

Giving Birth to a Rich Nation and Strong Soldiers:  
Midwives and Nation Building in Japan between the  
Meiji Period and the 1940s.

Aya Homei  
Centre for the History of Science, Technology and Medicine, University of  
Manchester

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## Introduction

In 1916, in the midwifery journal *Josan no Shiori* Takatsuji published an article titled “*Shin-shin no Kaizen wa Kokka Hukyo no Soseki nari* (Improvement of spirit and body is a foundation for a rich and strong nation). From the Meiji period onwards Japan had been actively searching for the means to modernize the country, exemplified by the slogan *hukoku kyohei* (rich nation, strong soldiers). As part of this scheme, western medicine was vigorously examined and implemented in national policies. Simultaneously high mortality and need of human resources for the nationalistic cause (in the emerging industry in the Meiji period and in the sphere of military) made midwives a target for medicalization. Thus once midwives were medicalized through professionalization they were expected to play a central role in making the country fit for war in the industrial age. Especially during the 1930s and 1940s when countless regulations on population issues as well as maternal and infant protection were enacted (and not coincidentally another slogan *umeyo huyaseyo*, “give birth and multiply,” was promoted), midwives’ role appeared paramountly important. This essay deals with ways in which the birth attendants professionalized and at the same time acted as agents of liaison between the government who attempted to transport the gospel of hygiene (including racial hygiene) and the homes of Japan.

In Japan as almost elsewhere, descriptions of birth culture can be found in the oldest written records (Kunimoto, 1996; Negishi, 1991). Parallel to it is the depiction of technical birth attendants such as midwives (Kunimoto, 1996, pp.262-3). Childbirth and its surroundings, therefore, have been attractive topics among writers for centuries. This has not been the case among the historians of medicine. The social history of midwives has been dealt in academia only in the last two decades (Donnison, 1977). Recently the historiography in the field of midwives is becoming more abundant than ever, yet the intellectual exploration of midwives in various parts of the world has just begun (Hunt, 1999; Boddy, 1998; Vincent-Priya, 1991; MacCormack, 1982). Especially the study of midwives’ contribution to the national policies needs profound scrutiny. My paper attempts to add another geographic area, Japan, into the study of midwives (Takahashi, 1999; Rousseau, 1998).

## From *toriagebaba* to *sanba*, from impure birth to hygienic birth

Midwives today are not only birth attendants but also are partly hygiene makers, social policy makers, home economic makers, and above all, it is the change in the professional of midwifery that midwives won the trust of general public towards their task in helping a birth of a new life to this world and introducing the baby's life (Anonymous, 1937, pp.1-2).

It has been almost 130 years since midwifery in Japan was first recognized as a profession. Midwives had, of course, existed previously on the local level; however, the revolutionary institutionalization of midwifery during the Meiji period greatly altered the characteristics of Japanese midwives and of birth culture in Japan. In fact, midwives were professionalized because they were thought to contribute to the rapid growth of a healthy population for the nationalistic cause of establishing a rich nation with strong soldiers (as in *hukoku kyohei*). As midwives were professionalized, childbirth was transformed from a cultural pollution into a medicalized hygienic practice.

### *Brief history of medicine in Japan*

The nature of medicine in Japan changed greatly during the Meiji period through legalization and institutionalization (Kawakami, 1990; Sakai, 1982). Until the Meiji period medicine in Japan had been predominantly China-derived. Official feudal medicine was *kampo* (of which the Taki family held the authority throughout generations) (Sakai, 1982; Shiba, 1979). Lay medicine as well consisted of an amalgamation of Chinese philosophies and Japanese indigenous beliefs (Sawayama, 1999). This was partly owing to the *sakoku* policy which strictly forbade foreign influence in Edo Japan since its establishment in the seventeenth century.

Yet this did not necessarily mean that Japan was utterly virgin to the medical trend abroad. Japan closed itself to the world except for Holland and China as trade partners. Through Dutch traders in Dejima western medicine, or generally Dutch medicine, slowly infiltrated the Japanese medical scene (Kuriyama, 1992; Bowers, 1980).

When in 1868 the Meiji Emperor was enthroned and the hegemony of the Tokugawa Bakufu was overthrown, the new regime vigorously attempted to incorporate western science including medicine. The Meiji government first implemented British medicine but

less than a year after British medicine was given legitimacy, the government turned its back on it and adopted German medicine (Sakai, 1982). In 1874, six years after the commencement of the Meiji period, the Medical System, today commonly known as the *Isei*, began in 1874. Along with creating the legal platform, the government dispatched young (generally male) doctors and prominent medical students to study abroad in Germany so that they could import the most advanced medical practices. Meanwhile two German military doctors whom the government had invited arrived in Japan in 1871 to teach their medicine at the later Tokyo Imperial University. As medicine became quickly westernized (and Germanized for that matter) throughout Japan, so did the field of midwifery (Steger, 1994). For the first time in history, the central agency began to regulate and standardize what had previously been considered local and non-institutional – the practice of the midwives.

