



Women and Medicine in Late 16th Century Japan: The Example of the Honganji Religious Community in Ōsaka and Kyoto as Recorded in the Diary of Physician Yamashina Tokitsune

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Abstract:

This paper focuses on the topic of the access to medical treatment of women in an urban temple-town community in late 16th century Japan. The community was affiliated with the Honganji Pure Land religious movement, and was located first in Ōsaka and then in Kyoto. My primary source is the detailed daily diary kept by the aristocrat and physician Yamashina Tokitsune. He was resident in the community for at least fifteen years, and his patients were primarily commoners. In contrast to previous studies both of urban communities and of medicine in this era, this essay focuses on the extensive information that Tokitsune provides on women, their families and households. I examine the degree of access to medical treatment, the new ubiquity of pro-active attention to health and illness, and to the rhythms of health management and treatment for symptoms experienced by pregnant and post-partum women. I identify long-term female health support networks, suggest that medicine came to play a new and prominent role in daily life, and speculate that the study of women's medicine is likely the most productive area for understanding the role of medicine in society in the pre-modern era.

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For pre-modern Japan, the area of medicine and community has been largely overlooked in previous scholarship. The field of medical history has benefitted from some valuable surveys of premodern medicine,¹ but scholarship otherwise has tended to focus on broadly-defined textual and theoretical issues. Until recently little attention has been paid to medicine in its social context.² The field of urban history, while producing engaging material,³ and benefiting from new approaches to using visual sources such as the genre of Kyoto-centric paintings known as *Scenes Within and Without the Capital* (*Rakuchū Rakugai zu* 洛中洛外図),⁴ has tended to focus on topics related to such things as architecture, spatial morphology, and male spheres of political and economic activity. Little sustained attention has been given to aspects of material culture,⁵ or fundamental constituent elements of urban life such as the experiences of families, women, and children.

This essay, part of a larger project on the medical culture of Japan in the late sixteenth century during the transition period between the late medieval and the early modern eras,⁶ will break new ground. It will explore the place of medicine in urban communities, paying particular attention to both female adults and children. We will examine their afflictions, their medicines, their provision of care and access to treatment for family and acquaintances, and their social networks.

The primary source for this study is the diary of the physician Yamashina Tokitsune (山科言経).⁷ An aristocrat banished from the Imperial capital of Kyoto, Tokitsune found refuge in the Honganji Pure Land temple urban districts (*jinai*) in Ōsaka (Tenma) and Kyoto (Rokujō).⁸ He resided in them for at least fifteen years (1586-1591, and 1591-1601 respectively), and while he had a broad range of interests and connections, his primary activity was as a physician serving the commoner population. Tokitsune provides extensive details on the lives, families, health issues, and medicines of his patients, and offers a level of detail (including hundreds of personal names, and information on family and neighborhood relationships) that is unmatched in any source prior to this time. Yet, Tokitsune's medical activity has been little studied,⁹ and the only in-depth discussion of his life does not focus on his role as a physician.¹⁰ In short, this rich record has barely been examined for its central value as a source on medicine and community.



"Tending a woman suffering from smallpox (?)" Image source: *Ihon Yamai no sōshi* (*Scroll of Gross Afflictions*),

1. Context

Historical Background

In the last decades of the sixteenth century a multi-polar civil war – which had been raging for nearly a century – was brought to a close. The process of unification involved massive military campaigns and battles, extensive economic and commercial development, and an epochal wave of urbanization based around warlord castles (*jōka machi* 城下町) and, especially in the central Kinai region (location for Ōsaka, Kyoto, Nara, etc.), commoner-run temple districts (*jinai machi* 寺内町).¹¹ The era also was one of pronounced social change and social mobility, extensive internal migration and displacement, formation of new urban communities, and the explosive growth of specialized occupations and professions.

The Honganji Pure Land community was enmeshed in the fabric of these changes. Based in what is now Ōsaka – which was, in fact, established by Honganji – the organization was a nationwide network of faith communities asserting independence and autonomy from the warlords who claimed regional and local hegemony. Honganji asserted itself powerfully, as readily seen by its decade-long resistance in the 1570s to the transformational hegemonic warlord Oda Nobunaga. Honganji and Nobunaga reached a peace agreement in 1580, one condition of which was that Honganji abandon Ōsaka. In 1585 the successor national hegemon Toyotomi Hideyoshi relocated it to the Tenma district of Ōsaka. In 1591, as part of a project to transform the city of Kyoto, Hideyoshi relocated Honganji to the Rokujō area of Kyoto, where its headquarters have remained to this day.

Ethos of the Honganji Jinai

The Honganji *jinai* (寺内) in Tenma and in Rokujō were self-governing communities of 4000 to 6000 people located in larger urban environments (respectively, Ōsaka and Kyoto). Residents shared faith in the saving grace of the Amida Buddha, but otherwise the *jinai* were economically and socially diverse communities. The *jinai* were home to the Honganji leadership, administrators, religious groups responsible for ceremonial activity, priests and nuns, merchants and artisans (we can identify at least 50 different occupations and trades), day laborers, householders, homeowners and renters. While the community was a sedentary one, it was not static. There was some amount of in-migration and out-migration, and a steady stream of sojourning pilgrims from provincial congregations. There were, however, few transients, and in principle samurai warriors were banned.

The community existed on the bedrock of consociation and faith. An equally important consideration for residents was the promise of refuge and stability in turbulent and unpredictable times. Accordingly, building and maintaining a sense of community derived from shared bonds and a concern for the well-being of others. Those aspirations built upon a fundamental common-sense associated with belief in the Amida Buddha, namely the notion of the assistance of the other (*tariki* 他力); by extension, helping others was inherent in the ethos of daily life. Moreover, the Honganji *jinai* community's self-identity was reinforced by a sense of insiders and outsiders. How these elements might play out is attested in the immediate aftermath of a devastating earthquake (the most destructive in a century) in 1596. As Tokitsune noted: "All the women and children are gathered in the inner areas. At night we are on guard against thieves (from outside). Within the *jinai* precinct it is rare for anyone to sleep at night."¹²

The Locus of Health Care

In pre-modern Japan, and certainly at the end of the sixteenth century, hospital, hospice, or in-patient facilities were essentially non-existent. Patients visited doctors, or doctors made house calls, but the actual tending to the ailing took place in private residences (a home, rented accommodation,

etc.). As far as we can tell, within the household women were responsible for care and nursing. And, since within the *jinai* many buildings functioned both as residences and places of business, and since renters could also be employees (apprentices, junior assistants), then women also provided care for non-family who were in practice members of a larger household.

Concomitantly, and also bearing in mind that caring for children was a long-term enterprise, it was likely the case that health care was not only a daily concern of women, but that it was an integral part of their daily routines. In that sense, health care was given more attention by women than it was by men. This would seem to suggest that matters of medicine and care played a more important part in women's lives than they did in men's lives.

2. Availability of Treatment and Medicines

Spatial and Temporal Elements

The spatial arrangement of the Honganji *jinai* in Tenma and Rokujō (Ōsaka and Kyoto) facilitated access to medical treatment, making it readily available to women in the Honganji community. Both areas were compact urban areas crisscrossed by streets and laneways, which enabled ready and unproblematic movement within them. The named wards into which the *jinai* were divided, and, particularly in Kyoto, the presence of well-known street names, also meant that it was relatively easy to find one's way to a given location. It is also clear from Tokitsune's record that either the doctor or patient might be guided and accompanied to the other by intermediaries (neighbors, acquaintances, adults and children) familiar to both. At the maximum, doctor and patient would have been separated by no more than one kilometer distance or (allowing for age and physical condition) at most a thirty minute walk. For practical purposes, and based on the approximate location of Tokitsune's known residences, the distance and time was closer to half that distance: 500 meters, or fifteen minutes.

Treatment was also available throughout the day. For example, the wife of Kurō Emonnojō (who owned a bathhouse) on one occasion came in the night to get medicine for her husband's ailment, and on another occasion in the early morning (understood as anywhere between 0400 and 0700) brought her young daughter, who had fallen in the house, banged her head, and was "near death" (*zesshi* 絶死),¹³ to receive urgent treatment.¹⁴ More generally, Tokitsune mentions interactions with patients at sunrise, in the early morning, at dusk, at twilight, in the evening, and in the middle of the night (which extends to the early AM). He also notes more specific periods, such as hour of the tiger (0300-0500), hour of the serpent (0900-1100), the hour of the rooster (1700-1900), or portions of such. Overall, it appears that medical treatment was available at almost any time of the day or night. In fact the only times that Tokitsune seems not to have been available (unless he was attending a patient, or occasionally staying overnight) was between about 0100 and 0400, and in the early- to mid- afternoon.

Two Case Studies: The Shimozuma Daughter and Nishi Onkata

Let us now look at two examples of treatment over an extended period. The first case is that of a young girl, the second that of an adult woman and mother. The first example is that of a six year-old girl, a member of the Shimozuma family which appears in Tokitsune's diary over a fifteen year period (1587-1602).¹⁵ She had first received treatment from Tokitsune in the eighth month of the preceding year, 1596, at which time he had treated her for such things as abdominal pain and diarrhea, and given her pulse diagnoses on several occasions. In any event, Tokitsune notes that on Keichō 2 (1597).7.11, a sunny day (Tokitsune records the weather almost every day), the Shimozumas

sent someone to inform him that their daughter was suffering an attack of (the always unpleasant and often fatal) sunstroke *kakuran* (霍乱),¹⁶ and wanted Tokitsune to come and give her a pulse diagnosis. He did, and also compounded three packets of a five-ingredient (dolocho bean 白扁豆, aromatic madder 香薷, magnolia 厚朴, field mint 薄荷, and loquat leaf 枇杷葉) medicine for them. He continued treatment for the next few days, and felt that her condition was getting better. Two weeks later the daughter was sent to him to have her pulse diagnosed and to get medicines. Two weeks after that she was sent again, so clearly the family was monitoring her condition. She came again two weeks later, but the following day developed a slight fever and had diarrhea. Tokitsune compounded two packets of medicine for her. Unfortunately, the diarrhea heralded the onset of a serious intestinal problem. They called for Tokitsune to give treatment the next day, and the day after that, as Tokitsune records:

Early dawn, second half of the hour of the tiger (0300-0500, thus 0400-0500). I heard from Shimosuma Saishō that his daughter had vomited twice during the night. They had come to get medicine. I compounded one packet of shiitake mushroom (香菇), dolocho bean, magnolia, coptis (黃連), Korean mint (藿香), white plum flower (白梅花), loquat leaf, and gave it to them. At the hour of the serpent (0900-1100) two attendants came to meet me so I went there. I did a pulse diagnosis. From the middle of the night she had vomited three times. Her diarrhea was a little better. Further I gave one packet of this morning's medicine to which I added cloves (丁香) and white atractylodes (白朮), and five doses of Kaiki-san. In the evening two attendants came so I went again. I did a pulse diagnosis. [This time I compounded] nutgrass, Korean mint, dwarf lilyturf, white plum flower, aloeswood, magnolia, tuckahoe mushroom (茯苓), cloves, and loquat leaf.

