
The Development of Urban Medical Culture during the Transition From the Medieval to the Early Modern Era

Andrew Edmund GOBLE*

Keywords: urban medicine, women, Ōsaka, Kyoto, Honganji

Explanatory Note

The research meeting upon which this Special Number is based was held on June 11 2016 as a joint meeting of the medieval and early modern sections of The Japanese Society for Historical Studies (*Nihonshi Kenkyūkai*). The meeting was held in the meeting room of the Japanese Society for Historical Studies (located in the Kikanshi Kaikan building, Kamigyō-ku, Kyoto).

The main presentation (in Japanese) was Professor Andrew Edmund Goble's "Chūkinsei ikōki no toshi ni okeru iryō bunka no tenkai – 'machi i' Yamashina Tokitsune to Tenma, Rokujō Honganji jinai wo chūshin ni (The Development of Urban Medical Culture in the Medieval and Early Modern Transition Period – Focusing on the Town Physician Yamashina Tokitsune and the Honganji Temple Towns of Tenma and Rokujō)." This was followed by comments from Senior Researcher Dr. Umihara Ryō (Sumitomo Historical Archives) and Prof. Hiroshi Niki (Osaka City University). Goble's presentation was on an area of research which has been virtually unexplored by Japanese scholars. His research is well supported by close reading of materials and offers a new perspective. It is a significant contribution to the field.

In response to the presentation, there were lively discussions around such topics as the social bonds surrounding medical treatment and the provision of medicines, and both the general and more particular characteristics of urban society that we find in the temple districts. For reference, the report on the proceedings of this meeting may be found in *Nihonshi Kenkyū* (*Journal of Japanese History*), Number 651 (November 2016), pp. 79-80.

This Special Number is based on an English translation of Goble's revised original presentation for the above meeting of the medieval and early modern sections, and the comments from Dr. Umihara and Prof. Niki.

Introductory: Purpose

This paper has four main goals. The first is to introduce the study of the medical culture of the late sixteenth century. The second is to indicate, using the example of Honganji temple towns in Ōsaka and Kyoto, the availability of medical treatment and medicines for urban residents. The third is to touch on the relatively unstudied issues of family medicine (medicine for and in families), and on the health support networks for females. The fourth is to suggest the new position of medical treatment and of medicines in urban daily life and urban culture.

1. The Study of Sixteenth Century Medical History

Let us note, first, the types of sources available for the study of medical history; second, the broader contours of research into sixteenth century medical history; and third, the new area of research introduced by this paper. For sources and work mentioned or alluded to in this section, please refer to the Appendix, "Guide to Sources and Research on Sixteenth Century Medical History."

There are three main types of sources used in the study of sixteenth century medical history. The first type of source is medical and pharmaceutical texts. Among these, those texts authored by the Manase school (which was

* Ph.D., Professor of Japanese History and of Religious Studies, 1288 University of Oregon, Eugene, USA
E-mail: platypus@uoregon.edu

largely responsible for establishing the Kanpō medicine of the Edo era) are particularly highly regarded, and have been much studied. Only recently has attention begun to be paid to texts produced outside of that tradition. Also awaiting comprehensive study are the very many works on wound medicine (more broadly, the area of external trauma injury) which were produced in response to the needs of the warfare and chaos of the Sengoku Warring States era, and which appear to constitute the major portion of the medical texts produced during this time. The second type of source is the genre of diaries. While most diaries tend to have fragmentary references to illnesses and medicines, reflecting the interests and experiences of the diarist, some diaries – such as the *Tamon'in nikki* of the priest Eishun, the *Tokitsugu kyōki* of Yamashina Tokitsugu, the *Tokitsune kyōki* of Yamashina Tokitsune, or the *Uwai Kakuken nikki* of Uwai Kakuken– have considerable information on matters medical. The third source is more of a catch-all category which includes such things as visual materials (for example, the *Ihon Yamai no zōshi*), literary works, and documents and letters (sources for western Japan are particularly rich in this regard).

Research on sixteenth century medical history to date also may be divided into three groups (for greater detail, please see the Appendix). The first of these is bibliographical study of medical works (including Ming era Chinese medical texts). The main focus of study has been the medical texts of the Manase school, which material constitutes a major part of the heritage of modern-day Kanpō traditional Japanese medicine. The analysis and interpretation of these texts requires considerable technical knowledge of Kanpō medicine itself, and it appears that most of the researchers in this area are themselves specialists in Kanpō medicine. It is fair to say that it is a particularly challenging area for historians otherwise to engage with any confidence. The second area of research is studies which aim to reconstruct the medical environment and the historical context of the time. Such studies examine a wide variety of sources, and confirm and clarify such things as: the range of illnesses of the time; terminology; medicines and prescriptions; pharmacological resources and materia medica (both domestic and imported); the fields and areas of medical specialization; and the teachings and lineages (schools, traditions) related to medicine and pharmacology. While such studies are fundamental, it appears that apart from the overviews provided by such authors as Hattori Toshirō and Shinmura Taku, or in the edited collection published recently under the auspices of the Kyōu Shooku of the Takeda Science Foundation, most of the studies are topic-specific endeavors. As a result such things as a general sense of what we might characterize as “the field,” or the identification of a broader range of research topics, have been slow to emerge. The third area of research addresses topics related to ‘medicine and society,’ the ‘medical culture of society,’ or the ‘social history of medicine.’ Reflecting perhaps a to-date fundamental separation between the fields of medical history and of history more generally, this type of research is a relatively recent phenomenon (see for example the studies by Goble, Miyamoto, Shimokawa, Tabata, and Yonezawa noted in the bibliography and the Appendix), and tends to be engaged in by scholars whose initial training has been in the broader areas of the social science or humanities rather than by scholars whose initial training was in medicine (cosmopolitan or Kanpō traditional; physicians, pharmacists, acupuncturists). Another point worth noting is that, even though there are some sources that provide much information on interactions between doctors and patients (such as the *Tokitsugu kyōki*, or the *Tokitsune kyōki*), and which are rich resources for researching issues of medicine and society, scholars have tended not to utilise them to investigate topics related to medical history, but rather as sources for such topics as urban history, food history, economic organization, or social morphology.

This paper will offer a new direction in research. The main source will be the diary of Yamashina Tokitsune (1543-1611). The diary is extant for the years 1576 to 1608. Though the years prior to 1586 are fragmentary, the years from 1586 are nearly complete, and with some lacunae provide daily entries for at least 7,000 days. Usefully, that period and those entries chronicle Tokitsune’s daily interactions for at least fifteen years as a physician providing treatment to both commoner and elite members of the urban Honganji temple districts in Ōsaka (1586-1591) and in Kyoto (1591-1601). I hope to shed light on the role of medicine in urban society, and to illustrate some ways in which medicine became a new constituent element of urban culture. The paper will draw many of its examples from social groups – women, children, and families – whose experiences have not been greatly studied, even though they were significant elements in urban society.

2. The Honganji Context

In order to acquire a broader sense of where medical treatment was positioned within urban society, it is important to have an understanding of the context or environment within which medical activity occurred. Accordingly, let me touch briefly on some elements of the Honganji urban space.¹

The Honganji *jinai* temple districts in Ōsaka (Tenma) and in Kyoto (Rokujō) were compact areas crisscrossed by streets and laneways.² At a casual pace it takes at the very most about one hour to walk around their perimeters. Even for children it would take no more than half an hour to walk from the eastern boundary to the western one, and perhaps the same time to walk from north to south. There was thus not a great distance between the residences of patients and that of a doctor such as Yamashina Tokitsune who, as far as we can tell, lived close to the center of the temple district. Accordingly, medical treatment was readily available in terms of both distance and time, with patients and doctor being on average perhaps no more than 500 meters or 15 minutes away from each other.

As to the human space, the *jinai* temple districts were multi-dimensional. In terms of population, while we have no precise figures, we may be on safe ground in estimating that between 4,000 and 6,000 people resided in each of the *jinai*. The population was composed of such groups as: the Honganji leadership and administrative officials such as the Shimozuma families; *ikkōshū* believers and religious figures responsible for ceremonial and worship activity; visiting or sojourning members of provincial congregations from such places as Bungo or Tajima; people engaged in the at least 50 different occupations and trades that have been identified, and whose activity met the daily needs of the population, as well as engaging in some measure of production for markets outside the *jinai* district. Another way of describing the population is to note that it contained the religious leadership; administrators of the urban space; wholesalers; people engaged in service industries such as operators of bath-houses, hairdressers, or doctors; specialist sellers of such things as utensils, foodstuffs, or materia medica; a less specialized population of day laborers; householders and landlords who owned property; and renters of spaces to live and spaces to work (with some spaces serving these dual purposes).

In addition to variation in the social, occupational, and economic aspects of the population, we also note variations in the size and composition of the fundamental social units of the family and the household. What is most evident is that there was no standard household. Among the many examples we find in Tokitsune's diary, let us note the following three. First, the household of Lady Nishi (1562-1616),³ partner of Kōshōji head Kenson Satchō (1564-1599, by whom she had four children), was comprised of close to 30 people, most of whom were female: herself, her children, the children's wet-nurses, the children of some of the wet-nurses, and various attendants.⁴ Second, the Itami Akuzō family, which was comprised of around 11 people in several generations: parents, children, grand-children, and a wet-nurse.⁵ Third, the family of an unnamed *tatami*-maker appears to have been a two-generation nuclear family: two parents and three children.⁶ We may also make another point with respect to "household." Namely, since it has been suggested that some renters of living space may have in fact been employees (servants, apprentices) of the people from whom they rented space, then for practical purposes such people might also be counted as household members.

A final element in the Honganji space was the psychological space, or, more generally, the ethos of the *jinai*, which was underlain by a normative sense of mutual assistance. At the most basic level, members of the Honganji *jinai* were adherents of Pure Land Buddhism, the teachings of which stressed the "assistance of the other" (*tarikī*). At its core, the *jinai* community was a self-conscious community which valued collective bonds and enjoyed a shared identity which strengthened those bonds. Moreover, those attitudes were constantly reinforced by the social turbulence of the time: the Honganji *jinai* was an internally self-governing community of refuge which looked to itself for assistance and protection.

3. The Provision of Medical Treatment: for Family, and for Non-family

By the mid-sixteenth century we have evidence, from both visual sources (most visibly in scenes in *Rakuchū rakugai zu* screens)⁷ and documentary sources, that some doctors at least operated what we can identify as treat-

ment clinics for patients from all walks of life, and which were not just facilities for leading members of society. We might also assume that priest physicians based in such locations as the Daitokuji complex also operated some sort of treatment facility on temple grounds. However, there is no evidence that these clinics – which are distinctive urban phenomena – provided any type of hospice or in-patient care. Rather, while it is clear from Tokitsune’s records that patients made visits to the doctor (and likewise that doctors made house calls to patients), it appears that most of the actual attending to and nursing of the ailing within the *jinaï* occurred where the patients themselves were residing (in family homes, rented accommodation, or even temporary lodgings). It is also evident that travelers to the *jinaï* who were taken ill were also nursed by residents of the *jinaï* rather than by physicians. A further point is that it is likely that females rather than males were responsible for this care. Tokitsune’s record provides a great deal of information on the rhythms of care for the ailing, so let us look at some examples.

Our first example concerns Lady Nishi. She was also a sister-in-law of Tokitsune, who was her primary physician for close to two decades. Most of the more than 4000 entries on Lady Nishi in Tokitsune’s diary refer to her medical condition and the treatment provided to her. This makes her the earliest Japanese historical figure whose medical history can be charted in long-term detail. We thus have ample information, and many examples to choose from. Here I will look at one illness episode, and use it as representative of the type of treatment and health-care to which she had access.

In 1597, for a period of about seven weeks, Lady Nishi received treatment for a series of symptoms.⁸ It is not clear what specifically ailed her, but although Lady Nishi received regular and routine health care prior to and subsequent to this period, it appears as a distinct episode. During this period Tokitsune himself suffered a bout of malaria which laid him low for nineteen days, during which he provided some medicines but was unable to provide her with treatment. It is possible that Lady Nishi received treatment from other physicians (perhaps from at least one of those who treated Tokitsune for his malaria), but such treatment is not recorded by Tokitsune. In any event, for the times when Tokitsune was able to provide treatment, he visited her at least 27 times, gave her a pulse diagnosis 12 times, and provided medicine to her at least 23 times. As physician he obviously played a major role in her health care, but it is also apparent that lady Nishi herself was very involved in her own health care in her own residence.