*Midwives' medicalization and professionalization on the legal level*

Dramatically and swiftly, midwifery in the Meiji period became highly institutionalized. On the legal level, the government promulgated the first form of regulation in midwifery in December 1868. According to this, midwives were banned now from selling drugs and carrying out abortion (Kunimoto, 1996, pp.268-9; Ogata, 1919, p.1042). The following midwifery regulations were part of the *Isei* of 1874:

First: The *sanba* must be more than 40 years old and knowledgeable in general anatomy, physiology and pathology of women and children. Students who have acquired certificates from obstetricians or gynecologists under whom they apprenticed (after having performed two normal labors in front of the doctors) are examined and certified to practice midwifery.

Second: Midwives should not treat women if they are handed to obstetricians or physician. However they should carry out their practice by themselves when it is so emergent that doctors do not have sufficient time to come on time. Also midwives are forbidden to use obstetrical instruments. If it is the case, the midwives should report to the office of medical affairs according to the provisional 49 of the rule.

Third: The midwives are forbidden to deal with drugs (Ogata, 1919, pp.1054-5).

1899 was another dramatic year for the midwives because of the promulgation of the *Sanba*

*Kisoku*, or Midwives' Ordinance. According to the script, unlike the pre-1899 period, this ordinance made each prefecture offer a standardized midwifery examination and license. An additional new feature of the Ordinance was the reduced minimum age of midwives. The requirement was lowered from 40 to 20 years of age (Ogata, 1919, p.1712).

The official term that referred to this new type of midwife was *sanba*. *San* means: to give birth to a child; home, place of birth; something produced locally; profit to live on. *Ba* signifies an old woman. Evidence shows that in the pre-Meiji era in some regions of Japan, men performed as birth attendants, but these regulations clearly stated that it was to become exclusively a female occupation (Yoshimura, 1996; Boshi Aikukai ed., 1977). Also at the early stage of regulation the term *sanba* was appropriate because most of the midwives were probably over 40 years old (Ochiai, 1990). Yet the latest midwifery regulation inevitably created more of a new kind of young midwives.

*Midwives' medicalization and professionalization on the educational level*

The Midwives' Ordinance of 1899 enhanced the creation of formal educational institutions. Each prefecture competed to build new midwifery schools around the turn of this century (Ogata, 1919, pp.1715-21). An example is the Urawa Midwifery and Nursing School, founded in 1930. The courses they offered were as follows:

Table 1. Subjects offered at the Urawa Midwifery and Nursing School  
(Est. in 1930)

Subject / Hour of classes	1 <sup>st</sup> semester	2 <sup>nd</sup> semester	3 <sup>rd</sup> semester
Moral Training	1	1	1
Japanese	1	1	1
Mathematics	1	1	1
Regulations			1
Disinfecting	1	1	1
Dissection and Introduction to Physiology	5	3	2
Hygiene and Introduction to Bacteriology	1	1	
Introduction to Pharmacy and Regimen		1	1
Instrumental Technology in Medicine		1	
Instruments	1		1
Techniques in Bandage	1	1	1
Surgical Disinfecting Method, Preparation for			1

Operation and Method to Care			
Massage		1	1
Method to Childcare	1	1	1
Midwifery	5	5	5
Internship			3
Total	18	18	21

Note: The numbers indicate hours of classes per week.

Source: Ishikawa, Kiyohiro. 1999. *Showa Sanba-Kangofu Gakko Monogatari*. Urawa: Ishikawa Kiyohiro, p.27.

Most of the subjects were biomedical, imported from Germany, which then were appropriated by the Japanese.

However those schools at the same time incorporated characteristics that were indigenous. If we again glance at the course we realize that moral training is situated on top of the list of the subjects. Moral training, *shushin*, was set up during the Imperial era to teach students how to behave ethically correct, based on Confucian ideas. Unlike moral training in western nursing and midwifery education that drew on Christian traditions and targeted individual morals, *shushin* taught collective morality – how to be a proper “Japanese.” Mrs. Kobaru recalls in the interview that at school she has studied “dissection... hygienic physiology... and *shushin*.” School was not only the place to acquire western medical knowledge but also where a would-be midwife learned how to behave as a Japanese female professional.

From then on, midwives were actively geared towards the new phase. Once the midwifery institutions were set up, the new midwives slowly replaced the existing midwives (Nishikawa, 1992). The new *sanba* graduated from proper schools in which physicians taught them western medicine, passed the standardized examination, and eventually acquired the legitimate license. Now those midwives would be called *shin-sanba*, “new-midwives” (Ogata, 1919) or *seiyo sanba*, “western midwives” (Rousseau, 1998, pp.79-88). Interestingly enough their very education that made them western while also implanting the idea of the Japanese-ness through moral training. Thus they were young, medical and western – and at the same time, they remained (or became?) Japanese (Picture 1).

