argue that illness was a social event; rather than staying away from sick households, visitors converged upon them. When someone fell ill, acquaintances and family members were expected to visit. I show that extended illnesses could bring as many well-wishers as celebratory occasions such as weddings or births and argue that visiting the sick was common, even in times of rampant illness.

Next, I turn to examine the practice of gift giving during sick visits. As with other forms of visitation, such as for marriages or funerals, guests commonly brought gifts appropriate for the occasion. I explain how families kept track of who visited, what gifts were brought, and which types of items were the most commonly given.
Finally, this large number of people congregating at one house also meant that sick visits offered a prime chance to exchange information and experiences related to illness and therapies. I examine the role these well-wishers had in how families gathered knowledge about therapies and decided on a course of treatment. I argue that sick visits held a dual nature: on the one hand, they were important for maintaining social ties, but on the other, they also functioned as key information-gathering opportunities in managing illness.

The Social Nature of Illness

Premodern Japanese society was filled with social visits and gift exchanges. Among the numerous occasions for which people visited the homes of acquaintances, some were seasonal, some occurred during times of celebration, and others took place in times of sorrow or disaster. In all of these occasions, giving gifts was central to the practice.

Illness was also a social event in early modern Japan. What I call “sick visits” is a gloss of the Japanese terms byōki mimai 病気見舞 and byōchū mimai 病中見舞. The basic meaning of mimai is to visit or call upon, and indeed, it is frequently used in early modern texts to mean simply visit. It is a Japanese, rather than Chinese, appellation and therefore cannot be found in either classical Chinese dictionaries or Japanese-Chinese

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2 See Morita Toyoko’s study of a merchant family in Kyoto. Although Morita does not deal with byōki mimai per se, she does include a section on a subset of sick visits, smallpox visits (hōsō mimai 痘瘍見舞). Morita Toyoko 森田登代子, Kinsei shōka no girei to zōto: Kyōto Okada-ke no bushūgi shūgi monjo no kentō 近世商家の儀礼と贈答：京都岡田家の不祝儀・祝儀文書の検討 (Tokyo: Iwata Shoin 岩田書院, 2001), 324–33.
character dictionaries. In early modern and modern Japanese texts, mimai appears most frequently in cases of inquiring after someone else’s condition. Illness is our concern here, but other circumstances associated with the word include natural disasters, such as fire and floods; customary visits during the peak of the hot season (shochū mimai 暑中見舞) and cold season (kanchū mimai 寒中見舞); and births or deaths. The origin of the term is highly uncertain, and most etymological dictionaries do not offer explanation. What is certain is that byōki mimai can be seen in a wide range of late Tokugawa sources, including diaries, letters, and literature.

People from most, if not all, social classes participated in the custom of sick visits. We see evidence of sick visits among members of the warrior class and commoners alike, both in cities and in the countryside. The most common form of historical evidence of these visits are lists of gifts given during such occasions. The sheer number of visitors and the social obligations that required appropriate gifts in return meant that literate families often kept written records of visitors’ names and the specific gifts they brought. It was important for families to keep track of such information so they could reciprocate after the illness had run its course. These registers, commonly titled byōki mimai chō 病気見舞帳 or byōki mimai oboe chō 病気見舞覚帳, can be found in archives throughout Japan, and they give us an idea of the scope of the practice of byōki mimai. Regardless of their geographical origin, the lists tend to follow a common pattern that

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4 The characters 見舞 were also variously written in early modern texts as 見舞, 見廻, and less frequently as 見参. The spelling in hiragana can be seen as みまい or みまへ. We will see several examples of diaries and letters within this chapter, but I do not deal directly with works of literature; for an early nineteenth century example, see Shikitei Sanba 式亭三馬, Ukiyo-buro 浮世風呂 (Baths of the floating world) (Tokyo: Iwanami Shoten 岩波書店, 1989), 160.
will be familiar to scholars of early modern social etiquette and gift giving. First, recorders entered the gifted item and its quantity; next, the visitor’s residence (usually by village name); and finally, the name of the visitor.

Unlike most of the sources we have seen so far, these registers do not hail from the city of Edo but rather are drawn from collections of documents created in the eighteenth and nineteenth centuries across the area of eastern and central Honshū, the largest island of Japan. The reason for straying away from Edo is simple. The frequent fires that plagued the city have profoundly shaped its surviving documentary base.\(^5\) In the face of these disasters, families needed to judiciously decide which documents to save. So while we have many diaries and published books, more commonplace Edo household records, such as sick-visit registers, survive in scarce quantities.\(^6\) Rural areas, on the other hand, are treasure troves of quotidian records. I have two aims in using these registers: first, to demonstrate the widespread nature of sick visits, and second, while highlighting slight differences between locations and time, to show that the registers share broad similarities. We will first look at the scale of sick visits before turning later in the chapter toward an examination of the kinds of gifts given.

The sample I examine here consists of sixty registers created by sixteen families over a one hundred-year span, the earliest dating to 1764 and the latest to 1864. As we can see from the figure below, these families lived in villages spread across the eastern and central regions of Honshū, from the eastern flatlands of Hitachi province,

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\(^5\) On fires in Edo and the men who battled them, see Steven Wills, “Fires and Fight: Urban Conflagration, Governance, and Society in Edo-Tokyo, 1657–1890” (PhD diss., Columbia University, 2010).

across the mountainous spine of the island, to the rich alluvial plains of Mino 美濃 province. Slightly over half of the registers come from eastern provinces in the Kantō 関東 area, but in order to compare similarities and differences, I have also drawn records from Shinano 信濃, Hida 飛騨, and Mino 美濃 provinces.7

These registers come from the following archival collections: Aoki Kidayū-ke monjo 青木喜太夫家文書, held by Ibaraki Kenritsu Rekishikan 茨城県立歴史館; Funagawa-ke monjo 船川家文書, held by Saitama Kenritsu Monjokan 埼玉県立文書館; Gojima-ke monjo 五島家文書, held by Gifu-ken Rekishi Shiryōkan 岐阜県歴史資料館; Hanamura-ke monjo 花村家文書, held by Gifu-ken Rekishi Shiryōkan 岐阜県歴史資料館; Inaba-ke monjo 稲葉家文書, held by Ibaraki Kenritsu Rekishikan 茨城県立歴史館; Inō-ke monjo 伊能家文書, held by Gunma Kenritsu Monjokan 群馬県立文書館; Kojima-ke monjo 小島家文書, held by Kanagawa Kenritsu Kōbunshokan 神奈川県立公文書館. Kokonoki-ke monjo 小此木家文書, held by Gunma Kenritsu Monjokan 群馬県立文書館; Kubo-ke monjo 久保家文書, held by Saitama Kenritsu Monjokan 埼玉県立文書館; Ōmae-ke monjo 大前家文書, held by Gifu-ken Rekishi Shiryōkan 岐阜県歴史資料館; Ōkuma-ke monjo 大熊家文書, held by Saitama Kenritsu Monjokan 埼玉県立文書館; Shinozaki-ke monjo 笠崎家文書, held by Saitama Kenritsu Monjokan 埼玉県立文書館; Tani-ke monjo 谷家文書, held by Gifu-ken Rekishi Shiryōkan 岐阜県歴史資料館; Tsuchiya-ke monjo 土屋家文書, held by Kokubungaku Kenkyū Shiryōkan 国文学研究資料館; Uchida (Tadashi)-ke monjo 内田(正)家文書, held by Saitama Kenritsu Monjokan 埼玉県立文書館; Uno-ke monjo 宇野家文書, held by Saitama Kenritsu Monjokan 埼玉県立文書館.
Figure 5.1 Sick-Visit Registers from Eastern and Central Honshū.
These registers reveal that sick visits could be grand in scale. It may seem strange at first to consider illness as a social event in the same category as weddings or seasonal greetings, but consider the number of visitors that might stop at a household to inquire after a sick person’s condition. Among the documents of the Uchida family—village headmen living in Tokoroguki village in Musashi province (present day Kuki-shi, Saitama prefecture)—a register keeping track of visitors and their gifts during an illness in 1847 itemized 63 visits over 26 days. A celebration (likely a coming of age ceremony) seven years later brought 66 visitors over 43 days. Though slightly smaller in scope than the celebration, the sick visits amounted to a major social event. Forty-plus visits during the course of an illness is not unusual among this sample of registers; on average the registers record 47 visits for each illness.\(^8\)

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\(^8\) Uchida (Tadashi)-ke 内田 (正) 家 #132 (1846–47) and Uchida (Tadashi)-ke #245 (1853), held by Saitama Kenritsu Monjokan. For a brief explanation of the Uchida documents, see *Shoka monjo mokuroku* 諸家文書目録, vol. 4 (Urawa-shi: Saitama Kenritsu Monjokan 埼玉県立文書館, 1988), 297.