Like other of Tokitsune’s patients, Lady Nishi provided him (on at least two occasions) with written descriptions of her symptoms. As Tokitsune records:⁹

I received someone coming from Nishi Onkata to get some medicine, and there was a memo. It mentioned that just below her rib cage, and her lower belly is a little painful, and her muscles hurt up to the top of her shoulders, she has a slight headache, and she is feeling a little faint; and her stomach is hurting. I sent two packets of *Ninjin chōkō-san* to which I had added Bur-reed and Notopterygium.

In her second memo, Lady Nishi additionally asks for medicines:¹⁰

I had a request from Nishi Onkata for 10 doses of *Aisuyaku*, 10 doses of *Ninjin chōkō-san*, and 30 doses of *Kaiki-san*. Someone came to pick it up. In the evening someone picked up decoction medicine. There was also a memo: Item, inflammation in the throat; Item, hips, feet, and stomach hurting; Item, mouth feels bad; Item, don’t have much energy; Item, my *ki* itself is afflicted. So in addition I provided two packets of *Kakkō shōki-san* to which I had added Dwarf lily-turf, Hogweed, Aloeswood, Bur-reed, and Kamakura saiko.

On another occasion, Lady Nishi sent along a general record of her health, which she had been keeping, to which Tokitsune was able to refer when prescribing her medicines. And in addition to asking for medicines, Lady Nishi took an active part in preparing her own medications. She borrowed a medicine board and a cutting knife from Tokitsune with which she could prepare materia medica for her prescriptions (she had done so on other occasions also, and had also borrowed a medicine grinder *yaken*, so this present instance was not an unusual one). And, as she seems to have done regularly, she asked Tokitsune to send her the materia medica that she would need. She also had him purchase items from a pharmacist on her behalf. And, since Lady Nishi paid in cash for her ingredients, and was

provided by the pharmacist with a purchase account record for this purpose, this suggests perhaps that such interactions were routine rather than unusual.

We may expect that a highly-placed adult such as Lady Nishi would be able to receive good treatment, and would be well cared for in her large household. However, it is also apparent that many others, from a variety of social levels, also readily received treatment, and were cared for by those around them. Let me give three examples.

The first example is treatment provided to a family member, a six year-old daughter of one Shimozuma Saishō, in the seventh and eighth months of 1597.¹¹ The daughter suffered a series of symptoms related to enteric ailments, the most serious of which was an attack of sunstroke (*kakuran*). For almost every day during the most serious part of the attacks her parents sent people to inform the doctor of her condition (sore stomach, attacks of diarrhea, or vomiting worms), to request or pick up medicines, and to accompany the doctor to their home so that he could provide treatment. Tokitsune routinely performed a pulse diagnosis, and then provided medicines, which he either brought with him, or compounded on the spot. It is evident that the family monitored the daughter's condition, and ensured that she received treatment, on a daily basis for an extended period.

The second and third examples are instances when *jinai* residents assisted non-family members, and who were not (in contrast to the above examples) already patients of Tokitsune, in getting medical treatment. In the first instance (and our second example), taken from the fifth month of 1587, the rice-merchant Mago Zaemonnojō and his family provided assistance to an elderly nun, who was visiting Honganji as a pilgrim from Bungo province. It appears that she was travelling alone, staying in rented lodging, and had become ill. Mago took it upon himself to contact Tokitsune and request that he go and give the nun treatment. Over the subsequent three weeks Mago, or someone connected to him, visited Tokitsune to request further visits or to pick up medicine. Tokitsune sent medicines himself, and also made further house calls to check on the nun's condition until she recovered. Then, after giving Tokitsune some money for her treatment, she returned to her native province.¹²

Our third example, and second instance of helping a non-family member, is taken from the twelfth month of 1597, and concerns the post-partum wife of a Honganji urban official.¹³ It transpires that the post-partum wife had initially been provided with some medicine by an unidentified individual, but that it was ineffective, and she had been vomiting and was seriously afflicted. After a week or so the husband's acquaintance contacted a woman in service with Lady Nishi, who then contacted Tokitsune, who then made a house call, providing a pulse diagnosis, and medicines. Twice again that day Tokitsune responded to their requests to provide additional medicine. This is a one-time entry, and we learn no further of the matter; but we may assume that this was because Tokitsune's medicines had proven effective – after all, he had provided emergency medical treatment, and surely would have been asked again if it had been necessary.

It is useful to observe that medical treatment was provided in these cases because a chain of intermediaries knew that it was possible for treatment to be provided, had some sense of who in the community they could contact in order to effect that, and because the physician was prepared to give immediate and urgent treatment. It is also worth noting that there is no reference to discussion of or concerns about payment, or amount of payment, prior to treatment.

In short, the above examples suggest that medical treatment was readily available to virtually anybody in the *jinai* community, and that both family and non-family members actively participated in the provision of that treatment (and, of course, the nursing of the ailing).

4. Evidence of Female Health Support Networks for Women: Using Examples for Treatment and Care of Prenatal and Post-partum Women

Prior to the seventeenth century there are very few written sources, apart from medical texts themselves, which shed light on one of the core social and medical concerns of communities, families, and, obviously, of women themselves: namely, reproduction and childbirth. Fortunately, Tokitsune's diary provides a wealth of information on prenatal and post-partum medical concerns; on the treatment that was available to women; and in some measure on the care extended to them by family, neighbors, and acquaintances. Since this information has not been examined

Table 1. Reporting of prenatal and postpartum concerns to Yamashina Tokitsune.

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 combined断産産後合格	92	50	42
Total Prenatal and Post partum combined	137	73	64

Source: *Tokitsune kyōki*.

by scholars previously, here I will touch on some aspects of the experiences of prenatal and post-partum females. I will pay particular attention to the evidence of female health support networks.

Tokitsune provides information on at least forty-five patients who received medical treatment for prenatal symptoms, and on at least ninety-two patients who received care for post-partum symptoms (the post-partum cases are referred to by two terms, *danzan* and *sango*;¹⁴ Tokitsune notes thirty-two instances of *danzan*, and sixty instances of *sango*). For prenatal cases, most of the time we do not learn of specific symptoms beyond the fact that the woman was prenatal, but there are references to such things as bleeding in the seventh month of pregnancy, bloatedness, stomach pain, pain in the lower abdomen, and sore tendons in the hands. We also learn from these cases that at least some number of prenatal women were provided with lists of foods which were to be consumed or avoided while pregnant (*taizen kinmotsu sho*, or *kinkōbutsu sho*),¹⁵ and kept records of their prenatal medical condition (*sanzen shorō mokuroku*)¹⁶ which they provided to the doctor when seeking treatment or medicines. We also learn that they might also request medicines that would facilitate an easy birth.

Post-partum concerns are mentioned twice as often as prenatal concerns. As with prenatal concerns we often learn simply that the woman was afflicted post-partum, but in a higher proportion of the cases we also learn of the specific symptoms. One of the common concerns was that the placenta (afterbirth) had not been expelled, and so treatment and medicine was frequently requested for this. Treatment for post-partum symptoms generally appears to have been sought in the first week after giving birth, but there are also references to post-partum symptoms being experienced up to one month later. Among the symptoms mentioned are sore hips, dizziness, headache, vaginal bleeding, sore bottom, fever, diarrhea, delirium, constipation, bloating, profuse urination, and unceasing urination.

In addition to providing information on symptoms and medicines, these prenatal and post-partum cases also shed great light on the support that women received from those around them. At one level this is to be expected, since, as noted earlier, health and hospice care was provided in households and was not provided per se by doctors. In addition, information regarding prenatal, natal, and post-partum conditions, and advice pertaining to such, appears often to have come from female acquaintances familiar with those issues. However, Tokitsune's record permits a more detailed appreciation of the contours of such. Let us begin with the issue of who contacted the doctor on behalf of the prenatal or post-partum woman.

As we can see from Table One, information on the condition of prenatal women was conveyed to the doctor about half the time by a family member (this could include the woman herself), and about half the time by someone who was not a family member (a neighbor, or an acquaintance). Information on the condition of post-partum women was conveyed more often by family members than by non-family members, but not by a substantially different proportion. From this, it is evident that concerns about the health of prenatal and post-partum women were shared not just by immediate family members (as we would expect), but also were shared by a wider circle of acquaintances who were informed of a woman's general condition and who were prepared to seek medical assistance on her behalf. And, while a fuller breakdown awaits, it seems that it was common for women rather than men to convey information to the doctor. In short, we may posit the existence of a women's health support network (by women, for women).

Let me give some examples of how this might work. One case is that of the wife of the noted figure Ōmura Yūkō. In one instance the wife informed Tokitsune that "a post-partum woman in the neighborhood has abdominal pain and is suffering from diarrhea," and requested that he go and give her treatment. It so happens that Ōmura's wife had herself given birth just ten weeks earlier, and so we might assume that she not only knew directly what

the post-partum experience might be, but that she and the woman likely had exchanged information regarding their common condition. Then, nine days later, Ōmura's wife again informed Tokitsune that the woman needed treatment – this time for fever and shakes – and asked him to send medicine; which he did, and he was later informed that she had recovered.¹⁷ Obviously, Ōmura's wife was monitoring the other woman's condition on a daily basis, and had taken it upon herself to ensure that the woman was provided with medical attention.

A more extended example is provided by the wife (we do not know her name) of the artist Hikoshirō, who appears in Tokitsune's diary over a period of at least six years in the 1590s.¹⁸ She had become Tokitsune's patient when she requested treatment post-partum; she subsequently became a regular patient, as did her husband, and her children. However, Hikoshirō's wife is most often recorded by Tokitsune when she acts on behalf of others to ensure that they get medical treatment. For example, she informs Tokitsune that one of her acquaintances requires treatment because her placenta had not been expelled; she informs him that another neighborhood woman requires treatment because she has post-partum chest pains. We also have a number of references that indicate that Hikoshirō's wife also took care of children in the neighborhood: sometimes she sends neighbor's children along with her own to receive treatment; other times she accompanies neighbor's children for treatment; and on yet other occasions she accompanies other parents and their children and introduces them to him so that they might get treatment.

It is also clear that the activities of Hikoshirō's wife on behalf of others (particularly women and children) were not occasional, but that they were part of her daily routine over an extended period of time. The best example of this relates to her actions on behalf of the wife and family of one Minoya Yojūrō, who appears to have been a neighbor. She is noted over the years as doing such things as: taking their children to appointments with the doctor; making sure that the wife received medicines and treatment when she was pregnant; informed Tokitsune that the wife was nearing birth and needed attention; obtained medicine for her when she was ailing otherwise; and was the intermediary who brought post-partum medicine from Tokitsune so that the wife could then send it to her pregnant younger sister who lived some distance from Kyoto and was preparing for her child's birth.

These examples, which are representative of the type of information that we find throughout Tokitsune's diary, attest to the existence of long-term female health support networks. Women – friends, neighbors, and of course family members – were in constant contact with each other, and monitored the health of each other and of their families. And, as this was a regular part of daily interaction over extended periods of time, we might also assume that knowledge of illnesses and medicines was shared among them, and came to constitute a fund of communal knowledge, experience, and advice for women.

5. Knowledge of Medicines in the *Jinai* Community

Let us now look at medicines themselves, and at the knowledge of medicines and prescriptions of the *jinai* residents. As we shall see, this knowledge was extensive, and was a part of daily life.