### *Toriagebaba and dingy birth*

Up to the beginning of the Meiji period (1868-1912), *toriagebaba*, or *toriagebaasan* were common as birth attendants among the village farmers (Negishi, 1991, p.328). The term *toriagebaba* signifies an old woman who takes or gets something with her hand and lifts it up. However *toriagebaba*'s work was not restricted to mere physical practices surrounding labor. *Toriagebaba* also contained a connotation of the indigenous magic and religion (Kunimoto, 1996; Negishi, 1991; Onshi Zaidan Boshi Aikukai ed., 1977). Evidence suggests that some *toriagebaba* utilized magical objects in case of complicated birth (Kunimoto, 1996; Ochiai, 1990). There are also records which show that the *toriagebaba* were tightly enmeshed in the familial birth ceremonies and rituals (Onshi Zaidan ed., 1977). However, other scholars assert that many *toriagebaba* belonged to the *burakumin*, the lowest group in the Edo period cast system (Steger, 1994). *Burakumin* dealt with what was considered polluting, including blood (Yoshimura, 1996; Namihira, 1985). In fact because of this blood impurity – *chi no kegare* – childbirth used to be a socially shocking and polluting event that occurred in a spatially and socially secluded place (Kunimoto, 1996; Namihira, 1985). Especially in rural areas births took place in unpleasant, dark and dingy locations with the help of the *toriagebaba*. The image of the *toriagebaba* in this context, as the English “handywomen,” was far from positive: old, drunk and unclean (Smith, 1995; Donnison, 1977; Ogata, 1919, pp.1703-7).

### *Dirty birth to clean, sanitized (medicalized) birth done by midwives*

However the newly emerging *sanba* brought new ideas concerning childbirth. They learned how to be *hygienic* through the process of becoming professional *sanba* and then they transformed the physically and culturally polluted childbirth into a hygienic practice. They no longer utilized “magical” objects for successful labor. Instead they introduced the most advanced western medical idea of that time, “disinfecting,” a revolutionary application derived from the germ theory (Rousseau, 1998). In practice the *sanba* used antiseptics and cotton balls to disinfect the mother’s perineum (Picture 2) (Løkke, 1997). Moreover they were equipped with scientific tools so that they could operate hygienic labor thus protected mothers from dangers such as puerperal fever or even death (Picture 3 & 4). A story of Mrs. Kikuchi clearly indicates this very point. Mrs. Kikuchi was a trained

midwife who started to work in a doctor-free village around the 1930s:

The village did not have the “conception of hygiene” that was unbelievable for Mrs. Kikuchi who had worked at a hospital.

‘They would bring a very dirty tub surrounded by slimy matter when I wanted to bathe a baby. That horrified me. In any case I washed and disinfect [the tub] with hot water... I would have felt sorry if this very healthy woman in labor who had never got any disease [in the past] got a puerperal fever, so I thoroughly put the first priority on hygiene.’

In the story of Mrs. Kikuchi, the term “disinfecting” was repeated many times (Miyoshi, 1999, p.37).

In fact, public hygiene, *eisei* in Japanese applied by Nagayo Sensai – was one of the very first concepts the Meiji government incorporated from the west. According to Nagayo who visited Europe and America:

During my visit to England and America I heard the words such as sanitary and health in my research of the medical system. Even in Berlin the term such as *Gesundheitspflege* appeared so many times in conversations... This [concept] indeed depends its source on medicine, it comprehensively includes subjects like science engineering, meteorology and statistics, and it is executed officially...It is called *Sanitäts-wesen* and *öffentliche Hygiene* [sic] and it consists of a important organization in the national administration... Once I determined I should scrutinize [the concept of hygiene], bring it to our country, make it a souvenir as an import of civilization ((Matsumoto &) Nagayo, 1980, pp.133-4).

Cholera epidemics were frequent during the political turmoil from the 1850s to the 1880s. When the cholera spread throughout Japan in 1879, the government immediately promulgated the provisional Regulation for Cholera Prevention (*Korera yobo kari kisoku*), that became official in the next year. A department that dealt with hygiene (*chihou eisei-kai*) was set up in each prefecture, supervised by the central department (*chuo eisei-kai*) in the Home Ministry. The hygiene administration was done by *Eisei-kyoku* (Hygiene Bureau) in the Ministry until the 1930s.

In 1938, having already entered the war, Japan set up a new Ministry – *Koseisho* (Ministry of Health and Welfare). Its main purpose was to improve physical ability of the people. The Home Ministry was to let go of the hygiene administration. Substantial hygiene-related proposals were quickly submitted and enacted. Interestingly enough, those



proposals targeted health insurance, infectious diseases (mostly venereal diseases and tuberculosis), population issues, and maternal and infant health (Sakai, 1982, pp.536-41).

### National policies and midwives in Japan

Especially it is our nation's custom that the treatment of childbirth and infants often times takes place at home. Only a few special people go to the hospital or clinic. Thus the reality is that it is midwives that are involved in these matters. In other words it means that midwives work on the frontline [to determine] the [Japanese] race's prosperity or adversity. It goes without saying how important and vast the midwives' responsibility is. [Thus] I believe that there is no other national existence than midwives (Akiyama, 1941, pp.10-11).