(Later) Someone came from Shimosuma Saishō and asked for a pulse diagnosis for the daughter, and two attendants came, so I compounded Korean mint, dwarf lilyturf, aloeswood, magnolia, tuckahoe mushroom, cloves, white plum flower, and loquat leaf.¹⁷

For the next eleven days the daughter received continuous treatment. Until the final entry for the episode she alternated between being diagnosed as seeming better, with symptoms that included abdominal pain, vomiting twice and "her stomach making a noise," discharging white diarrhea, a slight fever and a slight cold (風入), heart heat (心熱) and diarrhea, and being terribly afflicted. The Shimosumas were obviously very concerned, and contacted Tokitsune as often as they felt necessary. Every day they either sent someone to meet Tokitsune and bring him to their residence (sometimes providing a litter for him), and several times they sent someone to pick up medicines, or to give a report on her condition. Tokitsune was routinely asked to give a pulse diagnosis (eleven times), and while he was at their residence he either compounded medicines (five times, using as many as fourteen ingredients) or (five times) gave a prepared packet which was sometimes a repeat of a formula that he had prescribed previously. Charmingly, on one visit he gave the daughter a clay toy dog to play with. Tokitsune only declined to go on one occasion, apparently because it was too late at night, at which time the Shimosumas contacted another eminent physician, Ichiōken (一鷗軒 Nanjō Sōko 南条宗虎) who prescribed medicine. The next day he consulted with Tokitsune about her condition, and then later that day Tokitsune made two more visits to the girl, examining her pulse and compounding medicine.¹⁸ Unfortunately there is only one more entry on this patient, so we do not know the ultimate outcome.

Our second example is that of Lady Nishi Onkata (西御方) (1562-1616), a key figure in the Hanganji movement (and Tokitsune's sister-in-law).¹⁹ Mother of six children, three of whom died in childhood, her medical record is extensive (well over 4000 entries over a twenty year period). Here we shall look at one instance, treatment for at least two attacks of malaria over a seven-week period

(24th day of the fifth month to the fifteenth of the seventh month). This instance is a useful guide to the possible rhythms of activity of both doctor and patient in the treatment process. And, even though this paper is focused on the use of medicines, the case also provides a glimpse into ways in which both patients and doctors accessed religious forces as a supplement.²⁰

On the twenty-fourth day of the fifth month of 1595, Tokitsune visited Lady Nishi twice – once with his wife, Kitamuki, Nishi’s sister – giving her pulse diagnoses and determining that she had malaria. The following day, Tokitsune and other family members witnessed a performance by a priest who claimed to have special healing powers. The priest, Ise Fukuin (伊勢福院), claimed that the paper that he wiped over his body was thereby imbued with the power to heal any ailment. Tokitsune, Kitamuki, her other sister Oharu, and his son Achamaru bought paper, and wrote on each piece the ailment for which they and others were seeking relief: For Lady Nishi, her various problems; for Tokitsune and his son, that there be no illnesses; for Kitamuki her female ailments; and for Reizei Tamemitsu his elevated *qi*. They also obtained a number of blank sheets, which presumably were to be distributed to others. Upon returning Tokitsune gave one sheet to Lady Nishi, and another to an attendant, Akoko, who had an eye affliction.²¹

Unfortunately for Lady Nishi, her malaria attack worsened. Three days later, on the twenty-eighth, her fever was so “terrible” that Tokitsune visited her four times, giving a combination of medicine and pulse diagnosis. On the first day of the sixth month, when she was “terribly afflicted,” she requested medicine that would bring down the malaria. Her condition, and the possibility that the medicines he was providing were not effective, prompted Tokitsune to seek unusual medicines. He provided some pellets of a pill medicine that he had concocted, and then the next day:

I went to Lady Nishi before I went to Monzeki and did a pulse diagnosis. It is improved. Since I was informed that the dust washed off (a statue of) the bodhisattva Jizō (地藏菩薩) by rainwater is a bringing-down medicine ochikusuri for malaria, I had someone get it and bring it here. Next I asked Yamato San’i (Sōjo) about Monkey Wolf Frosting (猿狼霜) and he told me about it by letter. Next I went to Monzeki. At dusk I again went [to Lady Nishi] and did a pulse diagnosis. It is greatly better. Further she wanted medicine. I forwarded Kakkō shōki-san to which I had added flavors, and also ten pellets of the bringing down medicine.²²

The next day Tokitsune stayed with Lady Nishi all day, and determined that the malaria was about half as bad as it had been the day before. Perhaps the special medicines had helped. But then two days later the malaria recurred, and with varying degrees of severity continued relapsing and recurring until about the middle of the seventh month.

During this extended episode of malaria lasting some 52 days, Tokitsune visited her on 42 of those days, and on another five days sent medicines but did not visit her. On those 42 days he made a total of 58 visits (nine at the specific request of the patient), on one occasion staying with her all day;²³ the most number of visits that he made in any one day was four.²⁴ He gave her a pulse diagnosis on 46 occasions. Lady Nishi also requested that Tokitsune ask Yamato Sōjo to come and give her a pulse diagnosis, which he did on two occasions.²⁵ Sōjo also supplied her with a decoction medicine, some unspecified medicines, and he supplied Tokitsune with a special medicine *Myōkō-en* which he administered to Lady Nishi; as noted above, Tokitsune also asked Sōjo about another special medicine, the aforementioned Monkey Wolf Frosting (猿狼霜).²⁶ Tokitsune also consulted, by correspondence, with Sōjo about Lady Nishi’s condition.²⁷

During the period of treatment Lady Nishi was supplied with medicines a total of 59 times. Tokitsune supplied her with medicines on 32 occasions, and of those medicines twelve were named

formulas (*Yōki-tō* 養氣湯, *Kakko chōki-san* 藿香正氣散, *Jakō-gan* 麝香丸, *Kaiki-san* 快氣散, *Kōju-san* 香薷散, *Senkyū chachō-san* 川芎茶調散, *Chachō-san* 茶調散, *Shimotsu-tō* 四物湯, *Hōshin-tan* 豐心丹, *Hakkai-san* 八解散, *Anshin-san* 安神散, and *Myōkō-en* 妙香円), and three were generic medicines (one was a mouth medicine, the other a decoction medicine, the other a malaria-bringing down medicine). Not infrequently he added various ingredients to the standard formula.²⁸ Separately from those occasions, Lady Nishi herself asked to be supplied with medicines on at least 27 occasions, and she requested seven named formulas (*Yōki-tō*, *Kakko chōki-san*, *Jakō-gan*, *Kaiki-san*, *Kōju-san*, *Senkyū chachō-san*, and *Anshin-san*), a decoction, and, as we have seen, malaria bringing-down medicine.

Finally, while during her illness Lady Nishi was tended primarily by those in her immediate household, she also received visits from siblings, who were sometimes accompanied by Tokitsune. He records Nishi's sister Kitamuki visiting six times, usually in the evening, but on one occasion staying until the hour of the tiger (0300-0500), and on another staying – along with her brothers and her son – until dawn.²⁹ Nishi's brothers, and Tokitsune's son, visited at least three times, and when she suffered a bout of sunstroke they visited as a group.³⁰

As we can see from these two cases, the Shimozuma family's daughter and Lady Nishi, women at the higher levels of the *jinai* community could receive extensive medical care. However, Tokitsune's diary also enables us to see that people of virtually any background and social status in the *jinai* had access to essentially the same resources and treatment.

Various Elements Influencing Access to Treatment and Medicines

Medical services were ubiquitous and accessible to residents of the Honganji *jinai*. Let us first take the example of children. It was not uncommon for children visiting the doctor to be accompanied by adults: a father bringing a daughter who had boils on her feet,³¹ or a mother (wife of a needle-maker) bringing her daughter who was suffering from dysentery.³² But, with the apparent exception of infants and the very young, it was also not uncommon for children – both male and female – to visit the doctor unaccompanied by adults, whether by themselves, or with siblings or other neighborhood children. Children might visit for initial treatment (such as one small girl who came to have her eye problem examined, or the daughter of a rice-merchant suffering from



"Woman suffering from sunstroke." Image source: *Yamai no sōshi* (Scroll of Afflictions).

boils on the face),³³ to receive a check up and get further medicines (the Shimozuma daughter),³⁴ to pick up medicine and sometimes wait for it to be compounded (the daughter of the small-bell maker),³⁵ or to pick up medicines on behalf of others (such as the child from the Tsutsura-ya shop located near the intersection of Shijō and Muromachi streets who took medicines to an old nun).³⁶ One by-product of visits to the doctor by children was, no doubt, the inculcation of a life-long commonsense that medical treatment and medicines were part of the fabric of everyday life.

Another aspect of general access to medicines is illustrated by Tokitsune's frequent practice of, when visiting a household, not only giving treatment to the designated patient, but also distributing medicines and giving check-ups to

other people present. That is, even people who may not have been ailing might have their general health monitored. For example, when treating the fever of Lady Nishi's youngest daughter, who

was then four years old, he also gave pulse diagnoses to three of the wet-nurses in the household, and to four other women present; he also distributed a “standard number” of ten doses of different medicines to five women there (all the formulas were ones used to fortify the body).³⁷ When visiting the Itami household to treat one of the sons in the household, he gave a check-up and distributed medicines to the family’s three other young children: daughters aged two, five, and ten.³⁸

People also had indirect access to medical information. One form of this was when others sought medical assistance on a person’s behalf, as when the wife of Rokushōya went to Tokitsune to inform him that the wife of a carpenter was ailing, and then accompanied him as the doctor went to her home.³⁹ Another form of indirect access was via written communication, either directly to the doctor (a letter describing a daughter’s symptoms and asking for medicine),⁴⁰ or through third parties, as in the following case:⁴¹

I was told that the mother of the Itami’s younger wet-nurse is in Harima (province). A record of her symptoms arrived (所勞一書). ‘She feels feverish inside; during the night she vomited up worms at least six times; it was the same during the daytime; vomiting blood; unable to eat etc.’ I compounded and sent to them fifteen packets of nut-grass (香附子), peony (芍藥), coptis (黃連), balloon flower (桔梗), Sichuan lovage (川芎), Chinese angelica (当皈 當歸), dwarf lilyturf (麦門冬), and ginseng (人參).

Strangers, too, benefitted from treatment, even for extended periods, as in the case of an old nun who was taken under the wing of the rice merchant Mago Zaemonnojō (孫左衛門尉) and his family. For a period of three weeks in 1587 they cared for an “unattached” elderly nun from the Honganji’s Bungo province congregation who was visiting Kyoto. Mago initially informed Tokitsune that they had a “sick person,” and asked Tokitsune to come and give her a pulse diagnosis. An hour after his departure, Mago came to report that she was a little better, and got some medicine for her. Her treatment continued nearly every day for the next three weeks. Mago came, sometimes at early dawn, to get medicines and report on her condition (such as “lower blood, a headache, a tightness of the chest, and affliction of her *ki*”), or else he sent people to get medicines for her. Tokitsune likewise visited the nun. Sometimes he was asked to do so, other times he simply went; he visited at early dawn and at other times of the day. The nun received pulse diagnoses and medicines. Tokitsune also provided medicine at least once even while he was laid low by a week-long malaria attack and was getting acupuncture treatment.⁴² The nun recovered, provided 500 *mon* as payment for the medicines, and returned to her home province.⁴³ We learn no more of the nun, and we have no idea of what connections she may have had in Tenma/Ōsaka, but it is clear that even as a visitor she had access to medical care no different from what residents of the *jinai* enjoyed.