\(^9\) The majority of these registers are currently held by prefectural and municipal archives as part of larger collections of family documents. The main archives I relied on to compile this database of registers are the prefectural archives of Saitama, Gunma, Ibaraki, Kanagawa,
Of course, as one might expect, registers display a fair amount of diversity in the numbers of recorded visits. On the high end, the Hanamura family in Mino province filled a register with 120 gifts and gift-givers.\(^\text{10}\) On the low end, the Aoki family in Hitachi province kept a register containing only one visit.\(^\text{11}\) One can only guess as to why a register would record only one visit—whether it was because the illness cleared up almost immediately after it started, or the sufferer died before more visitors could arrive, or an entry was made in error where a separate register already existed—we do not know. Whatever the case, this one instance does not represent a difference in the scale of social circles between the two families. Besides another register that contained only seven visits, the other four of the Aoki family’s extant sick-visit registers all log between 50 and 118 visits each.\(^\text{12}\)

These unexplained discrepancies between registers point to their limitations as a historical source. Registers were necessary record-keeping tools, and thus they say a great deal about the scope and scale of sick visits and the gifts that were exchanged during times of illness. However, they do not include any information regarding therapies, the courses of illness, or attempts to name diseases or symptoms.\(^\text{13}\) Rather, these lists of gifts and gift-givers remind us that sick households not only had to care for

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and Gifu prefectures in addition to the Kōbe municipal archive and the National Institute of Japanese Literature.

\(^\text{10}\) This is certainly not an outlier. The Tsuchiya family in recorded 90 visits in one register from 1827, Tsuchiya-ke monjo 土屋家文書 #25A/01799, held by Kokubungaku Kenkyū Shiryōkan 国文学研究資料館; and the Uchida family recorded 135 visits in a register from 1859, Uchida (Tadashi)-ke #254.

\(^\text{11}\) Aoki Kidayū-ke monjo 青木喜太夫家文書 #1176 (1857), held by Ibaraki Kenritsu Rekishikan.

\(^\text{12}\) Aoki Kidayū-ke monjo #1146, #1150, #1926, #1931, and #2591, held by Ibaraki Kenritsu Rekishikan.

\(^\text{13}\) The only exceptions are visits for smallpox and occasionally measles. Smallpox registers are occasionally found together with other gift-giving events related to a child’s development, such as coming of age ceremonies (genpuku 元服).
the ill and manage therapies but also needed to handle the flood of social visits that illness engendered.

Although we lack the same kind of documentary evidence provided by sick-visit registers for the city of Edo, diaries clearly demonstrate that sick visits were a common event in the lives of urban residents as well. For instance, Umewaka Minoru 梅若実 (1828–1909), a Noh performer employed by the Tokugawa bakufu, faithfully kept a diary from the time of his appointment with the bakufu in 1849 until the year before his death. Though his entries are terse, lacking the detail of those of many of his contemporaries, his extant diaries show he visited sick acquaintances between four to nine times per year.\(^\text{14}\) Tōyama Kinshirō 遠山金四郎 (1793–1855), a city magistrate (machi bugyō 町奉行) who also kept a concise record of daily events, similarly recorded making five to six visits per year.\(^\text{15}\) Both the Noh performer and the magistrate likely visited sick acquaintances more often than explicitly recorded, since the two often used the word mimai without explicitly stating the reasons behind their visits. Other Edoite townsfolk such as Takizawa Bakin and Saitō Gesshin also recorded making at between six to twelve outgoing sick visits per year.\(^\text{16}\)

Urban sick visits, like their rural counterparts, could also be very large in scale. Although it is unclear whether the Takizawa family kept separate registers, they did keep track of visitors and gifts in their main diary. For example, during the aforementioned episode of gastro-intestinal illness that struck Bakin in the summer of

\(^\text{14}\) For example, Minoru recorded making five out-going sick visits in 1849. Umewaka Minoru nikki 梅若実日記 (Tokyo: Yagi Shoten 八木書店, 2002), 1: 6, 8, 19, 22, 24.
\(^\text{15}\) For outgoing sick visits the Tōyama family made in 1855, see Tōyama Kinshirō nikki 遠山金四郎日記, ed. Okazaki Hironori 岡崎寛徳 (Tokyo: Iwanami Shoin 岩波書院, 2007), 110, 132, 141, 145, and 173.
1827, his son Sōhaku took over the task of recording daily events. Over the course of the 45 days Bakin was ill, his son recorded 140 visits and 47 gifts. This is indeed a large number of visits, but in fact over half of these were repeat visits by the same people—this explains why the number of gifts does not match the number of visits. Fifty-four separate individuals visited, but family members, especially, visited frequently—50 of the total visits were from Bakin’s three daughters and their husbands. Had the Takizawa family kept a sick-visit register that recorded only the 47 gift-bringers, it would have fallen in the average range of the register sample.

Bakin’s visitors spanned a variety of relations. These included family members (even those who had married into other families, such as his sisters, his daughters, and his daughters’ husbands) and in-laws (such as his daughter-in-law’s family). Beyond familial ties, neighbors, friends, and people who perhaps filled a variety of roles, such as his publicists, illustrators, and business partners, also visited. Although Bakin never recorded strangers participating in byōki mimai, visitors were by no means limited to intimate family members either.

Rural cases also reveal similar broad scopes of social relations. The Ōmae family documents from the town of Chūro 中呂 in Mino 美濃 province show that sick visits drew in visitors from the neighboring villages of Hane 羽根, Gero 下呂, and Hagiwara 萩原. In fact, nearly all of the registers included in this study show evidence of visits from other villages. This trans-village nature of sick visits suggests that illness was an occasion that not only reinforced the close ties of family and neighbors but also could draw together members of other villages as well.

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17 Ōmae-ke monjo 大前家文書 #B3-2-34-915, held by Gifu-ken Rekishi Shiryōkan.
This social aspect of illness meant that receiving visitors could be time-consuming. The letters and diaries of the Takizawa family show that byōki mimai was a common event, both in terms of giving and receiving. During the summer of 1828, when Bakin’s son Sōhaku had been ill for slightly over a month, the family had been getting two to three visitors per day inquiring after Sōhaku’s health. Bakin wrote a friend: “Every day doctors make house calls, there are many visitors, and on top of that I am worried. So, recently I have been neglecting my work.”18 Visitors did not simply leave their gifts and good wishes at the door but were invited in to socialize, often over tea and refreshments. The following is a typical entry describing byōki mimai in Bakin’s diary: “Around five in the evening Tsurumi Jiemon came to visit. It was for Sōhaku’s sick visit. I met him and chatted. Afterwards he left.”19 When family members or other relatives visited the household, they would often stay for a meal or even overnight. For example, a few days prior to the entry quoted above, Bakin’s third daughter and two of her children came to visit Sōhaku. “Okuwa came with Otomi and Sotarō for Sōhaku’s sick visit. We fed them dinner, and they left at dusk.”20 Simply receiving this many visitors was a considerable task and could take a significant amount of time.

Illness provided an opportunity for people to gather together, chat, and reconnect. We can see this function in an undated letter Bakin received while he was ill, in which Santō Kyōzan 山東京山 (1769–1858), the younger brother of Bakin’s own mentor, Santō Kyōden 山東京伝 (1761–1816), preempted his own sick visit:

18日々医師の来診、見舞の人出来多く、且心痛も御座候故、此節ハ廃業同様ニト… Bakin shokan shūsei 馬琴書簡集成 (Tokyo: Yagi Shoten 八木書店, 2002) (hereafter BSS) 1: 222. All translations are my own unless indicated otherwise.
19夕七時比、渥見次右衛門来訪。宗伯病気見舞也。余、対面会晤。其後帰去。KBN, 1: 337.
20お久和並ニおとみ、祖太郎同道ニて来ル。宗伯病気見舞也。夕膳たべさせ、薄暮帰去。Ibid., 334.
I have heard that you are unwell. Since I have not been able to visit you for so long, I would [like] to make an appearance. If it would not trouble you, I would like to see you.\(^{21}\)

Bakin’s illness provided a reason, or perhaps even an excuse, for Kyōzan to see Bakin in person after a long absence from direct contact. Being sick was not simply a time to rest but a time to catch up with friends and acquaintances.

If visiting during times of illness was so important for maintaining social ties, then it is worth asking what happened when people could not, for whatever reason, visit. In the case of the literate population, they could send a letter instead. As we have seen in previous chapters, letter writers frequently inquired after their pen pals’ health and often described their own diseases in gruesome detail. Letters addressed to the sick not only served as an occasion to maintain social relationships but also enabled friends and family members to participate in the event from afar.

Yet letters did not seem to entirely fulfill the expectation of visiting in person. When letters were sent by acquaintances who lived within easy visiting distance, they were often apologetic in nature. We can see evidence of this repentant tone by examining letter-writing manuals. These manuals were part of a larger body of textbook-like materials known as ōraimono 往来物, which were originally targeted to the warrior class in the medieval period, but which became popular among commoners in the Edo period as textbooks and exemplars.\(^{22}\) These manuals covered a wide range of

\(^{21}\) 御不快之由承及、久々不得拝晤候間、晝謁仕候。御賦ひも不被為成候ハハ、拝顧仕度候。\textit{BSS} 7: 115. This letter is undated, but it is possible it was written in Tenpō 天保 6 (1835) when Kyōzan visited when Bakin was sick with a bad cold. See \textit{KBN}, 4: 307.

\(^{22}\) For a concise explanation see Komatsu Shigemi 小松茂美, \textit{Tegami no rekishi 手紙の歴史} (Tokyo: Iwanami Shoten 岩波書店, 1977). The standard work on ōraimono is Ishikawa Matsutarō 石川松太郎, \textit{Ōraimono no seiritsu to tenkai 往来物の成立と展開} (Tokyo: Yūshōdō Shuppan 雄松堂出版, 1988). For an English account of the customs and mechanics of
topics beyond epistolary style, but here I will focus on those manuals that provided exemplar letters, or shōsoku ōraimono 消息往来物, which suggested forms for nearly any occasion, including illness.