Since the Meiji government was bequeathed hegemony, Japan was geared towards industrialization so the nation could catch up with the western civilization (Oguma, 1998; 1995; Umeda & Sato eds., 1997; Duus, Myers & Peattie eds., 1996). The effort was made so that the whole of Japan was involved in this process under the slogan, *hukoku hyohei* – rich nation, strong soldiers. New industries as well as the military were founded so the ideals would be attained. Among those new industries textile industry was a good example (Tamanoi, 1998; Tsurumi, 1990; 1984b). It played a symbolic role since this industry included so many different kinds of people, such as entrepreneurs, engineers, and young girls almost representing a complete sample of the population.

During this vigorous industrialization the Japanese military gradually won over other social forces through their victories in the Sino-Japanese War (1895) and the subsequent Russo-Japan War (1905), followed by WWI. In 1931 the military attacked China, and from then until 1945 Japan became heavily involved in WWII.

#### *Midwives in the nation*

It has been generally agreed upon that the Emperor played a very crucial role throughout the period. The idea of Japan as a nation state under the throne of Emperor, or commonly known as *ten'no-sei*, was reiterated at all levels of Japanese institutions (An example was the Imperial Rescript on Education of 1890, or *kyoiku chokugo*). In *ten'no sei*, Emperor was not only the political and cultural figure upon whom hegemony rested, but also a

representation of the Japanese race. Genealogy and genesis of the Emperor were emphasized so as to show that the Japanese population were the children of the Emperor, or *ten'no no sekishi* (Ohgoshi, 1997). Midwives in this context were symbolic agents that succeeded the genealogy successfully by bringing a life of the national representation into the world (Picture 5). For example, when the first son of the Showa Emperor (Akihito) was born in December 1933, two midwives were appointed for delivery (Onshi Zaidan Aikukai ed., 1977; Tsugi, 1957).

A more crucial role, moreover, was that midwives were not only the symbolic agency but also the actual actors holding the key for the perpetuation of the nation, since only successful childbirth by the commoners could ensure that the nation would thrive. During and after the 1930s, when WWII started to appear more certain, the additional national slogan *umeyo huyaseyo*, or “give birth and multiply” inevitably required another development in policies. In 1941 the Public Health Nurses’ Regulation was promulgated. Under this regulation, licensed midwives were eligible to acquire the additional public health nurse license and quite a few rural midwives did so (Huston, 1992; Takeda, 1992). In the same year a new policy *Jinko Seisaku Kakuritsu Yomo* whose goal was to increase the birth rate (in decline since 1934) and following which more progressive maternal and child protection regulations were put in place (Sakai, 1982, p.540). Midwives, in the environment of the 1930s, conformed to and supported these national policies through their work. The quality of their professional activities directly affected the national performance (Picture 6).

Writers of midwifery journals were aware of this trend. In the column of a midwifery journal *Josan no Shiori* in November 1938. It reads:

How should the midwives behave under the military regime? Midwives under the military regime must attempt to increase “birth” as their professional duty... [Material and finance wise, it] is believed that we are well capable enough to fight for the prolonged war. However, material itself does not maintain the military regime completely. The most essential, without saying, is the “number of human.” ... “[Make women] bear many strong babies” – this should be the national duty and the professional determination of the midwives under the military regime (Anonymous, 1938, p.2).

Thus among writers for midwifery journals the census report was a recurrent topic. Most of the statistics in the journals included crude numbers (alternatively, rates) of marriage,

divorce, childbirth, stillbirth, and death. A regular census report was published annually, yet other articles on the topic appeared more frequently.

Infant mortality rate was emphasized in the census report as much as the birth rate. Japan, under the shadow of state-promoted childbirth, had suffered from a high infant mortality rate since the Meiji period while in many “civilized” western countries (admired by and competing with Japan) the rate began to decline. Therefore the journal *Josan no Shiori* observed: “we [the Japanese] unfortunately lament that we should humbly accept the fact that we looked as if *uncivilized* due to the considerably high divorce and mortality rates” (my emphasis) (Anonymous, 1921, p.17). Here we can see a link to the effort by both the government and individuals like Nagayo disseminate the concept and practice of *eisei*. The ultimate goal of making birth hygienic was to decrease the mortality rate.

Awareness of the European and American trend in population was particularly noticeable in the census. A report in June 1930 argued that “Nowhere else, not least in Germany, the birth rate supercedes 30[%] and infant mortality rate over 100[% like in Japan]. [Such phenomena] are unheard-of in Germany” (Anonymous, 1930, p.23). The short article in the August 1935 issue of *Josan no Shiori* entitled “*Waga Kokumin no Seimeihyo* (Our Citizen’s Life Table)” compared death rate and longevity of Japan to those of UK, USA, France, Germany and Italy (Anonymous, 1930, pp.31-2). In fact those were the countries whose population news appeared most frequently in the journal. This suggests that these countries were perceived as possible competitors to Japan.

That the Japanese midwives worked for the national slogan of *hukoku kyohei* and *umeyo huyaseyo* and contributed to the nation through their profession resonates with the recent academic discourse on Japanese women during the imperial time (Tamanoi, 1998; Ueno, 1998; 1996). According to this discourse, Japanese women were complicit with the pro-imperial and nationalistic oligarchs although they were the neither direct executors nor generators of the policies. In exchange for this cooperation the Japanese women acquired a set status in a limited environment: as venerated mothers in a haloed domestic sphere. Looking at midwives in this context I realize that they were doubly complicit with the nation: not only were most of them mothers themselves but their practices also enabled the perpetuation of a venerated motherhood.