Finally, and as suggested by some of the above examples, women had access to medicine as a result of their associations with women in other households for whom Tokitsune had provided treatment. In the case of the serving woman Matsu (松), who served in Tokitsune’s household, he provided medicine and treatment not only to her, but to her mother, and even to the daughter of one of her acquaintances.⁴⁴ Relatives of two other serving women⁴⁵ were also provided with medicines.⁴⁶ Likewise, Tokitsune gave long-term medical attention to the family members of the wet-nurses in Lady Nishi’s household, and in one case he gave treatment to three generations in one wet-nurse family (mother, three daughters, and at least one granddaughter).⁴⁷ In another example, at Lady Nishi’s request, Tokitsune treated a pregnant woman identified as the “younger wet-nurse” (also the wife of a shrine priest), over a period of two months for such things as phlegm, fever, coughing, diarrhea, and general post-partum recovery.⁴⁸ The preceding discussion demonstrates that women of all ages and classes had access to treatment for a wide range of symptoms and conditions.

3. Pregnancy and Post-partum Ailments

Reproduction was central to the continuity of family and community. Yet, reproduction was not unproblematic: lack of contraception meant that pregnancies were frequent; miscarriages, stillbirths, and unexpelled placenta were always a concern; the rate of infant mortality was high; mothers could die in childbirth. Within Tokitsune's immediate orbit, his sister-in-law Lady Nishi bore six children, three of whom died of illness before the age of ten; one of Tokitsune's children and several of his nieces and nephews died of illness before the age of five; and others of his sisters-in-law died of illness and accidents in their twenties. In a non-trivial sense life was fragile.

Naturally enough their health during pregnancy and post-partum was of great concern to women. But beyond the obvious, we might usefully observe that, allowing for the natural concerns of male family members, all the evidence we have for this era at least suggests that prenatal and post-partum care of women was an overwhelmingly female sphere. Advice, knowledge and experience of such matters resided with women rather than with men. As far as we can tell, births were supervised and attended primarily by women, some of whom were recognized as something like specialist midwives (parenthetically, and no doubt at least reflecting the availability of space in an urban environment, there is no mention of the stereotypical birthing huts).⁴⁹ Doctors appear not to have been directly involved in childbirth, and indeed, Tokitsune provides no information at all about births in his diary. Having said that, doctors did have their knowledge and role, and it is apparent from Tokitsune's case that a doctor must have acquired a wealth of relevant knowledge and experience from his interactions with his female patients. In any event, in the Honganji *jinai* at least, it appears that the challenges of women's medicine were met proactively by women, and the availability of treatment and medicines was a significant factor in this.

The experience of pregnancy and birth was, naturally enough, a continuum, as is suggested by the example of Kiku. A woman who had already given birth to at least two children, Kiku first contacted Tokitsune in the eighth month of 1589, when she was probably in the fifth or sixth month of her pregnancy. She received a pulse diagnosis and some doses of the tonic medicine *Aisuyaku* (愛洲薬).⁵⁰ A few weeks later she asked for medicine for her male child's cough.⁵¹ In the middle of the ninth month she received some *Aisuyaku*, and a few days later received medicine for her daughter's sores.⁵² Then from the middle of the tenth month and for a two-week period she received first some *Aisuyaku*, and then a combination of a pulse diagnosis and medicines from Tokitsune.⁵³ At the end of the eleventh month four weeks later, upon learning that Kiku had given birth (*danzan*) a couple of days earlier, Tokitsune sent her some medicine. Three days later Kiku visited him and received some medicine, and every day for a week thereafter Tokitsune gave her a pulse diagnosis and some medicines to help with her recovery.⁵⁴

Prenatal Care

What prenatal problems did Tokitsune observe? Sometimes he notes a specific concern: being four months pregnant and discharging blood;⁵⁵ seven to eight months pregnant and discharging blood;⁵⁶ eight months pregnant and experiencing abdominal pain;⁵⁷ pain because the area below the abdomen was distended, and tendons on one hand were sore;⁵⁸ or, having abdominal pain and discharge, as it transpired, two weeks before the anticipated birth of a daughter.⁵⁹ But most of the time the reference is to a woman being afflicted by unspecified prenatal ailments.⁶⁰

Though few specifics were reported to Tokitsune, people were in little doubt that the condition of pregnancy was an important one to note when reporting symptoms. And, it appears that it was not uncommon for women to monitor closely, and keep a record of, their bodily condition. Some women maintained records of their own illnesses and prenatal conditions that were furnished to assist the physician in prescribing medicine.⁶¹ Others kept lists of foods that were prohibited

or allowed (impermissible or permissible, not recommended or recommended 禁好物) during pregnancy.⁶² It was also common for women to monitor their overall health by requesting pulse diagnoses. Naturally, these elements could be combined: one patient asked for a pulse diagnosis, tonic medicine, and a list of foods that were prohibited or allowed; when she developed a temperature, she then asked for a pulse diagnosis and a prescription for medicine.⁶³

Women prepared in advance of the birth, and presumably hoped for as easy a birth as possible. No doubt many prayed for a safe birth. And on one occasion at least Tokitsune provided Shimomura Koshōshō (who was expecting her second child a month or so later) a *benjigetsu* (反支月) amulet which would protect her during a month that was considered a taboo time (based on *yin-yang* divination theory) to give birth.⁶⁴ But more concrete preparation involved medicines.

Sometimes Tokitsune was simply asked for medicine. More commonly he was asked to provide medicines that would induce birth, promote delivery, and facilitate the expulsion of the placenta. Tokitsune was often requested to provide medicines both generic, as in the case of *hayame gusuri*, or expeller medicine (for which Tokitsune provides no specific formula), and specific formulas, such as *Saisei-san* (催生散) *Birth Inducing Powder*, and some other named formulas. Allowing for some “double counting” and the fact that Tokitsune prescribes medicine even when he doesn’t specifically say that the people reporting the symptoms asked for medicine, families requested unspecified medicine thirteen times, expeller medicine twelve times, and a named formula twelve times; Tokitsune gave expeller medicine twenty-four times, and a named formula twenty-five times.

Sometimes the medicine was requested well in advance of the birth, which suggests that women took it for granted that such medicines more likely than not would be needed during the birthing process. It might also be the case that this timing reflects, in addition to early preparation, the fact that the general period when a birth was likely to take place was known with greater certainty than was the precise date when it would occur. For example, in preparing to give birth to her fifth child (her fourth daughter), Lady Nishi requested ten packets of *hayame gusuri* nearly five weeks prior to the actual birth.⁶⁵ In the case of the first birth to Ito, the daughter of Nishi’s wet-nurse, they asked for medicines (including one to promote delivery) one month prior to when they thought the child might be born; from a couple of days prior to when they thought she was about to give birth they asked for medicine to help expel the placenta; when the birth did not take place they continued asking for medicines; a week later when again the mother thought that birth was imminent (and in fact occurred that same day) they again requested medicine.⁶⁶

Others made their requests closer to the time of birth, as in the case of a family that requested medicine for a woman who was expected to give birth in four days (she was provided with *Saisei-san*),⁶⁷ or the family that requested it once labor had commenced.⁶⁸

The wife of Kichi Emonnojō (吉衛門尉), an acquaintance of Shinkyūrō (新九朗), is in labor. They wanted hayame gusuri. I gave them three doses. Finally it was born. I was then told that the placenta had not been expelled. I gave three doses of the same formula to which I added Aisuyaku, and one large packet of Kaiki-san, and three doses of Aisuyaku.

And, as we may expect, *hayame gusuri* was also requested when the birth took longer than anticipated. In one case, where the woman had felt for four days that she was about to give birth, the husband went to Tokitsune for *hayame gusuri*, was given three doses and a packet of *Kaiki-san*, and the child was born safely shortly thereafter (after which the husband came to express his thanks, and was given three doses of *Aisuyaku*).⁶⁹ In another case, where the labor had lasted for three days, Tokitsune was informed by a wet-nurse who served Nishi, that one of her renters was having a difficult birth (*nanzan* 難産). Tokitsune first prescribed three packets of *Saisei-san*; the next day the wet-nurse informed him that the woman had still not given birth so he gave three packets

of *Shimotsu-tō* to which he added *realgar* (雄黄); she gave birth early the next morning. A week later, after the wet-nurse had informed him that the patient was having post-partum difficulties, Tokitsune dropped by to give a pulse diagnosis and medicine.⁷⁰ Another case of *nanzan* required less attention: the wife of Shin Emonnojō (新衛門尉) came in the early morning to tell Tokitsune that the neighboring house was having a difficult birth, and since it was overdue they wanted medicine, and so he gave two packets of inducing medicine (we learn no more of the case).⁷¹

Post-Partum Care

Post-partum was referred to by two terms. The first was *danzan* (断産), literally meaning “at the cessation of the birth.”⁷² The second was *sango* (産後) “post-partum,” which is the more familiar term. There is some overlap in their usage: for example sometimes it appears that *danzan* is used when *sango* could be used (in an instance of unexpelled placenta). And one might feel that *danzan* would be subsumed under *sango*. However, the terms are used distinctly. In general, it seems that *danzan* refers primarily to the fact that the birth process has been completed; while *sango* is a general reference to post-partum. Below I will engage them separately, though my narrative references to “post-partum” may cover information subsumed under both terms.

With respect to *danzan* completion of birth, Tokitsune lists 32 instances where medicines and treatment were sought, and lists the medicines he prescribed. Allowing for multiple prescription and different ones prescribed on different days, we find that *Aisuyaku* was prescribed in at least thirteen instances, *Shimotsu-tō* (四物湯) in eighteen, *Kaiki-san* in six, *saisei-san* (催生散) in four. Decocting the herbs is prescribed twice; four named formulas are noted once each; a compounded medicine is noted once; and simply “medicine” is noted once.