The example below comes from Bunrin setsuyō hikkai ōrai 文林節用筆海往来 (Collection of words, phrases, and exemplars for letter writing), a book first published in 1719 and reprinted throughout the Edo period.23 Although many similar texts are merely collections of sample letters, this book was written in a didactic manner, giving readers several possible choices for phrases to use in each section of a letter. These alternative phrases are represented by the characters jō 上 and chū 中, which I gloss as A) and B). Though I omit it here, the manual also contains a response letter to guide communication from either side of the occasion.

Letter to send in place of a sick visit to the sick

I heard that you have long been sick.
A) I heard that you have recently been unwell.24
B) How is your illness?
I have been busy taking care of one thing or another and so have not visited you.
A) I had not known you were ill, so I have not paid you a visit.
B) Recently I have been exceedingly busy and did not even send someone in my stead.
In what state is your condition?
A) How has your condition been progressing?

23 This book was reprinted and expanded in 1721, 1733 (held by Tokyo Gakugei University Library), and again in 1818 as Gyokkai setsuyō jiringura 玉海節用字林蔵 (held by the National Diet Library). The 1733 edition used here was originally printed in Edo and Osaka is reproduced in Ishikawa Matsutarō, ed., Ōraimono taikei 往来物大系 22 (Tokyo: Ōzorasha 大空社, 1993) (no page numbers included in the book). A modern typeset edition can be found in Ishikawa Matsutarō, ed., Nihon kyōkasho taikei ōraihen 日本教科書大系往来編 (Tokyo: Kōdansha 講談社, 1972), 340.
24 The term irei 違例 literally means “different from the norm” or “a rare occurrence.” However, in premodern writing it was also frequently used to mean “unwell” or “ill,” the implication I have used here. It is synonymous with the more common furei 不例.
B) I am most worried. Fervently work to improve your health, and I firmly believe you will be back to normal in no time.
A) I think it most important that you continue treatment without slackening in order to recover fully.
B) Continue to take medicine without letting up and you should fully recover soon. ²⁵

This exemplar demonstrates four elements common to letters to the sick: first, acknowledging that you have heard your correspondent is dealing with illness; second, giving a reason for not being able to visit in person; third, inquiring after the person’s condition; and fourth, urging the correspondent to get better. The apology for not being able to visit suggests that sending a letter was not preferred to visiting. Thomas Conlan has argued that during earlier periods in Japanese history a letter “could stand as a valid representation of [the sender’s] physical body.”²⁶ A similar argument could be made for early modern Japan, and yet, at least in the case of illness, the physical presence of the visitor seems to have been important.

Broadly speaking, visiting the sick was not unique to early modern Japan. While historical studies of such social dimensions of illness have been infrequent at best, other historians studying illness in early modern societies of Europe have occasionally made similar observations. More rigorous research is needed before we can make firm comparisons, yet there seem to be major differences in the nature and quality of sick visits in the Tokugawa case. The diaries most commonly used in studies of social history of medicine in early modern England—for example, those of Ralph Josselin, Samuel Pepys, Robert Hook, and Margaret Hoby—certainly do make reference to friends and family visiting, but so too do they speak of avoiding sick households.\textsuperscript{27} As David Gentilcore and, more recently, Hannah Newton have pointed out, despite a perceived duty to visit sick acquaintances, people often abstained from venturing near sick households for fear of infection.\textsuperscript{28}

In general, visits in seventeenth-century England were limited to close friends and neighbors, people who helped out in times of illness. This contrasts to the Tokugawa case in which dozens of friends and even more distant acquaintances used visits as chances to reconnect. Furthermore, sick visits in early modern England not only tended to be fewer and farther between but also were driven by religious piety as much as social ties. The subject of Lucinda Beier’s work, Ralph Josselin (1616–83), for example, was not keen to visit the ill, but his station as a clergyman required it.\textsuperscript{29}

\textsuperscript{27} See, for example, Roy Porter and Dorothy Porter, \textit{In Sickness and in Health} (London: Fourth Estate, 1988), 194.
Thus, occasional European visitors to Japan found the open approach to illness and disease rather surprising. The difference between early modern Japan and early modern England is nicely encapsulated in the case of smallpox. John Reddie Black (1826–80), a well-traveled Scottish-English journalist and voice performer who spent over a decade in Japan beginning in 1864, remarked on smallpox in his memoir detailing his experiences in Yokohama and Edo. He wrote:

seeing that children covered with it, and to whom foreigners would instinctively give a very wide berth, were not kept indoors, or separated from the rest of the family, but were carried (more japonice) on the backs of other children only a few years older than themselves, or on their mothers’ backs, in the open air; their bearers mixing quite freely with their friends and acquaintances as if nothing was the matter...no special purification of the houses nor destruction of the clothes of those who had been afflicted, but everything was left to chance.  

Black’s surprise is understandable given the way English families sequestered smallpox-afflicted children and limited their contact with others. In Tokugawa Japan, however, smallpox warranted visits from friends and family, just like other illnesses. We can think of smallpox visits as a subset of sick visits. We see visits for smallpox in urban diaries, but it was also one of the few diseases that sick-visit registers actually named in rural areas throughout Japan. In contrast to early modern England, smallpox in Tokugawa Japan drew people together.

Early in 1831, two of Bakin’s grandchildren fell ill to smallpox. Though their illnesses were separated by twelve days, the pattern of falling ill and visiting was

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31 Porter and Porter, In Sickness and in Health, 194.
32 Most registers do not name the disease at all. Smallpox was an exception for perhaps a number of reasons. First, it was easily identifiable through its visual cues. Second, since nearly all children contracted it, smallpox was seen as a necessary part of childhood, a rite of passage.
virtually the same. Otsugi, only eleven months old at the time, first came down with a slight fever on the sixth day of the second month of 1831. Her fever continued, and two days later the family noticed spots on her face, a telltale sign of smallpox. Within two more days, visitors begin to arrive to inquire after Otsugi’s condition and bring her gifts, including toys. Ten days later, on the twentieth of the month, the process repeated itself for Bakin’s grandson, Tarō, nearly three years old. Once again, one day after smallpox presented itself, the family received visitors.33

The difference in attitude of the Japanese to smallpox may seem to be explained by its epidemiological profile in Japan. As Akihito Suzuki has described, smallpox in Japan has a long but varied history. From the eighth century until the sixteenth century it surfaced in the form of epidemics, but by the Edo period, it had become endemic, a disease at a near constant infection rate.34 As Ann Jannetta has similarly shown, smallpox in early modern Japan had the characteristics of childhood disease—rather like a deadly version of the chicken pox. By the mid-nineteenth century, she argues, even in rural areas it lost its epidemic characteristics, becoming less episodic and more endemic.35 At least some Japanese at the time were well aware of this epidemiological shift. Iseki Takako 井関隆子 (1785–1844) wrote in her diary: “As for what we call smallpox, in the past people fell ill to it many years apart, but in recent times from winter through summer and spring, there is no year in which people do not fall ill to

Smallpox was indeed so common in Tokugawa Japan that written descriptions for wanted criminals found it worthwhile to list “no pockmarks” as a distinguishing feature.\(^{36}\)

We might assume, therefore, that if smallpox was so common that nearly everyone contracted it—and those who survived developed immunity—then there would be no reason to fear visiting afflicted households. There is a major problem with this explanation, however. By all accounts, incidence of smallpox in early modern England was remarkably similar to that of Japan. Furthermore, smallpox was no less deadly in Japan—on the contrary, English children were perhaps slightly less likely to die of the disease.\(^{38}\) Thus, the difference in attitudes toward approaching the sick cannot be attributed to a simple difference in the perceived risk of infection.

I do not mean to suggest that people in early modern Japan fearlessly visited the sick in all cases without trepidation regardless of the type of illness. Indeed, we have fragmentary evidence that in certain cases of epidemics people abstained from visiting. In Ellen Gardner Nakamura’s study of physician Takano Chōei 高野長英 (1804–50) and his writings, she explores his ideas concerning transmission of disease. Given how common visiting the sick was, it should not surprise us that the topic appears several times in Chōei’s works. In the passage below he suggests that there were indeed times in which people abstained from visiting the sick.

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\(^{36}\) 此痘瘡とぶ物、昔はあまた年隔て病けるに、近き頃は大た冬より春夏かけて、こを病者たる年になし。Iseki Takako Nikki 1: 123. Takako follows this passage with a textual analysis, tracing the appearance of smallpox in various chronicles.


… do not be afraid to care for or visit those you love. In country areas, there are times when even family and close friends stop visiting those with epidemic diseases, and they simply sit back and watch the patient die. This is a sad thing, and the reason why it happens is because people do not know how to prevent the disease.\textsuperscript{39}

Although Chöei earlier admits that if certain precautions are not taken those who make contact with the sick may indeed risk contracting disease, in the end, he actually encourages sick visiting.