## Eugenics and birth control in Japan

Increasing a healthy population was high on the agenda in Imperial Japan since 1868. Although some individuals and interest groups had discussed the significance of population management (as in birth control movements and eugenics) the government did not take the idea seriously until the 1930s. When they finally did incorporate the concept in their proposals (and later regulations) they were highly selective.

### *Eugenics*

The term eugenics instantly reminds us of the ethnic cleansing and sterilization campaigns of the Nazi regime:

When we think of eugenics, it is usually not Margaret Sanger or Havelock Ellis who comes to mind but Madison Grant or Adolf Hitler. We do not think of free love and birth control but of compulsory sterilization or euthanasia. Eugenics evokes the image not of Denmark but of Germany (Paul, 1995, pp.133-4).

However, as this passage suggests recent studies of eugenics have revealed that eugenics was neither restricted to Germany nor to sterilization. In fact eugenics was popular science throughout many parts of the world during the early twentieth century, and its discourses were widely utilized by social reformers and state policy makers (Dikötter, 1998; Horn, 1994; Stepan, 1991, Schneider, 1990; Adams ed., 1990). Eugenics embraced what is called today *positive eugenics* as well as *negative eugenics*. According to Otsubo and Bartholomew, “[w]hile ‘positive eugenics’ intended to maximize the procreation of eugenically meritorious stocks, ‘negative eugenics’ tried to minimize the proliferation of eugenically ‘undesirable’ strains” (Otsubo & Bartholomew, 1998, p.547). Historical examinations of eugenics suggest that no country was devoted solely to one kind of eugenics. Nations typically displayed general inclinations towards either *positive* or *negative* eugenics. Eugenics could be found on the political left as well as the right. Moreover, the national stance towards eugenics fluctuated depending on changes in the national interest (Zenderland, 1998; Lepicard, 1998).

In the case of Japan, Lamarckian eugenics generally seems to have been popular among the experts, for Lamarckianism, tightly enmeshed with Social Darwinianism, suggested that a race could be improved through the amelioration of the environment through hygienic

living and education. Thus for the Japanese, who started industrialization much later than the west and were generally considered to be inferior to their western counterparts, Lamarckian and Social Darwinist ideas of eugenics offered an opportunity for their race to improve, climb up the unilinear ladder towards civilization, and finally to be able to join the civilized nations (Otsubo & Bartholomew, 1998; Weiner, 1997).

During the Meiji period eugenic theories were imported to Japan by western intellectuals who taught at the Tokyo Imperial University. Edward Morse (1838-1925), for example, a founding member of the Tokyo Anthropological Society, introduced the Darwinian theory of natural selection.

Obviously the establishment of scientific eugenics in Japan became successful because Japan was actively seeking such ‘western’ knowledge. In fact, the Iwakura mission of 1871-3, amazed by the advanced civilization of the west, was an incentive for the nation to accept and execute the practice of eugenics. Consequentially Japanese intellectuals absorbed, consumed, and introduced western eugenics ideas such as those of Darwin, Haeckel, Herbert Spencer. Fukuzawa Yukichi promoted Galton’s theories (Weiner, 1997, pp.105-6). Yet the eugenic movement in Japan was small until 1924. In that year medical journalist Goto Ryukichi founded *Yuseigaku*, Japan’s first journal that dealt exclusively with eugenics (Otsubo & Bartholomew, 1998, p.554). However eugenic provisions provided by those activists were not of interest to the government until the 1930s (Otsubo, 1999, p.45). Especially the foundation of the *koseisho* was a cornerstone for eugenics. As I have mentioned before, the paramount object at the time of establishment was to raise the citizen’s physical standard. Two laws were enacted during this period that are worth mentioning from the eugenic point of view. One was *Kokumin Tairyoku-ho*, or The National Physical Fitness Law, put into effect in 1940 (Otsubo, 1999). It mandated physical examinations of male minors aged between 17 to 19. The other was the National Eugenics Law of 1941, or commonly known as a sterilization law. This law had the purpose to “improve the quality of the population by preventing people with serious hereditary diseases from procreating while encouraging healthy people to reproduce” (Otsubo & Bartholomew, 1998, p.546).

### *Physicians' involvement in eugenics*

As compared to the trend in the United States, participation of physicians in the Japanese eugenic movement was conspicuous. More physicians than geneticists became founding members of the Japanese Eugenics Association in 1925 (Suzuki, 1975; 1975). The Eugenics Marriage Popularization Society (EMPS), all-female private organization, welcomed Nagai Hisomu (1876-1957), a long time eugenic advocate, as its President. Interestingly he was a physician who was educated in Germany. He also was an important bridge towards incorporating the theories of eugenics into administration. Nagai was one of the most crucial people in the establishment of the National Eugenics Law (Otsubo, 1999; Otsubo & Bartholomew, 1998).

