

BOOK REVIEW

The Politico-Legal Institutionalisation of Blind Status and Subjecthood in Early Modern Japan

Blind in Early Modern Japan: Disability, Medicine, and Identity. By Wei Yu Wayne Tan. Ann Arbor: The University of Michigan Press, 2022. 266pp. Paperback: US\$29.35
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Situated in Tokugawa Japanese society (1600–1868), Wayne Tan’s *Blind in Early Modern Japan: Disability, Medicine, and Identity* (2022) provides a contribution to and a departure from traditionally Western explorations of intersecting disability and national histories (ex. Nielsen, 2012). *Blind in Early Modern Japan* (2022) takes its readers on a journey through early modern Japanese Medicine (medical lineages and academies) and disability-specific labour exploitation (music, massage, acupuncture, moneylending) with an eye towards the peculiar historical visibility of blind Tokugawa subjects as shaped by the particular conditions of Tokugawa society, “its intellectual frameworks, popular thought and culture, laws, political ideologies and rhetoric, and social and political values and practices.” Tan’s work is very much a telling of how blindness became “the most remarkable disability in Tokugawa society,” and of how blind and visually impaired early modern Japanese political subjects were unequally enabled and disabled by this remarkability (Tan, 2022, p. 186).

Tan’s work (2022) begins with an exploration of early modern Japanese Ophthalmology, the medical study of pathologies related to the eyes, which became a specialty field of medicine during the early Tokugawa period. In this way, the reader is introduced to the Sino-Japanese Medicine of Tokugawa society, rooted in classical Chinese medical thought, and cultivated through a combination of lineage-based medical knowledge, as well as emerging early modern medical texts, institutions, and schools. By the nineteenth century, Dutch-method medicine made its way into Japanese medical thought, and Sino-Japanese medical explanations of visual impairments involving “ki,” “winds,” and “poison” attacks were supplanted by new medical models of disability, anatomical explanations rooted in Western medical traditions.

The rise of a popular culture around the cure of eye diseases and the use of eye medicines can be seen in some of the earliest Japanese medical texts from the 1600s, which focused on household treatments and self-help given the scarcity of professional and affordable alternatives accessible to the average Tokugawa subject experiencing visual impairment. Increasing literacy accompanied by the rise of print culture from the 1700s to 1800s gave way to a growing medical consumer culture. Visually impaired and blind subjects had greater access to medicines and purported cures than ever before and could choose to pursue treatment via widely disseminated home remedies or (when means permitted) by way of a growing medical professional community of ophthalmologists.

As a status group in Tokugawa society, blind people were subject to the Kyoto (Blind) Guild which was designated by the Shogunate with the authority to govern over all of Japan’s blind status group, all of Japan’s blind/visually impaired populations. With medieval origins between 1200 and 1300, the Kyoto Guild began as an elite vocational institution, training blind and visually impaired men only (women were excluded) to

perform Heike music, a traditional genre of Japanese music. As part of their disabled political identity, blind people were often associated with specific occupations (due to their lack of sight and purportedly enhanced sense of touch). With the rise of “health cultivation” public health campaigns throughout Tokugawa society and the Shogunate’s increasing reliance on medical hierarchy, acupuncture and massage (medical therapies) were added to the vocational training options offered by the Guild beginning in the 1600s—before then, only sighted people were employed in these professions. The Guild never succeeded in establishing total power over all blind Tokugawa subjects, despite the Shogunate’s orders. Tan documents, for example, the resistance of blind women musicians, blind lay priests, and blind commoners to Guild domination and exploitation. Blind men, however, could find status, work, vocational training, and filial security through membership in the Kyoto (Blind) Guild.

Blind men who were Guild members sometimes trained in all three vocations but most often chose between Heike performer, masseur, or acupuncturist. Blind men who trained in these vocations, in some instances, were so successful that they were able to establish their own lineages and their own schools (like Sugiyama Wa’ichi). Guild members seeking training in massage and/or acupuncture would typically first train in massage for several years under a master, before graduating into acupuncture for several more years’ training. As the Tokugawa political association between health cultivation (live longer to work longer) and the health of the national body (social order and public health) grew, massage and acupuncture dramatically increased in their commercial value widening such markets and opening opportunities for blind practitioners. Blind masseurs and acupuncturists become coveted commodities and a lucrative market for the Guild.