Even during the most deadly cholera epidemic of the Tokugawa period, that of Ansei 安政 5 (1858), Edoites continued to visit sick acquaintances. Edo residents had a little over one month of warning as they received reports of the epidemic spreading northeast through the archipelago from its origin in Nagasaki at the beginning of the sixth month.\textsuperscript{40} When it struck the city of Edo at the end of the seventh month, it struck hard. Scholars have yet to reach a consensus on the number of deaths within the city, but most estimates range between 30,000 and 76,000 in the population of slightly over one million in shortly over a two-month period.\textsuperscript{41} One rumor at the time placed the


\textsuperscript{41} Scholars have projected a wide range of figures. Among the lowest is Aoki Daisuke with 30,000 to 40,000—see Aoki Daisuke, \textit{“Korera” コレラ}, in Miyagi kenshi 宮城県史, vol. 22, Saigai hen 災害篇 (Sendai-shi: Miyagi Kensi Hensan linkai 宮城県史編纂委員会, 1962), 415—to Kikuchi Kazuo’s remarkably high 280,000 (nearly one fourth the population of Edo!). See Kichuchi Kazuo, \textit{Nihon no rekishī saigai}, 273. Even on the low end, the 1858 epidemic was a disaster by any standard.
number at 150,086 dead. The epidemic may have been devastating, but that did not
mean it necessarily changed the pattern of visiting the sick.

Saitō Gesshin was aware of cholera spreading before it hit his district of Kanda
Kiji-chō 神田雉子町 in central, northeast Edo. On 7/28, Gesshin noted the disease’s
arrival in the area: “Starting from the end of this month, there are many people who
have suddenly died, especially around the area of Hatchō-bori. It must be an
epidemic.” That very next day, he paid a visit to an ailing friend. For the next two
months, Gesshin would record lists of names of people within his district who had died,
stating on 9/2 that over 70 in total fell victim to the disease. Despite the raging epidemic,
he still made sick visits, including to his elder sister, whom he was sure was suffering
from cholera.

Although we cannot say for certain that Gesshin’s experience was representative
of that of all Edo residents, other daily records from the same time frame as the
epidemic also reveal visiting the sick continued regardless. Noh performer Umewaka
Minoru was equally well informed about the epidemic and even included in his daily
records city ordinances regarding how to treat the disease. Minoru himself fell ill,
though whether to cholera or another illness is not clear, but other family members
continued to participate in at least three sick visits during the two-month epidemic.

At least in the city of Edo, residents consistently visited the sick even in the midst
of epidemics. Although my goal here is not to speculate as to the epidemiological

42 Torii Yōzō 鳥居耀蔵 (1796–1874) recorded this rumor in his diary he kept while in exile in
Marugame 丸亀 domain. See his Torii kai bannen nichiroku 鳥居甲斐晩年日録, ed. Torii
43 七月末より頼死のもの多し、八丁場辺殊に多し、疫癮なるへし。Saitō Gesshin nikki, 6: 306.
44 On 8/25, Gesshin himself was sick with a cold, so he could not go out. His sister
eventually succumbed to cholera. Ibid., 6: 313.
45 Umewaka Minoru nikki, 1: 343, 344, 346.
impact the practice of visiting had on the spread of disease, we might imagine that these
visits contributed to the disease rampaging through communities. Yet, from a broad
perspective, Japan’s demography suffered no worse from disease than elsewhere.46
Rather, I wish to point out that, with perhaps few exceptions, Edo residents visited the
sick regardless of what type of illness they suffered.

Of course, serious disease brought with it the specter of death, a very real
possibility in a society where treatment had less promise than modern medicine. But we
can also see from diaries that one did not need to be deathly ill for the visits to occur,
nor did the visitation period always span months and dozens of visitors. It also
happened during smaller-scale illnesses. When Umewaka Minoru’s mother caught a
cold and was in bed for only a few days, the household still received several visitors.47 It
was not simply fear or anticipation of death that drove people to visit; even relatively
mild illnesses could precipitate social visits.

**Giving Gifts to the Sick**

As I mentioned in the beginning of this chapter, gifts were central to *byōki mimai*.
A growing body of Japanese scholarship has shown gift exchange to be a pillar of
premodern Japanese society.48 That gifts were exchanged in times of illness is a much

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46 This argument has been made by Jannetta in *Epidemics and Mortality* and echoed by
48 A recently well received volume is Morimoto Masahiro 諸鹿昌弘, *Zōtō to enkai no chūsei* 貢
答と宴会の中世 (Tokyo: Yoshikawa Kōbunkan 吉川弘文館, 2008). Other recent works
related to gift giving in the Tokugawa period include Akiyama Teruko 秋山照子, *Kinsei kara
kindai ni okeru girei to kyōdōshoku no kōzo* 近世から近代における儀礼と供応食の構造
(Takamatsu-shi: Bikôsha 美巧社, 2011); Okazaki Hironori 岡崎寛徳, *Kinsei buke shakai no
girei to kōsai* 近世武家社会の儀礼と交際 (Tokyo: Azekura Shobō 校倉書房, 2007); and Morita
less examined phenomenon, however. In this section we will look at both urban diaries and rural sick-visit registers to examine what kinds of gifts illness warranted.

To get an initial sense of what visitors gave to sick households, let us look at three different lists of gifts. First is Bakin’s aforementioned illness of 1827 in which he received 37 varieties of gifts. Next are lists of similar scale from families living within a 75 km radius of Edo: the Inō family, who received 6 varieties of gifts, and the Aoki family, with 13 varieties. I have arranged each list with the most frequent gifts first, with numbers following each item to indicate frequency with which it was given, not the quantity.

Table 5.1 Sick-Visit Gifts in Order of Frequency.

<table>
<thead>
<tr>
<th>Gifts Received</th>
<th>Times Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>sugar (shirozatō 白砂糖)</td>
<td>5</td>
</tr>
<tr>
<td>hardened red-bean jelly (neriyōkan 練羊肝)</td>
<td>3</td>
</tr>
<tr>
<td>red-bean jelly (yōkan 羊肝)</td>
<td>2</td>
</tr>
<tr>
<td>dried sweets (higashi 干菓子)</td>
<td>2</td>
</tr>
<tr>
<td>Sendai dried rice (Sendai hoshii 仙台糀)</td>
<td>2</td>
</tr>
<tr>
<td>pear (nashi 梨)</td>
<td></td>
</tr>
<tr>
<td><em>katakuri</em> (lily bulb) powder (<em>katakuriko</em> かつくり粉)</td>
<td>2</td>
</tr>
<tr>
<td><em>katakuri</em> noodles (<em>katakurimen</em> かつくり麺)</td>
<td>1</td>
</tr>
<tr>
<td>floating world sweet dumpling (<em>ukiyo dango</em> 浮世団子)</td>
<td>1</td>
</tr>
<tr>
<td>rice flour dumpling (<em>shiratama</em> 白玉)</td>
<td>1</td>
</tr>
<tr>
<td><em>fuki</em> rice cake (<em>fuki mochi</em> 福貴餅)</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>gyūhi rice cake (gyūhi mochi 求肥餅)</td>
<td>1</td>
</tr>
<tr>
<td>rice cake (mochi 餅)</td>
<td>1</td>
</tr>
<tr>
<td>rice sugar (mizuame 水飴)</td>
<td>1</td>
</tr>
<tr>
<td>soy-flour hard sweet (rakugan 落雁)</td>
<td>1</td>
</tr>
<tr>
<td>sweetened snow hard-sweet (tensekkō 甜雪糕)</td>
<td>1</td>
</tr>
<tr>
<td>wheat sweets (mugikogashi 麦こがし)</td>
<td>1</td>
</tr>
<tr>
<td>&quot;moon in the window&quot; wafer cake (mado no tsuki 窓之月)</td>
<td>1</td>
</tr>
<tr>
<td>peach (momo 桃)</td>
<td>1</td>
</tr>
<tr>
<td>winter melon (tōgan 冬瓜)</td>
<td>1</td>
</tr>
<tr>
<td>watermelon (suika 西瓜)</td>
<td>1</td>
</tr>
<tr>
<td>warm noodles (a variety of wheat noodle) (unmen 温麺)</td>
<td>1</td>
</tr>
<tr>
<td>Capital wheat noodles (Miyako sōmen 京素麺)</td>
<td>1</td>
</tr>
<tr>
<td>thin wheat noodles (sōmen 素麺)</td>
<td>1</td>
</tr>
<tr>
<td>dried thick wheat noodles (hoshiudon 千温麭)</td>
<td>1</td>
</tr>
<tr>
<td>fine rice (zenmai 賢米)</td>
<td>1</td>
</tr>
<tr>
<td>handmade pumpkin (tezukuri no tōnasu 手作之唐なす)</td>
<td>1</td>
</tr>
<tr>
<td>vegetable stew (nishime 煮染)</td>
<td>1</td>
</tr>
<tr>
<td>pickled plum (umeboshi 梅びほうし)</td>
<td>1</td>
</tr>
<tr>
<td>fermented fish (kirizushi 切鰤)</td>
<td>1</td>
</tr>
<tr>
<td>mackerel (aji 鮪)</td>
<td>1</td>
</tr>
<tr>
<td>sweetfish (ayu 鮎)</td>
<td>1</td>
</tr>
<tr>
<td>kudzu powder (kuzuko 葛粉)</td>
<td>1</td>
</tr>
<tr>
<td>Yoshino kudzu powder (Yoshino kuzu 吉野葛)</td>
<td>1</td>
</tr>
<tr>
<td>kudzu noodles (kuzumen 葛麴)</td>
<td>1</td>
</tr>
</tbody>
</table>

Inō family 1819 (winter, smallpox, 39 gifts)