Our first point to note is that materia medica and medicines were readily available in urban areas. Various visual sources from the medieval era – such as the *Shokunin Utaawase*, *Fukutomi Zōshi*, or the Funaki version of the *Rakuchū Rakugai zu* – suggest that pharmacists and pharmacies were part of the urban scene, and that over time not only did the business of supplying materia medica and medicines become more settled, but also that the number and variety of prepared medicines (in contrast to individual medicines which were compounded upon demand) increased. Documentary sources suggest that by the latter part of the sixteenth century the business of supplying and marketing pharmaceuticals and medicines, and the networks which facilitated this, were well-established. In this regard we might note such examples as: the trading city of Sakai, home to Japanese and Chinese merchants specializing in the importing and dissemination of materia medica; the Aki family of physicians in Kyoto whose proprietary right to market their pre-partum post-partum medicine was acknowledged by the Muromachi bakufu in Kyoto;¹⁹ or the Tachibana family, with strong connections to the Echizen Honganji organization, which had been granted exclusive marketing rights for their compounded medicines throughout Echizen province.²⁰

Tokitsune provides us with even more useful information on pharmacists. Tokitsune himself maintained long-term relationships – for over a period of twenty years – with pharmaceutical suppliers when he was residing in

both the Tenma Honganji in Ōsaka and in the Rokujō Honganji in Kyoto. We learn the names and locations of the pharmaceutical suppliers; that they supplied the materia medica on the basis of both immediate cash payments and on credit (Tokitsune not infrequently notes that he had received the materia medica but had “not yet paid for it”); and that Tokitsune, some of the patients on whose behalf he purchased medicines, and the pharmaceutical suppliers, seem to have kept account books that listed the kind, amount, and price of the materia medica involved. Finally, Tokitsune gives us a sense of the range and scale of the materia medica supply industry. The contemporaneous wound medicine text *Geryō saisan* lists up to 400 items of materia medica, many of which are referred to by their colloquial Japanese names; by contrast, Tokitsune mentions only around 150 different items, and refers to them almost exclusively by their Sinitified names. One reason for the difference in the number and in the nomenclature may have been that Tokitsune obtained most of his supplies from commercial pharmacists, and very few from the natural environment (some items, however, he seems to have grown in his own garden) or casual suppliers. Accordingly, while we do not know if at any one time 150 items would have been in stock with a given pharmacist, we may reasonably infer from Tokitsune’s information that at least 150 items of materia medica were commercially available.

Let us now look at the number and range of prescribed medicines. Tokitsune lists by name around 135 formulas, but it seems that the actual number of medications prescribed by Tokitsune was higher than this. On the one hand, depending upon the condition of the patient and the symptoms, basic formulas were routinely modified: when the medication was given subsequent to the initial prescription, it was common for the ingredient amounts to be adjusted, and also not uncommon for items of materia medica to be added to or subtracted from the prescription. On the other hand, Tokitsune often prescribed medications that had no name but which he had himself compounded based on his sense of what was an appropriate medication for the symptoms.

Medicines themselves may be divided into two general categories. The first category was those medicines which were described based upon their intended use. Thus we have references to “press-on medicine,” “medicine to be inserted” (such as medicine to be inserted into or applied into a swelling), “medicine to be rubbed on,” “medicine to be applied inside” (such as for treating swellings, or eyes), “ointment medicine,” “medicine to be sprinkled on,” “medicine to be applied” (such as for a prolapsed anus), or “washing medicine” (such as washing medicine for sores on the feet, or for eyes). The second category was those medicines whose description reflected symptoms or the function of the medicine. Here we have references to such things as medicine for coughs, stomach medicine, oral cavity medicine, medicine to stop bleeding, expeller medicine (to assist in labor and birth, or for expelling after-birth), medicine for bringing out the afterbirth, washing medicine for head-sores, medicine for stopping runny noses, tonic medicine, or restorative medicine. These various descriptions also make it possible to confirm what types of medicines were used for which ailments.

Pharmacists and physicians naturally had a good knowledge of materia medica and of medicines. From Tokitsune’s record it is also clear that the common residents of the *jinnai* had extensive knowledge of medicines, and that for them medicines played an important part in their daily life. Let us look at some evidence for this.

First, residents knew the names of formulas, and accordingly knew what formulas and medicines might be appropriate for which ailments. Lady Nishi and her household is a case in point. For example, while receiving treatment for an attack of malaria in 1595, Lady Nishi was given at least 12 different named prescriptions by her physician Tokitsune; but she herself also requested 7 medicines by name, a medicine to treat a specific symptom that she mentioned, and one generic medicine.²¹ Other members of Lady Nishi’s household quite frequently, and separately from medicines that may have been prescribed, requested specific medicines themselves. Sometimes people requested named formulas, such *Senkyū chachō-san*, *Ninjin chōkō-san*, *Kaiki-san*, *Jūkō shōki-san*, *Aisu-yaku*, *Saisei-san*, *Sogō-en*, or Saidaigi medicine (also known as *Hoshin-tan*). Other times they requested a medicine for a particular purpose, such as restorative medicine, nose medicine, expeller medicine, medicine for decayed teeth, medicine for palsy, eye-wash medicine, or medicine for treating lacquer burns. More broadly, there are innumerable examples in Tokitsune’s record of *jinnai* residents asking by themselves for specific medicines, such as the request for tonic medicine for the post-partum wife of the northern fishmonger.²² Lastly, people also requested specific medicinal ingredients which, we may assume, they used to make their own medicine from an existing prescription. For example, on one occasion Lady Nishi asked Tokitsune to send her some aloeswood, alum, sappan wood, clove flower, Ginseng ,

pickled black plum, and Burmese rosewood); Tokitsune did so, and remarks that he sent these along and wrote out the names, in *kana* phonetic syllabary, on each packet.²³

Second, while as a matter of course people take medicine once they became sick, *jinai* residents knew that there were medicines which might be taken even before they became sick. Whether this was for the purpose of managing their overall health, or for the purpose of illness prevention, it appears that it was common practice to take such medicines on a regular basis, and also on specific occasions. For example, before setting off on a trip *jinai* residents might ask Tokitsune for medicines that they could take with them: the *tofu*-seller Kurō got some *Kōju-san* before he set off from Ōsaka to do business in Kyoto;²⁴ the woman attendant Shōshō requested three different medicines as she headed off for some hot-spring therapy;²⁵ the wife of a money-changer, when heading off for hot-spring therapy, requested a pulse diagnosis for herself and *Kaiki-san* for both herself and her child who was accompanying her;²⁶ the rice-merchant Shinshichirō who was leaving for Arima hot-spring requested *Hōshin-tan* and *Kaiki-san*;²⁷ and the carpenter Saijirō, who was going to Yoshino hot-spring, requested some tonic medicine from Tokitsune, and was given *Kaiki-san* and *Senkyū chachō-san*.²⁸

Travel was a one-time event, but *jinai* residents were also supplied with medicines for regular use. The clearest example of this is what was referred to as *jiyaku* or portable medicine, which seems to have first come into common use in this period. The first mention in Tokitsune's diary comes from the third month of 1590, when he notes "I went to the pharmacist Kyūzen to get one *kin* of Raigan. I didn't pay. It is to be used for Kaishō Seijirō's portable medicine."²⁹ In an entry from the eighth month of 1590 Tokitsune refers to a "general purpose portable medicine" for an infant's fever,³⁰ which suggests that portable medicines might be generalized rather than specific to one person. But while portable medicine was obviously in use in 1590, it does not seem to have been something regularly provided by Tokitsune until two years later after he had returned to Kyoto.

Jiyaku portable medicine appears to have been distinguished by a number of characteristics, which together highlight its employment characteristic as a daily-use medicine. In principle, a portable medicine seems to have been provided by the physician in order to manage either the constitution and overall health, or a chronic condition, of a patient. The formulas for portable medicine that we encounter include medicines prescribed for specific ailments, but basically they were provided as types of tonic medicine. We have a number of examples of the use of *jiyaku*, which suggest that they were taken over an extended period of time, by people ranging in age from a 10-year old child to a person in middle-age. They might be taken as often as three times a week. Tokitsune and his family (his wife Kitamuki and his son Tokio) all had *jiyaku* prescribed for them by a physician, but, with the exception of one occasion when Tokitsune was informed of the ingredients for his wife's *jiyaku*, it is not entirely clear just what medicines they were.³¹ Nonetheless, since Tokitsune does provide information on what he provided to his own patients (including on one occasion his wife), some details are clear. For example, Lady Nishi and her second daughter appear to have kept a list of the *jiyaku* which they had on hand from day to day, and we can also confirm that a number of different formulas were used for their *jiyaku*. In the case of one Yamazaki Yaemonnoshō the base *jiyaku* formula was *Jūzen naiho-tō*, but each time it was prescribed a number of medicinals were added to it, so that the prescription was rarely the same. And, since also in his case, for example, the same medicine which is noted as being prescribed as his *jiyaku* is in other entries prescribed simply as "medicine" rather than as "*jiyaku*,"³² it is likely that "*jiyaku*" was in fact prescribed far more frequently than the term was noted in Tokitsune's diary.

6. Medicine and Personal Relations: Tokitsune's *Kōju-san* Gift Group

The final topic I will take up is a new gift-custom created by Tokitsune, whereby he distributed to select groups of people the Yamashina family specialty medicine *Kōju-san*, or Aromatic Madder Powder. In so doing, he highlighted medicine as a regular aspect of urban daily life, as recognizable and indispensable as food, clothing, or other products.

Tokitsune's practice of distributing Aromatic Madder Powder has been remarked upon by Hattori Toshirō, who suggested that it is best understood as a type of *ochūgen* mid-year gift, and more recently has been examined by Shimokawa Masahiro in the broader context of medieval gift culture.³³ However, this custom was not simply an

aspect of gift culture, but was also an aspect of urban medico-pharmaceutical culture that was of great significance in the daily life of *jinai* residents. That aspect is seen in Tokitsune's creation of what he termed Aromatic Madder Gift Groups, a topic that has not been studied in great detail. As is well-known, and notably in the context of the Honganji world, "groups" were important for people's affiliation, personal relations, and social existence, so Tokitsune's creation of a new affiliational group is worthy of note.

Aromatic Madder Powder was used to treat such symptoms as headaches, stomach pain, vomiting, and diarrhea. Its constituent elements are Aromatic Madder, Magnolia, and Hyacinth Bean. Although Tokitsune does not note the relative proportions of them, a contemporary Japanese work, the *Haremono kudensho* of Takatori Jin Emonnojō Fujiwara Hidetsugu provides a ratio of 4, 2, 2. Tokitsune's father Yamashina Tokitsugu frequently compounded *Kōju-san*, and it seems to have been regarded as something of a family specialty medicine. In fact, it was his most frequently prescribed medicine (210 mentions in his diary; followed by *Ninjin chōkō-san* with 179 mentions, and *Aisuyaku* with 130). He prescribed it to patients, and also gave it to people who were going on journeys. The Yamashina family also used *Kōju-san* as something of an *ochūgen* gift, which it gave to a restricted group of people (family, those who had done them favors, and some fellow aristocrats).³⁴

Tokitsune used *Kōju-san* in some degree while he was resident in Kyoto. However, after his relocation to the Tenma Honganji he began to use it on a far greater scale, to prescribe it to a much wider range of social types, and to distribute it regularly for purposes other than providing it as medicine to treat sick people. It is fair to say that Tokitsune's greater use of *Kōju-san* reflected three things: his new role as a new resident as a community physician; the utility of providing something like a patent medicine associated with his treatment; and the natural urge to strengthen his personal relationships with people in the Honganji *jinai*.

From Tokitsune's diary it is evident that he distributed gifts of Aromatic Madder Powder for nineteen of the twenty-one years between 1586 and 1606, which is an unusually lengthy record for such activity. Tokitsune's distribution of gifts was a separate activity from his regular use of it as a medicine. He did not distribute the Aromatic Madder Powder randomly, but rather did so in a highly organized and systematic manner. Generally he refers to the recipients as members of an Aromatic Madder Powder Gift Group, and it is evident that there were several of these groups. As the material related to the Aromatic Madder Powder Gift Group has not been explored in great detail, and is a key element for our understanding of the role of medicine in the *jinai*, let us elucidate some salient information. The diary entries contain much detail for each year (see for example the record for 1596), and some of the quantitative data is summarized in Table Two below.

