

SEXUAL HEALING: REGULATING MALE SEXUALITY IN EDO-PERIOD BOOKS ON ‘NURTURING LIFE’

Angelika Koch

University of Cambridge
E-mail ack39@cam.ac.uk

The present article explores health as a factor in the understanding of Edo-period male sexuality. This notion was systematically propagated by a genre of health guides on ‘Nurturing Life’, which came to circulate widely at the time. Sexuality was seen as an integral element of a healthy life-style in these didactic texts, which aimed to instruct people on how to live a long life unharmed by disease. In order to achieve this goal, the health-seeker was to strictly control his everyday activities, including eating, drinking alcohol, sleeping – or sexual intercourse. By consequence, a certain kind of sexual behaviour emerged from these works as ‘healthy’, while deviations from the prescribed standards are medicalized away as harmful to the body, in extreme cases even fatal. At the same time, bodily health is presented as inextricably bound up with moral ‘health’. Thus, the rhetoric of control imposed on the body was extended from the purely medical to the moral, making the health-seeking individual at the same time a good (male) subject and model head of household within an ideal Confucian-inspired society. The ‘healthy’ sexuality of writings on Nurturing Life therefore has to be situated at the crossroads of medical beliefs and moral parameters.

Keywords: sexuality; masculinity; Japan; Edo period; Nurturing Life; *yōjō*; health; medicine

PROLOGUE: TWO EDO SEXUAL LIVES

As far as intercourse is concerned, I forsook ejaculation for about one and a half years when I was thirty. After that I felt a slight improvement in my health and physical stamina, and ejaculated twice a month. From the time I was approaching fifty, I ejaculated five or six times a year. From the start, even in my younger years, I refrained from intercourse during the coldest and hottest days of the

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year. From the age of fifty-five, fifty-six onwards I have not come close to women anymore, and have remained chaste for more than ten years already – I do not know for certain how long it has been precisely. (Matsudaira Sadanobu 松平定信 in *Shugyōroku* 修行録, 1822/23).¹

I fulfil my duties towards the Way of Heaven in the bedchamber twice, in rare cases three times, a month. However, since my wife has a sickly constitution, it is often difficult, and it can also happen that I am refused. If I keep up that frequency of intercourse, I feel completely normal [in my physical condition] the day after when I practice some martial arts with my friends (Kawaji Toshiakira 川路聖謨 in his diary, 1848).²

These personal testimonies given by two high-ranking samurai officials on their sexual habits provide a range of details about how two individuals of the social elite structured (or at any rate claim to have structured) their sex lives in nineteenth-century Japan. Matsudaira Sadanobu, daimyo and conservative Confucian reformer well known for his rigorous life-style, apparently had no qualms about revealing his agenda of sexual self-cultivation in his autobiographical *Shugyōroku*. In the schematic account of his *vita sexualis* over the past thirty-odd years, an aged Sadanobu mentions having practised a variety of sexual regimens, ranging from sexual moderation and renouncing sexual acts altogether, to avoiding intercourse at certain times of the year – a model sexual life for a samurai at the time, as we can safely presume when taking into account the context of this work. For *Shugyōroku* was not merely written as a private record for Sadanobu's eyes only, but with the specific purpose of providing a “teaching meant to encourage [his] descendants to set themselves goals”,³ which testifies to the author's underlying intention in recording his experiences: the creation of a model to emulate for the ones who came after him. His family certainly perceived of the short tract in this fashion, according to one of his twentieth-century kinsmen, who states in the 1942 Iwanami Shoten edition of the work that *Shugyōroku* had been handed down as a ‘household teaching’ (*kakun* 家訓) in the Matsudaira clan over the roughly 120 years that had passed since its completion.⁴

By comparison less didactic and more intimate in tone than Sadanobu's recommendations are the passages on intercourse in the diaries of Kawaji Toshiakira, a prominent statesman of the Bakumatsu era. Since his official duties often kept him away from Edo for prolonged periods of time, the day-to-day accounts of his experiences jotted down in his diaries were also sent to his mother back in the capital, thus effectively doubling as a form of letter to his beloved ones at home. In an entry dated 1848, at the age of forty-eight, Kawaji entrusts his mother with the above information that he limits himself to having intercourse twice a month – a frequency which can vary depending on his wife's

1 Matsudaira 1942, p. 192. All translations from Japanese, unless otherwise noted, are my own. Both passages quoted are discussed in Ujiie 1998, pp. 90–93 and 100–103, but the conclusions drawn here are my own.

2 Kawaji 1933, p. 335.

3 Matsudaira 1942, p. 102.

4 *Ibid.*, p. 9.

state of health, he adds. Merely a couple of months earlier, he had confided that “[he] would like to drink more and have sex to [his] heart’s content, but since [he is] almost fifty [. . .], [he] strictly restrain[s] [himself]”.⁵ Why, then, this pragmatic resignation, despite potential clashes with his own desires, one wonders? Whence the obvious obsession with numbers and the effort to live by them that is discernible in both accounts?

Why, more broadly speaking, this close control and monitoring of one’s own sexual behaviour equally evidenced in Sadanobu’s and Kawaji’s attitudes? The reply is more or less explicitly packaged in both their statements: for the sake of their physical well-being, for the higher good of a strong health which trumps the short-sighted and fleeting satisfaction that unrestrained sexual desires can bring. Thus Kawaji expresses the belief that as long as he maintains a certain frequency of intercourse, his physical stamina will go unharmed, permitting him to exercise the day after without being affected in his performance. After all, at forty-eight he would have already numbered amongst the ‘elderly’ (*rōjin* 老人) according to Edo-period (medical) standards, based on the traditional axiom that at age forty half of one’s life energy had been expended.⁶ From there one was treading the downhill path of life, and Kawaji, being past his zenith at “almost fifty”, as he muses, apparently prioritizes the exigencies of a healthy body over his physical appetites. Sadanobu, by contrast, already seems to have taken drastic measures to reduce sexual contacts in his prime. The key motivation behind this self-enforced austerity from an early point in his life onwards is recorded elsewhere in his memoirs: his body had been naturally weak and prone to illness ever since childhood.⁷ In countering this innate liability and preserving his physical strength, Sadanobu apparently acknowledged the efficacy of sexual restraint, judging from his remark that he felt positively reinvigorated after a break from sexual activities at age thirty.

The accepted premise underlying both accounts is in fact hard to miss: intercourse, or more specifically ejaculation, directly influences one’s physical state of well-being. This organizing principle, informing the very deliberate choices of the two quoted individuals, may leave the modern reader grappling for meaning, unfamiliar as it is within present-day notions of sexuality. And yet in early modern Japan there was no shortage of statements testifying to the experienced intimate link between health and sexual behaviour. Yamamoto Tsunetomo 山本常朝, famed eighteenth-century codifier of the warrior ethos, upheld its validity, when he opined in *Hagakure* 葉隠 that abstention from sex and consistent moxa cauterization are “things that [he] feel[s] have definitely had effect” on his rather sickly frame.⁸ The scholar Kumazawa Banzan 熊沢蕃山 in the seventeenth century implies it, when he reminisces how in his twenties, as intense studies “like a child, made him oblivious to the way of humans [= intercourse]”, he was praised by people because “his

5 Kawaji 1933, p. 83.

6 For a formulation of this belief, see for instance Katsuki Gyūzan’s 香月牛山 *Rōjin yashinaigusa* 老人養草: “In the *Basic Questions* [of the Chinese medical classic *The Yellow Emperor’s Inner Canon*] it is also said that at age forty the Yin *qi* has halved automatically, and therefore one should be careful and pay attention to one’s eating, drinking and sexual habits. There is truly good reason why in popular conceptions in our country age forty is established as the onset of old age.” (Eisei 1917–1918/2, p. 11).

7 Matsudaira 1942, p. 181.

8 Yamamoto 2002, p. 49.

complexion was brilliant and his voice attractive”.⁹ And one of the most illustrious fictional figures of the period, Ihara Saikaku’s 井原西鶴 incurable womanizer Yonosuke 世之介, nonchalantly disregards the notion in his farewell monologue as he sets sail towards the ultimate lover’s paradise, the Island of Women, where heightened sexual activity is to be anticipated: “We may exhaust ourselves through sexual excess and be buried there, but what of it? All of us here happened to be born as men without any ties or family – so is this not exactly what we wish for?”¹⁰ Whether followed or discarded, obeyed or belittled, the notion that one’s bedroom behaviour affected one’s physical well-being was thus a constant point of reference.