Among the symptoms we learn the following: abdominal pain or bleeding as a result of the completion of birth might continue for 30 to 42 days after birth;⁷³ in another case a woman’s painful symptoms were associated with the fact of her having given birth *danzan* three months earlier.⁷⁴ The treatment process involved furnishing medicine, perhaps making house calls to examine the patient, and while there usually giving a pulse diagnosis and prescribing further medicine. The process could range from a one off-provision of medicine (Yosan’s 与三 wife Maa マア),⁷⁵ to treatment being given over a period of three days (the daughter of Suke Zaemonnojō 助左衛門尉) or four days (the wife of the artist Hikoshirō 彦四郎),⁷⁶ or for a week or more (the wife of Ichisuke 市助).⁷⁷

One poignant description of a woman suffering post-partum *danzan* comes from 1597 (and also illustrates a chain of connections that brought treatment to her):⁷⁸

One of the town administrators (nakai) Shin Zaemonnojō (中居新左衛門尉) came from the wet-nurse of On’ue [Lady Nishi’s eldest daughter], with the message that seven or eight days previously [the woman of] the Monzeki’s [Kōshō, ie Junnyo] town administrator Tanba had had a completion of birth (danzan); she was in a lodging, and her affliction was very serious, and they wanted a pulse diagnosis and some medicine. Accordingly I went with him to the lodging. Since they asked for medicine, I made various surmises, and made two packets, compounding nut-grass, Sichuan lovage, peony (芍薬), Chinese angelica, bitter orange (枳殼), fragrant angelica (白芷), tuckahoe mushroom, bidentate achyranthes (牛膝), verbena (馬鞭草), and wild ginger (細辛).

[Later] Someone came from Tanba asking for some additions to this morning’s medicine, as she had vomited it back up (吐逆心有). I added Korean mint (藿香) and Japanese plum (烏梅) and gave it to them. They also had come to tell me that recently she had vomited some medicine back up; they didn’t know whose medicine it was. I gave them the additions.

In the evening I went there again and took her pulse.

[Later] Later that night someone came from Tanba again wanting [medicine]. She was suffering, and they had come to ask me (for more medicine). I gave them one packet of the addition from the previous hour.

With respect to *sango* post-partum, many times we learn simply that the woman was post-partum, and that people were requesting some medicine; no particular problem is noted.⁷⁹ Indeed, in some cases immediately after a birth people simply requested restorative medicine (氣付薬) or tonic medicine (養生薬).⁸⁰ On occasion people also requested that Tokitsune give a pulse diagnosis, at which time he also generally prescribed a medicine.⁸¹ Other times we learn that a woman is suffering from a post-partum ailment, but the specific problem is not identified.⁸² And on one occasion a woman was described as suffering post-partum symptoms some 60 days after giving birth.⁸³

But we also learn of specific concerns. Abdominal pain is mentioned many times,⁸⁴ and it could occur as much as 30 days after giving birth.⁸⁵ Sore bottom and abdomen;⁸⁶ sore hips;⁸⁷ breast carbuncle, and fever and liquid oozing;⁸⁸ dizzy and chest hurts;⁸⁹ head hurts after thirty days;⁹⁰ dizziness;⁹¹ dizziness and fever;⁹² dizziness and sore chest;⁹³ bad feeling in chest;⁹⁴ chest pains;⁹⁵ diarrhea;⁹⁶ swelling, and swollen belly;⁹⁷ not eating;⁹⁸ eyes dancing, and trembling;⁹⁹ abdominal pain and diarrhea, and fever and trembling;¹⁰⁰ trembling, and sore armpits;¹⁰¹ bad blood not coming out;¹⁰² blood leakage;¹⁰³ wind of the blood (血力かせ);¹⁰⁴ chills in the lower portions, heat on the higher portions;¹⁰⁵ sore head, and bleeding in the lower portions;¹⁰⁶ nose bleed;¹⁰⁷ fever, headache, and vomiting;¹⁰⁸ or ailing, delirious, urinating and defecating, swollen, profuse urination, and then unceasing urination.¹⁰⁹

Stillbirths are noted only a few times. In one case the birth was a little earlier than anticipated and the child emerged dead.¹¹⁰ On another occasion, after a difficult labor which had lasted for over a day, and during which Tokitsune visited in the night to give a pulse diagnosis, the child was born dead; the mother (the wife of a candle-maker) seems to have recovered quickly.¹¹¹ On another occasion however the mother of a stillborn child required at least nine days to recover. The birth was not referred to as a difficult one, but the people around the mother were sufficiently concerned at the length of time that she was in labor that they requested medicine from Tokitsune. The woman remained afflicted following the stillbirth; and the day after, when the woman was still speaking deliriously, they asked for and received further medicines. The following day her condition was slightly improved. Over the course of the following week she experienced swelling, and the amount of her stool and urination were of some concern. The family was then provided with medicine that, Tokitsune instructed them, had to be decocted, and while she had largely returned to normal at the end of the treatment period she was still experiencing profuse urination.¹¹²

Unexpelled placenta seems to have been a perennial concern. Expeller medicines, as well as formulas that promoted recovery, were most frequently employed to deal with this problem. Sometimes people asked for a generic medicine for expelling the placenta; other times they asked for a medicine by the formula's name. Sometimes Tokitsune sent a packet or two without specifying details; other times he sent a specific named medicine. It seems that when requests for placenta-expelling medicine came fairly soon after the problem was noticed, the placenta was expelled fairly soon thereafter - usually the same or next day, as in the case where Hōshunken's (芳春軒) wife requested medicine from Tokitsune for her tenant, who had not expelled her placenta; it was expelled the next day.¹¹³ In other cases we learn that a placenta had not been expelled and thus medicine and treatment was sought, but do not have further reference to the problem, even though the context suggests that it must have been expelled successfully, as in one case where medicine was provided to a woman whose placenta had not been expelled, and she received medical attention

for a time thereafter.¹¹⁴ Some cases were more alarming. On one occasion we learn of one woman whose placenta had still not been expelled five or six days after giving birth, and so Tokitsune gave her two packets of *Shimotsu-tō* to which he added flavors; two days later payment was brought on the young woman's behalf, indicating (since it appears that payment, frequently described as a token of appreciation, was not made if treatment was not successful) that the placenta had been safely expelled.¹¹⁵

The above section elucidates the medical challenges facing, and the support and treatment available to, women during their pregnancy and after giving birth. While women in general may have experienced a broader range of symptoms, and medical texts no doubt address a broader range as well, the information in Tokitsune's record tells us directly the symptoms and challenges for which actual women, his patients, sought treatment. No doubt individual experiences were different, but I believe that we are on safe ground in concluding that during the continuum of pregnancy, parturition, and post-partum, women in the Honganji *jinai* had ready access to treatment, and that their health was constantly monitored. It is also clear that women received support from those around them.

4. Women's Medical Support Networks

Tokitsune's records regarding pregnancy and post-partum ailments that we discussed in the previous section also provide information on who contacted him on behalf of the female for whom medical treatment and medicines was provided. Many entries note only that a matter involving a person or household had been mentioned to Tokitsune, without necessarily specifying which member of a household conveyed the information. In other cases, someone other than a family member is identified as the conveyer of the information. A tabulation of all these instances provides insight into the contours (I may have missed a case or two, but the overall order of magnitude of the breakdowns is clear).

On the 45 occasions when prenatal concerns were reported to Tokitsune (see Table One, below), 23 times the report was made by the family (including the principal), and on the other 22 the report was made by an acquaintance or a neighbor. Of the at least 32 instances of completion of birth *danzan*, on fifteen occasions someone from the immediate family reported it, and on the other seventeen occasions an acquaintance or neighbor reported it directly or referred the family to Tokitsune. For the 60 occasions when *sango* post-partum concerns were reported, on 35 of them the report was made by the family, and on 25 of them the report was made by neighbor or acquaintance. Or, for all of the 92 post-partum instances, on 50 occasions reports were made by family members,

Table One: Prenatal and Post-partum Concerns Reported in Tokitsune's Diary

Type	Total	By family	By non-family
Prenatal <i>sanzen</i> 産前	45	23	22
Post-partum <i>danzan</i> 断産	32	15	17
Post-partum <i>sango</i> 産後	60	35	25
Post-partum concerns combined	92	50	42
TOTAL combined Prenatal and Post-partum concerns:	137	73	64

and on 42 occasions by an acquaintance or neighbor. All in all, of the total 137 reports for all categories, on 73 occasions reports were made by family, and on 64 occasions by acquaintances or neighbors.

Let us now look further at some random examples of how women gave assistance to each other. The first examples seem to have been urgent requests, and were conveyed on behalf of other women to Tokitsune by women who were already his patients. We do not know the precise relationship between the requester and the principal on whose behalf the request was made, but it is useful to note that the requester was able to ensure treatment for someone with whom Tokitsune had, as far as we can tell, no previous contact. Thus, one Akoko (アコハ) who was in service with Lady Nishi (a piece of information she felt it important to convey) told Tokitsune that the widow of one Kawabayashi Echigo no kami (河林越後守) who lived in Kawaramachi in Ōsaka-chō (大阪町瓦町) was suffering from a menstruation-related symptom, so he immediately hastened to give treatment. Having treated her, Tokitsune then took this opportunity to go and check on the condition of, and give further medicines to, another woman, who also lived across the river in the Nakagawa section of Ōsaka's Aiya-chō (大阪藍町中川).¹¹⁶ He had visited this woman two days earlier, at the entreaty of another of his patients, Shimomura Koshōshō (下村小少将). As he recorded on that occasion:

Someone came from Shimomura Koshōshō to state that the wife of Ōsaka Aiya chō's Nakagawa Kusakai Ukon Sō Emonnojō (大阪藍屋町中川内草苺右近惣衛門尉) was ailing, so I went there and did a pulse diagnosis. Her blood is down, her chest is clogged, her head hurts, she is not eating, and her ears are ringing. I sent three packets of Shimotsutō to which I added astragalus (黄耆), aloeswood, ginseng, nut-grass, fragrant angelica, baikal skullcap (黄芩), and Japanese catnip. Next I went to Koshōshō's place, and (her husband, Shimomura) Yosuke treated us. There was a meal.¹¹⁷

Koshōshō assisted others as well. As we may expect, she sought treatment for her infant son's ailments, such as foot sores;¹¹⁸ smallpox (疱瘡) and a minor fever;¹¹⁹ diarrhea;¹²⁰ and coughing (shiwabuki).¹²¹ But she is also noted over the years as seeking treatment for such people as: an acquaintance whose hair was falling out;¹²² a serving man afflicted with diarrhea;¹²³ another acquaintance who was experiencing a difficult labor;¹²⁴ and another one of her serving women who had post-partum fever and a sore head.¹²⁵

Other cases of women giving assistance involve older women who, judging by their personal names, were past child-bearing age (likely their children had grown to adulthood) and, as was not uncommon, had decided to enter a new phase of their lives and become lay nuns. As such, they became members of a distinct female space that constituted yet another social network for them. As senior women in the *jinaï*, one of their roles (or avocations) was to lend their services to others, and as lay nuns they operated across many social boundaries. Their cumulative individual activities constituted a decentered but ever-present collective network.