The membership of the Aromatic Madder Powder Gift Groups included Tokitsune's relatives, his benefactors and patrons, leading members of the Honganji, immediate neighbors, and people in the close vicinity of his residence. However, since virtually all of these people were also his patients, we may suggest that he distributed his gifts to them in his capacity as a physician. There are some slight differences in the membership of the Gift Groups from year to year, and there are of course differences in the individuals in the groups in Ōsaka's Tenma and Kyoto's Rokujō Honganji *jinai*. But in any event it appears that in order to record their names he utilized something like a long-term membership register (we may speculate that the register that he kept when he was resident in Ōsaka was separate from the one that he kept while resident in Kyoto). Using the register (and perhaps as well the entries that appear in his diary) for reference, every year he gave gifts of Aromatic Madder Powder to households, to members of households, and to other individuals. Between 1586 and 1606 he distributed gifts of Aromatic Madder Powder to 1,637 individuals or households (284 in Tenma; 1,353 in Rokujō), the highest number in any year being 185 in 1598. Tokitsune records personal names, family relations, occupation, and residential locations, as well as the amount that he gave to each recipient. He distributed these to each person or place over a period of days, and sometimes over several weeks. For example, over a period of three days at the beginning of the seventh month of 1596 he distributed to 105 people: on the third of the month he distributed to two people in the Honganji administration, twenty-three people associated with Kenson Satchō, twenty people associated with Lady Nishi, four people associated with her second son Shōgen, six people associated with the household of Lady Nishi's youngest daughter, four local residents, and twenty-one others; on the fourth he distributed to six people; and on the fifth he distributed to nineteen people. In the following year (1597) he distributed to 145 people over a five day period in the sixth month: on the

Table 2. Tokitsune's *Kōju-san* gifts, 1586-1606.

Year	People or Places	Amounts
1586	24	24 packets
1587	22	8 <i>ryō</i> , 110 packets
1588	30	1 big packet, 3 <i>ryō</i> , 209 doses
1589	81	7.5 <i>ryō</i> , 709 doses
1590	83	95 packets, 800 doses
1591	44	387 doses
1592	54	436 doses
1593	132	1083 doses
1594	152	1349 doses
1595	61	627 doses
1596	127	1305 doses
1597	172	1809 doses
1598	185	4 <i>ryō</i> , 2034 doses
1599	6th month partial	6th month partial
1600	145	1 big packet, 4 <i>ryō</i> , 1865 doses
1601	44	1 <i>ryō</i> , 447 doses
1602	No references	No references
1603	142	1 packet, 58 <i>ryō</i> , 1103 doses
1604	9	9 <i>ryō</i>
1605	88	1 packet, 22 <i>ryō</i> , 606 doses
1606	42	17 packets, 230 doses
19 years, 1586-1606	1637	345 packets, 116.5 <i>ryō</i> , 14,999 doses

Source: *Tokitsune kyōki*.

nineteenth he distributed to the “Aromatic Madder Gift Group,” which was comprised of nineteen people associated with Kenson Satchō, seventeen people associated with Lady Nishi, four people associated with Shōgen, seven people associated with Lady Nishi’s youngest daughter, and to twenty-seven others who were variously merchants or patients; on the twentieth he distributed to eighteen people associated with Lady Nishi’s eldest daughter (now married to the head of Honganji), and eleven people associated with Kita Onkata the widow of Kennyo Kōsa; on the twenty-first he distributed to forty-three people in the “Aromatic Madder Powder Gift Group;” on the twenty-third he distributed to seventeen people in the “Aromatic Madder Powder Gift Group;” and on the twenty-fourth he distributed to eleven people in the “Aromatic Madder Powder Gift Group.”

The process of assembling the Aromatic Madder Powder involved at the very least confirming the name of the recipient (the person to whom the gift was directed), deciding on the number of people, acquiring the three constituent ingredients of Aromatic Madder Powder (Aromatic Madder, Hyacinth Bean, and Magnolia), and compounding the ingredients. Additionally, since the doses had to be individually wrapped, we may assume that many members of Tokitsune’s household would have been involved in at least this aspect of the gift preparations, and that a considerable amount of time would have been required. Furthermore, and even though Tokitsune does not refer to this in detail, the distribution (delivery) of the Aromatic Madder Powder would likely have taken some time. All in all, as a regular gift practice during the year, this was an involved and important activity.

The physical form of the Aromatic Madder Powder was also a significant element in its use as a gift. It was distributed to people in three forms: in a “packet,” as an amount (the unit was the *ryō*), and in doses. For the first two years, in 1586 and 1587, the Aromatic Madder Powder gift was distributed as packets or as *ryō*. However, from 1588, Tokitsune began to distribute it in doses as well, and thereafter that became the prevalent, even standard, form of the gift. The amount of the doses per person varied (20 doses, 10 doses, 7 doses, 5 doses etc), but it would seem that the reason for this was that it thus became possible to give it to a greater number of people. We may speculate that by giving it in this form he was able to convey the sentiment that he was concerned about the personal health and well-being of each individual recipient.

How much did Tokitsune distribute? As we note from Table Two above, between 1586 and 1606 Tokitsune

presented a total of 345 packets, 116.5 *ryō*, and 14,999 doses. Reflecting both the different time spent in each (seven years compared to thirteen years) and the fact that the annual average distributed was greater in Rokujō than in Tenma, we find that in Tenma Tokitsune distributed 230 packets, 18.5 *ryō*, and 2,105 doses; whereas in Rokujō he distributed 115 packets, 98 *ryō*, and 12,894 doses. According to various entries in Tokitsune's diary, one packet was equivalent to fifty doses, and one *ryō* was equivalent to twenty-five doses. If we thus convert the respective totals into dose equivalents, then in the nineteen of the twenty-one years for which we have useful statistics, Tokitsune distributed a "dose equivalent" amount of 35,161.5 doses.

How much did this cost? The wholesale cost of the Aromatic Madder Powder ingredients is not entirely clear. But, if we consider the value and the retail price of the Aromatic Madder Powder gifts, it appears that the price of Aromatic Madder Powder was on average two *mon* of cash per dose. Using that as a basis, then our "dose equivalent" of 35,161.5 doses costs out at 70,323 *mon*. Not a great deal is known about contemporary prices and purchasing power, so it is difficult to gauge whether the gifts were an expensive undertaking for Tokitsune, or were a financially manageable one (questions of his income aside). However, according to the 1563 travel diary of a Daigoji priest, the price of a midday meal for travelers at a rest-stop or inn ranged between twelve and twenty *mon*, with an average closer to the latter figure.³⁵ If we take this a guide, then we may speculate that anything from five to ten doses might have been the equivalent of a midday meal. Thus, over the nineteen-year period Tokitsune supplied the approximate equivalent of between 7,032 and 14,064 midday meals, which averages to between 370 and 740 meals per year. Most conservatively, let us say that Tokitsune's gifts cost him (or were worth) the equivalent of roughly one meal per day for one person every day for nineteen years. We may thus feel that Tokitsune spent a considerable amount of money on his gifts, but that it might have been a manageable amount.

7. Summary and Conclusions: the Development of a New Urban Medical Culture

First let us summarize some main points from the essay, and then suggest some more general conclusions.

From section one, we have a sense of the variety of sources for and rhythms of scholarly engagement of medicine in the sixteenth century. It is suggested that while most research to date has focused on more technical aspects of medicine, a focus on the social history of medicine may provide new perspectives on daily life and on social history in general.

From section two, we understand that the residents of the *jinaï* had a fundamental ethos of mutual assistance, and gave particular attention to activities and forms of social organization (various groups, and ward and neighborhood associations) which strengthened social cohesion.

From section three, it is apparent that medical treatment was readily available to residents both in terms of time and of distance. All commoners appear to have been able to receive treatment. Since there were at this time no established medical facilities (such as hospitals or in-patient services), both short-term and long-term care and nursing was the responsibility of families and households. The sickness and health of family members was of great concern and attention was paid to this on a daily basis. People in the vicinity of a sick person (family and relatives, acquaintances, neighbors etc) were aware of their symptoms and condition, and routinely requested treatment from the physician on their behalf.

From section four, we learn that long term prenatal and post-partum care was available for women who had become pregnant. Treatment for expectant women was given great attention, as was treatment for post-partum issues. It appears that the period of greatest concern was in the immediate aftermath of and first few days subsequent to delivery. A variety of symptoms are recorded, but it seems that the greatest single concern was whether the afterbirth had been successfully expelled.

It is evident too that expectant women were given particular assistance by women around them, and we can identify the existence of a broad-ranging and long-term support network for prenatal and post-partum women. The members of these networks were apparently all female. They were familiar with bodily changes and symptoms during pregnancy, the process of birth itself, post-partum problems, and were aware that treatment and medicines would

be necessary over an extended period.

From section five, we understand that residents of the *jinai* were conversant with medicines (medications, their varieties, and formulas). Residents were cognizant that medicines might be prescribed not only after someone became ill, but that they could also be employed to ward off illness and for proactive general health management. A type of regular household medicine known as “portable medicine” *jiyaku* became a new part of daily life.

From section six, we note a new development, the formation by Tokitsune of what he termed “Aromatic Madder Powder Gift Groups,” which included people from a variety of social levels irrespective of age and gender. This was an original and unprecedented formation of a grouping that was designed to strengthen bonds between urban residents. The new custom of using medicine as a gift and the creation of designated gift-groups played a vital role in connecting medicine as not merely something to be used in treating illness, but as something integral to the world views and aspects of self-identity of the residents in urban society.

We may draw some broader conclusions from the preceding engagement.

First, coincident with the emergence of cities in the sixteenth century, elements related to medicine – portable household medicine, medicines as gifts, patients’ records of their symptoms, information regarding appropriate foods and medicines when pregnant, family-level long term attention to health management – appeared as new aspects of daily life. The development of cities exerted an influence on the development of medicine, and conversely the development of medical culture exerted an influence on the development of urban culture. If we may jump to the succeeding Edo period, the fact that a significant proportion of stores were engaged in medicine-related activities – peddling household medicines, advertising specialty and patent formulas, operating as out-patient dispensaries and clinics and keeping patient records, for example – readily symbolizes the connection between the city and medical culture. Those elements were put in place in the late sixteenth century.

Second, concomitantly, it appears that the *jinai* temple precinct was not simply an urban area like a town or a castle-town, but rather, as a residential and networking space was essential for the emergence of a new commoner-centered urban medical culture.

Third, medicine was not simply something used for medical treatment, but played a vital role in binding aspects of residents’ perspectives on and self-identity within urban society. That is, we see that medicine and medicines were a new element in the bonds among residents of urban districts and in the formation and cementing of social relationships.

Fourth, medical treatment and health management were, particularly for women, important over the long term. As a result, medicines occupied a major position in daily life throughout people’s lifetimes.

Fifth, we may speculate that the investigation of sources bearing on medicine may provide significant new results for our understanding of women’s experiences, their day to day concerns, and the centrality of the family in the past. Or to put this more forcefully, a full comprehension of women’s history requires that we recognize the importance that women placed upon medical treatment.

Sixth, and finally, to date the fields of medical history and of history more generally have been separate endeavors. But, by utilizing sources bearing on medicine and by engaging themes relating to medicine and society, it is possible to gain new perspectives on and new understandings of social history.

Endnotes

1. For useful information on the Tenma and Rokujō Honganji *jinai*, see: Hashizume Shigeru, *Seto naikai chiiki shakai to Oda kenryoku*, pp. 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. More broadly on Ōsaka in this period, see Minami Hideo and Mametani Hiroyuki, “Toyotomi jidai no Ōsaka jōka machi.”
2. For street maps of the two locations, see Takahashi Yasuo, Yoshida Nobuyuki, Miyamoto Masaaki, Itō Takeshi eds., *Zushū Nihon toshi shi*, pp. 96-97.
3. Lady Nishi’s dates are commonly understood as 1565-1616 (see for example, Nishiguchi Junko, “Kōshōji to Yamashina Tokitsune,” p. 64, note 1). However, the date of birth is not correct. An entry in Tokitsune’s diary *Tokitsune kyōki* for the eighth

day of the first month of Keichō 1 (1596), on page 10 of volume 7 [hereafter, *TTK*, Keichō 1 (1596).1.8 (7:10)], lists her age in that year as 35; an entry from Keichō 9 (1604).1.7 (12:215) lists her age as 43. Accordingly, she was born in 1562.