The literary example of Yonosuke’s transgressive preparatory speech for his adventurous crew of hardy Casanovas aside, these personal testimonies suggest that some Edo-period individuals experienced the relationship between their body and their sexual activity as precarious and fragile, as a site of self-care that required attention, circumspection and ultimately self-control so as to keep the organism in good working order. We can raise the issue of the trustworthiness of such sources. After all, in Kawaji’s case, for instance, the silently imagined reader of his diary entries is his mother, which clearly provided reason for him to present himself in the best possible light as a model son and head of household, who shows prudence in regulating his body. In Sadanobu’s work, on the other hand, the line between autobiographical account and didactic text is blurred, which makes his role as author ambiguous. He is not merely an unbiased practitioner of sexual regimens in his work, but at the same time also a teacher of family morality who fashions his own life into a household doctrine. This to some extent qualifies the reliability of Sadanobu’s remarks, given that he clearly had motivation to approximate his life-style to lofty text-book ideals of conduct. Albeit in different ways, the *ie* 家 (household) as a web of social rules and expectations thus looms in the background of both Sadanobu’s and Kawaji’s accounts, and complicates a distinction between what needs to be read as idealized norms and what as real-life practice even in these autobiographical writings. However, even if we do not accept such statements as conclusive evidence of actual sexual behaviour, what these sources still bespeak first and foremost is an accepted ideal that men aspired to – at least those belonging to the higher echelons of Edo society.

Certain tensions between these ideals of self-cultivation and personal sexual wishes become tangible in both texts – but are valiantly and rationally overcome.¹¹ Is this too flawless a triumph? Too clean a sexual record? Or so we wonder. In our mistrust, however, we should also be careful not to miss a vital point that the writers actually make; that is, they claim to subjectively experience the consequences of their sexual behaviour, to *feel* them in the unfathomable depths of their body or *perceive* them clearly on its surface – be that as a general improvement of one’s physical condition, as exhaustion (or conversely the lack of it) when exercising, or even as visible proof appearing in one’s face, on one’s skin which suddenly shines with new beauty.

9 Kumazawa 1992, p. 336.

10 Ihara 1971, p. 302.

11 Sadanobu, for instance, includes an episode detailing how he cured himself of his sexual attraction to a chambermaid in his *Shugyōroku*, see Matsudaira 1942, pp. 184–85.

That ways of relating to one's own body differ across time and cultural contexts is not a novel idea within the history of the body. Barbara Duden (1991) for instance has posited the epoch-specific experience of the body, the project of what she later came to call "historical somatology", as the focal point in her seminal research on the self-perceptions of female patients in eighteenth-century Germany. Within an East Asian context, Kuriyama Shigehisa has explored the divergent ways of "being a body" and achieving personhood, arguing that "differences in the history of medical knowledge turn as much around what people perceive and feel [...] as around what they think".¹² His and other research has positioned the experience of the body, disease and pain in pre-modern Japan as moulded by cultural, social and historical factors.¹³

Should we not include sexual activity, or more precisely its perceived physical aftermath in our specific case, within such a range of culturally and historically contingent experiences of the flesh? Should we not distance ourselves from the assumptions of our own pleasure model, rather than hastily brand the accounts of Sadanobu and the others as mere idealized self-staging? If so, this opens up the possibility that an alternate truth of sexual experience in relation to the body was in place in Edo Japan, which inscribed the sexual act into a framework of sensations concerning a person's well-being and physical vigour. In suggesting this new angle on Edo sexuality, however, I do not wish to imply that it was the only, or even the most widespread experiential reality of sex available at the period – too overpowering to deny is the factual existence of a lively culture of pleasures in the floating world of prostitution. More personal testimonies will have to be carefully gleaned from autobiographical writings and diaries and subjected to critical readings before, if indeed any, definite conclusions can be drawn concerning its prevalence and distribution across time or class.¹⁴ All we can gather from the scattered instances referred to here is the mere hint of a potentiality for now, the silhouette of the intriguing idea that sex was felt in a fundamentally different way in Edo Japan.

Whilst the present paper does not propose to unravel this perceptual aspect of male sexuality in detail, it addresses a different issue that almost inevitably arises from these personal sources, namely: How come Sadanobu and the others made sense of sexuality in such a way at all? Or in other words, what web of cultural meanings concerning the body and health unavailable to us did Sadanobu and the others tap into to make such experiences as the above thinkable, feelable – and more than that, potentially even desirable to them? If the passages discussed previously represent the fairly elusive level of personal perceptions, the theoretical notions that tied sexuality to ideas of well-being were unambiguously fixed and endlessly reiterated in the medical thought of the time, and in the Edo period especially in a corpus of popular health manuals termed 'books on Nurturing Life' (養生; Chin. *yangsheng*; Jap. *yōjō*).

12 Kuriyama 2002, p. 272.

13 See for instance Kuriyama 1997, or the relevant essays in Kuriyama 2001, Kuriyama and Shirasugi's essays in Yamada/Kuriyama 1997, Kuriyama/Kitazawa 2004 (particularly the essays by Sakai and Kitanaka), and Ōtsuka *et al.* 1999.

14 For a brief discussion of the general difficulties in identifying sources for an experience-based approach to the body, see Hofer/Sauerteig 2007, pp. 124–25.

This article explores the model of sexual activity such manual literature presented to an Edo-period lay audience as a ‘wholesome’ behavioural standard, focusing on two interconnected perspectives. On the one hand, it discusses Nurturing Life as an East Asian ‘health’ concept in the context of the contemporary medical system, which was based on the body of Chinese-style medicine, seeking to define the place sexual pursuits held within the workings of disease and well-being. On the other hand, the article also positions ‘Nurturing Life’ as a moral-ethical concept, arguing that such health guides ultimately mediated masculinities that were ‘healthy’ morally just as much as physically – in fact much like the self-representations of Matsudaira Sadanobu and Kawaji Toshiakira.

But why write merely of men and masculinity here? For one, the diaries analysed in the prologue were, of course, penned by elite males. Beyond this, however, evidence suggests that the field of ‘sexual health’ as I will outline it was predominantly gendered male in Edo Japan – its female correlate being discussed in health guides specifically for women that focused on issues of pre- and post-partum care.¹⁵ Previous research has made a case that the typical addressee of ‘books on Nurturing Life’ in general was the male head of household¹⁶ – and particularly with regard to the sexual rules they contained, the manuals drew on a centuries-old discourse on sexual regimen that had been largely andro-centric in its orientation since its inception.¹⁷ Thus the tenth-century *Ishinpō* 医心方 already proclaimed that whilst sexual health methods for women existed, it was more advantageous to leave them in the dark about these matters, and proceeded to instruct men.¹⁸

In the Edo period, advice on a healthy sex life could for instance appear in a marriage guide for young men like *Ryōin kokoro* 良姻心得草 (1846), representing one piece of information the prospective bridegroom should familiarize himself with before forging a union.¹⁹ Conversely, *Zōeki onna kyōbunshō* 増益女教文章 (1699), a life-style guide for women, portrays such knowledge as at best peripheral for its readers, instead positing female sexual health as dependent on the correct bedroom behaviour of her male partner: “[. . .] Since women follow the will of their husband [in sexual matters], it is not up to them to be circumspect about these things. Nevertheless, I have recorded this here for your [i.e. the female reader’s] information.”²⁰

In real-life reading practice, of course, this gender division might have been blurred, and the gist of sexual health methods was certainly not considered detrimental or inappropriate for women – although it was for “their information” only. Nevertheless, as it seems that the sexual regimen proposed in health discourse was a prototypically male affair, I discuss this as a model of masculinity here.