One such example is that of Myōgen (妙玄), also referred to in the diary as Kurikaka (クリ母), that is, the mother of Kuri (one of Lady Nishi's serving women). Myōgen appears repeatedly in Tokitsune's records, reporting items such as a seven-year-old acquaintance's son having bloody diarrhea, or referring an old nun who was an acquaintance of hers in order to receive a pulse diagnosis (in each case Tokitsune prescribed medicine).¹²⁶ Another example is that of Myōtoku, who we earlier saw arranging for Tokitsune to provide treatment for the unexpelled placenta of an acquaintance's daughter. Myōtoku, a patient and a family friend who seems to have been close to Tokitsune's late mother, is also recorded for such things as: being an intermediary who took medicine to a child suffering diarrhea and also accompanying the child for treatment the next year;¹²⁷ introducing a mother and child for treatment, and then serving as intermediary to bring Tokitsune

their thanks payment;¹²⁸ being an intermediary to get medicine for another child, and again being the intermediary bringing the thanks payment;¹²⁹ coming to get medicine on behalf of the wife of an indigo-dyer;¹³⁰ introducing the wife of an acquaintance who had nausea;¹³¹ introducing the young daughter of an acquaintance to get treatment;¹³² taking medicine to a wet-nurse suffering abdominal pain;¹³³ or acting as an intermediary for and accompanying a four-year-old girl for treatment.¹³⁴

There is one woman, whose identity Tokitsune noted only as the wife of Hikoshirō (彦四郎), who we can follow helping neighbors and friends to receive treatment and medicines over many years. Her case provides texture, especially with respect to children and mothers, and is worth pursuing in some detail. We can trace her health-related activities between 1591 and 1599. She seems to have been in general good health, but since Tokitsune was not the only physician around, it is possible that her interactions with Tokitsune do not represent her full medical history. Like Myōtoku she was a long-term acquaintance of and close to Tokitsune's family.¹³⁵

The first contact between Hikoshirō's wife and Tokitsune occurred in late 1591 when, having just given birth she requested medicines from him, which he provided on three occasions over a four-day period.¹³⁶ It appears that Hikoshirō's wife was satisfied with the treatment, for she brought a wider group of people into contact with Tokitsune. A sequence of diary entries from a month later provides a look at this process.

Late in the first month of 1592 she brought a tray of sweets to Tokitsune, and also brought along her acquaintance Yojūrō (与十郎) and his child, both of whom received a pulse diagnosis and some medicines.¹³⁷ A few days later, early in the second month, Hikoshirō's wife accompanied that child who brought, as thanks, some fish, and also received some decoction medicine. She also brought along with her on this visit two other children of ward residents, who Tokitsune also examined, and for each of whom he gave moxibustion treatment.¹³⁸ One week later, early in the morning, Hikoshirō's wife came to Tokitsune to ask him to give a pulse diagnosis to the post-partum wife of the nearby pharmacist Sōritsu (宗立) (owner of the Sumiyoshi-ya pharmacy 住吉屋), which he did, and also provided medicines twice that day. Then, later that day, Tokitsune was asked to provide medicine to Hikoshirō's wife herself, who was "near death" (絶死) and was in great abdominal pain, a problem that she had had since her baby's birth.¹³⁹ Then, six days later Hikoshirō's wife came to ask that Tokitsune give a pulse diagnosis for the ailing wife of Yojūrō (whose ailment was noted as a "little better" in Tokitsune's diary two days later).¹⁴⁰

These episodes provide a guide to the interactions of Hikoshirō's wife over the following seven years. With respect to her own condition, the problem with the abdominal pain continued, though it appears that this was due to her having become pregnant again, rather than as a result of the earlier birth. Hikoshirō's wife received pulse diagnosis and medicine for abdominal pain in the fifth, sixth month, and tenth months of 1592.¹⁴¹ On the last occasion Tokitsune was accompanied by the mother of Ima, a wet-nurse responsible for Lady Nishi's oldest son. There is no mention of why Ima's mother came along with Tokitsune, and we do not know what relationship she had to the wife of Hikoshirō. However, and while Tokitsune makes no reference to Hikoshirō's wife being pregnant (though his records note her receipt of some *Saisei-san* birth-inducing medicine), and that she gave birth to another child during the first month of 1593,¹⁴² we might speculate that, as an older woman familiar with pregnancy and childbirth, it was in order to give assistance and advice to both Tokitsune and the wife of Hikoshirō.

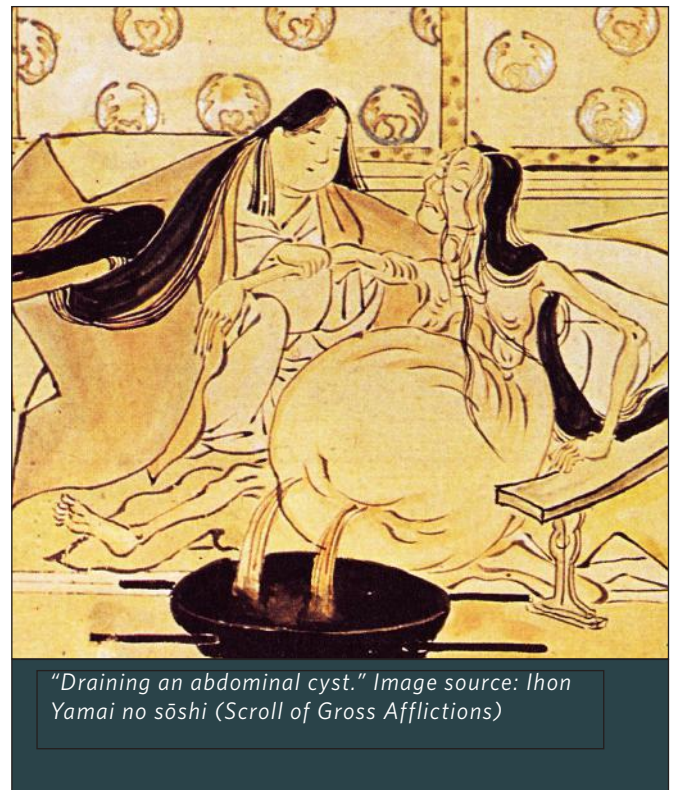
When Hikoshirō's wife's pregnancy came close to term, she referred another woman, also approaching birth, to Tokitsune for treatment in the twelfth month of 1592.¹⁴³ As we know, it was not uncommon for women who were expecting or who had recently given birth to assist other pregnant woman.¹⁴⁴ For the wife of Hikoshirō, such involvement appears to have been a regular part of her neighborhood activity. She is noted as an intermediary for pregnant women on a number

of occasions. From 1592 to 1597 we find that: the wife of the artist Hikoshirō came to say that the neighboring woman had post-partum discomfort in her chest (胸アシキ), and requested medicines on her behalf;¹⁴⁵ an acquaintance of Hikoshirō's wife requested *hayame gusuri* expeller medicine from Tokitsune, and had a successful birth;¹⁴⁶ Hikoshirō's wife requested *Saisei-san* on behalf of a woman in the neighborhood;¹⁴⁷ Hikoshirō's wife informed Tokitsune that Yojūrō's wife was in labor and wanted medicine;¹⁴⁸ an acquaintance of Hikoshirō was provided with medicine to expel his wife's placenta;¹⁴⁹ and a woman who was a friend of Hikoshirō's wife, who was suffering symptoms post-partum, came to Tokitsune for a pulse diagnosis, and was given medicines that Tokitsune compounded for her seven times over the following ten days.¹⁵⁰

We might also note the occasion in the fourth month of 1596 when the wife of Hikoshirō came to Tokitsune to pick up post-partum medicines that had been requested for the elder sister of the wife of Minoya Yojūrō (美濃屋与十郎). It turns out that the elder sister was physically in the province of Mino, and given that it was a trip of at least several days to get there from Kyoto, they must have been acquiring the medicines some time in advance of the birth, rather than asking for them after the birth.¹⁵¹ Post-partum matters were not casual ones, and it is evident that Hikoshirō's wife enjoyed great trust from her contemporaries.

Hikoshirō's wife also acted as an intermediary for her acquaintances' children when they needed medical care. She once accompanied a man and his daughter who needed a pulse diagnosis;¹⁵² another time she recommended that a woman take her son to Tokitsune for treatment.¹⁵³ Other references between 1592 and 1597 suggest that she took particular interest in the health of the children of Minoya Yojūrō. On at least two occasions Hikoshirō's wife accompanied Minoya's son when he brought Tokitsune a gift for medicines they had received from him (on one occasion she also brought two other neighborhood children along with her).¹⁵⁴ When Yojūrō's wife was ailing on one occasion Hikoshirō's wife came to get Tokitsune and accompanied him as he made a house call;¹⁵⁵ in two successive years when the son went at the New Year to thank Tokitsune for the treatment the previous year, Hikoshirō's wife accompanied him;¹⁵⁶ on another occasion she brought two of Yojūrō's sons for treatment;¹⁵⁷ and on one occasion when one of the sons was "near dead" and needing treatment, she came and informed Tokitsune of the situation, and he went there immediately.¹⁵⁸ All in all, while we do not have a large number of entries regarding the wife of Hikoshirō, they extend over many years, and are consistently related to involvement in the medical concerns of others (which, no doubt, reflects the focus of Tokitsune's diary). We might posit that she provides an example of long-term female acquaintances whose interactions in part constituted a female family medicine network.

Families and households appear to have been a major locus of support networks. That said, there was no standard size or composition for a household. Lady Nishi's household was made up of close to 30 people, adults and children, virtually all of whom were female. In the Itami household there were perhaps a dozen people spanning three generations. And in the household of a *tatami*-matting



"Draining an abdominal cyst." Image source: Ihon Yamai no sōshi (Scroll of Gross Afflictions)

maker there were two parents and two children. Yet, irrespective of composition, no household in the Honganji *jinaï* seems to have lived in isolation. With mothers, wet-nurses, people of different generations, and neighbors, all enjoying their varied and overlapping circles of acquaintances, which could cut across lines of status and social position, information regarding medical matters in any one household could readily be disseminated. The information in these networks was an accumulation of information from many women's experiences over time and was added to constantly. It is also important to bear in mind that it was unlikely that information was withheld, and more likely that information was shared readily.

There are three larger points regarding the rhythms of those female support networks. Firstly, the networks that disseminated medical knowledge and support were managed by women on a sustained, long-term basis, and as an integral component of general social activity and bonds. And, while no doubt males talked about medicines and there is ample evidence that males too assisted and referred others, I have been unable to discern a comparable pattern of activity sufficient to identify something like a male support network in which there was any significant component related to medicine. Secondly, particularly in the areas of pregnancy and post-partum, and by extension to the health of children, the network support given to women seems to have been almost exclusively provided by other women; that is, a network of support for women provided by women. Thirdly, and reflecting the web-like nature of networks, we may identify three chains of connection, which may have overlapped, in terms of the way in which support was provided. Namely: one patient introduces someone else to the physician; a chain of connections links a person in need to the doctor, but always the key introduction is provided by a female, especially in areas of women's health; finally, long-term associations and friendships of acquaintances and neighbors, in which mutual assistance was no doubt an integral component, constituted something close to a permanent medical support network.

We may take an additional point from the preceding information. Namely, pregnant and post-partum women appear to have been beneficiaries of a multi-component support network that was made up of immediate family and household, the surrounding physical community of neighbors, and a virtual community of acquaintances and intermediate third parties. And, we might add, the family itself was the beneficiary of that support network.