4. See for example *TTK*, Tenshō 18 (1590).6.14 (4:69).
5. See for example *TTK*, Tenshō 17 (1589).5.23 (3:226), Tenshō 19 (1591).4.8 (4:210), Tenshō 19 (1591).6.14 (4:238), Tenshō 19 (1591).6.19 (4:241), Tenshō 19 (1591).6.25 (4:243).
6. See for example *TTK*, Tenshō 14 (1586).5.14 (2:136), 5.28 (2:141), 6.16 (2:148).
7. Note the people awaiting treatment who lined up in front of the residence and clinic of Takeda Zuichiku. *Uesugi bon Rakuchū rakugaizu*, right screen, panel 4 (see Ishida Hisatoyo, Naitō Akira, Moriya Katsuhisa eds., *Rakuchū rakugai zu taikan, Uesugi ke bon*, pp. 41-42).
8. *TTK*, Keichō 2 (1597).7.9 (8:11) through Keichō 2 (1597).9.3 (8:55).
9. *TTK*, Keichō 2 (1597).7.9 (8:11).
10. *TTK*, Keichō 2 (1597).7.18 (8:21~22).
11. The case unfolds between Keichō 2 (1597).7.11 (8:14) and Keichō 2 (1597).8.27 (8:51).
12. See *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).
13. *TTK*, Keichō 2 (1597).12.24 (8:144~145).
14. I wish to thank Professor Yonezawa Yōko of Kyoto Tachibana Women's University for clarifying the meaning of the term *danzan* for me.
15. *TTK*, Tenshō 16 (1588).9.18 (3:124).
16. *TTK*, Tenshō 18 (1590).7.29 (4:91).
17. *TTK*, Tenshō 15 (1587).8.28 (2:319), Tenshō 15 (1587).9.7 (2:323), Tenshō 15 (1587).9.10 (2:325).
18. There are too many entries on Hikoshirō's wife to list them all here, so the following entries may be used as guides to her activities: *TTK*, Tenshō 19 (1591).12.19 (4:313), 12.21 (4:314), 12.22 (4:314), 12.23 (4:315); *Bunroku 1* (1592).1.27 (5:16), 2.1 (5:18~19), 2.8 (5:21~5.22), 2.14 (5:24), 2.16 (5:25); *Bunroku 2* (1593).11.2 (5:421); *Bunroku 3* (1594).3.4 (6:36), 4.4 (6:50); Keichō 1 (1596).4.24 (7:81).
19. *Eiroku 12* (1569).2.18 Muromachi bakufu hyōjōshū narabini bugyōnin rensho hōsho, in Imatani Akira, "Kitakōji ke monjo," p. 99, document 23.
20. See (year unknown).9.25 Hori Naoji shōjō, Keichō 4 (1599).intercalary 3.10 Aoki Ikku hanmotsu (*Fukui kenshi, Shiryō hen 3, Chū-kinsei 1 Fukui shi*, p. 447 doc. 39, p. 448 doc. 42).
21. The case unfolds between *Bunroku 4* (1595).5.25 (6:274~275) and *Bunroku 4* (1595).7.15 (6:312).
22. *TTK*, Tenshō 15 (1587).5.5 (2:273).
23. *TTK*, Keichō 2 (1597).6.29 (7:426).
24. *TTK*, Tenshō 14 (1586) 7.6 (2:158).
25. *TTK*, Tenshō 19 (1591).5.8 (4:223).
26. *TTK*, *Bunroku 2* (1593).9.8 (5:370).
27. *TTK*, *Bunroku 2* (1593).10.23 (5:415).
28. *TTK*, Keichō 1 (1596).8.18 (7:199), 9.17 (7:219).
29. *TTK*, Tenshō 18 (1590).3.15 (4:35).
30. *TTK*, Tenshō 18 (1590).8.7 (4:94).
31. *TTK*, *Bunroku 3* (1594).2.10 (6:24), Keichō 3 (1598).6.22 (8:271), Keichō 7 (1602).1.23 (11:228).
32. *TTK*, Keichō 2 (1597).11.8, 11.11 (8:104, 106).
33. Hattori Toshiro, *Muromachi Azuchi Momoyama jidai igakushi no kenkyū*, pp. pp.115-121; Shimokawa Masahiro, "Yamashina Tokitsune no iryō kōi to zōtō bunka."
34. For a very useful study of Yamashina family medicines, see Yonezawa Yōko, "Muromachi Sengoku ki no Yamashina ke no iryō to 'kayaku' no keisei."
35. Kojima Michihiro, "Chūsei kōki no tabi to shōhi," p. 117.

Bibliography

Primary Sources

- Fukui kenshi, Shiryō hen 3, Chū-kinsei 1 Fukui shi* 福井県史資料編 3 中近世 1 福井市 [History of Fukui Prefecture, Historical Materials Section 3, Medieval and Early Modern 1, Fukui City]. Fukui 福井. Fukui ken 福井県, 1982. (in Japanese)
- Tokitsugu kyōki* 言繼卿記 [The Diary of Lord Tokitsugu]. By Yamashina Tokitsugu 山科言繼. 6 vols. Zoku Gunsho Ruijū Kanseikai 続群書類従完成会, 1998. (in Japanese)
- Tokitsune kyōki* 言経卿記 [The Diary of Lord Tokitsune]. By Yamashina Tokitsune 山科言経. *Dai Nihon kokiroku* 大日本古記録, 14 vols. Tokyo: Iwanami Shoten 岩波書店, 1959-1991. (in Japanese)

Secondary Sources

- Hashizume Shigeru 橋詰茂. (2007) *Seto naikai chiiki shakai to Oda kenryoku* 瀬戸内海地域社会と織田権力 [Regional Society Of the Inland Sea and the Oda Regime]. Kyōto 京都: Shibunkaku Shuppan 思文閣出版. (in Japanese)
- Hattori Toshirō 服部敏郎. (1971) *Muromachi Azuchi Momoyama jidai igakushi no kenkyū* 室町安土桃山時代医学史の研究 [Studies in the Medical History of the Muromachi and Azuchi Momoyama Eras]. Tokyo: Yoshikawa Kōbunkan 吉川弘文館. (in Japanese)
- Imatani Akira 今谷明. (1977) “Kitakōji ke monjo 北小路家文書 [Documents of the Kitakōji Family].” *Shirin* 史林, 60.2, pp. 94-107. (in Japanese)
- Ishida Hisatoyo 石田尚豊, Naitō Akira 内藤昌, Moriya Katsuhisa 森谷克久 eds. 監修. (2001) *Kokuhō Uesugike hon Rakuchū rakugai zu taikan* 国宝上杉家本洛中洛外図大観 [The National Treasure Uesugi Family Text of Scenes Within and Without the Capital]. Shōgakkan 小学館. (in Japanese)
- Itō Takeshi 伊藤毅. (1988) *Kinsei Ōsaka seiritsu shi ron* 近世大阪成立史論 [Essays on the Establishment of Early Modern Ōsaka]. Seikatsushi kenkyūjo 生活史研究所. (in Japanese)
- . (1998) “Tenma no seiritsu – Settsu Tenma Honganji jinai chō no kōsei to Tenma gumi no seiritsu katei 天満の成立—撰津天満本願寺寺内町の構成と天満組の成立過程 [The Establishment of the Tenma District – the Structure of the Tenma Honganji Temple District and the Process of the Formation of the Tenma Organization].” In *Jinai chō no kenkyū, jinaichō no keifu* 寺内町の研究、寺内町の系譜, pp. 353-414. Ed. Ōsawa Ken’ichi 大澤研一 and Niki Hiroshi 仁木宏. Kyōto 京都: Hōzōkan 宝蔵館 (1998). (in Japanese)
- Kitai Toshio 鍛代敏雄. (1999) *Chūsei kōki no jisha to keizai* 中世後期の寺社と経済 [Late Medieval Temples and the Economy]. Kyōto 京都: Shibunkaku Shuppan 思文閣. (in Japanese)
- . (1987) “Settsu Nakanoshima Honganji jinai chō kō 撰津中島本願寺寺内町考 [Thoughts on the Settsu Nakanoshima Honganji Temple District].” *Chihōshi kenkyū* 地方史研究, 37.2 (1987), pp. 1-13. (in Japanese)
- Kojima Michihiro 小島道裕. (2004) “Chūsei kōki no tabi to shōhi 中世後期の旅と消費 [Travel Expenses in the Late Medieval Era].” *Kokuritsu rekishi minzoku hakubutsukan kenkyū hōkoku* 国立歴史民族博物館研究報告, 113, pp. 113-134. (in Japanese)
- Minami Hideo 南秀雄 and Mامتani Hiroyuki 豆谷浩之. (2015) “Toyotomi jidai no Ōsaka jōka machi 豊臣時代の大阪城下町 [Ōsaka Castle Town In The Toyotomi Period].” In *Hideyoshi to Ōsaka – shiro to jōkamachi* 秀吉と大阪—城と城下町 [Hideyoshi and Ōsaka – castle and castle town], pp. 237–264. Ed. Ōsaka Shiritsu Daigaku Toyotomi ki Ōsaka kenkyūkai 大阪市立大学豊臣期大阪研究会編. Ōsaka 大阪: Izumi Shoin 和泉書院. (in Japanese)
- Niki Hiroshi, Ōzawa Ken’ichi et al 仁木宏, 大澤研一. (1998) *Jinai chō no kenkyū* 寺内町研究 [Studies on Temple Towns].

3 vols. Kyōto 京都: Hōzōkan 法蔵館. (in Japanese)

Nishiguchi Junko 西口順子. (1980.02) “Kōshōji to Yamashina Tokitsune 興正寺と山科言経 [Kōshōji temple and Yamashina Tokitsune].” *Shinshū kenkyū* 真宗研究, 24, pp. 55-67. (in Japanese)

Shimokawa Masahiro 下川雅弘. (2014) “Yamashina Tokitsune no iryō kōi to zōtō bunka 山科言経の医療行為と贈答文化 [Yamashina Tokitsune’s Medical Activity and the Culture of Gift Giving].” *Seikatsu bunkashi* 生活文化史, 66, pp. 28-47. (in Japanese)

Shinmura Taku 新村拓. (1985) *Nihon iryō shakai shi no kenkyū* 日本医療社会史の研究 [Studies in the History of Japanese Medicine and Society]. Hōsei Daigaku Shuppanyoku 法政大学出版社. (in Japanese)

———. (2006) *Nihon iryō shi* 日本医療史 [A History of Japanese Medicine]. Yoshikawa Kōbunkan 吉川弘文館.

Takahashi Yasuo 高橋康夫, Yoshida Nobuyuki 吉田伸之, Miyamoto Masaaki 宮本雅明, Itō Takeshi 伊藤毅 eds. (1993). *Zushū Nihon toshi shi* 図集日本都市史 [Japanese Urban History in Maps]. Tokyo Daigaku Shuppankai 東京大学出版会. (in Japanese)

Takeda Kagaku Shinkō Zaidan Kyōu Shooku ed. 武田科学振興財団杏雨書屋編. (2015) *Manase Dōsan to kinsei Nihon iryō shakai* 曲直瀬道三と近世日本医療社会 [Manase Dōsan and Medicine in Japanese Society in the Early Modern Era]. Ōsaka 大阪: Takeda Kagaku Shinkō Zaidan 武田科学振興財団. (in Japanese)

Yonezawa Yōko 米澤洋子. (2013) “Muromachi Sengoku ki no Yamashina ke no iryō to ‘kayaku’ no keisei 室町戦国期の山科家の医療と「家薬」の形成 [Yamashina Family Medical Treatment and the Creation of ‘Family Medicines’ in the Muromachi and Warring States Eras].” In *Iryō no shakai shi – sei, rō, byō, shi* 医療の社会史—生老病死 [A Social History of Medicine – Birth, Old Age, Illness, Death], pp. 82-129. Ed. Kyōto Tachibana Daigaku josei rekishi bunka kenkyūjo 京都橘大学女性歴史文化研究所. Kyōto 京都: Shibunkaku Shuppan 思文閣出版. (in Japanese)

Yoshida Hajime 吉田元. (2014) *Nihon no shoku to sake* 日本の食と酒 [Japanese Food and Saké]. Kōdansha 講談社 (original work published 1991). (in Japanese)

Acknowledgements

I would also like to express my gratitude to Professor Hiroshi Niki for sponsoring my research (under the auspices of a grant from the Japan Society for the Promotion of Science, Nihon Gakujutsu Shinkōkai) at Ōsaka City University in 2015-2016, and to Ōsaka City University for providing excellent research facilities. Among the many others who generously facilitated my research activity, I would like to Hideo Minami and Yoshiji Okamura for generously providing extensive and informative guided research tours of the Tenma Honganji and the Rokujō Honganji precincts in September 2015 and October 2015 respectively.