15 Susan Burns (2002) investigates these guides for women.

16 Matsumura 1997, p. 99.

17 On this point see also Wile’s (1992) comments, pp. 44–46.

18 Levy/Ishihara 1989, p. 24.

19 Tsuda 1995, *ge* 18–24.

20 Emori 1993, p. 149.

CONSTRUCTING THE ‘HEALTHY’ TRUTH OF SEXUALITY IN EDO JAPAN

Nurturing Life: the Edo Boom of Health Manuals

According to the method of the ancients, a man in his twenties should ejaculate once in four days, in his thirties once in eight days, in his forties once in sixteen days, in his fifties once in twenty days. From his sixties onwards he should lock the Essence [= semen] and not ejaculate anymore. This is a rule of thumb. People who are weak by birth should only ejaculate rarely in their youth as well.²¹

Thus reads the advice on sexual activities dispensed in Manase Gensaku's 曲直瀬玄朔 *Enju satsuyō* 延寿撮要 (1599), the work generally credited as the first Edo-period representative of a medical-ethical genre of writings that detailed for the readers' benefit how to 'nurture life' – or, in other (more modern) words, provided guidelines on how to keep healthy. Sexuality generally played a significant role in the physical regimen recommended in these health and life-style manuals; thus Kaibara Ekiken 貝原益軒, in what is probably the best-known Edo-period work of its kind, *Yōjōkun* 養生訓 (1713), pronounced a healthy sex life, together with a wholesome diet, the two mainstays of Nurturing Life.²² 'Sex by numbers' charts like the one reproduced above were a standard feature in the 'bedchamber matters' (*bōji* 房事) section of Edo health manuals, reminiscent in their standards of some of the previously quoted personal testimonies. Especially Sadanobu's whole outline generally reads like an individual application of such age-based sexual programmes, suggesting that he was well acquainted with the sexual limitations stipulated in the discourse on Nurturing Life, and offering a fascinating example of how one individual might have adapted the theoretical precepts of Nurturing Life to put them to work in his life.

A first cursory glance at such recommendations thus already suffices to point us towards Edo books on Nurturing Life as a factor in the construction and propagation of a 'healthy' truth of sexuality. 'Health' as the modern term '*kenkō*' 健康 and the concept associated with it of course only came into existence in Japan from the 1830s onwards as a result of the influx of Western medical ideas, initially circulating as a specialist medical term that only entered everyday vocabulary in the Meiji period.²³ This at the same time, however, does not mean that Edo Japan was missing a notion of physical well-being; in fact, the semantic field revolving around what we would nowadays call 'health' was well stocked at the period, including next to *yōjō* largely synonymous expressions like *eisei* 衛生 ('guarding life'), *sessei* 摂生 ('seizing life'), or *hoyō* 保養 ('preservation and nurture').²⁴ '*Yōjō*' as a set of techniques and rules for 'health' cultivation does not fully coincide in meaning with *kenkō*, and the altogether different visions of the body the two terms are based on make for fundamental conceptual discrepancies between them. However, the

21 Manase 1979, p. 497.

22 Kaibara 1961, pp. 64, 96, 100.

23 Kitazawa 2000, pp. 12–38.

24 For a more extensive list of terms see Minamitani 1999, p. 322.

declared goals of Nurturing Life were normally defined as enabling people to lead a ‘long life’ (*chōju* 長寿) ‘free of illness’ (*mubyō* 無病), which can reasonably be summed up as a ‘healthy’ life-style for lack of a better word in English.

In brief, Nurturing Life was originally a concept derived from Chinese medicine that reflected the latter’s preventive outlook, the notion that it was preferable to nip the bodily rebellion of illness in the bud, rather than crack down on it with medicines once it had already flared up. To this end, *yōjō* writings outlined methods that were intended to maintain health, and eventually held the promise of a long life – including, amongst other things, precepts for everyday activities like eating, drinking, sleeping, exercising or having sex.

As a notion, Nurturing Life spanned not only a vast geographical region including China, Korea and Japan, but also a large expanse of time, which accounts for a certain variability in its contents. Originating in China, the oldest-known medical works in this vein, excavated from the Han tombs at Mawangdui, date to the second or third century BC. Sexuality was already integrated as a part of these earliest programmes of physical cultivation, and some of the manuals were wholly dedicated to the so-called ‘bedchamber arts’ (*fang zhong* 房中).²⁵ When Japan began to import medical knowledge from the mainland, notions of Nurturing Life in time arrived with it as a part of the whole system of Chinese medicine. It is the oldest extant medical work in Japan, the *Ishinpō* (984), which provides the first Japanese account of health cultivation, including a volume on the bedchamber arts that largely set the tone on the subject in subsequent pre-Edo works. In the centuries that followed, *yōjō* thought remained confined to medical treatises, and only a very limited number of new works on the topic appeared, which were generally characterized by a strong orientation towards Chinese sources, as well as a relative preponderance of Taoist-based health methods.²⁶

The Edo period, however, saw *yōjō* discourse transformed; on the one hand, there was a noticeable rise in the number of works produced, a tendency fuelled on a technological level by the development of a flourishing publishing industry from the 1630s onwards. Takizawa estimates that approximately 100 to 120 general books on the topic were printed during the roughly 250 years encompassed by this period, but his figures do not include manuscripts and works that only deal with specific aspects of Nurturing Life – nor do they account for reprints, which were not uncommon for the more prominent writings in the genre.²⁷

Hand in hand with this quantitative explosion of material went a qualitative shift in the contents of *yōjō* works. Severing their previous associations with purely medical literature, writings on Nurturing Life gradually became health and life-style guides often cast in (Confucian) moral didacticism. Written in simple vernacular, these manuals were aimed at a more general reading public than their predecessors – a development maybe best

25 For the Mawangdui texts see Harper 1998, especially pp. 24–26, 328–62, 305–9, and Harper 1987. The ‘bedchamber arts’ represented one strand of Taoist-inspired longevity techniques, which exerted great influence on medical notions of Nurturing Life, see Wile 1992 and Umekawa 2005. For Nurturing Life in ancient China in general, see Sakade 1988 and Engelhardt 2000. For the connection between Taoism and longevity techniques, see also Sakade 1992 and 2007.

26 Takizawa 2003, p. 34. For an overview of the development of *yōjō* in Japan, see for instance Sakade 1989 and Takizawa 2003.

27 Takizawa 1990, pp. 160–16. For different estimates see Kabayama 1976, p. 436 or Yoshihara 1998, p. 120.

represented by the prototypical Edo work of the genre, Kaibara Ekiken's *Yōjōkun* (1713).²⁸ From the eighteenth century, the life-style element of the works steadily gained in prominence *vis-à-vis* their medical contents, so that by the nineteenth century miscellaneous topics like child-rearing, marriage, thrift, physiognomy or the worth of prosperity had made their way into *yōjō* discourse, signalling a transformation of the concept from mere health care towards an all-around care of the self. The 'life' it was 'nurturing' was no longer merely the natural life-span of the body defined by its physiological properties, it was also the social value of one's 'life' that entered into considerations and required attention. Moreover, these 'lives' at stake were, in contrast to pre-Edo writings of the genre, no longer those of an elite in possession of knowledge about health methods, with the contents reflecting this new orientation towards a changing reading public.²⁹

Due to the wider circulation of an ever-growing number of *yōjō*-related writings in the Edo period, information on Nurturing Life became more and more accessible, eventually also appearing in household encyclopedias that collected miscellaneous useful knowledge for home use, and even inspiring a series of popular *ukiyo-e* 浮世絵 woodblock prints.³⁰ *Yōjō* thus became an increasingly broad phenomenon – and Manase Gensaku's wish prefacing the first Edo-period work on Nurturing Life, that such advice might reach and benefit even the "lowly and uneducated men in the field" and the "rural village women",³¹ seems almost prophetically to set an agenda for the popularization of *yōjō* knowledge that was to follow. If the rhetoric of authors' opening remarks, always steeped in an exaggerated topos of humble modesty, can in any way count as a benchmark, by the nineteenth century we detect a complete reversal in the way *yōjō* regimens were conceived of. For at that point, they had come to be portrayed as "methods ordinary people are well familiar with"³² – an evaluation that leaves us to ponder to what extent such knowledge had permeated Japanese society by then.³³

Whilst the advent of commercial publishing and the ever-growing literacy rate of the population fulfilled the basic conditions necessary for this boom in health manuals, their success story also reveals a demand for such medical knowledge. In the midst of a burgeoning health market peopled by a motley crew of healers of varying (sometimes dubitable) levels of qualification, and flooded by a range of medicines and concoctions for all types of ailments, health manuals represented but one option amongst many to improve one's quality of life. That life itself increasingly gained value in the seventeenth century has been argued by Tsukamoto Manabu, who positions *yōjō* books as merely one factor

28 Takizawa classifies Edo-period *yōjō* discourse by intellectual background roughly into Confucian, Taoist and other (including Shingaku, Kokugaku and Rangaku) (Takizawa 1999, pp. 173–74; Takizawa 2010, p. 8). Confucian-inspired works, however, constituted the main bulk of commercially produced *yōjō*-writings, and the most widely circulating works of the genre fall within this ideological sphere. I will mostly be dealing with such texts, which formed a type of 'mainstream' within the Edo-period discourse on Nurturing Life.