5. Concluding Comments

Tokitsune's diary makes possible a granular engagement of the medical experiences over an extended period of time of actual women and their families prior to the seventeenth century that is not possible from any other sources. What are some larger points we may take away from our initial exploration of aspects of family medicine in the Honganji community as recorded in there? First, it is clear that people in the Honganji community had ready access to medicine and to medical treatment. Patients and doctors were in close physical proximity, and the dimensions of the Honganji *jinaï* likely meant that a visit to or from the doctor required no more than fifteen minutes travel. As we have seen, this also meant that medical attention was available at almost any time of the day or night. Medical attention was available in more or less the same way to any member of the community irrespective of occupation or status. All of these elements were, as far as we can tell, new phenomenon in the final decades of the sixteenth century.

Second, knowledge of medicines was widespread. Not only were people aware of medicines by name (*Aisuyaku* and *Ninjin chōkō-san*, for example), they were aware of different varieties of general medicine (such as tonic medicine or restorative medicine), and they were aware that medicines were available for any number of symptoms or needs (prenatal and post-partum ailments, or bringing down malaria, for example). Additionally, it is apparent that the availability of medicines made it

possible to take a proactive approach to health management. This not only meant keeping track of the condition of people around them (most obviously, within families) on the assumption that medicine would be acquirable in timely fashion, it also meant that it was possible for patients to keep track of individual health over an extended period by maintaining their own records.

Third, especially in the context of the Honganji community with its strong sense of identity and concern to build and maintain strong internal bonds, it appears that attention to the health of family and of neighbors provided a new element in community bonding. Beyond simply taking note of health and illness, women in particular seem to have been able to build long-term bonds based upon their personal reproductive experiences and, a slightly different but inextricable element, their concern for the survival of their children in an age when such could not be taken for granted. Thus, we have strong evidence of female health networks that provided information sharing and support.

Fourth, women had shared experience of illness (of their own and of others), an awareness of the medical condition of neighbors and their children, and ready access to medicines and to specialists. Certainly in the Honganji, and no doubt more generally in the new urban environments of the late sixteenth century, this detailed knowledge and web of connections propelled issues of medicine and health to the forefront of daily life in a way that had not been possible prior to this time.

Finally, let me suggest two further items. First, on a larger historiographical note, exploration of issues of community health and survival, bonding and networks, and attention to the family (or household) unit, and thus of issues which we can show were of fundamental interest to women, particularly in this turbulent period in Japanese history, promises a wider appreciation of women's historical experience than is gained from privileging attention to politics and conflict. Second, with respect to the role of medicine in society, women appear to have had greater daily interest in matters of health and medicine than men, and it appears that greater attention was paid to the treatment of medical issues of particular concern to women (their own symptoms, and those of their children, families, and acquaintances) than to those of any particular concern to males. Accordingly, we may speculate that study of women and medicine provides our most important portal into the role of medicine in society, and is key to understanding the development of Japanese medical culture in the immediately succeeding early modern era (1600-1868 C.E.).

NOTES

I wish to dedicate this essay to the memory of my mother, Beth Perry Goble (1921-2015), a midwife and pediatric nurse.

1. See Hattori Toshirō, *Muromachi Azuchi Momoyama jidai igakushi no kenkyū*; Shinmura Taku, *Nihon iryō shakai shi no kenkyū*.
2. For example Shimokawa Masahiro, "Yamashina Tokitsune no iryō kōi to zōtō bunka;" Tabata Yasuko, "Manase Gensaku to sono kanja tachi;" Yonezawa Yōko, "Muromachi Sengoku ki no Yamashina ke no iryō to 'kayaku' no keisei;" Andrew Edmund Goble, "Images of Illness: Interpreting the Medieval *Scrolls of Afflictions*."
3. For example, Mary Elizabeth Berry, *The Culture of Civil War in Kyoto*.
4. For example Kojima Michihiro, *Egakareta Sengoku no Kyōto Rakuchū rakugai zu byōbu wo yomu*; Kuroda Hideo, *Rakuchū rakugai zu Funaki bon o yomu*.
5. One notable exception is Lee Butler's "Washing Off The Dust: Baths and Bathing in Late Medieval Japan."
6. See Andrew Edmund Goble, "Rhythms of Medicine and Community in Late Sixteenth Century Japan: Yamashina Tokitsune (1543-1611) and His Patients;" Andrew Edmund Goble, "Shokuhō ki ni okeru Manase ke no iryō bunka no tenkai - Mōri daimyō ke to no kankei o rei ni;" Andrew Edmund Goble, "Yamashina

Tokitsune nikki (*Tokitsune kyōki*) no shinryōroku teki kisai – *Igaku tenshōki* o haikai ni;” Andrew Edmund Goble, “Physician Yamashina Tokitsune’s Healing Gifts.”

7. *Tokitsune kyōki* (hereafter *TTK*). The diary covers the period 1576 to 1608. For a number of the years before 1586 the diary is, however, not fully extant. For a useful overview of the diary, see Hanada Yūkichi, “*Tokitsune kyōki* kō.”
8. For useful information on the Tenma and Rokujō Honganji jinai, see: Hashizume Shigeru, *Seto naikai chiiki shakai to Oda kenryoku* 274-291; Itō Takeshi, “Tenma no seiritsu – Settsu Tenma Honganji jinai chō no kōsei to Tenma gumi no seiritsu katei;” Kitai Toshio, *Chūsei kōki no jisha to keizai*, pp. 227-249. For “street directory” type maps of the two locations, see Takahashi Yasuo et al, *Zushū Nihon toshi shi*, pp. 96-97. More broadly on Ōsaka in this period, see Minami Hideo and Mametani Hiroyuki, “Toyotomi jidai no Ōsaka jōka machi.”
9. For some brief exploration of his activity, see: Hattori Toshirō, *Muromachi Azuchi Momoyama jidai igakushi no kenkyū*, pp. 115-121; Hattori Toshirō, “Kugyō i Yamashina Tokitsune no shinryōroku;” Imatani Akira, *Sengoku jidai no kizoku: Tokitsugu kyōki ga egaku Kyōto*, pp. 389-398; Lee Butler, *Emperor and Aristocracy in Japan*, pp. 114-123.
10. See Yoshida Hajime, *Nihon no shoku to sake*, pp. 95-135. See also the Goble studies referred to in note 6 above.
11. For a comprehensive introduction to *jinai*, see Niki Hiroshi, Ōzawa Ken’ichi et al., *Jinai chō no kenkyū*.
12. *Tokitsune kyōki*, entry for Keichō 1 (1596), intercalary seventh month, fifteenth day; this entry appears in volume seven of the printed edition, on page 178. Hereafter cited as *TTK*, Keichō 1 (1596).intercalary 7.15 (7:178).
13. *Zesshi* is a vexing term that at first glance seems to imply that someone had died, but is used in contexts when the person so described receives treatment and (usually) survives the event. Thus it seems to indicate a colloquial sense of someone suffering so much that they seem to be “near death” or “dying,” rather than “has died.”
14. *TTK*, Tenshō 15 (1587).2.17 (2:239); *TTK*, Tenshō 16 (1588).3.30 (3:47).
15. The case unfolds between Keichō 2 (1597).7.11 (8:14) and Keichō 2 (1597).8.27 (8:51). On the Shimozuma clan, the long-term main administrative family serving Honganji, see Kinryū Shizuka, “Sengoku jidai no Honganji naishū Shimozuma shi.”
16. For a gripping visual depiction of sunstroke (*kakuran* 霍乱), see the medieval illustrated scroll *Yamai no sōshi* (病の草紙, *Scroll of Afflictions*). The commentary to the scene reads: “There is an affliction called *kakuran*. In the stomach there is pain like being stabbed; from the mouth one vomits liquid, from the backside one leaks diarrhea. One lies prostrate in convulsions, and it is truly agonizingly unbearable.” For an explication of the 22 scenes in the *Scroll of Afflictions*, and of the 37 scenes in the later *Ihon yamai no sōshi* (異本病の草紙, *Scroll of Gross Afflictions*), see Andrew Edmund Goble, “Images of Illness: Interpreting the Medieval Scrolls of Affliction.”
17. *TTK*, Keichō 2 (1597).8.17 (8:40).
18. *TTK*, Keichō 2 (1597).8.26 (8:50).
19. Nishi Onkata (西御方) (1562-1616), whose posthumous Buddhist name was Hōjuin Yūshin ni (宝壽院祐心尼) was a high-ranking member of the cultural, political, and religious elite. She was born into the aristocratic Reizei family. She served as consort to Imperial Prince Sanehito (誠仁親王) (1552-1586), by whom she had two children. In 1582 she was married to Kenson Sachō 顯尊佐超 (1564-1599), second son of the Honganji Pure Land movement head Kenryo 顯如 (1543-1592), and head of the Kōshōji branch of the Honganji. She had four children by Kenson, three of whom (one son and two daughters) became leading figures in Honganji in the turbulent years which witnessed the split of Honganji into the two factions which are rivals to this day.
20. Yamashina Tokitsugu, Tokitsune’s father, noted that healing had at least two components, one being medicine (*iryō* 医療) and one being prayer (*kiryō* 祈療). See *Tokitsugu kyōki*, Eiroku 12 (1569).5.13 (4:332). Tokitsune and his family on occasion requested that prayers be said to alleviate their medical problems. One example comes from their requests at Sumiyoshi Tsumoridera Yakushi 住吉津守寺薬師 that prayers be offered for such things as: the alleviation of his wife Kitamuki’s eye ailment *TTK*, Tenshō

18 (1590).2.12 (4:21); his son Achamaru's cough *TTK*, Tenshō 18 (1590).3.10 (4:33); Tokitsune's various ailments, on which occasion he also paid for prayers for three months *TTK*, Tenshō 18 (1590).5.28 (4:52); or Tokitsune's swollen foot *TTK*, Tenshō 18 (1590).11.12 (4:132). For an overview of prayer healing in the medieval era, see Shinmura Taku, *Nihon iriyō shakai shi no kenkyū*, pp. 335-374.