APPENDIX

Guide to Sources and Research on Sixteenth Century Medical History

While not a comprehensive listing, it is hoped that this will provide a sense of the sources for and research on issues related to the history of medicine in the sixteenth century.

Unless otherwise noted, place of publication for Japanese titles is Tokyo.

Primary Sources(in Japanese)

Enju satsuyō 延壽撮要 [Essentials For Long Life]. By Manase Gensaku 曲直瀬玄朔. In *Zatsu bu* 雑部, vol. 31.1 of *Zoku Gunsho Ruiju* 続群書類従, pp. 245-263. Zoku Gunsho Ruiju Kanseikai 続群書類従完成会, 1924.

- Geryō saisan* 外療細瀆 [*Detailed Delvings On External Treatment*]. By Takatori Jin Emonnoshō Fujiwara Hidetsugu 鷹取甚右衛門尉藤原秀次. Held in Kyōu Shooku 杏雨書屋. Catalog numbers 乾 4340, 乾 4341.
- Geryō shinmeishū* 外寮新明集 [*Collection Of New Light On External Treatment*]. By Takatori Jin Emonnoshō Fujiwara Hidetsugu 鷹取甚右衛門尉藤原秀次. Held in Kyōu Shooku 杏雨書屋. Catalog number 乾 4339.
- Geryō shinmeishū nokori ikkan* 外寮新明集殘一卷 [*A Further Volume Of The Collection Of New Light On External Treatment*]. By Takatori Jin Emonnoshō Fujiwara Hidetsugu 鷹取甚右衛門尉藤原秀次. Held in Kyōu Shooku 杏雨書屋. Catalog number 杏 4819.
- Haremono kudensho* 腫物口伝書 [*Oral Transmissions On Swellings And Tumors*]. Author unknown. Held in Kyōu Shooku 杏雨書屋. Catalog number 杏 5316.
- Igaku Tenshōki* 医学天正記 [*The Medical Record of the Tenshō Era*]. By Manase Gensaku 曲直瀬玄朔. In: 1/ *Kaitei Shiseki shūran* 改定史籍集覽, vol. 26, pp. 425-530; 2/ Ōtsuka Keisetsu 大塚敬節 and Yakazu Dōmei 矢数道明 eds. *Kinsei Kanpō igakusho shūsei* 近世漢方医学書集成, 6, Manase Gensaku 曲直瀬玄朔, pp. 1-210. Meicho Shuppan 名著出版, 1979.
- Ihon yamai no sōshi* 異本病草紙 [*The Variant Text Of The Scroll Of Afflictions*]. In *Zuroku Nihon iji bunka shiryō shūsei* 図録日本医事文化資料集成, vol. 1, pp. 105-142. Ed. Nihon Ishi Gakkai 日本医史学会. San'ichi shobō 三一書房, 1978.
- Ihon yamai no sōshi* 異本病草紙 [*The Variant Text Of The Scroll Of Afflictions*]. As *Kishitsu emaki* 奇疾絵巻 [*The Scroll Of Gross Afflictions*] in *Tan'yū Shukuzu* 探幽縮図. Ed. Kyoto Kokuritsu Habutsukan 京都国立博物館, pp. 79-93. Kyoto 京都: Dōbōsha 同朋舎, 1980.
- Jikeiki* 時慶記 [*The Diary Of Tokiyoshi*]. By Nishinotōin Tokiyoshi 西洞院時慶. 4 volumes to date. Ed. *Jikeiki Kenkyūkai* 時慶記研究会編. Kyōto 京都: Honganji Shuppansha 本願寺出版社, 2001-.
- Keitekishū* 啓迪集 [*The Keiteki Collection*]. By Manase Dōsan 曲直瀬道三. In Yakazu Dōmei 矢数道明 ed. *Gendaigo yaku Keitekishū* 現代語訳啓迪集. 2 vols. Kyōto 京都: Shibunkaku Shuppan 思文閣出版, 1995.
- Kinsō hiden, ge* 金瘡秘伝 下 [*Secret Transmissions On Blade Wounds, Final Part*] In *Zoku Gunsho ruijū* 続群書類従, 31.1, pp. 321-352.
- Kinsō hiden, jō* 金瘡秘伝 上 [*Secret Transmissions On Blade Wounds, First Part*]. In *Zoku Gunsho ruijū* 続群書類従, 31.1, pp. 385-302.
- Kinsō hidenshū* 金瘡秘伝集 [*Collection Of Secret Transmissions On Blade Wounds*]. In *Zoku Gunsho ruijū* 続群書類従, 31.1, pp. 302-320.
- Kirigami* 切紙 [*Extracts*]. By Manase Dōsan 曲直瀬道三. In Ōtsuka Keisetsu 大塚敬節 and Yakazu Dōmei 矢数道明 eds. *Kinsei Kanpō igakusho shūsei* 近世漢方医学書集成, 4, Manase Dōsan 曲直瀬道三, pp. 1-206. Meicho Shuppan 名著出版, 1979.
- Kyōu Shooku shozō Yamai no sōshi mohon shūsei* 杏雨書屋所蔵病草紙摸本集成 [*Collection of the Reproductions of the Scrolls of Diseases Held in the Archive of the Kyōu Shooku*]. Comp. Takeda Kagaku Shinkō Zaidan 武田科学振興財団. Ōsaka 大阪: Takeda Kagaku Shinkō Zaidan 武田科学振興財団, 2017.
- Nakarai Kosen Hōin ryōchi nikki* 半井古仙法印療治日記 [*The Treatment Diary Of Nakarai Kosen Hōin*]. By Nakarai Keiyū 半井慶友. In Yasui Hiromichi 安井廣迪 ed. *Kinsei Kanpō chiken senshū, 1, Nakarai Keiyū, Manase Dōsan* 近世漢方治験選集, 1, 半井慶友, 曲直瀬道三, pp. 87-152. Meicho Shuppan 名著出版, 1985.
- Sankyo shiyō bassui* 山居四要拔萃 [*Extracts From The Four Essentials For Dwelling In The Mountains*]. By Manase Gensaku 曲直瀬玄朔. Manuscript copy held in Tōkyō Daigaku Shiryō Hensanjo 東京大学史料編纂所, *Eishabon* 影写本 3065-1.
- Shusshō haizai* 出証配劑 [*Symptoms And Prescriptions*]. By Manase Dōsan 曲直瀬道三. In Ōtsuka Keisetsu 大塚敬節 and

- Yakazu Dōmei 矢数道明 eds. *Kinsei Kanpō igakusho shūsei* 近世漢方医学書集成, 4, *Manase Dōsan* 曲直瀬道三, pp. 289-465. Meicho Shuppan 名著出版, 1979.
- Tamon'in nikki* 多聞院日記 [*The Tamon'in Diary*]. By Eishun 英俊. 6 vols. Edited by Tsuji Zennosuke 辻善之助. Kadokawa Shoten 角川書店, 1967.
- Tokitsugu kyōki* 言繼卿記 [*The Diary Of Lord Tokitsugu*]. By Yamashina Tokitsugu 山科言繼. 6 vols. Tokyo: Zoku Gunsho Ruijū Kanseikai 続群書類従完成会, 1998.
- Tokitsugu kyōki shihai monjo*, 1 言繼卿記紙背文書 1 [*Documents Written On The Reverse Side Of The Pages Of The Diary Of Lord Tokitsugu*]. Ed. Takahashi Ryūzō 高橋隆三, Saiki Kazuma 齋木一馬, Kosaka Senkichi 小坂淺吉. Zoku Gunsho Ruijū Kanseikai 続群書類従完成会, 1972.
- Tokitsune kyōki* 言經卿記 [*The Diary Of Lord Tokitsune*]. By Yamashina Tokitsune 山科言經. *Dai Nihon kokiroku* 大日本古記録, 14 vols. Tokyo: Iwanami Shoten 岩波書店, 1959-1991.
- Unjin chawa* 雲陣茶話 [*Tea Conversations While In Camp In Izumo*]. By Manase Dōsan 曲直瀬道三. Attached in *Unjin Yawa hoi hiden* 雲陣夜話補遺秘伝. Manuscript held in Yamaguchi ken Monjokan 山口県文書館所蔵, Mōriike bunko 毛利家文庫, 16 Sōsho 叢書 61.
- Unjin yawa* 雲陣夜話 [*Evening Conversations While In Camp In Izumo*]. By Manase Dōsan 曲直瀬道三. In Ōtsuka Keisetsu 大塚敬節 and Yakazu Dōmei 矢数道明 eds. *Kinsei Kanpō igakusho shūsei* 近世漢方医学書集成, 4, *Manase Dōsan* 曲直瀬道三, pp. 551-600. Meicho Shuppan 名著出版, 1979.
- Unjin yawa hoi hiden* 雲陣夜話補遺秘伝. [*Secret Transmission Additional To Evening Conversations While In Camp In Izumo*] By Manase Dōsan 曲直瀬道三. Manuscript held in Yamaguchi ken Monjokan 山口県文書館所蔵, Mōriike bunko 毛利家文庫, 16 Sōsho 叢書 61.
- Uwai Kakuken nikki* 上井覺兼日記 [*The Diary Of Uwai Kakuken*]. By Uwai Kakuken 上井覺兼. *Dai Nihon kokiroku* 大日本古記録, 3 vols. Tokyo: Iwanami Shoten 岩波書店, 1954-1957.
- Wake kashō* 和氣家抄 [*The Wake Family Medical Record*]. In Yasui Hiromichi 安井廣廸 ed. *Kinsei Kanpō chiken senshū*, 1, *Nakarai Keiyū*, *Manase Dōsan* 近世漢方治験選集, 1, 半井慶友, 曲直瀬道三, pp. 1-86. Meicho Shuppan 名著出版, 1985.

Secondary Sources

- Aoki Toshiyuki 青木歳幸. (2013) “Edo Zenki Manase ke monjin no ichi – Hizen no jitsurei kara 江戸前期曲直瀬家門人の位置—肥前の実例から [The Position of Manase School Students at the Beginning of the Edo Period – Examples from Hizen Province].” *Kyōu* 杏雨, 16, pp. 132-149. (in Japanese)
- Butler, Lee. (2005) “Washing Off The Dust: Baths and Bathing in Late Medieval Japan.” *Monumenta Nipponica*, 60.1, pp. 1-41.
- Editors. (1987) “*Kirigami* gojū shichikajō ni miru Dōsan no iken to shisō 『切紙』五十七ヶ条にみる道三の意見と思想 [Dōsan’s Opinions and Thought as Seen in the Fifty-seven Articles of the *Kirigami*].” *Kanpō no rinshō* 漢方の臨床, 34.12, pp. 48-50. (in Japanese)
- . (1987) “Manase Dōsan ianshū 曲直瀬道三医案集 [Manase Dōsan’s Collected Medical Opinions].” *Kanpō no rinshō* 漢方の臨床, 34.12, pp. 118-140. (in Japanese)
- Endō Jirō 遠藤次郎. (2007) “Manase Dōsan no igaku – igaku no ue de tenka tōitsu o mezashita Manase Dōsan 曲直瀬道三の医学—医学の上で天下統一を目指した曲直瀬道三 [Manase Dōsan’s Medicine – Manase Dōsan Who Aimed at National Unification Through Medicine].” *Kyōu* 杏雨, 10, pp. 125-40. (杏雨書屋 第十七回 研究会講演録 曲直瀬道

三--五百年の歴史). (in Japanese)