### *Midwives and eugenics*

Moreover male doctors also “disseminated their eugenic ideas among female readers of the EMPS publication *Yusei*” (Well-Born). The EMPS included male medical advisors. In fact generally male doctors contributed articles on eugenics to the midwifery journals. The early articles on eugenics were more inclined towards Lamarckian eugenics, as Mr. Takatsuji asserted in the article entitled “*Shin-shin no Kaizen wa Kokka Hukyo no Soseki nari*” (Improvement of Body and Spirit Is a Foundation to the Wealth and Strength of the Nation):

Recently there are theorists who assert race improvement (*jinshu kairyo*) but that is a total affront. There are numerous races but the Japanese are the Japanese race and so-called Yamato race that means the offspring of gods. Therefore what do those theorists think the [Japanese] race will be [altered]? This is to say that the Japanese will be a barbarian race without the Japanese soul. I have an idea concerning the improvement of the body but when I say the improvement of the body I do not assert to enlarge the physique but to improve a sick free and healthy body... The method, first of all, is ... to take care of hygiene (Takatsuji, 1916, p.27).

From around the 1930s discussions on eugenics in the journals became more frequent and more rigidly framed by arguments of genetic determination. As late as 1936, four years before a eugenics bill was passed, the same journal presented an article written by the scientist and researcher Toru Oka at the department of Zoology of Tokyo University. The title was “*Tsuma wo Erabeba Kono Iden no Hosoku wo Miyo*” (When You Choose a Wife

Watch out for This Law of Inheritance):

The attributes of children are determined around the time when they go to nursery school... power of education is so insignificant compared to that of inheritance. The fundamental of the mal-attributed cannot be changed no matter how much we attempt to educate them (Oka, 1936, p.32).

Finally the sterilization issue came up in the discussion:

Sterilization [is] a paradox and an unreasonable [thing]. It shocks our hearts as a sad event so long as there is a live soul. Nevertheless at once when we [care about] the happiness of all humans, all ethnic groups or citizens, and going further and further and when we desire the happiness beyond the North Bear Star or of the Universe... it appears as if we must resist with great force against the anti-sterilization activists. Sterilization law is a method to kill a small bad bug in order to make the big good bug survive to its best. At last philosophy of sterilization has to hear of the medical sterilization (Anonymous, 1939, pp.1-2).

Nagai Hisomu also contributed a few articles to the journals. He wrote a series of articles in *Sanba no Tomo* entitled “*Nihon Minzoku no Yuetsu-sei*” (Superiority of the Japanese Race). He stated “when I look at the overall qualifications of the world’s distinguished races from the racial hygienic point of view, first of all the population is high. Second the attribute of its race is excellent. Third the blood of its race is pure,” and the Japanese race possessed all of the three (Nagai, 1938, p.17). He gave a eugenical suggestion to the emerging *koseisho* by commenting:

On this important basic issue, it goes without saying that the nation should construct wise policies, and especially the Ministry of Health and Society (*Hoken Shakai-sho*) that is yet going to be established [must] put the central emphasis here, encourage the establishment of the sterilization law, found marriage consultant clinics, or plan for the thorough dissemination of eugenic knowledge, etc. There are so many things to do (Nagai, 1938, pp.17-8).

Midwives were also encouraged to take part in eugenics. They were encouraged to improve maternal and infant health. On the discussion of physical ability within the context of the National Physical Fitness Law (*Kokumin Tairyoku-ho*) a midwife explained midwives’ role on this issue:

From our point of view, I believe that we should greatly consider [these three points. They are]:

Encouragement to women of walking the fields  
Basic and academic dissemination of midwifery  
Relationship between excess and shortage of food and exercise [among women]  
(Anonymous, 1937, p.2).

The midwives as a collective group also were involved in eugenics. A column in August 1939 summarized the answers to the inquiry that the *koseisho* had submitted to the Japan Midwives Association (founded in 1927) on the policies of population growth. There were three answers and the following quote best represented their way of arguing:

Second, no matter how fertile the citizens are, they cannot be helped if they contain civilization diseases. In other words, the nation will perish. Civilization diseases are first syphilis, second schizophrenia, and third chronic lymph diseases. To seek the eradication of these [diseases] *to the nation and to the national families (homes)* – this should be a sincere national concern from midwives' experience... We should call for the eradication of civilization diseases using our authority, [and] we should make it come true (Anonymous, 1939, p.2, my emphasis).

Here it is clear that the Association portrayed midwives as mediators between the nation and its people. Midwives were crucial primary eugenic administrators because they were the medical professionals who kept the closest contact to local women. The midwives who carried out disseminating eugenic ideas successfully were keys for the procreation of the Japanese race. For the imperial expansion and domination of Asia, growth of not only healthy future children but also of the *pure* Japanese was essential. The majority of the ruling classes in the occupied territories did, and would, consist of the Japanese (Young, 1997). Once Japan occupied a land the government dispatched many Japanese farmers to cultivate the land. Thus naturally midwives became again agents of the state who could enlighten reproductive women so the pure Japanese race would be improved eugenically. The following short sentence exemplifies this point:

Above is the statistics of the interior Japan (*Nihon naichi*), but also considering the expansion of our imperial map of new territories such as Taiwan, Korea, and Manchuria we should know how much we need midwives. In other words your development is truly hopeful (Takemori, 1915, p.17).



