
Goble UrbanScope article; Dr. Umihara comments

Ryo UMIHARA*

I

As Professor Goble has indicated, the focus of research in medical history has in recent years broadened considerably. In addition to the study of medical and pharmaceutical texts, diaries and other types of private documents have come to be utilized. There has also been an increase in well-grounded and detailed studies that focus not only on doctors, i.e. those who engage in medical treatment, but also on the recipients of that treatment, i.e. patients.

Furthermore, visual materials that were produced in fairly large numbers at times of epidemic (smallpox, measles, cholera etc.) have survived in relative abundance, and from early on there have been quite a few studies of them. However, studies of the environment of medical treatment in ordinary times have been limited.

Literary texts have also been used as historical sources. However, my own sense is that from the outset there have been a number of unresolved issues regarding how they should be used, and it is difficult to conclude that those studies have reached an adequate level. As one of the few successful examples, though it is a somewhat older work, I would point to Suzuki Shūji's "Sick People and Those Treating Them as Seen in the *Tales of Times Now Past* [in Japanese: *Konjaku Monogatari shū ni okeru byōja to chiryōsha*]" (*Nihon Rekishi*, No. 243, 1968). For premodern medical history, there are many points to learn from Suzuki's organization of the material.

We also need to examine carefully the issue of what the definition of the term "medical culture" is. In Professor Goble's presentation he was quite consciously linking this to "the lives of city residents." As it happens, I myself have offered an analytical perspective, one which sees medical treatment as an "environment of medical treatment" constituted by the structural relationship of two parties, the physician and the patient (Umihara, *A Social History of Early Modern Medical Treatment* [In Japanese, *Kinsei iryō no shakai shi*], Yoshikawa Kōbunkan, 2007). In recent years there have been some strong criticisms of this approach. However, based on this presentation, and on other works, I will be further refining my views.

With respect to studies of medical history in Japan, bibliographical study and analysis of scholarly lineages have been at the core. Given the extensive accumulation of such studies, adding to these foci what Professor Goble refers to as "the history of medical culture" is very significant. Moreover, in the field of early modern medical history, in the 1990s the notion of "Periphery of Social Stratification" was very popular, and there was much focus on the analysis of the status and functions of physicians, and on the structure of their existence. While for the pre-modern era there are significant limitations imposed by available sources, I look forward to similar types of research that can make the most of the pre-modern sources.

II

With respect to the Yamashina family's medical treatment, the research of Hattori Toshirō has been a pioneering effort, and there is also a brief introduction to it in the work *A Medical History of Kyoto* (in Japanese, *Kyōto no igakushi*). Quite recently (2014) Yonezawa Yōko has produced a detailed and well-supported work, "The Formation of the Yamashina Family's Medical Treatment and Their Family Medicines in the Muromachi and Warring States Period: an examination of the *Secret Family Traditions of San'i Hōgan*" [in Japanese, "Muromachi Sengoku ki no Yamashina ke no iryō to kayaku no keisei – *San'i Hōgan Kaden Hihō wo megutte*] (in Kyoto Tachibana Daigaku

* Ph.D., Senior Researcher, Sumitomo Historical Archives. 1-2 Shishigatani Shimomiyanomaechō, Sakyō-ku, Kyoto-shi, 606-8431 Japan.

Josei Rekishi Bunka Kenkyūjo ed., *A Social History of Medical Treatment: birth, old age, illness, and death* [in Japanese, *Iryō no shakai shi — sei, rō, byō, shi*] relating to the structure of the physician's existence, from the viewpoint of the formation of their family medicines.

Professor Goble's presentation is an ambitious attempt to build upon this research history. Professor Goble directs his attention to the "space" of the temple urban district, and has essayed to extract the medical treatment that was carried out therein. Accordingly, his grounding of himself on the perspective of the temple urban district being a space for the manifestation of relief, and presenting such keywords as "self-reliant self-defense," "bonds," "mutual assistance," and "consciousness of self-government," is, I believe, quite original.

In fact, is Professor Goble not giving attention to "place", or space, that to date has been overlooked in the history of medical culture?