29 On the history of Edo Nurturing Life see Katafuchi 2003, Kabayama 1976, Takizawa 1990 and 2003.

30 On these prints, see Shirasugi 2001 and 2007, or Hayashi 1988, pp. 113–26.

31 Manase 1979, p. 483.

32 See for instance *Yōjō yōron* 養生要論 (1834) (Eisei 1917–1918/1, p. 105), *Yōjōben* 養生辨 (1842) (Eisei 1917–1918/3, p. 192).

33 The research in Yokota 1995 on the readership of Ekiken's works amongst commoners also supports this point.

within this larger trend, set against the dawning political stability of the era and changing demographics.³⁴ In this sense, books on Nurturing Life were aids of medical self-help for people increasingly conscious of the importance of their life and health at a time when only rudimentary public health measures were in place, and the healing services offered often unreliable and insufficient.³⁵

On the other hand, this increasing lust for life manifest from the seventeenth century onwards also found expression in an emerging culture of consumption in the cities, which gave rise to unhealthy life-style vices such as indulgence in luxurious foods, and especially the pursuit of sexual desires in the flourishing pleasure quarters.³⁶ The physical regimens propagated in books on Nurturing Life were an antithesis to this aspect of townsmen culture, possibly also a moralizing counter-reaction to it, as Katafuchi (2002) seems to suggest in her Foucauldian reading of Nurturing Life. Hence, the Edo discourse of Nurturing Life was not merely empowering people to care for themselves and their bodies, but also an attempt to convey an ethics of disciplining the body in line with certain hegemonic values of life, (sexual) love and masculinity, as I will argue.

Leaking Life: the Chinese Medical Body and Intercourse

That sexual activity was a liability to one's well-being from a medical point of view, a potential health risk that had to be kept in check, is already implied in Manase Gensaku's age-based sexual agenda cited above. In order to understand the emphatic warning ultimately enclosed in this piece of advice – and consequently the general stance on sex matters in *yōjō* – the medical foundations underpinning the discourse of Nurturing Life warrant closer inspection. In de-constructing its logic, we have to begin by familiarizing ourselves with concepts of body and well-being prevalent at the time, and raising the question of what part sexuality was allotted within this bigger scheme.

Nurturing Life in essence harked back to the traditional Chinese medical body,³⁷ which has appropriately been termed a 'flowing body' (*nagarerushintai* 流れる身体).³⁸ This 'flow' was the circulation of a number of vitalities within the body that guaranteed the flawless functioning of the organism when in proper balance and flux. Within Chinese medical thought, the workings of this perpetual cycle took precedence over the morphological properties of organs, which is one reason for the notoriously insignificant part anatomy played within this system. The organs, of which traditional Chinese medicine recognized two sets, the so-called Five Organs and Six Viscera (*gozōroppu* 五臟六腑), were in principle

34 Tsukamoto 2001, pp. 79–115.

35 On this viewpoint on Nurturing Life, see Kabayama 1976, p. 460, Tsukamoto 2001, pp. 99–108, Daidoji 2009.

36 Tsukamoto 2001, pp. 88–91; Katafuchi 2002, pp. 53–54.

37 Traditional views on the body were gradually modified from the second half of the eighteenth century onwards, especially when the reception of Western medical thought gained momentum in Japan (see Sakai 1997 and Michel 2001). This tendency is also reflected in one strand of *yōjō* literature, which began to incorporate newly gained insights into the body (Takizawa 2003, pp. 117–28). In the present discussion, however, I confine myself mainly to works that were based on the traditional Chinese medical body. The latter was not a homogenous concept in medical thought, therefore the version I present here is by necessity eclectic and confined to the bare basics that underpinned Edo *yōjō* thought.

38 The term comes from Ishida 1987.

relegated to the position of storage spaces for the valuable vitalities, their structure and layout deemed largely irrelevant to the mechanics of life.³⁹

All the vital substances that constituted the ‘flowing body’ were ultimately manifestations of one basic life force, *ki* (Chin. *qi* 氣). Relentlessly in flux, this energy coursed specific channels in the human body in its various shapes, forming the basis for all human physical activities and psychological processes. Within the system of medicine, *ki* was the factor that presided over life and death, illness or health. Life was the presence of a sufficient amount of *ki* in the body, whereas death was the ultimate loss of it; health (or rather ‘the state of not being ill’, *mubyō*) was synonymous with a regulated flow of *ki*, sickness was brought about by its stagnation or aberration. Hence, it seems only logical that the practice of Nurturing Life, concerned as it was with prolonging life and fending off disease, targeted this fundamental energy; or, in the words of Kaibara Ekiken: “The basis of the Way of Nurturing Life is to preserve the innate *ki* (*genki* 元氣).”⁴⁰ For unfortunately, this *ki* a person received at birth was a non-renewable energy, a limited resource only. From this assumption developed all the health strategies in *yōjō* works, which were designed to make the *ki* last for a maximum number of years. Preservation was the key, as Ekiken suggests, hitting the core of the main anxiety manifest in the Chinese medical system: a “fear of dissipation” of this precious life energy.⁴¹

In general, activities that constituted life – like walking, listening, speaking or watching – were believed to slowly but surely consume the reservoir of life energy that one had at one’s disposal, and in the case of intercourse there was even visual proof of this loss: ejaculation. In Chinese medicine, the driving force connected to all reproductive functions – from sexual maturation, to conception and pregnancy, was Essence (*sei/jing* 精), the vital substance stored in the Kidney system. Moreover, and most importantly in the present context, Essence was not merely an energy circulating within the organism, in its most material form it was the end product of intercourse that escaped the body at the very height of pleasure – that is, semen. The Japanese language attests to this now defunct conception of sexual processes to the present day, the common Japanese term for sperm still being *seiki* 精液 – or literally ‘Essence fluid’. In the Edo period, the current expression for the emission of secretions during orgasm in medical texts was *sei o morasu* 精を漏らす, ‘to leak Essence’ – a phrase which to some extent already reflects the notion of something precious leaving the body during intercourse. The same connotation resonated in the synonymous popular term *ki o yaru* 気をやる, ‘to give one’s *ki*’: Since Essence on a higher level represented nothing but a manifestation of *ki*, every loss of it meant a little slice of life energy ‘given away’.

But what lay between the storage of Essence in the Kidneys and its emission in intercourse, from a physiological point of view? The starting point of arousal was what Manase Dōsan 曲直瀬道三 and Kaibara Ekiken dubbed ‘desirous thoughts’ (*innen* 淫念, *yokunen* 欲念),⁴² the offshoots that sprang from one of the great bodily appetites of

39 Ishida 1987, pp. 62–65. For general introductions to the Chinese medical body in Western languages, see for instance Porkert 1974, Unschuld 2003, Unschuld 2010.