### *Birth control*

A specific case of eugenics was the practice of birth control. Birth control had been practiced in Japan before the modernization period (Sawayama, 1999; Ogino, 1994; LaFleur, 1992). However the Japanese birth control movement with its political flavor is known to have started when Margaret Sanger visited Japan for the first time in 1922 (Kawakami, 1990). This movement also brought with it a new idea of birth control, that is, incorporating contraceptives. The primary contraceptive that was introduced was a pessary. The movement was heavily based theoretically on Neo-Malthusianism. It is generally perceived today that individuals on the political left – the majority were intelligentsia and/or professionals – were attracted to Sanger’s ideas and led the movement. For instance, Isoo Abe, professor at Waseda University, published *Sanji Seigen-ron* (Discussion on Birth Control) immediately after Sanger’s visit in 1922.

Senji Yamamoto, also commonly known as Yamasen, was yet another crucial figure for the movement, especially in western Japan. He was a biologist by training, and had studied in North America. Unlike other birth control advocates who could not do away with their inclinations towards theory, Yamasen emphasized practice and the improvement of the situation of the proletariat (Kawakami, 1990, pp.378-9). He met with Sanger and Yasuda Tokutaro, another important birth control advocate so they could learn the birth control situation in the west. Yamamoto published a translated book of Sanger’s *Family Limitation* (1915). The title of this book was *Sanga Joshi Kazoku Seigen-ho Hihan* and it came out in 1922. Later he and his friends started the journal, *Sei to Shakai*, or in English *Sex & Society*.

Finally, another central figure in the Japanese birth control movement was Shidzue Ishimoto (Kato) (Hopper, 1997; 1996; Kato, 1984; Ishimoto, 1935). She was born in a prominent ex-samurai family, went to Gakushuin for her education, and married a promising upper class engineering, Ishimoto Keikichi. Shidzue herself claimed that she was inspired to dedicate herself to the birth control movement when she lived in a coal mining town because of her husband’s work. She saw female coal miners who worked in a pit even when their bellies stuck out from pregnancy. Soon Shidzue’s husband sent her to the United States because he wanted her to be “independent.” She learned secretarial skills in New York but more importantly she encountered a life-long friend, Margaret Sanger.

Since then Shidzue has dedicated her life to the issue of family planning.

In contrast to eugenics which was accepted and implemented in law, the Japanese birth control movement was severely punished. For instance, both Yamasen and Ishimoto were incarcerated, as were many other activists. Ishimoto was one of two women and 471 men who were rounded up on December 15, 1937. On that day throughout Japan raids took place against the politically left. Ishimoto was arrested by the special higher police for being a sympathizer of the left and supporter of a “popular front” movement – namely, for harboring “dangerous thought” (Hopper, 1996, pp.95-114).

Although some advocates dedicated their activities to the lives of the proletariat, as Yamasen admitted for his own activities, the movement was situated within a framework of intelligentsia and professionals, and in effect did not reach the general public (McIntosh, 2000; Sasaki, 1979). In fact many of the advocates were incarcerated and their publications suppressed and censored by the government. As the next section will demonstrate for midwives, health professionals directly related to reproduction, birth control activism was unheard-of.

#### *Midwives and birth control movement*

Journal articles written by health intelligentsia for midwives on birth control existed along with the movement. During the 1920s, despite political suppression of the movement, the journals were tolerant of positive comments on birth control. However, when the *umeoyo huyaseyo* propaganda became more apparent birth control came to be condemned:

[Population problem] is not solely our national suffer but commonly shared by each country that participates in the war. In the past there was a movement that controlled birth but the countries that carried it out today receive punishment accordingly. The best example is France. Our enemies, China and the United States, as well as the Soviet Union which our allied Germany is fighting against are the big countries that possess more than 100 million of the population. If we consider this one point, it is basically natural that we put weight on population growth (Akiyama, 1942, p.3).

Despite the fact that journals for midwives did introduce the concept, it seems that many midwives did not know much about the birth control movement of the 1920 as the case of Mrs. Kobaru indicates:

Int.: Before the war, a person called Mrs. Sanger came [to Japan] from America... and she is famous for bringing birth control for the first time from America, but have you heard of her name before the war?

Mrs. Kobaru: No, I don't think I heard [the name].

Int.: Not at all?

Mrs. Kobaru: I might've heard... but I forgot.

Int.: Right. You haven't heard even during the post-war period? Mrs. Sanger...

Mrs. Kobaru: No.

