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Yuki Terazawa’s Knowledge, Power, and Women’s Reproductive Health in Japan, 1690–1945 is ambitious in scope, tracing the development of medical and social control over women’s reproductive health from the late seventeenth century through to the end of the Second World War. Adopting a Foucauldian theoretical stance, Terazawa places this history in the context of the rise of an institutionalized, modern “biopower,” whereby the Japanese state from the Meiji period (1868–1912) onward expanded its reach and power over female bodies. Bringing together the history of medicine and gender studies – an underrepresented line of inquiry in English-language scholarship on pre-Meiji Japan – the monograph is valuable for its exploration of female reproductive health over an extended period. By virtue of this approach, it is able to throw into relief the shifts in power, control mechanisms, and actors involved in regulating female reproduction across the centuries.

Chapters 2 and 3 are dedicated to the early modern period (1600–1868) and provide two case studies of the dominant medical paradigms in seventeenth- and eighteenth-century Japan, respectively. The first centers on Fujin koto-buki gusa (1692), a manual on pre- and postpartum care representative of the Neo-Confucian, Chinese-style medical thought that dominated in the early Tokugawa period. The microcosmic reproductive body in this style of medicine was closely linked with Confucian notions of morality and family ethics, in which Terazawa detects the early modern starting point for the disciplining of reproductive female bodies and their proper, virtuous conduct at the hands of male physicians. Specialists in early modern medical history, however, may be disappointed that discussion of the broader set of early modern, lay-oriented health cultivation texts dealing with female and infant health is limited to its best-known proponent, a choice no doubt motivated by pragmatic concerns for space and representativeness. Extending the scope to other, lesser-known works would enable further elaboration of the picture in future research.

Chapter 3 brings the reader to the eighteenth century and a shift away from cosmological concerns toward empiricism, with the body increasingly viewed as a concrete object to be investigated through the physician’s observation and touch. Within this context, Terazawa explores the rise of the Kagawa school of obstetrics, which rose to prominence with its invasive methods, using specially designed tools such as hooks and loops during complications in childbirth. In Terazawa’s account, this hands-on involvement during delivery marked a new
level of male physicians’ control over the female body that stood in stark contrast with the Chinese-style doctors who had previously limited themselves to noninvasive and often nontactile methods such as herbal concoctions and acupuncture, leaving physical contact with parturient women to midwives as birth technicians. In this sense, male doctors progressively encroached on the professional domain traditionally reserved for female birth attendants – a gender dynamic that is woven into Terazawa’s narrative. Interestingly, Terazawa notes that a small number of women trained as obstetricians at medical academies during the late Tokugawa period, although she does not explore their activities further. The reproductive knowledge presented in the early modern portion of this book ultimately remains purely that of male doctors.

Chapters 4–6 tackle the Meiji period and early twentieth century, when organized medicine was overhauled along Western lines and a public health bureaucracy established. Terazawa locates the rise of biopower for the purpose of reproductive surveillance in the context of new public health regimes and particularly in the resulting collaboration between the state and scientific medicine. Unlike in early modern Japan, when existing efforts by the shogunate and domains to control female reproduction through measures such as pregnancy registration remained largely separate from the ongoing medicalization of childbirth, Terazawa considers the true mark of biopower to be the collusion of government and the medical profession that developed from the Meiji period onward.

Chapter 4 focuses on the so-called “new midwives” licensed in European-style obstetrics, which became the exclusive state-sponsored system in the Meiji period. To Terazawa, these midwives represent central agents of the state’s reproductive biopower due to their modern “hygienic” practices; in addition to antiseptics and cleanliness, these included data collection on pregnancies for national statistics and health policies, the policing of mothers through regular pre- and postnatal care, and a pronatalist stance fueled by a nationalist mission to produce healthy children for the nation. Of interest is Terazawa’s use of ethnographic sources to give voice to the midwives and expectant mothers, providing a glimpse of the uneven and not always smooth diffusion of modern health practices on the ground.

Chapter 5 explores how schools and women’s magazines contributed to the further dissemination of scientific and eugenic discourses of female health at the turn of the twentieth century. The discussion here somewhat deviates from the book’s titular theme of reproductive health, straying into related areas of women’s physical education and clothing reforms. The final chapter is dedicated to developments from the 1920s to the end of the Second World War,