21. *TTK*, Bunroku 4 (1595).5.25 (6.274-275).
22. *TTK*, Bunroku 4 (1595).6.2 (6.278).
23. *TTK*, Bunroku 4 (1595).6.3 (6.279).
24. *TTK*, Bunroku 4 (1595).7.4 (6.302-303).
25. *TTK*, Bunroku 4 (1595).7.4 (6:302-303); *TTK*, Bunroku 4 (1595).7.13 (6:310).
26. *TTK*, Bunroku 4 (1595).7.4 (6:302-303); *TTK*, Bunroku 4 (1595).7.13 (6:310); *TTK*, Bunroku 4 (1595).6.19 (6:290).
27. *TTK*, Bunroku 4 (1595).7.11 (6:309).
28. For example, *TTK*, Bunroku 4 (1595).6.6 (6:283): "Since someone came from Nishi Onkata to get medicine I forwarded two packets of *Kakkō shōki-san* to which I had added aloeswood (沈香), wild ginger (細辛), nut-grass (香附子), mandarin orange peel (陳皮), dwarf lily-turf (麥門冬), etc. At the shadow of evening I went there to see how she was doing and did a pulse diagnosis."
29. *TTK*, Bunroku 4 (1595).5.26 (6:275), 5.28 (6:276), 6.1 (6:277), 6.10 (6:284), 7.3 (6:302), 7.11 (6:309).
30. *TTK*, Bunroku 4 (1595).6.23 (6:292), 7.3 (6:302), 7.7 (6:305).
31. *TTK*, Tenshō 16 (1588).5.17 (3:70).
32. *TTK*, Keichō 1 (1596).6.30 (7:110).
33. *TTK*, Bunroku 3 (1594).11.16 (6:175); *TTK*, Bunroku 4 (1595).12.7 (6:397).
34. *TTK*, Keichō 2 (1597).7.15 (8:19).
35. *TTK*, Tenshō 18 (1590).9.23 (4:111). The daughter received treatment from the twenty-ninth of the eighth month through the twenty-fifth of the eleventh month, and was provided with a variety of formulas and compounded medicines.
36. *TTK*, Bunroku 3 (1594).8.2 (6:121).
37. *TTK*, Tenshō 18 (1590).12.26 (4:150).
38. For some of the entries on the Itamis, see for example *TTK*, Tenshō 17 (1589).5.23 (3:226); *TTK*, Tenshō 19 (1591).4.8 (4:210), 6.14 (4:238), 6.19 (4:241), 6.25 (4:243).
39. *TTK*, Bunroku 3 (1594).6.23 (6:93).
40. *TTK*, Keichō 2 (1597).2.6 (7:308).
41. *TTK*, Tenshō 19 (1591).6.19 (4:241).
42. Tokitsune's bout of malaria laid him low between 5.16 and 5.22. He received acupuncture treatment from a moxibustion specialist キウカ (灸家) on three successive days: *TTK*, Tenshō 15 (1587).5.20 (2:279), 5.21 (2:279), and 5.22 (2:279).
43. *TTK*, Tenshō 15 (1587).5.3 (2:272), 5.4 (2:272), 5.5 (2:273), 5.6 (2:273), 5.7 (2:273), 5.8 (2:274), 5.9 (2:274), 5.10 (2:275), 5.11 (2:275), 5.12 (2:276), 5.13 (2:276), 5.14 (2:277), 5.15 (2:277), 5.16 (2:278), 5.19 (2:279), 5.21 (2:279), 5.22 (2:279), 5.24 (2:280), 5.25 (2:281).
44. Matsu: ill with malaria, vomiting and a sore belly: *TTK*, Tenshō 15 (1587).9.1 (2:320), 9.8 (2:323); leaving daughter with friends: *TTK*, Tenshō 18 (1590).5.9 (4:56); medicines for the mother: *TTK*, Tenshō 18 (1590).1.19 (4:12), 1.20 (4:12), 1.21 (4:13); the acquaintance's daughter's diarrhea: *TTK*, Tenshō 15 (1587).9.28 (2:332). In later years Tokitsune provided treatment again for the mother: *TTK*, Keichō 10 (1605).7.6 (13:205), 7.14 (13:209), 7.16 (13:311), and treatment for her son's diarrhea and sore belly: *TTK*, Keichō 10 (1605).7.27 (13:201), 7.30 (13:202), 8.10 (13:207);
45. *TTK*, Tenshō 18 (1590).7.4 (4:78), 7.6 (4:79).
46. *TTK*, Tenshō 18 (1590).2.18 (4:24).

47. The mother is Uwa OnMenoto ウワ御乳人, one daughter is Tokumatsu 徳松, another daughter is Fuku 福 (who also was a wet-nurse), another daughter is Ito イト (who also was a wet-nurse), and then Ito's daughter. For examples of treatment for each: Uwa *TTK*, Tenshō 18 (1590).12.21 (4:148); Tokumatsu *TTK*, Bunroku 2 (1593).7.16 (5:334), Keichō 2 (1597).5.15 (7:383); Fuku *TTK*, Bunroku 1 (1592).4.9 (5:50); Ito *TTK*, Bunroku 3 (1594).7.27 (6:118); Ito's daughter *TTK*, Bunroku 3 (1594).7.28 (6:118).
48. *TTK*, Bunroku 3 (1594).12.10 (6:187). Then: *TTK*, Bunroku 3 (1594).12.11 (6:187); *TTK*, Bunroku 3 (1594).12.12 (6:187); *TTK*, Bunroku 3 (1594).12.15 (6:189); *TTK*, Bunroku 3 (1594).12.16 (6:189); *TTK*, Bunroku 3 (1594).12.18 (6:190); *TTK*, Bunroku 4 (1593).12.26 (6:196); *TTK*, Bunroku 4 (1595).1.29 (6:217); *TTK*, Bunroku 4 (1595).2.27 (6:229); *TTK*, Bunroku 4 (1595).2.30 (6:230); *TTK*, Bunroku 4 (1595).3.18 (6:239).
49. For a strong critique of the scholarly construct of the birthing hut, see Hitomi Tonomura, "Birth-giving and Avoidance Taboo: Women's Body versus the Historiography of Ubuya."
50. *TTK*, Tenshō 17 (1589).8.4 (3:261). *Aisuyaku* was a well-regarded contemporary medicine used primarily as a restorative and for easing discomfort. See Yonezawa Yōko, "Sengoku ki no Yamashina ke to iryō to 'kayaku' no keisei," pp. 127-128, note 108.
51. *TTK*, Tenshō 17 (1589).8.20 (3:270).
52. *TTK*, Tenshō 17 (1589).9.13, 9.18 (3:282, 3.285).
53. *TTK*, Tenshō 17 (1589).10.13 (3:295), 10.15 (3:296), 10.18 (3:297), 10.19 (3:298), 10.20 (3:298), 10.21(3:298), 10.22 (3:299), 10.23 (3:300), 10.24 (3:301), 10.25 (3:301), 10.26 (3:302), 10.27 (3:303), 10.28 (3:303), 10.29 (3:304), 10.30 (3:304).
54. *TTK*, Tenshō 17 (1589).11.28 (3:314), 12.1 (3:315), 12.2 (3:316), 12.3 (3:316), 12.4 (3:316), 12.5 (3:317), 12.6 (3:317), 12.6 (3:317).
55. *TTK*, Keichō 1 (1596).10.24 (7:239).
56. *TTK*, Bunroku 3 (1594).6.29 (6:97).
57. *TTK*, Keichō 2 (1597).4.21 (7:363).
58. *TTK*, Keichō 2 (1597).4.18 (7:361).
59. *TTK*, Tenshō 19 (1591).9.4 (4:268), 9.19 (4:273) birth of daughter, 9.21 (4:274), 9.22 (4:275), 9.28 (4:277), 10.5 (4:280) giving a pulse diagnosis, 10.6 (4:280), 10.7 (4:280), 10.8 (4:282) pulse diagnosis, 10.15 (4:285).
60. For example, *TTK*, Tenshō 17 (1589).7.12 (3:248); *TTK*, Tenshō 18 (1590).7.21 (4:87).
61. *TTK*, Keichō 8 (1603).3.9 (12:47), 3.10 (12:48).
62. For more on this, see Goble, "Rhythms of Medicine," pp. 23-26.
63. *TTK*, Tenshō 16 (1588).9.18 (3:124), 9.29 (3:129).
64. *TTK*, Tenshō 18 (1590).2.3 (4:17).
65. *TTK*, Tenshō 15 (1587).9.29 (2:333), 11.4 (2:345).
66. *TTK*, Bunroku 3 (1594).6.12 (6:83) noting that the birth to Ito, the wet nurse of Nishi Onkata's oldest daughter OnHime Onkata, will be this month; *TTK*, Bunroku 3 (1594).7.5 (6:101) asking for medicines; *TTK*, Bunroku 3 (1594).7.6 (6:103) approaching birth; *TTK*, Bunroku 3 (1594).7.9 (6:104), 7.10 (6:105), 7.12 (6:108), asking for medicines; Bunroku 3 (1594).7.16 (6:111) near birth, and the birth; 7.24 (6:116) post-partum not eating. Ito gave birth to at least two more children: *TTK*, Bunroku 4 (1595).9.6 (6:344) noting the post-partum diarrhea of Ito the daughter of OnHime Onkata's OnMenoto; *TTK*, Keichō 4 (1599).11.15 (10:71) noting that Ito, who by this time had become a wet-nurse herself, had abdominal pain after giving birth.
67. *TTK*, Bunroku 4 (1595).2.5 (6:219).
68. *TTK*, Tenshō 17 (1589).6.17 (3:238).
69. *TTK*, Tenshō 17 (1589).12.1 (3:315).
70. *TTK*, Tenshō 16 (1588).1.25 (3:12), 1.26 (3:13), 1.27 (3:13), 2.4 (3:16).
71. *TTK*, Tenshō 14 (1586).4.8 (2:126).
72. I wish to express my gratitude to Professor Yonezawa Yōko of Kyoto Tachibana University for clarifying

the meaning of this term for me during my presentation on the new urban medicine of this era, which I delivered at a joint meeting of the medieval and early modern sections of Nihonshi Kenkyūkai in Kyoto on June 11, 2016.