- Endō Jirō 遠藤次郎 and Nakamura Teruko 中村輝子. (1998) “Manase Dōsan cho *Kirigami* no saikentō – *Tan’ishū* to no hikaku kentō 曲直瀬道三著「切紙」の再検討—「探頤集」との比較検討 [A Re-examination of the Extracts Authored by Manase Dōsan – A Comparison with the *Tan’ishū*].” *Kanpō no rinshō* 漢方の臨床, 45.9, pp. 10-22. (in Japanese)
- . (2004) “Manase Gensaku no chosaku no shomondai – *Sankyo shiyō bassui*, *Saiminki* ha Gensaku no chosaku ka 曲直瀬玄朔の著作の諸問題—『山居四要拔萃』『済民記』は玄朔の著作か [Various Issues Concerning Manase Gensaku’s Writings – Were the *Sankyo Shiyō Bassui* and the *Saiminki* Written by Gensaku?].” *Nihon ishigaku zasshi* 日本医史学雑誌, 50.4, pp. 547-568. (in Japanese)
- . (2001) “Shin hakken no isho, Tashiro Sanki *Honpō kagen hishū* ni mirareru isetsu – kihon shohō to kagen hō 新発見の医書、田代三喜『本方加減秘集』に見られる医説—基本処方と加減方 [The Medical Theories in a Newly Discovered Medical Text, Tashiro Sanki’s *Honpō Kagen Hishū* – Basic Formulas and Adjustments].” *Nihon ishigaku zasshi* 日本医史学雑誌, 47.4, pp. 797-818. (in Japanese)
- . (2005) “*Shūhō Kiku* no kenkyū 『集方規矩』の研究 [A Study of the *Shūhō Kiku*].” *Nihon Tōyō igaku zasshi* 日本東洋医学雑誌, 56.3, pp. 435-444. (in Japanese)
- Fukui Kenritsu Ichijō dani Asakura shi iseki shiryōkan 福井県立一乗谷朝倉氏遺跡資料館. (2010) *Ichijō dani no ishi* 一乗谷の医師 [The Physicians of Ichijōdani Castle Town]. Fukui 福井. (in Japanese)
- Goble, Andrew Edmund. (2009) “Images of Illness: Interpreting the Medieval *Scrolls of Afflictions*.” In *Currents in Medieval Japanese History: Essays in Honor of Jeffrey P. Mass*, pp. 163-216. Ed. Gordon M. Berger, Andrew Edmund Goble, Lorraine F. Harrington, and G. Cameron Hurst III. Los Angeles: Figueroa Press.
- . (2017) “Physician Yamashina Tokitsune’s Healing Gifts.” In *Mediated By Gifts: Politics and Society in Japan, 1350-1850*, pp. 82-115. Ed. Martha Chaiklin. Leiden: Brill.
- . (2008 [2010]) “Rhythms of Medicine and Community in Late Sixteenth Century Japan: Yamashina Tokitsune (1543-1611) and His Patients.” *East Asian Science Technology and Medicine*, 29, pp. 11-60.
- . ゴーブル・エドムンド・アンドリュウ. (2015) “Shokuhō ki ni okeru Manase ke no iryō bunka no tenkai – Mōri daimyō ke to no kankei o rei ni 織豊期に於ける曲直瀬家の医療文化の展開—毛利大名家との関係を例に [The Development of Manase School Medical Culture in the Late 16th Century: The Example of the Contacts With the Mōri *daimyō* Family].” In *Manase Dōsan to kinsei Nihon iryō shakai* 曲直瀬道三と近世日本医療社会 [Manase Dōsan and the Medical Culture of Early Modern Japan], pp. 1-37. Ed. Takeda Kagaku Shinkō Zaidan Kyōu Shooku 武田科学振興財団杏雨書屋. Ōsaka 大阪: Takeda Kagaku Shinkō Zaidan 武田科学振興財団. (in Japanese)
- . (2016) “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.” *Asia Pacific Perspectives*, Vol. 14, no. 1, pp. 50-74.
- . ゴーブル・エドムンド・アンドリュウ. (2015) “Yamashina Tokitsune nikki (*Tokitsune kyōki*) no shinryō roku teki kisai – *Igaku tenshōki* o haikai ni “山科言経日記(言経卿記)の診療録的記載—『医学天正記』を背景 [Notations of Medical Records in the Diary of Yamashina Tokitsune: The Background to the *Igaku Tenshōki*].” In *Manase Dōsan to kinsei Nihon iryō shakai* 曲直瀬道三と近世日本医療社会 [Manase Dōsan and the Medical Culture of Early Modern Japan], pp. 450-481. Ed. Takeda Kagaku Shinkō Zaidan Kyōu Shooku 武田科学振興財団杏雨書屋. Ōsaka 大阪: Takeda Kagaku Shinkō Zaidan 武田科学振興財団. (in Japanese)
- Hanada Yūkichi 花田雄吉. (1970) “*Tokitsune kyōki* kō 言経卿記考 [Thoughts On the Diary of Lord Tokitsune].” In *Takahashi Ryūzō sensei kiju kinen ronshū Kokiroku no kenkyū* 高橋隆三先生喜寿記念論集古記録の研究, pp. 857-893. Ed. Takahashi Ryūzō sensei kiju kinen ronshū kankōkai 高橋隆三先生喜寿記念論集刊行会. Yoshikawa Kōbunkan 吉

川弘文館. (in Japanese)

- Hata Arinori 畑有紀. (2013) “Waka keishiki de kisareta shokumotsu honzō sho no seiritsu ni tsuite 和歌形式で記された食物本草書の成立について [On the Establishment of Foodstuff Materia Medica Texts Written in Waka-Style Japanese Poetry].” *Kotoba to Bunka* 言葉と文化, 14, pp. 37-56. (in Japanese)
- Hattori Toshirō 服部敏郎. (1981) “Kugyō ishi Yamashina Tokitsune no shinryō roku 公卿医師山科言経の診療録 [The Treatment Records of the Aristocrat Physician Yamashina Tokitsune].” In his *Nihon igakushi kenkyū yowa* 日本医学史研究余話 [Further Essays on Japanese Medical History], pp. 88-103. Kagaku Shoin 科学書院. (in Japanese)
- . (1971) *Muromachi Azuchi Momoyama jidai igakushi no kenkyū* 室町安土桃山時代医学史の研究 [Studies in the Medical History of the Muromachi and Azuchi Momoyama Eras]. Tokyo: Yoshikawa Kōbunkan 吉川弘文館. (in Japanese)
- Imatani Akira 今谷明. (1977) “Kitakōji ke monjo 北小路家文書 [Documents of the Kitakōji Family].” *Shirin* 史林, 60.2, pp. 94-107. (in Japanese)
- . (2002) *Sengoku jidai no kizoku – Tokitsugu kyōki ga egaku Kyōto* 戦国時代の貴族—言継卿記が描く京都 [Aristocrats of the Warring States Era – Kyoto As Depicted in the Diary of Lord Tokitsugu]. Kōdansha 講談社 (originally published as: *Tokitsugu kyōki – kuge shakai to machishū bunka no setten* 言継卿記—公家社会と町衆文化の接点. Soshiete そしえて, 1980). (in Japanese)
- Kawabe Hiroyuki 川部裕幸. (2006) “Hōsō no sakayu girei to ‘umare kiyomari’ no kannen 疱瘡の酒湯儀礼と『生まれ清まり』の観念 [The Sakayu Ritual (The Ceremony That Celebrates Recovery from Smallpox) and the Notion of Rebirth by Being Purified].” *Seijō bungei* 成城文芸, 194, pp. 1-24. (in Japanese)
- . (2005) “Tokitsune kyōki ni miru hōsō to mokuyoku – sakayu girei no sōshutsu o chūshin toshite 『言経卿記』にみる疱瘡と沐浴 — 酒湯儀礼の創出を中心として [Smallpox and Bathing as Seen in the Diary of Lord Tokitsune – Focusing on the Emergence of the Sakayu Ritual].” *Seijō Daigaku Minzokugaku kenkyūjo kiyō* 成城大学民俗学研究所紀要, 29, pp. 101-127. (in Japanese)
- Kosoto Hiroshi 小曾戸洋. (1991) “Dōsan iai no Yuji weiji, 道三遺愛の『玉機微義』 [On the Copy of the Yuji Weiji Owned by Dōsan].” *Kanpō no rinshō* 漢方の臨床, 38.9, pp. 2-4. (in Japanese)
- . (1991) “Gensaku no kankō shita Yuji weiji 玄朔の刊行した『玉機微義』 [The Yuji Weiji that was Printed by Gensaku].” *Kanpō no rinshō* 漢方の臨床, 38.10, pp. 2-4. (in Japanese)
- . (1990) “Manase Dōsan jihitsu Keitekishū – Mihara shiritsu toshokan zō hon 曲直瀬道三自筆『啓迪集』—三原市立図書館蔵本 [A Copy of the Keitekishū in Manase Dōsan’s Own Hand – The Text Held in the Mihara City Library].” *Kanpō no rinshō* 漢方の臨床, 37.5, pp. 2-4. (in Japanese)
- Kosoto Hiroshi 小曾戸洋 and Mayanagi Makoto 真柳誠. (1990) “Nihon saisho no katsujiban isho 日本最初の活字版医書 [The First Printed Japanese Medical Text].” *Kanpō no rinshō* 漢方の臨床, 37.7, pp. 2-4. (in Japanese)
- Kumano Hiroko 熊野弘子. (2016) “Manase Dōsan no Satsusho benchi – hi’nyōki shikkan o chūshin ni 曲直瀬道三の察証弁治 — 泌尿器疾患を中心に [Manase Dōsan’s Satsusho Benchī: Its Treatment of Urological Diseases].” *Kansai Daigaku tōyō gakujutsu kenkyūjo kiyō* 関西大学東西学術研究所紀要, 49, pp. 495-513. (in Japanese)
- . (2016) “Manase Dōsan no Satsusho benchi – ryūhei, kankaku o chūshin ni 曲直瀬道三の察証弁治—癩閉・関格を中心に [Manase Dōsan’s Satsusho benchī – Focussing on Ryūhei and Kankaku].” *Higashi Ajia bunka kōshō kenkyū* 東アジア文化交渉研究, 9, pp. 489-502. (in Japanese)
- Kyōtofu ishikai 京都府医師会 ed. (1980) *Kyōto no igakushi* 京都の医学史 [The Medical History of Kyoto]. Kyōto 京都: Shibunkaku Shuppan 思文閣出版. (in Japanese)
- Matsuda Kiyoshi 松田清. (1995) “Shinshutsu no Manase Dōsan isho – Ijutsu giben rui (jippitsu) to Iji tsūgan hoka 新出の