40 Kaibara 1961, p. 33.

41 Kuriyama 2001, p. 227.

42 Yamazaki 2004, pp. 160–61, Kaibara 1961, p. 97.

humankind – sexual desire (*shikiyoku* 色欲). Emotions were generally seen as affecting the flow of *ki* in the body in various ways – usually negatively, by throwing the ideally even and unruffled circulation of vital energies into turmoil.⁴³ The same principle applied to sexual desire, which apparently had the effect of “stirring the *ki*”, in particular the *ki* of the Kidneys (*jinki o ugokasu* 腎気を動かす),⁴⁴ thus ultimately causing the intrinsically volatile energy to slip away from its usual storage space through the escape route of the sexual orifices during orgasm. In other words, emotions going wild made the body’s *ki* run riot in intercourse. Arousal could hence be the advancement of chaos, an unstoppable wave of strong emotions sweeping across the body, upsetting the quietly flowing ideal of the organism by exciting the vital energy into frenetic dynamisms. It was in and of itself a precarious bodily state.

Moreover, what made intercourse especially destructive to the body, and sexuality therefore a prime target of control in *yōjō* thought, was its intimate link to life itself. Essence was the ‘root of life’ that brought forth a human being at conception. Its flourishing in a person’s younger years was equivalent with bodily growth and development; and its waning over time signalled the onset of old age – and death as the final destination. The amount of Essence in the body was thus indirectly the amount of life left in a human existence. Its decrease was the loss of the ability to grow, to develop – in brief, to live.

Hence, the leaking of Essence gnawed at the very source of life and tapped into its limited reservoir of innate *ki* received at birth. In the discourse on Nurturing Life, this provided a medically grounded motivation for the special attention given to sexuality, or as Kaibara Ekiken phrases it in *Yōjōkun*, drawing on the authority of the classic *Yellow Emperor’s Inner Canon*: “The Kidneys [i.e. the system connected to sexual functions] are, according to the *Basic Questions*,⁴⁵ the foundation of the Five Organs, and nourishing them should therefore be considered of great importance on the Way of Nurturing Life.”⁴⁶ In the same vein, the massive Edo encyclopedia *Wakan sansai zue* 和漢三才図会 (1713), in comparing the body to a house, lists the Kidneys as a household’s “gold and silver”, because they are the “foundation of the treasure of all things” – that is, a person’s bodily assets without which one cannot hope to fulfil one’s natural lifespan.⁴⁷ Sex in this scheme was accordingly a massive threat – a way of dissipating one’s most cherished bodily capital.

In this context one must also keep in mind the medico-historical moment framing Edo *yōjō* thought, for the teachings of the Yuan physician Zhu Danxi 朱丹溪 had been in ascendancy in Japan since the late sixteenth century – a medical theory that branded sexual desires as particularly damaging. Popularized by the prominent physician Manase Dōsan, this formed part of a new medical paradigm that soon established itself as the orthodox doctrine in seventeenth-century Japan, known under the name of ‘Latter-day School of

43 Kaibara Ekiken, drawing on the *Yellow Emperor’s Inner Canon*, for instance describes the negative effects of the emotions on *ki* as follows: “When angry, the *ki* rises. When joyful, the *ki* loses momentum. When sad, the *ki* disappears. When worried, the *ki* does not circulate.” (Kaibara 1961, p. 56).

44 Kaibara 1961, p. 98.

45 The *Basic Questions* (*Suwen/Somon* 素問) were one section of the Chinese foundational medical classic, *The Yellow Emperor’s Inner Canon*.

46 Kaibara 1961, p. 96.

47 Terajima 1985/3, p. 219.

Medicine' (*goseiha* 後世派).⁴⁸ Zhu held, on the basis of his famous motto that “Yang is always in excess, Yin is always deficient”, that the Yin waters of the Kidneys – that is sexual, generative fluids – were a rare resource and hence in need of special protection against antagonistic Fire, produced amongst other things by sexual arousal.⁴⁹ The literal ‘heat’ of sexual passion hence came to be portrayed as a major damage for the body within this approach, which – as Charlotte Furth has pointed out – made Zhu into “a theorist of the body’s passions well suited to the sober morality [...]” associated with Neo-Confucianism, creating a “bodily basis for a naturalization of ethics.”⁵⁰ Edo-period *yōjō* discourse, even though not all of it followed Zhu Danxi in its theoretical stance, had in fact a similar effect, as will be argued in the next section.

In conclusion, we can say that the physiological phenomenon of intercourse, as a process that had a deep impact on the interior household of vital substances, emerges within medical thought as highly relevant to larger, fundamental concerns of the body that went to the core of existence itself: implications of life and death, health and illness. Beset by a set of mechanisms that evoked disorder, depletion, disease or even death, the coital act took its toll on available resources. Sexuality was hence a power to be feared and reckoned with in health preservation, and consequently warranted inclusion in writings on Nurturing Life – which set out to help readers in taming the potentially dangerous, and yet at the same time natural and necessary, force in the form of regimen.

Sexuality and the Ethics of Limitations in Nurturing Life

The aim of Nurturing Life was broadly defined as enabling people to live a long, fulfilled life untainted by illness. On a physiological level, this sought after ‘state of not being ill’ was marked by the regulated flow of *ki* in the body. This bodily balance was threatened by two great enemies, as Ekiken remarks: “There are two things harmful to Nurturing Life. One of them is diminishing the *ki*, the other one is letting the *ki* stagnate.”⁵¹ The sex act per se, or to be more precise ejaculation, therefore represented in essence one of these two major ‘don’ts’ of Nurturing Life – namely a loss of *ki*. A certain tension between the demands imposed by a healthy life-style and the pursuit of sexual activities can therefore hardly be overlooked, given that their aims were virtually diametrically opposed.

How was this clash of interests resolved in the discourse of Nurturing Life? What model of sexuality did it propose – thus at the same time medicalizing away other practices into the domain of the ‘unhealthy’?

Limiting frequency: a model of sexual moderation

Celibacy, the response to unwelcome sexual desires in much of the Christian tradition, might seem a likely candidate to resolve this medical dilemma of loss, given that abstinence would be the most effective of means in retaining a maximum amount of life energy in the body.

48 Ozaki 1979, pp. 43–54, Fujikawa 1974, pp. 91–95.

49 Zhu 1994, pp. 4–8, 109–12, 124–26. For a discussion of Zhu’s views on sexuality see also Furth 1999, pp. 145–51; for the influence of Neo-Confucianism on his thought see Furth 2006.

50 Furth 1999, p. 146.

51 Kaibara 1961, p. 30.

This option, however, did not meet with much support within Chinese medical thought, which considered a complete lack of sexual activity in fact counter-productive to good health, especially if it involved the forceful suppression of sprouting desires. Ekiken for instance points out, quoting the Chinese Tang doctor Sun Simiao 孫思邈 as an authority on the matter: “If a person of extraordinary, flourishing vitality suppresses and endures his desirous thoughts without ejaculating for a long time, he will develop boils and tumours.”⁵² If stirred by desire but never released, a person’s *ki* was thus thought to stagnate and form various lumps as a visible sign of this blockage. Stagnation of *ki*, next to its loss, represented the second big threat to good health, and was hence equally undesirable.⁵³

Nurturing Life consequently de facto established a lower limit for intercourse, striking a balance in its regimen between overuse of *ki* and inactivity as the other big enemy of physical well-being. In general of much more concern to its recommendations, however, was the upper limit, which emerges as a more closely guarded site of regulations and constant vigilance – leading us to surmise that authors considered it more easily infringed upon. Beyond its reasonable line lay excess, medically marked off by a set of highly unpleasant symptoms. *Injikai* 姪事戒 (1815) for instance lists these as “a sallow complexion”, “a penis lacking energy and power during intercourse and leaking Essence quickly” (i.e. erectile problems and premature ejaculation), “pain in hips and legs”, “urine blending with fluid Essence [= semen]”, “hair and beard losing their black colour”, “ringing in the ears”, “bad eyesight” or “loose teeth” – and not to forget death, if one was too persistent in one’s sexual debauchery.⁵⁴