<table>
<thead>
<tr>
<th>Gifts Received</th>
<th>Times Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>sweets</td>
<td>16</td>
</tr>
<tr>
<td>crispy rice bar (okoshi おこし)</td>
<td>15</td>
</tr>
<tr>
<td>pear</td>
<td>4</td>
</tr>
</tbody>
</table>

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50 Inō-ke monjo 伊能家文書 #P8003 315, held by Gunma Kenritsu Monjokan.
The first thing to notice from the three lists is that virtually all of the gifts are edible, which is true for every sick visit gift register I examined. With a few exceptions, such as toys given to children, this characteristic distinguishes sick visits from conciliatory occasions like funerals, fires, and floods, or celebrations such as weddings or coming of age ceremonies. For most of these other occasions food remained

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Aoki family 1843 (fall, unknown ailment, 57 gifts)\(^{51}\)

<table>
<thead>
<tr>
<th>Gifts Received</th>
<th>Times Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>pear</td>
<td>14</td>
</tr>
<tr>
<td>thin wheat noodles (sōmen)</td>
<td>11</td>
</tr>
<tr>
<td>sweets</td>
<td>9</td>
</tr>
<tr>
<td>mandarin orange (mikan みかん)</td>
<td>5</td>
</tr>
<tr>
<td>sugar</td>
<td>4</td>
</tr>
<tr>
<td>sweet dumpling (dango 団子)</td>
<td>4</td>
</tr>
<tr>
<td>stuffed bun (manjū 餅頭)</td>
<td>3</td>
</tr>
<tr>
<td>rice sugar</td>
<td>2</td>
</tr>
<tr>
<td>rice cake</td>
<td>1</td>
</tr>
<tr>
<td>persimmon</td>
<td>1</td>
</tr>
<tr>
<td>evergreen nut (shii no mi 柿の実)</td>
<td>1</td>
</tr>
<tr>
<td>tobacco</td>
<td>1</td>
</tr>
<tr>
<td>rice wine (sake 酒)</td>
<td>1</td>
</tr>
</tbody>
</table>

\(^{51}\) Aoki Kidayū-ke monjo 青木喜太夫家文書 #1146, held by Ibaraki Kenritsu Rekishikan.
important but was intermingled with other gifts including money, clothing, incense, and a variety of household items.\textsuperscript{52}

Despite a similarity in the basic kind of items in these three lists, there is an obvious difference in the level of detailed description. The two rural registries provide very little information about the gifts other than general terms, such as sweets \((kashi \text{ 葉子})\) or slightly more specific \textit{manjū 餅頭} (a stuffed bun usually made from flour, rice, or buckwheat and filled with a sweet red-bean center). This terseness can be found in all of the rural gift registries under review here. Bakin’s diary, on the other hand, records the particular types of sweets and occasionally lists even the stores from which they were acquired. Rather than simply “sweet-dumpling” \((dango \text{ 団子})\), we see “floating world sweet-dumpling” \((ukiyo dango \text{ 漂世団子})\), which was likely sold by a store on Ukiyodōri 浮世通 road in the Muromachi 室町 district of the Nihonbashi 日本橋 area.\textsuperscript{53} Pinning down the precise reasons why there is such a difference in description is difficult, but several explanations are possible.

Part of the contrast can likely be explained by the commercialized nature of life in the city of Edo and the status or added value of goods associated with specific shops. A \textit{floating world dumpling} is worth mentioning rather than just the generic name, especially if Bakin’s family would repay the favor in the future or simply wanted to keep tabs on relative levels of social indebtedness. The rural Hanamura family registries use more simplified categorization by labeling each gift as high-quality \((jō \text{ 上})\), medium-

\textsuperscript{52} See Akiyama Teruko’s detailed study of wedding and funerary gift registries in Sanuki province, \textit{Kinsei kara kindai ni okeru girei to kyoushoku no kozō}, especially 131–32 and 290–97. This holds true for the gift registries for weddings, births, and deaths in the families under review in this chapter.

\textsuperscript{53} \textit{KBN}, 1: 154. An advertisement from this shop can be seen in \textit{Edo kaimono hitori annai inshoku no bu} 江戸買物独案内飲食之部 (1824), 30b, held by Waseda University.
quality (ちゅ 中), or low-quality (げ 下)—so a high-quality mikan (mandarin orange), a ū mikan, could be distinguished from one of lower quality, a ge mikan. So too did the Shimizu family of Echigo province measure the relative quality of gifts by attaching an estimated monetary value to each gift. For example: “bagged sweets, about 30 mon worth.”

Another explanation may be that the Takizawa family was keeping track of the gifts in the diary rather than in a dedicated gift registry. Bakin and his family members filled the daily chronicle with specific details and explanations of all sorts of events. In the case of sick visits, the family mentioned not only who brought the gifts and what they brought but also whether they stayed for tea or a meal. The gift registries on the other hand tend to be much more terse, offering little or no explanation of the circumstances surrounding the gift giving.

Among the sixty registers examined here, regardless of location or time period, sweets (kashi) are by far the most common gift. In 70 percent of the registers, confections made up more than half of all recorded gifts. Giving sweets to the sick may at first seem counterintuitive. Rice porridge and fruits seem to have obvious nourishing qualities, but why were sweets such a popular gift for the sick?

Before answering this question, it is worth taking a moment to discuss what sweets actually were in this period of history. Kashi 菓子, in its late Tokugawa context, was a term that referred largely to confections, especially those made with sugar.

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54 Hanamura-ke monjo 花村家文書 #B2(2)9, #B3(2)15, B3(2)7, held by Gifu-ken Rekishi Shiryōkan.
55 Shimizu-ke monjo 清水家文書 #E9807, held by Niigata Kenritsu Monjokan.
However, it could, especially in earlier time periods, include a broader set of edibles.\footnote{We can see this term, \textit{kashi}, written in various ways in Tokugawa texts, such as 菓子, くはし, or かし.}

Prior to the Edo period, \textit{kashi} primarily referred to fruits. This particular usage continued in the Tokugawa period in tandem with confections, especially in eastern Japan, where sometimes the prefix for water (\textit{mizu} 水) would clarify the reference to fruits (\textit{mizugashi} 水菓子). Kitagawa Morisada 喜田川守貞 (1810–?), in his exploration of customs and the differences between eastern and western Japan, weighed in on the etymological confusion:

\begin{quote}
Originally, \textit{kashi} and the fruit of trees were one in the same. Now, however, \textit{kashi} is used mainly to refer to things made with sugar. Thus in the Kyoto-Osaka region, things like peaches, persimmons, pears, and chestnuts are called \textit{konomi}. In Edo, they are called \textit{mizukashi}, written 水菓子. As for those foods made with sugar, I tend to think that we should give a different name all together.\footnote{Kinsei fūzokushi (Morisada mankō) 近世風俗志 (守貞謳稿), ed. Usami Hideki 宇佐美英機 (Tokyo: Iwanami Shoten 岩波書店, 1996–2002), 1: 195–96. For a similar explanation in slightly different terms, see the same work, 5: 120–21.}
\end{quote}

The most popular sweets seen in the gift registers above are generally still sold in Japan today, albeit with slightly different ingredients.\footnote{For example, sweets nowadays may still contain an ingredient called \textit{katakuriko} 片栗粉, but whereas this term used to refer to the ground bulb of a type of Japanese lily, since the second half of the twentieth century it now commonly refers to potato starch.}

They include rice cakes (\textit{mochi} 餅), stuffed buns usually filled with sweet red-bean paste (\textit{manjū} 餅頭), sweet dumplings (\textit{dango} 団子), and sweet red-bean jelly (\textit{yōkan} 羊羹).\footnote{Many of my translations of the names of sweets are indebted to Eric Rath’s \textit{Food and Fantasy in Early Modern Japan} (Berkeley: University of California Press, 2010).} Sugar had been cultivated and refined domestically since the early seventeenth century and had become ubiquitous in
Japan by the nineteenth century. In addition to sugary confections, sugar itself appears as a gift in over three-fourths of the sixty registers here.  

Of course, sweets were commonly given in many circumstances, but they seem to have a particularly close connection to sick visits. *Shinmotsu benran* 進物便覽 (Convenient reference for gift giving), published in Osaka in 1811, provides advice for choosing gifts for various occasions and elucidates the logic behind giving sweets to the sick:

One should give the sick things they normally like. As long as it will not be poisonous, one should give them a gift, however small. This is because it is the number one method of increasing their appetite. Yet one should not be overly concerned [in choosing a gift]. [Even] if one puts in much effort, there are items that can turn out to be poisonous. Additionally, one should secretly ask what the sufferer dislikes before giving a gift.

This passage makes reference to a topic we saw in the previous chapter, that certain foods and symptoms should not mix. A visitor may have a general idea of what the sick person was suffering from, but if not entirely sure of the specific symptoms, any given food item could possibly be harmful or contraindicated. Therefore, the prudent action was to give something that the sufferer might enjoy in order to stoke his or her appetite. Sugar was thought to counteract poison, and besides possibly causing

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61 There are many copies of *Shinmotsu benran* held by libraries both in the Kansai and Kantō areas. Two editions exist—both published in the same year but by different Osaka publishers. The edition cited here, compiled by Rōsei Taiin 隠西大隠 and published by Ōsaka Shorin 大坂書林, is held in the Sumida Collection at Kobe University.