73. *TTK*, Keichō 2 (1597).12.25 (8:147); for the wife of Hikoshirō the artist, see: *TTK*, Tenshō 19 (1591).12.19 (4:313) and *TTK*, Bunroku 1 (1592).2.8 (5:22).
74. *TTK*, Tenshō 17 (1589).9.13 (3:282).
75. *TTK*, Tenshō 17 (1589).2.28 (3:189).
76. *TTK*, Tenshō 17 (1589).10.1 (3:291), 10.2 (3:291), 10.3 (3:291); *TTK*, Tenshō 19 (1591).12.19 (4:313); *TTK*, Bunroku 1 (1592).2.8 (5:22).
77. *TTK*, Tenshō 14 (1586).7.3 (2:156) through 7.10 (2:160) when the wife has recovered.
78. *TTK*, Keichō 2 (1597).12.24 (8:144-145).
79. *TTK*, Tenshō 17 (1589).12.26 (3:328); *TTK*, Tenshō 18 (1590).3.15 (4:35); *TTK*, Tenshō 19 (1591).5.11 (4:224); *TTK*, Bunroku 1 (1592).9.12 (5:145); *TTK*, Bunroku 1 (1592).9.26 (5:152); *TTK*, Bunroku 4 (1595).8.26 (6:339); *TTK*, Keichō 4 (1599).1.9 (9:136); *TTK*, Keichō 4 (1599).9.1 (10:38).
80. *TTK*, Bunroku 4 (1595).6.6 (6:281).
81. *TTK*, Keichō 3 (1598).7.30 (9:23); *TTK*, Keichō 3 (1598).9.28 (9:66); *TTK*, Keichō 3 (1598).10.23 (9:79); *TTK*, Keichō 3 (1598).12.29 (9:120).
82. *TTK*, Tenshō 15 (1587).3.11 (2:248); *TTK*, Tenshō 15 (1587).6.18 (2:290). In both of these cases, however, other symptoms manifested a few days later. *TTK*, Keichō 3 (1598).6.28 (8:276).
83. *TTK*, Tenshō 17 (1589).12.19 (3:326). The treatment continued for another ten days.
84. *TTK*, Tenshō 15 (1587).1.28 (2:232); *TTK*, Tenshō 16 (1588).12.15 (3:155); *TTK*, Bunroku 1 (1592).6.16 (5:87); *TTK*, Bunroku 1 (1592).7.18 (5:109); *TTK*, Bunroku 4 (1595).3.30 (6:230); *TTK*, Keichō 2 (1597).2.15 (7:315); *TTK*, Keichō 2 (1597).6.14 (7:412); *TTK*, Keichō 3 (1598).2.28 (8:198); *TTK*, Keichō 3 (1598).3.1(8:199); *TTK*, Keichō 3 (1598).4.3 (8:223); *TTK*, Keichō 4 (1599).11.6 (10:68); *TTK*, Keichō 4 (1599).11.15 (10:71).
85. *TTK*, Tenshō 17 (1589).7.25 (3:257).
86. *TTK*, Keichō 9 (1604).intercalary 8.23 (13:37), 8.25 (13:37).
87. *TTK*, Keichō 9 (1604).intercalary 8.21 (13:36), noting treatment for the daughter of Iwatsuru, his *kawaramono* "outcast" odd-jobber.
88. *TTK*, Tenshō 15 (1587).3.11 (2:248), 3.12 (2:248), 3.13 (2:249), 3.14 (2:249), 3.15 (2:250), 3.16 (2:251).
89. *TTK*, Keichō 3 (1598).9.10 (9:54-55).
90. *TTK*, Bunroku 3 (1594).7.24 (6:117).
91. *TTK*, Tenshō 17 (1589).4.3 (3:207); *TTK*, Tenshō 17 (1589).7.3 (3:245); *TTK*, Keichō 2 (1597).10.23 (8:93).
92. *TTK*, Keichō 1 (1596).4.4 (7:66), 4.5 (7:67), 4.13 (7:75).
93. *TTK*, Keichō 3 (1598).9.10 (9:54-55).
94. *TTK*, Bunroku 2 (1593).5.7 (5:421).
95. *TTK*, Tenshō 17 (1589).7.4 (3:245).
96. *TTK*, Bunroku 1 (1592).8.24 (5:135); *TTK*, Keichō 3 (1598).5.3 (8:242); *TTK*, Keichō 4 (1599).7.23 (10:13).
97. *TTK*, Tenshō 16 (1588).10.1 (3:130); *TTK*, Keichō 2 (1597).7.24 (8:27).
98. *TTK*, Bunroku 3 (1594).7.24 (6:116).
99. *TTK*, Tenshō 16 (1588). intercalary 5.20 (3:81).
100. *TTK*, Tenshō 15 (1587).8.28 (2:319), 9.7 (2:323), 9.8 (2:323), 9.10 (2:325).
101. *TTK*, Keichō 1 (1595).8.28 (7:207).
102. *TTK*, Bunroku 2 (1593).1.25 (5:220).
103. *TTK*, Keichō 2 (1597).6.4 (7:403).

104. *TTK*, Tenshō 15 (1587).1.11 (2:225). Wind of the blood 血かせ (血風) is likely an abbreviation for 血虚生風, 'internal wind due to deficiency of blood,' resulting from profuse bleeding, marked by such symptoms such as dizziness and trembling.
105. *TTK*, Tenshō 15 (1587).5.2 (2:272), 5.4 (2:273).
106. *TTK*, Bunroku 4 (1595).9.24 (6:354).
107. *TTK*, Tenshō 16 (1588).4.8 (3:51), 4.9 (3:52), 4.27 (3:63).
108. *TTK*, Tenshō 15 (1587).6.23 (2:292).
109. *TTK*, Tenshō 15 (1587).4.18 (2:265), 4.19 (2:266), 4.24 (2:269), 5.8 (2:274).
110. *TTK*, Tenshō 16 (1588).6.23 (3:96), 6.24 (3:96).
111. *TTK*, Tenshō 19 (1591).9.20 (4:274), 9.21 (4:274), 9.22 (4:275).
112. *TTK*, Tenshō 15 (1587).4.13 (2:263), 4.15 (2:264), 4.18 (2:265), 4.19 (2:266), 4.24 (2:269).
113. *TTK*, Tenshō 16 (1588).1.2 (3:3), 1.4 (3:4).
114. *TTK*, Keichō 3 (1598).12.29 (9:120).
115. *TTK*, Keichō 3 (1598).3.13 (8:209), 3.15 (8:211).
116. *TTK*, Tenshō 15 (1587).11.16 (2:350); *TTK*, Tenshō 15 (1587).11.18 (2:351).
117. *TTK*, Tenshō 15 (1587).11.16 (2:350). For other entries related to Kusakai's wife: *TTK*, Tenshō 15 (1587).11.17 (2:351), 11.19 (2:352), 11.20 (2:252), 11.22 (2:353), 11.25 (2:354), 11.26 (2:355), 11.28 (2:355), 11.last (2:356).
118. *TTK*, Tenshō 15 (1587).12.10 (2:361).
119. *TTK*, Tenshō 16 (1588).5.7 (3:66).
120. *TTK*, Tenshō 16 (1588).6.9 (3:91).
121. *TTK*, Tenshō 17 (1589).9.5 (3:277-278).
122. *TTK*, Tenshō 17 (1589).10.29 (3:304).
123. *TTK*, Tenshō 17 (1589).9.5 (3:277-278).
124. *TTK*, Tenshō 14 (1586) (2:201).
125. *TTK*, Tenshō 15 (1587).7.3 (2:296)
126. See *TTK*, Tenshō 18 (1590).2.21 (4:26) also providing seven packets of *Chōchū-san* 調中散; *TTK*, Bunroku 4 (1595).3.18 (6:239) also providing ten doses of *Kaiki-san* 快気散, for which she paid ten *mon*.
127. *TTK*, Bunroku 3 (1594).7.3 (6:100); Bunroku 4 (1595).4.7 (6:253).
128. *TTK*, Bunroku 4 (1595).3.14 (6:237), 3.19 (6:240).
129. *TTK*, Bunroku 4 (1595).6.28 (6:297), 7.11 (6:308).
130. *TTK*, Keichō 1 (1596).3.16 (7:53).
131. *TTK*, Keichō 1 (1596).5.26 (7:107).
132. *TTK*, Keichō 1 (1596).10.21 (7:238).
133. *TTK*, Keichō 2 (1597).2.27 (7:368).
134. *TTK*, Keichō 2 (1597).5.9 (7:379).
135. She was a member of Tokitsune's Aromatic-Madder-powder gift group [see *TTK*, Bunroku 1 (1592).6.13 (5:85); for this gift group, see Andrew Edmund Goble, "Physician Yamashina Tokitsune's Healing Gifts"], and she participated in at least two *tsūya* 通夜 (all-night observances prior to a family memorial services), such as the seventeenth anniversary of the death of Tokitsune's father, and the 25th anniversary of the death of his wife Kitamuki's father [*TTK*, Bunroku 2 (1593).4.17 (5:266); *TTK*, Bunroku 3 (1594).8.23 (6:132)].
136. *TTK*, Tenshō 19 (1591).12.19 (4:313), 12.21 (4:314), 12.22 (4:314), 12.23 (4:315).
137. *TTK*, Bunroku 1 (1592).1.27 (5:16). *TK*, Bunroku 1 (1592).2.1 (5:18-19).
138. *TTK*, Bunroku 1 (1592).2.8 (5:21-5.22).

139. *TTK*, Bunroku 1 (1592).2.14 (5:24), 2.16 (5:25).
140. *TTK*, Bunroku 1 (1592).5.12 (5:68); *TTK*, Bunroku 1 (1592).6.3 (5:80); *TTK*, Bunroku 1 (1592).10.23 (5:164).
141. *TTK*, Bunroku 1 (1592).12.12 (5:193); *TTK*, Bunroku 2 (1593).1.6 (5:209). For Koito's later treatment, see *TTK*, Bunroku 2 (1593).4.30 (5:276), 5.1 (5:277), 5.2 (5:278), 5.3 (5:279-280), 5.4 (5:280), 5.5 (5:281).
142. *TTK*, Bunroku 1 (1592).12.20 (5:197), 12.21 (5:197), Bunroku 2 (1593).1.6 (5:209). One example is that of the wife of Baian (aka Ōmura Yūko):
143. *TTK*, Tenshō 15 (1587).8.28 (2:319): "From Baian's wife [who had given birth to a son eleven weeks earlier: *TTK*, Tenshō 15 (1587).6.5 (2:285)] I received word that a nearby woman had post-partum abdominal pain and diarrhea. I gave two packets of *Shimotsu-tō* to which I added nut-grass and nutmeg 肉豆冠." *TTK*, Tenshō 15 (1587).9.7 (2:323): "From Baian's wife word that [the person] in the neighborhood has post-partum temperature and shakes. They asked me to help. I sent the medicine from the other day. It is better. Further it is like this. I did a pulse diagnosis. I gave two packets of *Shimotsu-tō* to which I added ginseng, and astragalus. At the late evening they came again to get medicine so I gave one packet of what I had given at an earlier hour to which I added beefsteak plant 紫蘇, and one packet of restorative medicine *Kitsuke yaku* 氣付薬." *TTK*, Tenshō 15 (1587).9.10 (2:325): "I did a pulse diagnosis for the post-partum [patient] near Baian. I gave 3 packets of *Shimotsu-tō* to which I added ginseng, magnolia, nutmeg, and nut-grass."
144. *TTK*, Bunroku 2 (1593).11.2 (5:421).
145. *TTK*, Bunroku 3 (1594).3.4 (6:36), 4.4 (6:50).
146. *TTK*, Bunroku 3 (1594).7.13 (6:109).
147. *TTK*, Bunroku 4 (1595).8.16 (6:334).
148. *TTK*, Keichō 1 (1596).1.3 (7:6).
149. *TTK*, Keichō 2 (1597).11.26 (8:120), 11.27 (8:120), 11.28 (8:121), 11.29 (8:121), 11.30 (8:122), 12.3 (8:126), 12.5 (8:127), 12.6 (8:128), 1.3 (8:158).
150. *TTK*, Keichō 1 (1596).4.24 (7:81).
151. *TTK*, Bunroku 2 (1593).6.6 (5:299).
152. *TTK*, Bunroku 3 (1594).4.20 (6:57), 4.22 (6:57), 4.23 (6:58).
153. *TTK*, Bunroku 1 (1592).2.1 (5:18-19); *TTK*, Bunroku 1 (1592).5.9 (5:66).
154. *TTK*, Bunroku 1 (1592).10.27 (5:417).
155. *TTK*, Bunroku 3 (1594).1.20 (6:13); *TTK*, Bunroku 4 (1595).1.5 (6:204).
156. *TTK*, Keichō 1 (1596).3.16 (7:53).
157. *TTK*, Keichō 2 (1597).2.23 (7:320), 2.26 (7:321).

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