The one solution that bridged the gap between desire and physical well-being, between stagnation and excessive loss, was sexual moderation. Following the middle way was the basic precept of Nurturing Life concerning all human activity, from eating, to drinking, sleeping, talking or exercise – and sexuality was no exception to that general rule. As Ekiken puts it, “the Way of Nurturing Life lies in observing the mean.”⁵⁵ Extremity on either end of the spectrum, be that complete lack or excess, thus by definition fell outside the recommended intermediate comfort zone, and was to be avoided as a rule of thumb. This sexual ‘mean’ was typically given a quantifiable value that differed according to age, which determined how much Essence a man had at his disposal, and was condensed into ‘sex by number’ schemes, like for instance Manase Gensaku’s sexual spending plan quoted earlier. Following the developmental curve of the body, the frequency of intercourse was thus devised to reflect the inner status of Essence in the organism, which ranged from youthful immaturity to a period of flourishing in one’s prime and eventually decline in old age. Such schemes, borrowed mostly from Sun Simiao’s section on ‘Supplementing and Benefitting in the Bedroom’ (*bōchū hoeki* 房中補益), became a stock feature of those works that touched upon sexual hygiene in more detail, and provided a very clear-cut idea of what ‘sexual moderation’ entailed in practical terms.⁵⁶ On the basis of the

52 Kaibara 1961, p. 97.

53 For a more general discussion of the concept of stagnation in Japanese medicine, see Kuriyama 1997.

54 Eisei 1917–1918/5, pp. 319–20.

55 Kaibara 1961, p. 55.

56 Most works, like for instance *Yōjōkun* (Kaibara 1961, p. 97), *Chōmei eiseiron* 長命衛生論 (Motoi 1996, ge 30), *Rōjin hitsuyō yashinaigusa* (1994, 20 recto) and *Yōjōhō* 養生法 (Matsumoto 1998, 23 verso) give the exact same numbers as Manase Gensaku, which are taken from Sun Simiao. For a translation of Sun’s original

biological fact that the sex act represented a debilitating ‘leaking of Essence’, books on Nurturing Life thus constructed an ethos of sexual control as the ideal way to maintain a state of well-being.

Moreover, such age-based schemes implicitly represented sexual activity and inactivity as natural biological stages in one’s life that eventually came full circle in the development from youth to maturity and old age. Generally only starting with people in their twenties, such regulations silently embodied the tenet that “desire should not arise too early” on the one hand, owing to the medical view that intercourse during the formative phase of the body would disturb its balanced development and damage the Essence which had not reached its full bloom yet. At the top end of the age range, on the other hand, a demarcation line of “shutting off one’s Essence” was laid down for the elderly, who were already running low on vital energies due to the general tear and wear of life. Whilst the peripheries of adulthood were thus marked by feeble and unstable bodies unfit for the physical exhaustion of coitus, in one’s prime the organism by contrast to some degree demanded a ‘healthy’ outlet of sexual energies in order to stave off stagnation. In this way, all the organism’s energy resources were indirectly channelled into the main reproductive years by such medical recommendations, establishing limitations on age as well as frequency.

Finally, these guidelines are revealing not only by virtue of the advice they gave, but also the exhortations they in fact do *not* provide. Generally, what was harmful to good health was first and foremost ejaculation, which ultimately accounted for the dreaded loss of life energy – rather than any specific sexual act, or gender constellation of sex partners. Ejaculation of course could include masturbatory pursuits, but the latter were never singled out as particularly detrimental, as in the European case.⁵⁷ In fact, no specific mention of auto-eroticism is made in any Edo *yōjō* work until the mid-nineteenth century, when health manuals inspired by Western medicine had gradually begun to appear. *Fushi chōsei hō* 扶氏長生法 (1867) was the first to report that “masturbation is the gravest violation against the heavenly principle, and the damage it wreaks on the human body is extreme”. It went on to underscore this statement with a piece of quantitative proof the writer had significantly acquired from a ‘Western doctor’ (*yōi* 洋医), claiming that the loss of semen in solitary sexual exploits corresponded in its harmfulness to no less than six sexual encounters.⁵⁸ Next to masturbation, the books also remained silent on male same-sex desire, which was culturally comparatively salient in the Edo period.⁵⁹ Overall, two of the most prominent (and maligned) phenomena in early twentieth-century sexology thus largely fail to materialize in Edo health discourse – subsumed under an overarching concern with ejaculation and its potential excess.⁶⁰

see Wile 1992, pp. 114–22. An alternative version of the scheme can be found in Manase Dōsan’s *Kōso myōron* 黄素妙論 (Yamazaki 2004, p. 199).

57 On the rise of masturbation in eighteenth-century Europe, see for instance Laqueur 2003, pp. 25–45.

58 Tsuji 1867, 16 verso.

59 In this point, I can only corroborate Gregory Pflugfelder’s earlier findings that Edo medical discourse in general remained indifferent to the topic. See Pflugfelder 1999, p. 244.

60 On masturbation and homosexuality in twentieth-century sexual discourses in Japan, see Frühstück 2003.

Limiting desire: the pathologization of lust

The fairly straightforward recommendation given in books on Nurturing Life was thus a life of sexual restraint – all that remained to be done then was to act on it. One major obstacle, however, stood between the health-seeking individual and a successful realization of this plan according to *yōjō* thought: desire (*yoku* 欲), which, if left unchecked, would inevitably drive man to stray from the reasonable middle way. If the ultimate goal of Nurturing Life was to preserve *ki*, the path leading up to it lay in the control of desires – and sexual lust, together with the yearning for food and drink, being labelled the “two great desires” of man, required especially careful attention.

Regulating all the yearnings of the body would guarantee its healthy functioning, by not only eradicating all internal causes of instability and illness, but thus at the same time making the organism more immune to harmful external influences, like wind, heat or cold, as Ekiken points out: “One has to endure the inner desires (*naiyoku* 内欲) and reduce them, and fear the external evil influences (*gaija* 外邪) and avoid them. In this way one does not damage the innate *ki*, illnesses won’t occur and one’s lifespan is preserved.” Hence, controlling one’s inner desires became “the foundation of the Way of Nurturing Life”.⁶¹ In other words, ethical norms of reining in one’s appetites were construed as an integral part of a health measure that would ward off pain, disease and untimely death.

Rampant, free-roaming ‘desires’ of any kind were depicted as the arch-enemy of Nurturing Life and physical well-being, a tendency that Mihoko Katafuchi has described as becoming more pronounced from the eighteenth century onwards.⁶² Within this development, we can assume that Kaibara Ekiken’s theories were quite influential in their extreme rhetoric of hostility towards all types of ‘inner desires’, which subsequently came to be reproduced in successive works on Nurturing Life. *Yōjōkun*, whilst portraying the taming of appetites as the path to long life, also stated in no uncertain terms what consequences desires would have when unleashed unabatedly on the human body, branding them as the seed of all physical calamities: “In general all illnesses occur because the body’s desires are given free rein and not treated with circumspection.”⁶³ More than that, a lack of control of one’s body’s yearnings was basically equal to world-weary behaviour, being the same as “committing suicide with one’s sword – the difference being that one works faster than the other, but in the damage done to the body they are equals.”⁶⁴ Ekiken’s views on the havoc that desires wrought on one’s health was thus drastic, and turned the health-seeker’s gaze towards the inside of his body and his own personal appetites on his quest of protecting himself against physical harm.⁶⁵

In Ekiken’s wake, excessive human ‘desires’ were a prime cause of disease discussed in works on Nurturing Life, as for instance reflected in *Injikai*, which advocated the opinion that “since eight or nine out of ten illnesses can be traced back to overeating, heavy drinking or excessive sex, the saints and wise men of old considered the desires for food and

61 Kaibara 1961, p. 28.

62 Katafuchi 2002, pp. 50–51.

63 Kaibara 1961, p. 42.

64 *Ibid.* p. 27.

65 Katafuchi 2002, pp. 54–56.

drink and sex the two great desires of man.”⁶⁶ Already implied here is the prominence of sexual lust among this broad variety of ‘desires’, which represented together with the appetites of the palate “the two wheels on the cart” of desire, in Katsuki Gyūzan’s 香月牛山 phrasing⁶⁷ – that is, the two great yearnings of mankind that discursively stood out amongst the others.⁶⁸

As has been discussed above, Essence and the Kidneys had a special connection to deeper-lying life energies within the Sino-Japanese medical system – and the flip side of this view was that sexual desires were particularly harmful to health, in that they weakened the very foundation of the organism. Accordingly emphatic were the warnings against giving in to these yearnings, since spending one’s Essence was considered the basis of a short life: “Especially if one is excessive in bedchamber matters, one’s Essence and Blood will diminish because of this, and one invites in an untimely death.”⁶⁹ Another source even sees the necessity to debunk a widespread misconception about the origins of disease, claiming that “it has been commonly transmitted that the hundred illnesses arise from the *ki*, so people do not know that they actually arise from the depletion of the kidneys” – that is, the overuse of generative fluids.⁷⁰ The main cause of illness was thus easily pinpointed according to this one particularly radical stance: sexual desire.