What may have been a charitable institution during the early Tokugawa period, became an institution of power and exclusion by the late Tokugawa period. Guild membership came with benefits in the form of alms, training, and work; but it also came with steep costs in the form of social and financial obligations. Those with the means to pay their way through the ranks of the Guild’s hierarchy could find status and prestige within very niche occupations designated for the blind in Tokugawa society. However, many blind and visually impaired Japanese commoners could not afford Guild membership. Blind women, blind lay priests, poor blind men, and multiply disabled blind people were consistently excluded from Guild membership. It was not until 1871, after the Tokugawa period had ended, that the Guild was dismantled, and Meiji government officials began (in Modern fashion) clamping down on the traditionally itinerant professions cultivated by the Guild.

Elite Guild members certainly benefitted from the Guild financially, politically, socially, and vocationally. However, the average Guild member likely struggled to keep up with dues. While the Guild provided all its members with community, status, a shared disability identity, and access to niche vocational training, it also accomplished this through the organised exploitation of its base and the general exclusion of those incapable of work. Many, perhaps most, blind subjects of Tokugawa society depended on Guild-administered alms for a substantial portion of their lives.

Blind women and others traditionally excluded from the Guild often learnt and practised the same vocations as Guild members, sometimes even taking the roles as teachers when formal Guild discipleship was too costly. Blind lay priests found their own spiritual vocations and could sometimes avoid Guild membership and/or servitude. Whether organised around blind women’s kinship groups or centred around Buddhist temples, blind women and blind priests resisted and challenged the power of the Guild over the blind status group by forming highly recognisable disabled identities that outlasted the Guild well into the 1900s.

Unpacking the transition from the late medieval (feudalist) into the early modern (capitalist) era has become a critical pathway in cross-disciplinary attempts to navigate

the historical intersections of labour production, exploitation, and disability. Wayne Tan's *Blind in Early Modern Japan: Disability, Medicine, and Identity* (2022) travels this path, making a significant contribution to a growing collection of works at the intersections of disability and national histories. Tan also takes a significant departure from the predominantly Western pathway of this growing collection, as it explores early modern Japanese concepts of blindness and the contradictory conditions of blind people's simultaneous, yet unequal, disablement and enablement in Tokugawa society (1600–1868). In this way, Tan's exploration of the Kyoto Guild additionally contributes to historically revisionist disability scholarship documenting the contradictions of exploitation and empowerment experienced by “Freaks,” performers in side shows, and disabled subjects of medical exhibitions and/or experimentation.

In other ways, Tan's work (2022) traces the transition from charity/spiritual models of disability to medical/professional models of disability in early modern Japan. Whether from the use of “*ki*” and “winds” to explain causes of disability to the introduction of Dutch-influenced anatomical explanations—or, from the Shogunate's administration of alms and vocational skills via the Guild to the national construction of medical institutions for medical accreditation—Tan documents the particular intellectual, cultural, legal, political, ideological, social, and moral history of the Tokugawa period as an era of transformation in blind and disabled status identities unique to Japan.

Blind in Early Modern Japan (2022) also opens windows of opportunity for future scholars. Given my situated knowledge as a half-blind woman, the limited exploration of blind women's experiences of Tokugawa society, exclusion from the Guild, gender discrimination, sexual exploitation, assault, and resistance reads like an invitation to other scholars to build on Tan's strong foundations. As a sociologist and disability scholar, Tan's emphasis on enablement in the context of Guild exploitation and disablement also reads like an invitation to revisit histories of disability oppression, and to better highlight disabled histories of resistance, resilience, and empowerment in the context of the on-going-ness of disability oppression.

Tan's work powerfully and insightfully documents the convergence of growing national and medical incentives that intersect in the early modern administration of blind-specific institutions of vocational rehabilitation. Tan highlights this institution, the Kyoto (Blind) Guild, after its emergence in medieval Japan, as it came to flourish under Shogunate authority in early modern Japan. The likes of such mass institutions operating under intersecting national and medical authorities were not constructed in the United States until the mid-1800s. Similarly, both nations prioritised the education of the blind earlier and over other disabled populations, as blind political subjects were considered more fit for vocational training and labour. By the 1860s in the U.S., like the Kyoto Guild of Tokugawa society in Japan (1600–1868), these institutions often sacrificed the goals of education/vocational training in their efforts to institutionalise and exploit larger proportions of the nation's disabled population and in service to a national-level expansion of medical-industrial administrative powers (Nielsen, 2012). Similarly, it is curious to consider parallels between Wayne Tan's (2022) definitions of “disablement” and “enablement” and Jasbir Puar's concepts of “debility” and “capacity,” if resituated in an early modern context where modern capitalist exploitation and medical model thinking come together in their infancy and through cross-national processes of modern state formation (Puar, 2017).

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