62 病人のつねに好物を毒にならぬものハ少しのしなにても贈るべし。食気を引く第一の手段なれば也。あまり心をこめざるべし。手を尽して、却て毒に成るべきもの（有）。又は病人のつねに嫌へるものを内々間ひ合せて見舞の品贈るべし。*This passage is located in the section entitled byōka mimai 病家見舞. Ibid., 63a.*
tooth decay, did not appear to have any ill effects. Beyond its presumed ability to neutralize poisons, sugar also often appears in Tokugawa texts as a nourishing substance. Furthermore, as we saw in the previous chapter, food intake and waste output were key indicators of the status of one’s health, and diaries and manuals alike reveal a preoccupation with encouraging sick family members to eat. Accordingly, giving appealing food was the best way of increasing appetite.

Finally, sweets were useful to offset the unpleasantness of treatment. Medicines were often unpalatable, and sweets could mask bitterness and soften the unpleasantness of side effects. Many guides recommend adding sugar to medicines for this purpose. For example, Byōka suchi 病家須知 (Essential knowledge for the sick household), a guide to caring for the ill from 1832, states, “for those [children] who hate medicine, it is best to mix in sugar and have them take it.” The guide is also keen to point out that sugar also has the benefit of counteracting poisons without interfering with medicinal efficacy. There are several humorous poems (senryū 川柳) related to using sweets as a distraction to take a sufferer’s mind off the pain resulting from moxibustion (burning dried moxa root on the skin). For example: “Best set out the bag of sweets in preparation for moxibustion.” The ability of sweets to increase appetite and distract sufferers from the displeasures of ailments and treatments alike made them an ideal gift.

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64 薬を駄ものにには、糖霜を和服してよし。 Hirano Jūsei, Byōka suchi, 1: 136.
Edible gifts were not always simply nourishing: they also often carried symbolic meanings and connotations of healing. Pears, for example, were popular gifts to give to sufferers, for several reasons. The voluminous Tokugawa era encyclopedia Wakan sansai zue 和漢三才図会 (Illustrated Japanese and Chinese encyclopedia of the three elements), proclaimed pears safe regardless of type of illness and heralded them as being able to reduce fever and reduce toxins from alcohol. The name for pear itself, nashi 梨, held symbolic value—it is homophonous with the word for none, or absence, nashi 無. By giving pears as a gift, well-wishers hoped the illness would clear up, leaving the sufferer illness free.

We can see a similar metonymic device in action for lightly roasted rice crackers, karuyaki senbei 軽焼煎餅. The character used for “lightly” (karu 軽) in this case can also be used to refer to a light or mild case of illness. Thus in presenting karuyaki, the gift giver communicated a wish that the sufferer would recover after experiencing only mild illness.

As we already saw, the epidemiological profile of smallpox in Japan gave it special characteristics in the social fabric of early modern society. It was largely a childhood disease, which meant that gift givers often gave dolls or toys in addition to foodstuffs. The color of gifts also held special importance in the case of smallpox. Iseki Takako noted in 1840 that parents filled the rooms of children stricken with the illness

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66 Wakan sansai zue in Nihon shomin seikatsu shiryō shūsei, 29: 736.
67 Edo jiman eiri shinkōgen 江戸自慢絵入新狂言 (1772) mentions this custom in relation to smallpox. See Hanasaki Kazuo 花咲一男, Senryū Edo meibutsu zue 川柳江戸名物図絵 (Tokyo: Miki Shobō 三樹書房, 1994), 84.
68 Ibid.
with the color red, from their clothes to their surroundings.\textsuperscript{69} As historian Harmut Rotermund has argued, red symbolized protection from disaster and was intended to ward away the smallpox deity (hōsōgami 疱瘡神) believed to visit children and cause the disease. Certain dolls and images known as hōsō-e 疱瘡絵, or smallpox prints, also containing red, were commonly placed around the child or household to shorten the stay of the smallpox deity.\textsuperscript{70}

Shinmotsu benran even has an entry for smallpox visits, in which most of the suggested gifts contain the color red: red sweet-dumplings, red sweets, and red paper. On the other hand, though, the guide cautions against giving gifts with the color purple:

For smallpox visits, the most unwelcome items are those that are purple. It is not as if people are not mindful of this, but occasionally it may be forgotten. If [the sufferer] comes to no harm, then it is fine. Yet when there is a disaster [that befalls the sufferer], it would be very regrettable. Therefore, one should be plenty careful as to [the color of] the wrapping paper when giving sweets, Edo prints, or picture books.\textsuperscript{71}

Smallpox visits are the only type of sick visit that has received attention from historians. Morita Toyoko, in her investigation of gift registers of a Kyoto merchant family, suggests that symbolic gifts, especially dolls or gifts adorned with the color red, were an urban phenomenon.\textsuperscript{72} Yet, in my own investigations of sick visit registers, it

\textsuperscript{69} Iseki Takako nikki, 1: 109–10.
\textsuperscript{70} Hartmut Rotermund ハルトムート・ローテルムンド, Hōsōgami 疱瘡神 (Tokyo: Iwanami Shoten 岩波書店, 1995), 54–58.
\textsuperscript{71} 疱瘡疫舞に第一優物は紫いろなり。誰しも心付かざるにはあらねど時に取てはわする事あり。無事なるときはよくし。変事有ときは気の毒なり。依て養子類、江戸錦絵、画本の袋など随分気を付くべし。Shinmotsu benran, 61a. Iseki Takako also mentions the custom in the city of Edo of surrounding the sufferer with the color red while avoiding purple. See Iseki Takako nikki, 1: 109–10.
\textsuperscript{72} Morita Toyoko examines three cases of smallpox gift registers from a family living in Kyoto. She argues that smallpox-specific gifts were particular to urban areas. Based my own survey of sick-visit registers, I would say there is great variety, but we can see gifts
seems that giving dolls and picture books to children was in fact widespread, even in
the countryside.

It is worth taking a moment to contemplate what was not exchanged during sick
visits. First, although people were more than willing to exchange medical advice, it
seems they did not give medicines as gifts. Why this was the case is not entirely clear.
Andrew Goble has shown examples in late medieval and early Tokugawa Japan of
people giving medicines as gifts during various occasions throughout the year, but
medicines as gifts make no appearance in the diaries or sick-visit registers under review
in this dissertation. It is difficult to speculate as to exactly why this is the case. This may
be because later in the Tokugawa period medicines were not seen as an appropriate gift,
or perhaps they were not considered gifts at all. Medicines may have been given but
simply not recorded in gift registers, and if visitors did bring medicine, they also likely
paired it with another, edible gift.

Money also appears infrequently among the gift registers. This sets sick visits
apart from visits related to other disasters or celebrations. Only twelve registers in my
sample of sixty contain money, and in these registers cash makes up less than 10
percent of the gifts. This absence of money is somewhat surprising given the costs sick
households were likely to incur. As Tetsuo Najita has pointed out, some villages
maintained collective aid funds and other mechanisms to assist families in times of need.

particular to smallpox, such as picture books, smallpox-prints, and dolls, in cases across
central and eastern Japan. See Kinsei shōka no girei to zōtō.
73 Andrew Goble, Confluences of Medicine in Medieval Japan (Honolulu: University of Hawai‘i
Given other means of financial aid, perhaps, like medicine, cash was not considered to be a common gift for sick visits.⁷⁴

One might raise an objection at this point asking whether the practice of sick visits was as widespread as I am suggesting. After all, the diaries I have used were in general composed by well-known or otherwise influential townspeople, and the gifts registers come from village officials or well-to-do landowners (gōnō 豪農). One can imagine that visitors were drawn to these family’s homes due to their social standing. Admittedly, even with additional research, it might not be feasible to answer this question with respect to the non-literate portion of Tokugawa society who did not leave written records.

However, there are several reasons to consider the practice to be widespread. First, the sources I have used span a range of status categories, from samurai to commoner townsfolk to rural landowners. Second, plenty of evidence suggests that sick visits did not simply flow one way. The Takizawa family and other Edoites made sick visits to others throughout the year, and many of the families who are included in this chapter’s sick-visit registers also preserved thank-you notes for sick visits they had paid others. It is reasonable to infer that this practice was embedded in society as a whole in central Honshū, if not across all of early modern Japan.⁷⁵ The convention of sick visits allowed a vast number of people to participate even in a small way in the caretaking of sufferers.

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⁷⁵ I have located sick-visit registers in archives in the northeastern tip of Honshū and the southwestern islands of Shikoku and Kyūshū, but I have yet to examine all of them.
Seeking Advice from Visitors

Recent scholarship in the history of Japanese medicine has revealed a medical world much more fluidly connected than previously thought. It is now understood that physicians were commonly part of informal networks that shared information throughout Japan. Rural practitioners often maintained connections with their urban counterparts and were able not only to keep abreast of new trends in medicine but also to publish their own works. Other historians have demonstrated the ways in which bookish medicine and folk medicine mixed within popular medical manuals.

These important pieces of scholarship have greatly increased our understanding of how medical knowledge circulated in early modern Japan, but questions remain as to how families gathered information on illness and therapies at the ground level. Much previous work has focused on practitioner networks or textual analysis of varieties of print culture, but we should not assume that patients and their families consumed information only directly from practitioners or printed material.

Were more than material gifts exchanged during sick visits? To help answer this question, in this portion of the chapter, I will relate episodes from two different diaries of the Takizawa family. Both, coincidentally, pertain to problems of urination.