In brief, what emerges from the health guidelines proposed by writings on Nurturing Life is a strong tendency to pathologize desires in general, and sexual desire in particular. The message conveyed with a finger raised in caution was unambiguous: uncontrolled desires cause disease. Immoderate sex will make a person ill, or bring about premature death, in the worst case. The body itself was allegedly aware of this, displaying a natural warning system against such damage, as one source argues in a rather unique extension of this pathologization to the realm of sexual pleasure:

There is nothing more harmful to life than intercourse. This is why man and woman, even though they enjoy intercourse, break into a sweat and pull grimaces as if crying when they feel that their seed is about to descend. This is proof appearing in their faces that their hearts are saddened because of the damage done to their life.⁷¹

Re-interpreting the classic signs of arousal as a negative physical reaction to the imminent loss of Essence, the harm done to life through sexual activity becomes the overpowering signifier of sexual intercourse in this passage – as was typical for books on Nurturing Life.

Not only were desires thus branded as undesirable, they were in fact pronounced unhealthy, with the weight of medical authority behind it. In the way the Sino-Japanese

66 *Injikai*, Eisei 1917–1918/5, p. 318.

67 Katsuki 1994, p. 19 verso.

68 Among these two ‘great desires’, however, food and drink was comparatively more present than sex in writings on Nurturing Life, taking up a greater share of the discussion in general.

69 *Injikai*, Eisei 1917–1918/5, p. 315.

70 *Chōmei eiseiron*, Eisei 1917–1918/4, p. 270.

71 *Yōjōben*, Mizuno 1998, p. 38 recto.

medical body was configured, in the very fact that intercourse was physiologically considered a reduction of precious, finite life energy, there already resided the seed of a naturalized medical view of a ‘dangerous’ sexuality. In the discourse on Nurturing Life, there was hence a biological reason, naturally embedded in the body itself, in its structures and mechanisms described above, that bolstered the denunciation of desire – as well as the moral stance that often came with it.

Limiting the contexts of desire: the naturalization of common decency

Disease-causing desires that required close self-control built a conceptual bridge between medical concern and moral behaviour in the discourse on Nurturing Life, for a lack of circumspection with one’s appetites ultimately not only affected a person’s physical well-being, but at the same time also his moral integrity: “If you fail to control your desires for food, drink or sex, abandoning yourself to your appetites and letting them go unchecked, you will exceed the right measure, thereby damaging your body *and violating the rules of common decency* (*reigi* 礼儀).”⁷² Kaibara Ekiken’s *Yōjōkun*, an example par excellence of medically motivated moralism, states this point clearly here: Desires were dangerous – to one’s body, just as much as to one’s virtue. In fact, they were the root of all misfortune according to Ekiken, who opines that “all evil stems from giving free rein to your desires.”⁷³ The precepts of a healthy life-style thus conveniently coincided with Confucian propriety, so that in the end “nurturing virtue and nurturing the body are one way”⁷⁴ – and the line between the medical and moral began to be blurred. Whilst teaching the individual how to attain a long life filled with happiness, the ethics of Nurturing Life therefore at the same time tended to reinforce the idealized mores and hierarchies that held society together.

The result of this blending was a naturalization of predominantly Confucian ethics built upon the biological basis of *yōjō*, the notion that the healthy body naturally demanded morally or socially responsible action. Physical health and moral ‘health’ thus eventually collapsed into one common concept of ‘Nurturing Life’. A hundred odd years after Ekiken, this definition had already taken firm root, so that *Yōjō yōron* 養生要論 (1834), for instance, somewhat paradoxically claims that the “way of Nurturing Life does not solely consist in Nurturing Life, but [...] completely overlaps with the logic of self-cultivation and practicing the Way.”⁷⁵

Such a stance has to be interpreted as part of a broader trend within the medical-ethical discourse represented by Nurturing Life, which, as briefly pointed out above, tended to lean more and more towards the ethical as time passed. Contents diversified and branched out more into a moralistic-didactic sphere, transforming *yōjō* from a health concept to an all-round life-style concept especially in the nineteenth century.⁷⁶ By then, the field covered by the term ‘Nurturing Life’ had apparently become so broad that Mizuno Takusai 水野澤齋 in his *Yōjōben* 養生辨 (1842) sees fit to justify in his foreword the inclusion of a

72 Kaibara 1961, p. 29, emphasis added.

73 *Ibid.*, p. 29.

74 *Ibid.*, p. 49.

75 Eisei 1917–1918/1, p. 105. See also *Yōjōben*, Eisei 1917–1918/3, p. 193.

76 Takizawa 1990, pp. 162–64.

whole raft of practices such as “accumulating virtuous deeds” or “following the correct ways in marriage and keeping harmony between the married couple” as so-called “cultivation without” – in contrast to “cultivation within”, which he understands as the classic core programme of “moderation in one’s desires for food, drink and sex”. Both aspects were equally indispensable to a long life: “Even if you acquire the methods of internal *yōjō* (*naiyōjō* 内養生), but err from the path of external hygiene (*gaieisei* 外衛生), it is hard to fulfil your natural life-span.”⁷⁷ Moral behaviour, in Mizuno’s view, thus becomes a sort of indispensable ‘external hygiene’ that paralleled the more body-centred ‘internal *yōjō*’.

As the contents broadened in scope, the goals and promised benefits of Nurturing Life consequently became manifold, far exceeding mere individual health and long life,⁷⁸ but instead including prospects such as avoiding poverty, maintaining order in the household, the capability to fulfil one’s duty to one’s Lord as well as one’s parents, or the preservation of one’s social position. In this process, the focus shifted away from the body as a physical entity endowed with an unstable and precarious ‘life’ towards the body as a social space positioned within the web of human relationships. Significantly, the Japanese term for ‘body’ (*shin/mi* 身) could actually denote both aspects,⁷⁹ implying a close conceptual relationship between the locus of living functions and the social environment it was placed in – a relationship exemplified perfectly in writings on Nurturing Life.

These ethics of Edo-period Nurturing Life drew heavily on Confucianism – a contrast to earlier writings particularly in the context of sexual methods, given that the Taoist bed-chamber arts that had set the tone in pre-Tokugawa works largely disappeared from the discursive arena. Zhu Xi’s Neo-Confucianism was of course not only the intellectual framework that underpinned the influential Latter-Day School of medicine (*goseiha*), but also constituted an important element in the production of Tokugawa ideology on the political as well as popular level – albeit by no means the only one, as Ooms has previously argued.⁸⁰ Even though in time works on Nurturing Life appeared that were informed by other schools of thought, critical of traditional *goseiha* medicine, in their practical ethics they often remained faithful to Confucian-inspired values.⁸¹

What specifically did this increasingly moral-ethical orientation of Nurturing Life mean in terms of sexual values? A brief juxtaposition of two passages that argue the negative consequences of too early a sexual awakening can serve to exemplify the shift in contents taking place in the course of the Edo period, whilst also providing us with an idea of the type of moral values conveyed. Both significantly depart from the same classic Confucian guidelines given in the *Book of Rites*, which cited twenty as the ideal age of marriage for women, and thirty for men. Drawing thus on the authority of the Confucian canon, Manase Gensaku, writing on the threshold of the Tokugawa era, cautioned:

77 Eisei 1917-1918/3, pp. 195–96.

78 Takizawa 1990, pp.162–64.

79 Kitazawa 2000, pp. 127–29.

80 Ooms 1985. For the connection between medical thought and Confucianism see Vigouroux/Morita 2006.

81 Takizawa 2003, pp. 85–96.

According to the method of old, even though the Essence in boys is ready at sixteen [as the *Basic Questions* state], they always took a wife at thirty. Even though the menses in girls sets in at fourteen, they would always become a bride at twenty. In recent years, they marry without even having reached the age of sixteen and fourteen. Therefore, in boys the source of the Kidneys becomes depleted and exhaustion syndrome results from it. In girls, the way of the blood is subject to damage and illnesses below the waistband [= gynecological problems] occur.⁸²

Referring to the previously discussed medical opinion that intercourse was especially harmful for developing bodies, *Enju satsuyō* was thus clearly problematizing precocious sexual activity and early marriage mainly through a physician's medical gaze, and the threat of disease in both marital partners.