In fact, for midwives birth control started with the post war period, when they became government-qualified family planning instructors (Nomoto, 1998; Inoue, 1996; Nagasawa, 1995; Nishikawa, 1989). As Mrs. Kanda tells us:

Mrs. Kanda: Birth control, well listen, too many children were born during the post-war...so they needed to limit [birth] so we gathered a women's society in each village...when I was in Takarabe [a district in Kagoshima] I went to Kitamata, to Ohkawara, to [even] a rural area like Nakadan' with a town officer to teach how to use pessaries to other birth control instructors...and, here, this is the [certificate to instruct] birth control, family planning... I really did walk around a lot... and then everybody [used the contraceptive] well it diffused and everybody says to me, "if you weren't around how many would I have ended up birthing." "Because of you, I only had three," they say...

Int.: Right, but well pre-war, like twenty years before or so birth control was...

Mrs. Kanda: Ah, there wasn't any.

Int.: Not at all

Mrs. Kanda: There wasn't at all

The pre-war birth control movement thus did not reach to practicing midwives. Partly this may be due to the attitude of the Midwives Association. Fujime's examination of a midwife who dedicated her life to disseminating birth control in a destitute fishing village during the heyday of the birth control movement reveals that the Midwives Association was indifferent, or even cold to her activity. In the end, this midwife, Mrs. Shibahara, was expelled from the Association (Fujime, 1993).

But more crucially, I argue that this phenomenon was derived from the midwives' very role in their professional practices. Midwives unfamiliarity with the birth control movement and post-war appointment of birth control instructors uncover that they were important national subjects and simultaneously convenient agents through whom the *government's version of medical knowledge* concerning reproductive health was conveyed (Nishikawa,

1989). This medical knowledge was not randomly selected, instead, it was carefully designed by the government so it would meet national interests.

### *Hygiene – Gender implication and midwives*

As I indicated in this paper hygiene had been a national pursuit since the Meiji period. Cholera epidemics provided the incentive to found a Hygiene Bureau. Hygiene at this stage targeted the whole Japanese population, regardless of gender. In the sphere of childbirth, however, hygienic practice meant women's activities, for through midwives' professionalization men became generally excluded from the birth culture. On the other hand, the first wave of eugenicists primarily targeted men. Men were considered to spread venereal diseases among virgin women. This had been argued by maternal feminists since the early 1910s. According to Otsubo, maternal feminists were "those who stressed women's capacity to bear and nurture offspring in order to secure social and economic protection from the state for mothers, children, and future children. They envisioned that 'protection' as including shorter working hours, prenatal and childbirth leave, and economic assistance to widows and single mothers" (Otsubo, 1999, p.41).

When the government took up the idea of eugenics during the 1930s it was because young men's physical ability was declining. However the maternal feminists' idea was retained and interestingly we can find the same argument in suggestions by the Midwives Association to *koseisho*. The government's incorporation of eugenic ideas and later the enactment of the two laws, the 1940 National Eugenics Law and the National Physical Fitness Law, were manifests of their intention of raising soldiers. In this environment the following quote could be seen in a midwifery journal:

If [the number of] brave Yamato men and hygienic girls increase, then in case of emergency we could be immediately prepared to fight" (Takemori, 1915, pp.2-3).

The parallel of *brave* men and *hygienic* girls is intriguing. Men were reduced to fighters and women to healthy figures. For women hygienic practice was important for childbirth. For men it was important because they should not contaminate women, and in a later period it would improve their physical ability to be soldiers. Although the forms were different, the aim was the same - to produce good soldiers. And midwives in this frame were the

only health professionals that practically and tangibly guarded and monitored the very first development of the future healthy soldiers. Midwives were crucial for the nation (Kasahara, 1999; Mottram, 1997):

To sum up, our world great development lies in national [population] growth. Moreover, growth of healthy citizens means progress of medicine and hygiene. Therefore our profession is important and great and especially the responsibility of midwifery sisters is never least. Moreover your activity will be the foundation to link seeds (*shu*) in a family and as a result this will lead to make the *hukoku kyohei* – the result of the 100 year-plan of the nation state – come true (Takemori, 1915, p.17).

## Conclusion

My examination of the professionalization of Japanese midwives through eugenic debates and national policies concerning reproduction suggests that policy makers considered midwives important national subjects. Their activities were gravely influenced by national political trends. At the early stage of the Meiji period newly emerged professional midwives learned and introduced the notion of *eisei*, hygiene, to the homes of Japan (Hunt, 1999; Marland, 1992). This was tightly related to the nation's effort to improve through industry and military as exemplified by the slogan, *hukoku kyohei* (rich nation, strong soldiers). In practice, midwives were encouraged to help lowering the infant mortality rate through hygienic practice. Later, during the 1930s the government's need for stalk soldiers directed their attention to the decline of its people's physical abilities, which led to the establishment of the *koseisho* (Ministry of Health and Welfare) in 1938. Then another slogan was promoted, *umeyo huyaseyo* (give birth and multiply), and in this context midwives' role became even more critical. Eugenics was incorporated in national policies. Midwives were the sole health professionals who could and did supervise childbirth, ultimately delivering healthy soldiers. Thus medical knowledge that was acquired by midwives was selected to serve the nationalistic cause and turned into a national version of medical knowledge. I attempted to show this by introducing midwives' unfamiliarity with the birth control movement and their comprehension and practice of hygiene and eugenics. Midwives were implicit agents that linked the government to its public.

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