Four days after he initially fell ill in 1827, Bakin began to have difficulty urinating. Despite the attention of three different doctors, Bakin could not find relief. One of those doctors was, in fact, Bakin’s own son, Sōhaku. Sōhaku, recording events in his father’s diary, wrote that after six days of struggling to pass urine, Bakin showed

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76 Takizawa Sōhaku 渕沢宗伯 is listed in the 1820 North (kita 北) volume of Ika jinmeiroku (1820), 10. Shiratsuchi Ryūhō 白土竜峰, Edo kinsei ika jinmeiroku 江戸今世医家人名録 (1819–20), in five volumes. Held by the National Diet Library.
little improvement. “His [passing] urine has not improved; throughout the day he urinated seven times and passed a little over one semblies.”

Although Sōhaku was a doctor himself, he did not limit his consideration of treatments to his own repertoire as a physician. The following day, Sōhaku wrote about a charm that might offer help for his father:

This morning I recalled a story told by someone when I was a child. That person’s parent or child couldn’t pass water for around five days. When it had become especially unbearable, someone told them, “Nearby there is a mysterious charm. If you put it in your pocket (kaichū), you will immediately begin urinating. You should obtain this charm.”

That very same day, the family sent a servant to get the charm. Without thinking the servant placed the charm in his pocket. He constantly had to urinate and couldn’t walk. He [finally] realized that it was because the charm was in his pocket. So he tied it to the end of a bamboo pole and was able to return home without any more problems. When the sufferer put the charm in his own pocket, he felt immediate relief and was completely cured.

As for who told this story, I don’t remember. I thought of a lot of possibilities, but I cannot recall. I wonder if it was perhaps just a dream.

Despite the uncertain origin of this story, Sōhaku believed it held promise. His first task was to corroborate the memory. When the next visitor, neighbor Sugiura Seitarō, came to the house, Sōhaku asked if he knew about the charm:

Sugiura Seitarō came for a sick visit. I brought up the topic of the charm that I remembered this morning. When I asked him if he had heard of the

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77 御小水御快利無之、昼夜七度二壹合餘、御通じ被為成候。KBN, 1: 157. One gons 合 is equal to around 180 mL, or 0.75 cups.

78 今朝長付候は、宗伯小児之時、何人ニ候哉、咄申候。其人之親哉、子哉、小便閉ニて、五日前通じ不申、以之外難渉致候所、或人申候は、近在ニ奇妙之守御符御座候。懷中致候得バ、早速通申候。戴候へ、と教申候。

即日人遣し、戴候所、使之者不為存候故、懷中致候所、度々小水通じ、歩行難儀仕候。守懷中致候故と心付、竹之先ニ結付、持候ヘパ、子細なく、帰府候て懷中為致候所、早速快利、全快仕候由。

何人咄候哉、覚不申候間、種々考候ヘ共、思出シ不申候。思ひ寢之夢ニも哉と存候。KBN, 1: 157–58.
place to obtain this charm, he said his brother-in-law, Takahashi Isamu, knows. He said he would confirm this and left. He soon returned and said that Isamu didn’t remember the particulars. However, some years ago, he heard that his close friend, Toyoda Ihei, a retainer of Mizuno Iki no Kamisama, used the charm when he could not urinate. Isamu suggested we ask Toyoda Ihei about it, and then he left.79

Sōhaku asked his brother-in-law, Seiemon, who had also come for a sick visit, to visit Ihei and inquire about the charm. As it turned out, Toyoda Ihei had not used a charm, but rather a powdered medicine (sanyaku 散薬). Seiemon then made a trip to buy some of the medicine and returned to the Takizawa residence. Sōhaku dissolved the medicine in vinegar and applied it to Bakin’s lower stomach. Although there was no immediate effect, after some time had passed, Bakin was finally able to urinate.

This episode illustrates the often winding path of knowledge exchange during times of illness. Sōhaku originally asked his neighbor about a mystical charm, the neighbor asked his brother-in-law, the brother-in-law suggested speaking with another acquaintance, and it turned out that the acquaintance did not use a charm but instead recommended a medicine—a medicine that was ultimately effective in easing Bakin’s discomfort. Visitors could therefore act as go-betweens, extending the reach of inquiry far beyond the immediate home.

I do not mean to suggest that the Takizawa family relied wholly on the advice of friends instead of practitioners. The Takizawa family commonly saw doctors, but even choosing a good doctor was a subject of advice. By the end of his illness Bakin had seen a total of six doctors (including his son, his son-in-law, and son-in-law’s father). When the family became dissatisfied with one doctor, Sōhaku asked a number of visitors for

79 杉浦清太郎, 御病中為見舞、入来。今朝在付候懐中致候守を出し申、名所聞及候哉と尋候得パ、高橋勇覚居候由。承り可申と帰去。即刻被参、申候は、勇も委細之義は覚不申候。先年、懇意仕候水野壱岐守様家中豊田井兵衛と申者、小水関候節、用候由承り及候間、其仁江尋候様申候而、草々帰去。Ibid., 1: 158.
their suggestions on switching to another doctor. Friends recommended at least two of the three outside doctors.\textsuperscript{80}

This pattern of asking visitors for suggestions during times of illness can be seen throughout Bakin’s diary and even in the diary his daughter-in-law, Omichi, kept long after both Bakin and Sōhaku passed away. In the late summer of 1849 Omichi’s son, Tarō, now age twenty-one, had been sick in bed for nearly a month. Tarō was initially afflicted with a painful ankle, but his condition degenerated to include convulsions, fever, sores on his tongue, stomach pain, diarrhea, and impaired urination.

Like Bakin and Sōhaku before her, Omichi also chronicled the treatment advice of visitors. She received recommendations for doctors, medicines, and even the leaves of a neighbor’s garden tree. Most of these recommendations coincided with sick visits. For example, after becoming dissatisfied with one particular doctor, she asked for other opinions:

After [the doctor left], Seinosuke and Rinnosuke came. Rinnosuke gave us one package of plum branch fish powder (\textit{umegaedenbu}). After that, Tsuruzō came. I asked these people if there is a good doctor because we think Tarō should change doctors. They said that they heard that recently there is a good doctor by the name of Kitami who works for Lord Shima. I told Tarō about this. Tarō was pleased, so I immediately asked Tsuruzō if tomorrow he could ask the doctor to come visit. Tsuruzō left. The others left before evening.\textsuperscript{81}

\textsuperscript{80} The neighbor’s mother, recorded as Sugiura rōbo 杉浦老母, recommended the doctor Komine Sōyū 小峰宗祐, and Bakin’s son-in-law recommended Hayashi Genkō 林元頼. KBN, 1: 158, 160.

\textsuperscript{81} 其後，政之助・隣之助来ル。隣之助、梅がへでんぶ宅曲、被贈。其後、鶴三来ル。此人々ニ、良医あらバ、太郎転薬可然存候間、教呉様頼候所、志摩守様の医師ニ喜多見と申医師、先此辺ニテは宜敷由被申候間、太郎ニ申聞。宜敷由申ニ付、直ニ鶴三ニ預、明日ニも見舞呉候様致度由預置。鶴三、其後帰去。人々、幕時前帰去。\textit{Michi-jo nikki Kaei nigonon 路女日記 嘉永二-五年}, ed. Kimura Miyogo 木村三四吾 (Tokyo: Yagi Shoten 八木書店, 1994), 15.
This wasn’t the only suggestion Omichi received. Later that day, another visitor recommended a doctor living in Kubo-chō, but, she remarked, “when I inquired further, it turned out the doctor was a Dutch-style physician (ranpō-i 蘭方医), so I decided to put it off.”\(^{82}\) Clearly, the family did not try every remedy suggested to them. Personal preference and previous experience made some suggestions less appealing than others.

Yet, more often then not, the Takizawa family did follow the suggestions of friends. Tsuruzō returned the following day to say he had contacted Kitami, but since Kitami was on duty that day, he would come the following day. In the meantime, the family received another piece of advice:

Mizutani Kaheiji came to visit Tarō. When he heard that Tarō wasn’t able to urinate, he said that he had a good medicine for that. In his garden was a tree he had planted, called kikoku. If you boiled it and drank it, urination would become easier. When we said we would like to have some, he said he would give it to us if we came to pick it up… In the evening, [the servant] brought back a bag of the kikoku tree’s leaves.\(^{83}\)

The leaves seem not to have helped; nor did the many other suggestions given by friends or doctors. Tarō continued to have trouble urinating until his death less than five months later.\(^{84}\)

Why would the Takizawa family so readily trust the suggestions of friends and family? The practice of visiting the sick gave families the opportunity to draw on a

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\(^{82}\) Ibid., 16.

\(^{83}\) 水谷嘉次氏、太郎見舞ニ来ル。太郎小水不通ニ候所、夫ニ付き薬有之。嘉次庭ニうゑ置候木こくと申木をせんじ用候ヘバ、小水通行仮候間、少々難度由申候得者、取ニ被乗候ハバ上申べしと被申候ニ付。\(\text{見繋}\\text{戸支}\\text{付}\\text{略}\)夕方、右木こくの葉壹包持参。Ibid., 16–17. The tree in question, written here as 木こく, which I read “kikoku,” might be the kikoku 枝桜 tree, otherwise known as karatachi, a member of the citrus family (modern designation Poncirus trifoliata). There is some dispute in early modern texts as to whether kikoku and karatachi actually refer to the same tree. See Kaibara Ekiken 貝原益軒, \textit{Yamato honzō 大和本草}, ed. Shirai Mitsutarō 白井光太郎 (Tokyo: Ariake Shobō 有明書房, 1975), 1: 447.