On this point, if we think of some examples from the early modern period, the essence of physical examinations in optometry and psychiatry come readily to mind. Cases where patients gather at a designated space and concentrated medical treatment is carried out can be verified from primary sources. With respect to the temple urban district during the Sengoku Warring States era, and the question of what the shape of the treatment space was, Professor Goble noted that "the temple urban district was not simply a city, and neither was it a castle town, but rather, as a living space for commoners, it was the necessary site for the appearance of a new medical culture." It would be most interesting if we could more deeply explore this point and shed light on the concrete form that this took.

Further, his attention to the social aspects of medicines is also important. Let us include in the category of "gift exchange" the giving and receiving of medicines which have limited efficacy. It is difficult to see that this could be called an aspect of medical treatment, but I would like to draw attention to Professor Goble's statement that medicines had the character of being "not simply something that was for the purpose of medical treatment, but also something that bound residents' perspectives on and self-identity within urban society." From the standpoint of the examples we have from the early modern era, one part of an activity that was engaged in by the upper levels of the community, namely providing free medicines, had exactly the same character.

III

While bearing in mind the above-mentioned merits of Professor Goble's presentation, let me offer up a few questions and criticisms, and some discussion points related to future studies of the history of medical culture.

First, and this is a fundamental question, I am not yet clear as to why the Yamashina family took up medical activity. Even when reading earlier studies it is not clear to me whether the Yamashina family's medical activities were something they did as an occupation, or whether these were the putting into practice of something integral to the learning (education) of that era.

To put this somewhat simply, the question is, were Yamashina Tokitsugu and Yamashina Tokitsune, who carried out medical treatment, in fact really doctors? Just looking at their diaries, the main part of their medical treatment activity was pulse diagnosis (palpation) and the prescribing of medicines. In this period, by what type of qualifications or provisions were professional doctors defined as such? What is needed is a rethinking from the ground up of the essential characteristics of the occupation of doctor.

Second, with respect to medical treatment related to women's medicine (obstetrics) in this period, there is the issue of to what extent the physician was involved. One can only say that historical studies of women's medicine are inadequate. In particular, there is much that is unknown about the realities of the margins (midwives, female doctors) of women's medicine.

The existence of the support networks (not limited to family, but including neighbors and acquaintances) articulated by Professor Goble has already been pointed out in previous scholarship as having played an important role in premodern medical treatment. My impression is that it is useful to distinguish the realities of the field of women's medicine from other areas (such as general medicine, or external medicine). There is no doubt that this issue, beyond the present presentation, is a topic for the entire field of the history of medicine.

Thirdly, there is the matter of the dissemination of medicines. As a general matter, the relationship between me-

dicinal efficacy and faith (or belief) is not inconsiderable. The role played in the circulation of medicines by priests and by religious figures engaged in pilgrimage was a major one. In the medical treatment within the urban temple districts, might not there have been a relationship between the Honganji itself and the production of medicines?

Further, with respect to the social dissemination of medicines, one prerequisite was an established understanding on the part of those who were the recipients. What were the essential elements that made possible the germination and generation of knowledge about medicines? Another important point for investigation is, how was consciousness of medical care “yojo,” that is, common sense regarding the taking of medicines, formed in the era prior to Manase Gensaku’s work (printed in 1608) *Enju satsuyō* (*Essentials of Extending Life*)?

Finally, there is Professor Goble’s assessment that “all commoners could receive medical treatment.” Of course there is the question of what is meant by the term “commoners,” but is it right to regard the medical treatment that we see in the historical source engaged, the *Tokitsune kyōki* (Diary of Lord Tokitsune), as what the medical treatment of that era had achieved? The reality that “people in the orbit of a sick person ... could readily depend upon treatment from a physician,” was no doubt a phenomenon in Ōsaka and in Kyoto in the vicinity of the Yamashina family. So, what types of materials are to be used that would enable us to corroborate it? This is a topic that is beyond my ability, but it is necessary to build from the ground up with the minutia and plethora of historical facts.

I am in complete agreement with a comment made by Professor Goble at the end, that “the fields of history and of medical history are bifurcated and disconnected, but is it not the case that by using sources related to medical treatment, and by taking up the theme of medicine and society, new perspectives on social history become possible, and we also obtain new understandings?” I, in my area of the study of early modern history, plan from now on to move this type of work forward.