- 曲直瀬道三医書—「医術宜弁類」(自筆)と「医治通鑑」ほか [Newly Discovered Medical Texts by Manase Dōsan – A Copy in His Hand of the *Ijutsu giben rui*, the *Iji tsūgan*, and Others.]” *Kanpō no rinshō* 漢方の臨床, 42.4, pp. 2-4. (in Japanese)
- Mayanagi Makoto 真柳誠. (1993) “Asakura shi iseki shutsudo *Tangye bencao* 朝倉氏遺跡出土『湯液本草』 [The *Tangye bencao* Excavated from the Asakura Family Site.]” *Nihon ishigaku zasshi* 日本医史学雑誌, 39.4, pp. 500-522. (in Japanese)
- Miyamoto Yoshimi 宮本義巳. (1980) “Chūsei kōki naishi kinsei shoki Nihon igakushi no tokushitsu 1 – Dōsan ryū ijutsu ni okeru *Shingiku* no yakuhō ōyō rei 中世後期乃至近世初期日本医学史の特質 1 — 道三流医術における神麴の薬方応用例 [Characteristics of Japanese Medical History in the Late Medieval and the Beginning of the Early Modern Era – Examples of the Pharmaceutical Use of Medicated Leaven in the Medicine of the Dōsan School.]” *Kokugakuin zasshi* 国学院雑誌, 81.3, pp. 28-52. (in Japanese)
- . (1972) “Hatakeyama Yoshitsuna to idō denjū 畠山義綱と医道伝授 (1) [Hatakeyama Yoshitsuna and the Transmission of Medical Knowledge.]” *Nihon ishigaku zasshi* 日本医史学雑誌, 18.4, pp. 258-269. (in Japanese)
- . (1973) “Hatakeyama Yoshitsuna to idō denjū 畠山義綱と医道伝授 (2) [Hatakeyama Yoshitsuna and the Transmission of Medical Knowledge.]” *Nihon ishigaku zasshi* 日本医史学雑誌, 19.1, pp. 59-69. (in Japanese)
- . (2006) “Manase Dōsan no ‘Tōryū igaku’ sōden 曲直瀬道三の「当流医学」相伝 [The Lineage Transmission of Manase Dōsan’s *The Medical Teachings of Our School*.]” In *Sengoku Shokuhō ki no shakai to girei* 戦国織豊期の社会と儀礼, pp. 508-531. Ed. Futaki Ken’ichi 二木謙一. Yoshikawa Kōbunkan 吉川弘文館. (in Japanese)
- . (1977) “Manase Ikkei Dōsan to Ashikaga Yoshiteru 曲直瀬一溪道三と足利義輝 [Manase Ikkei Dōsan and Ashikaga Yoshiteru.]” *Nihon rekishi* 日本歴史, 350, pp. 70-81. (in Japanese)
- . (1982) *Sengoku bushō no kenkō hō* 戦国武将の健康法 [Health Practices of Warring States Era Warrior Leaders]. Shin Jinbutsu Ōraisha 新人物往来者. (in Japanese)
- . (2010) *Sengoku bushō no yōjō hō* 戦国武将の養生法 [Health Maintenance Practices of Warring States Era Warrior Leaders]. Shin Jinbutsu Ōraisha 新人物往来者. (in Japanese)
- . (1993) “Sengoku ki ni okeru Mōri shi ryōkoku no iryō to ijutsu 戦国期における毛利氏領国の医療と医術 [Medical Treatment and Medical Practices in the Mōri Clan Domain During the Warring States Era.]” In *Sengoku Shokuhō ki no seiji to bunka* 戦国織豊期の政治と文化, pp. 375-401. Ed. Maibara Masayoshi sensei koki kinen ronbunshū kankō kai 米原正義先生古希記念論文集刊行会. Zoku Gunsho Ruijū Kansei kai 続群書類従完成会. (in Japanese)
- . (2006) “‘Tōryū igaku’ genryū kō: Dōdō, Sanki, Sanki ron no saikentō 「当流医学」源流考—導道・三喜・三帰論の再検討 [Thoughts on the Origins of ‘The Medical Teaching of Our School’ – A Re-examination of the Debate Over Dōdō, Sanki, and Sanki.]” *Shichō* 史潮, 59, pp. 4-29. (in Japanese)
- Mizutani Isaku 水谷惟紗久. (1997) “Kokiroku ni mietaru Muromachi jidai no kanja to iryō (2) - *Tokitsugu kyōki* Eiroku kyūnen Minami Muki tōbyō kiroku kara 古記録にみえたる室町時代の患者と医療(二) — 言継卿記永禄九年南向闘病記録から [Muromachi Period Patients and Treatment as Seen in Old Records [2] – from the Fight Against Illness of Minami Mukai, Noted in the Diary of Lord Tokitsugu for the Year 1566.]” *Nihon ishigaku zasshi* 日本医史学雑誌, 43 no. 2, pp. 187-209. (in Japanese)
- . (1995) “Kuroyaki ni tsuite no kōsatsu 黒焼きに就いての考察 [Thoughts on Charred Medicinal Ingredients.]” *Mita chūseishi kenkyū* 三田中世史研究, 2, pp. 96-112. (in Japanese)
- Morimoto Masahiro 盛本昌広. (2000) “Toyotomi seiken no zōtō girei to yōjō 豊臣政権の贈答儀礼と養生 [Gift Giving Protocols of the Toyotomi Regime and Health Maintenance.]” *Shien* 史苑, 60, pp. 5-32. (in Japanese)
- Murayama Shūichi 村山修一. (2009) *Azuchi Momoyama jidai no kuge to Kyōto* 安土桃山時代の公家と京都 [An Aristocratic]

- crat and Kyoto in the Azuchi Momoyama Era*]. Hanawa Shobō 塙書房. (in Japanese)
- Nakamura Akira 中村昭. (1987) “Tamon’in Eishun no byōreki - baidoku o chūshin ni 多聞院英俊の病歴—梅毒を中心に [The Medical History of the Priest Tamon’in Eishun – Focussing on His Syphilis].” *Nihon ishigaku zasshi* 日本医史学雑誌, 33.4, pp. 477-492. (in Japanese)
- Okazaki Kanzō 岡崎寛蔵. (1976) *Kusuri no rekishi* くすりの歴史 [A History of Medicines]. Kōdansha 講談社. (in Japanese)
- Ōtani Masahiko 大谷雅彦. (1987) “Kitamura Sōryū wo meguru Manase Dōsan kankei no shiryō 北村宗龍をめぐる曲直瀬道三関係の資料 [Some Historical Materials Concerning Manase Dōsan Related to Kitamura Sōryū].” *Kanpō no rinshō* 漢方の臨床, 34.12, pp. 52-56. (in Japanese)
- Shimokawa Masahiro 下川雅弘. (2014) “Yamashina Tokitsune no iryō kōi to zōtō bunka 山科言経の医療行為と贈答文化 [Yamashina Tokitsune’s Medical Activity and the Culture of Gift Giving].” *Seikatsu bunkashi* 生活文化史, 66, pp. 28-47. (in Japanese)
- Shinmura Taku 新村拓. (1985) *Nihon iryō shakai shi no kenkyū* 日本医療社会史の研究 [Studies in the History of Japanese Medicine and Society]. Hōsei Daigaku Shuppankyoku 法政大学出版局. (in Japanese)
- . (2006) *Nihon iryō shi* 日本医療史 [A History of Japanese Medicine]. Yoshikawa Kōbunkan 吉川弘文閣. (in Japanese)
- Tabata Yasuko 田端泰子. (2014) “Gensaku Dōsan Haizairoku to Igaku Tenshōki kara mita Manase Gensaku ichimon no kanja to sono jidai – tokuni Hideyoshi ban’i sei to no kankei wo jiku ni 『玄朔道三配剤録』と『医学天正記』から見た曲直瀬玄朔一門の患者とその時代 — とくに秀吉の番医制との関係を軸に [The Patients of the Manase Gensaku School and Their Era as Seen in the Gensaku Dōsan Haizairoku and the Igaku Tenshōki – Focussing on the Relationship to Hideyoshi’s Attending Physician System].” *Josei shi bunka kenkyūjo kiyō* 女性文化研究所紀要, 22, pp. 29-50. (in Japanese)
- . (2013) “Manase Gensaku to sono kanja tachi 曲直瀬玄朔とその患者たち [Manase Gensaku and His Patients].” In *Iryō no shakai shi – sei, rō, byō, shi* 医療の社会史—生老病死 [A Social History of Medicine – Birth, Old Age, Illness, and Death], pp. 130-169. Ed. Kyōto Tachibana Daigaku josei rekishi bunka kenkyūjo 京都橘大学女性歴史文化研究所. Kyōto 京都: Shibunkaku Shuppan 思文閣出版. (in Japanese)
- Takahashi Masahiko 高橋正彦. (1968) “Keiō Gijuku Daigaku shozō monjo 慶応義塾大学所蔵文書 [Historical Documents Held by Keiō University].” *Komonjo kenkyū* 古文書研究, 1, pp. 95-99. (in Japanese)
- . (1963) “Manase Dōsan monjo ni tsuite 曲直瀬道三文書について [Regarding Some Manase Dōsan Documents].” *Shigaku* 史学 36.2/3, pp. 227-242. (in Japanese)
- Takashima Bun’ichi 高島文一. (2000-2009) “Igaku Tenshōki ni tsuite 医学天正記について (1 - 10) [On the Igaku Tenshōki].” *Keiteki* 啓迪, vol. 18 - vol. 27. (in Japanese)
- Takeda Kagaku Shinkō Zaidan Kyōu Shooku ed. 武田科学振興財団杏雨書屋編. (2015) *Manase Dōsan to kinsei Nihon iryō shakai* 曲直瀬道三と近世日本医療社会 [Manase Dōsan and the Medical Culture of Early Modern Japan]. Ōsaka 大阪: Takeda Kagaku Shinkō Zaidan 武田科学振興財団. (in Japanese)
- Yagi Ichio 八木意知男. (2001) “Manase Dōsan Yōjō waka 曲直瀬道三『養生和歌』 [Manase Dōsan’s Poems on Health Maintenance].” *Shintō shi kenkyū* 神道史研究, 49.2, pp. 29-43. (in Japanese)
- Yakazu Dōmei 矢数道明. (1982) *Kinsei Kanpō igaku shi – Manase Dōsan to sono gakutō* 近世漢方医学史—曲直瀬道三とその学統 [A History of Early Modern Kanpō Medicine – Manase Dōsan and His School]. Meicho Shuppan 名著出版. (in Japanese)
- . (1979) “Manase Gensaku nidai Dōsan no gyōseki 曲直瀬玄朔二代道三の業績 [The Career of Manase Gensaku

- the Second Generation Dōsan].” In Ōtsuka Keisetsu 大塚敬節 and Yakazu Dōmei 矢数道明 eds. *Kinsei Kanpō igakusho shūsei* 近世漢方医学書集成, 6, *Manase Gensaku* 曲直瀬玄朔, pp. 9-48. Meicho Shuppan 名著出版. (in Japanese)
- . (1979) “Nihon igaku chūkō no so Manase Dōsan 日本医学中興の祖曲直瀬道三 [Manase Dōsan the Progenitor of the Revival of Japanese Medicine].” In Ōtsuka Keisetsu 大塚敬節 and Yakazu Dōmei 矢数道明 eds. *Kinsei Kanpō igakusho shūsei* 近世漢方医学書集成, 2, *Manase Dōsan Keitekishū* 曲直瀬道三 啓迪集 1, pp. 7-50. Meicho Shuppan 名著出版. (in Japanese)
- Yamagishi Motoo 山岸素夫. (1991) “Kinsei shoki senjin shoyō no kusurigami ni tsuite 近世初期戦陣所用の薬紙について [On Battlefield Medicinal Bandages at the Beginning of the Early Modern Era].” *Fūzoku* 風俗, 30:2, pp.17-27. (in Japanese)
- Yamazaki Mitsuo 山崎光夫. (2004) *Sengoku bushō no yōjō kun* 戦国武将の養生訓 [*Injunctions on Health Maintenance of Warrior Leaders of the Warring States Era*]. Shinchōsha 新潮社. (in Japanese)
- Yonezawa Yōko 米澤洋子. (2013) “Muromachi Sengoku ki no Yamashina ke no iryō to ‘kayaku’ no keisei 室町戦国期の山科家の医療と「家薬」の形成 [Yamashina Family Medical Treatment and the Creation of ‘Family Medicines’ in the Muromachi and Warring States Eras].” In *Iryō no shakai shi – sei, rō, byō, shi* 医療の社会史—生老病死 [A Social History of Medicine – Birth, Old Age, Illness, and Death], pp. 82-129. Ed. Kyōto Tachibana Daigaku josei rekishi bunka kenkyūjo 京都橘大学女性歴史文化研究所. Kyōto 京都: Shibunkaku Shuppan 思文閣出版. (in Japanese)
- . (2014) “*San’i Hōgan kaden hihō hyaku nijū shu sho* 三位法眼家傳秘方百二十種書 [*San’i Hōgan’s Family Tradition Secret Formulas In One Hundred And Twenty Items*].” *Josei rekishi bunka kenkyūjo kiyō* 女性歴史文化研究所紀要, 22, pp. 65-85. (in Japanese)
- Yoshizawa Chieko 吉澤千絵子, Mikage Masayuki 御影雅幸, and Taru Atsufumi 多留淳文. (2003) “*Igaku tenshōki ni mirareru Hōshun’in dono* (Maeda Toshiie kō shōshitsu Matsu) shinryō kiroku ni kansuru kōsatsu 「医学天正記」に見られる芳春院殿(前田利家公正室まつ)診療記録に関する考察 [Thoughts on the Medical Case Record of Lady Hōshun’in (Matsu, the Primary Wife of Lord Maeda Toshiie) as Seen in the *Igaku Tenshōki*].” *Yakushigaku zasshi* 薬史学雑誌, 38.1, pp. 82-92. (in Japanese)