\(^{84}\) Michi-jo nikki, 59.
variety of experiences far more diverse than those of just their own family. Visitors who had experienced similar symptoms as the sufferer could lend their knowledge to the ailing family. More importantly, an acquaintance who been healed by any given treatment was living proof of its efficacy. Especially in the city of Edo, there was no shortage of treatment options, all of which claimed to be effective. Relying on the past experience of acquaintances was one way to sort through the myriad therapeutic possibilities.

**Conclusion**

I am not suggesting that byōki mimai was the only time people exchanged therapeutic information. As I showed in Chapters Two and Three, many diarists regularly kept tabs on potentially efficacious medicines, practitioners, temples, and shrines. In a sense, people were creating their own written catalogue of therapeutic repertoire. Yet, there is something different about the quality of the exchanges during sick visits—there was an immediacy both in the emergency of the situation and to the advice given. From reading the diaries of the Takizawa family, there is little doubt that byōki mimai was an integral part of how families made treatment decisions. Whether it was tracking down the story of a mysterious charm, seeking the best doctors, or trying a neighbor’s supposedly efficacious foliage, the Takizawa family relied on the advice of visitors in trying new remedies. With friends and family stopping through on a daily basis, a type of social nexus formed around a sick household. This gathering provided an ideal opportunity for people to share experiences and suggestions.

As this chapter has illustrated, there was a strong social dimension to illness in late Tokugawa Japan. Illness was not a private subject limited to the interactions
between doctor and patient, nor was it contained within a family of caregivers. Rather, illness was a highly social occasion—one that brought dozens of visitors to the home, all bringing gifts. Sick visits were an important cultural practice that paralleled other forms of gift giving and visiting. As such, it could be argued this practice was ancillary to illness and treatment—that is, visiting a sick household was less about the sick and their well-being and more about maintaining social ties with the family in question. Yet, acquaintances participated in important ways in caring for the sick both through gift giving and by exchanging information. In short, for families living in early modern Japan, illness was a large-scale social event in which the “medical” and the “social” were firmly intertwined.
Conclusion

In the beginning days of 1856, amid participating in celebrations and rituals to ensure a prosperous new year, Omichi started a new diary and bound the previous year’s entries. Now aged forty-nine, she had witnessed the deaths of her mother-in-law, her husband, her father-in-law, and her son. She provided care for all four during their various illnesses in addition to sick-nursing the rest of her married family and natal family across multiple households. Omichi continued to provide sick-nursing to her surviving daughters and their households, including her grandchildren. The previous year, her two-year-old grandson had experienced a string of ailments, for which she recorded symptoms and treatments as she always did.

As Omichi finished binding the pages of the previous year’s diary, she flipped the book over, and on the back cover composed a brief postscript in red ink:

This diary was recorded the year that [my grandson] Kuratarō 倉太郎 suffered from hikan 脾疳.¹ So when he becomes an adult, we will show it to him, and he will know the efforts his parents made in sick-nursing him. If he has a filial heart, he will certainly treat his parents preciously and do his utmost to care for them. If he does not feel this way, then he is not a true human. Since this is also the diary that recorded [my other grandson] Rikijirō’s 力次郎 birth, care should be taken that it is not lost.²

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¹ Hikan 脾疳 was a childhood ailment characterized by lack of appetite, stomach bloating, and weight loss.
²此日記者倉太郎脾疳を病煩ひし年の日記なれバ、倉太郎成人の後見せて、親の看病苦心をしらしむべし。倉太郎孝心あらバ父母を必大切ニ存、孝養を尽すべき也。若はをしも思ハずバ人にして人ニあらざる也。且、力次郎誕生の日記なれバ、失ぬやう心ニ可被掛也。Michi-jo nikki, 5.
The diary was indeed well kept, and the close attention Omichi paid to recording daily life and the illnesses of her family members is what affords us this opportunity to examine how people in late Tokugawa Japan dealt with illness.

Understanding these diarists’ experiences of illness and therapy requires paying close attention to their domestic lives. As we have seen, rather than relying on neighbors or servants, family members, especially women, traveled from their own households to those of their extended families to care for the sick. Domestic records, along with bakufu legal documents, show that sick-nursing was widely recognized as a valid excuse to take leave from one’s private employment or official government duties. During times of illness, the kitchen transformed into a kind of pharmacy, and food formed an important element of therapy. Families also prepared medicinal formulas at home, made trips to temples and shrines to pray for recovery, hired and evaluated doctors, kept close track of the efficacy of treatments, and recorded changes in the condition of sufferers. Probing the writings of early modern diarists allows us to explore these quotidian aspects of caring of the sick that reveal the centrality of the family in providing care and the ways in which illness and therapy were embedded in society.

As this study has shown, patients and their families in early modern Japan held far more power and authority over treatment decisions than any practitioner or government institution. Doctors served at the whims of their clients, and sufferers experienced illness and treatment within their own domestic spaces. Only in a limited historiographical sense does this dissertation offer a “history from below” in contrast to mainstream scholarship that has tended to privilege the voices of practitioners over those of sufferers. Indeed, the descriptor “history from below” is misleading in the
context of early modern Japan, as it bestows onto doctors a power and status over care and treatment of sufferers that they simply did not have.

Most Edo residents suffered illnesses and sought treatments without leaving written records of their experiences. Recovering the voices of sufferers and their families has meant focusing on literate families who were generally well off. Although the diarists under examination were not necessarily among the wealthiest Edoites, they had the means to own or rent property within the city, buy books and other luxury goods, and obtain nearly any form of treatment they desired. Their level of education, another sign of relative wealth, allowed them to engage with various guidebooks, *materia medica*, and medical texts, and—most importantly for this study—record daily events in rich detail. Nonetheless, these diaries provide the most complete picture we have of everyday experiences of sickness, both for those who fell ill and for those who played the role of caretakers.

Acknowledging what made these early modern authors special is also to recognize the remarkable nature of the documents they produced. Amid the details of daily events within the household and news circulating around the city, individual diarists made hundreds of entries regarding their and their family’s illnesses and a wide variety of promising treatments. The breadth of therapeutic information these diaries contained was greater than any single medical text or guidebook, because the diarists were not beholden to any particular style or theory of medicine. Recipes for therapeutic foods, commercial medicines, medicinal formulas, instructions for prayers, and case histories mingled together within these domestic record books. Although the illness-related entries were interspersed among passages unrelated to illness, these diaries can be considered customized medical texts. Not only did they serve as case histories,
detailing the symptoms of sufferers, but also the treatments recorded were based on conditions specific to each family, such as where they lived within the city and the types of ailments common in their household. Diaries served an important function as repositories of therapeutic information.

The diaries are remnants of a much more widespread and dynamic mechanism of transmission of therapeutic knowledge, one that was not limited to literate households—the family itself. As primary caregivers for sufferers within their own household as well as the households of close relatives, family members collected and shared therapeutic knowledge. Acquaintances who came to the home for sick visits added their own suggestions to be tried. Doctors were valuable as outside consultants, but families usually hired a doctor for only a few days, and as such he did not seem to have any role in coordinating treatment over long periods of time. As this dissertation has shown, family members were the true managers of illness and therapy, and diaries reveal a process of transmission and collection of medical knowledge not tied to books and documents.

While epidemics stand out in the history of medicine for their destructive impact, I contend that more mundane ailments also gave shape to the fabric of society in important, less destructive ways. Recently scholars of early modern Japan have demonstrated how various networks and mediums of cultural and intellectual exchange connected people together, whether through the political mechanism of the system of alternate attendance (*sankin kōtai* 参勤交代), print culture and popular literacy, or various aesthetic associations.³ What has gone largely unnoticed are the ways in

³ See, for example, Constantine Vaporis, *Tour of Duty: Samurai, Military Service in Edo, and the Culture of Early Modern Japan* (Honolulu: University of Hawai‘i Press, 2008); Richard
which illness also served as a social nexus that brought family members and acquaintances together and encouraged the exchange of therapeutic knowledge. Sickness was not a matter to be dealt with privately; it was a social event that united families and drew dozens of visitors to the home; and it created weighty obligations that connected the cityscape and kinship groups across the generations.

In using the diaries of Edo residents to explore a rich set of cultural and social practices related to illness and therapy, it is my hope that this study has served as more than a counterweight to the story of the rise of doctors in the eighteenth and nineteenth centuries that previously captured the attention of historians of medicine: it has also challenged the teleological nature of these accounts. While highlighting the unique circumstances of individual families, I have largely focused on a common set of sick-nursing experiences shared across many different diaries and family records from the mid-eighteenth to the mid-nineteenth century. I do not mean to deny the importance of historical change but rather to argue that a focus on innovation in medicine overshadows a more essential element of family-based care that remained largely unchanged over this period of roughly one hundred years. For the diarists examined here, a patient-practitioner framework fails to capture the ways in which the home served as the locus of therapy and multiple family members participated in treatment. As Omichi’s postscript conveys, caring for the sick was a family matter—one that bound family members together across multiple households and generations.

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