By comparison, the nineteenth-century *Injikai* had changed its line of argumentation, turning sexual urges at a young age into a thoroughly social and moral issue. Anxious parents, or so it claimed, sought to marry off their children early in order to “stop the progress of lust in its footsteps” – a progress described graphically and in a wealth of detail. Young men, unable to escape their sexual desires, brought shame and sorrow to their parents through worrisome behaviour like assaulting young girls, getting involved in adulterous affairs with married women, becoming infatuated with professional entertainers and dancers – or of course wasting away their money on buying prostitutes in the pleasure quarters, and catching incurable venereal diseases in the process. Young girls, on the other hand, even when raised in the sheltered environment of the home, were only waiting for a moment of inattentiveness to escape the strict parental eye so as to enjoy themselves with men, and lose their head over handsome actors and male prostitutes, so the source warns. The consequences of such fateful amours were irreversible: they would end up with child, unable to even determine the father, eventually sinking to the lowly ranks of prostitution themselves. Pre-marital sexual exploits thus produced broken men and fallen women, and parents considered early marriage an option to nip such dangerous behaviour in the bud – as a consequence, however, conjuring up another set of problems: “They [= young couples] get married without understanding the way of becoming parents and instructing children. This is one way to plunge the household into disorder, and the sages lament this.”⁸³

What becomes discernible here, amongst a veritable litany of warnings against lewdness and dissipation in adolescents, is the rise of the *ie* as the locus where the morally responsible social body is placed.⁸⁴ Not the individual physical bodies of boys and girls were suffering through early marriage anymore as in Gensaku's earlier text; rather, it was the household that was ailing due to the insufficient qualifications of the young marital couple to fulfil their duties within this social unit – namely to raise children properly.

82 Manase 1979, p. 497.

83 Eisei 1917–1918/5, p. 314.

84 Katafuchi has previously pointed out a general tendency to identify the body with the household in Edo *yōjō*-discourse which began in the eighteenth century and became particularly strong in the nineteenth (Katafuchi 2007, pp. 49–51).

In the Confucianist mind, Nurturing Life was not to be practised merely for one's personal good, but also as a contribution towards a harmonious public life. The body was increasingly framed as the "foundation of the household",⁸⁵ whose 'healthy' development and continuity was at stake along with the individual's physical and moral integrity. A well-ordered body came to form a continuum with a well-ordered household and ultimately a well-ordered society – and sexuality was part of this logic, as *Injikai* illustrates.

Maintaining health in general increasingly became equivalent to "exerting oneself at the tasks one should fulfil" in Ekiken's definition, to assume the place within society one had been ascribed – be that as a woman going about her daily household chores, as a commoner plying his household trade, or a warrior striving to perfect his martial skills and learning.⁸⁶ For healthy sexual activity, this socially meaningful space it should occupy was the confines of the household, or more specifically a fertile and productive marriage. When talk came to 'bedchamber affairs' in Edo *yōjō* writings, it was thus mainly the conubial 'bed' that was referred to, in a more or less explicit fashion – and both our passages quoted above demonstrate this point, ultimately equating intercourse with the marital couple.

Sex between married people was thus the proper outlet for the controlled desires Nurturing Life generally envisaged. Manase Gensaku, for instance, leaves no room for doubt as to what he thought of as a sensible spending plan for one's Essence: "Furthermore, the aim of marital intercourse is to perpetuate the line of descendants. It is highly regrettable when someone treads the way of worldly entertainment and recklessly throws away his Essence."⁸⁷ The loss of one's life energy in his eyes was thus justified when suffered in the pursuit of offspring, whereas any other (more pleasurable) motivation for intercourse is rebuked as ruthless and essentially 'unhealthy'. As becomes evident from this, even before the 'moral turn' of *yōjō* literature from the eighteenth century onwards, these writings were by no means value-free, and ideas of propriety already played a role in the perception of sexual hygiene, if a more low-key one. The early nineteenth-century *Injikai*, even though essentially advocating the same idea as Manase, was by comparison a moralistic manifesto for the married couple, whose sexual energies were channelled into their reproductive functions that made man and wife "the beginning of all human relationships",⁸⁸ and their highest duty the continuation of the line of descendants.

Without any doubt, in the sphere of 'worldly entertainment', cordoned off from the domain of the 'healthy' as a dissipation of precious Essence, available options had also multiplied in the two centuries separating the two works, following the increasing commodification of sex in Edo Japan. The dubious *dramatis personae* peopling the shadowland of extra-marital relations in *Injikai*, including next to female prostitutes the sensuous kabuki actor or the male prostitute (*kagama* 陰間), had been unknown to Gensaku in this range and diversity. This booming trade with desires, in which the pleasure quarters were a main provider, was possibly one reason why authors on Nurturing Life began to feel the

85 *Chōmei eiseiron*, Eisei 1917–1918/4, p. 310.

86 Kaibara 1961, p. 35. For a discussion of the social implications of Nurturing Life see Matsumura 1997.

87 Manase 1979, p. 496.

88 Eisei 1917–1918/5, p. 313.

need to clarify and emphasize moral standards that had often been implicit in earlier writings. Moreover, the unproductive loss of Essence was of course not the only health risk lurking in the demi-monde of prostitution, as we can gather for instance from *Yōjō monogatari* 養生物語 (early seventeenth century), which warned that syphilis “in prostitutes is most common.”⁸⁹

Overall, marriage thus represented the optimal setting for moderation, whilst sexual pursuits outside this sanctum were inevitably damaging to health as well as propriety, both of which ultimately converged in Nurturing Life, shaping ideal masculinities that were intact physically as well as morally. From the limitations set by the suggested regimen a notion appears of who should be having sexual contact and in what manner: neither young nor old men, but those in their prime and of good health only were to expend their Essence in moderate sexual activity with a marital partner. In brief, it was the silhouette of the responsible head of household that more or less silently informed the sexual regimens suggested in books on Nurturing Life.⁹⁰ By exercising self-control in all things sexual and otherwise, and maintaining an ideal physical and moral state, he would succeed in not only keeping disease-causing desires at bay, but at the same time upheld the order and prosperity of the *ie* – thus preserving the well-being of both the biological body and the body social. The two, in fact, came to be welded together as an inseparable nexus in writings on Nurturing Life. In this way, the individual health-seeker was inserted into society as ideal subject and member of the household via the practices of Nurturing Life. Confucian-inspired values of ‘common decency’, such as self-discipline, chastity or fertility as a form of filial piety, were inscribed on bodies together with the recommended health measures as a medical prescription for staying well.

This medically motivated moralism in the discourse on Nurturing Life and the ideal household heads it envisioned as readers finally bring us full circle to the accounts of Matsudaira Sadanobu and Kawaji Toshiakira cited at the very beginning – on the one hand, the austere political reformer who recorded his strict sexual programme of self-cultivation for the benefit of his descendants; on the other hand, the dutiful son reporting to his mother about his marital obligations in the bedroom. Both of their self-representations seamlessly fit the norms of masculinity propagated in the discourse on Nurturing Life, whose ‘healthy truth’ of sexual intercourse was ultimately embedded within a more far-reaching set of ‘proper’ male behavioural standards; both of these men had reason to (at least in front of others) identify with this ideal and ‘correct’ image that emerged from the contemporary discourse on health cultivation.

CONCLUDING REMARKS

In her discussion of women’s pregnancy and health manuals – the gendered counterpart to male-centred discourse on health cultivation discussed here – Susan Burns has previously

89 Eisei 1917–1918/1, p. 236. Syphilis became a more common topic in health manuals from the second half of the eighteenth century. For a discussion of the disease in books on Nurturing Life, see Takizawa 2001, pp. 131–35; Takizawa 2003, pp. 194–96; Takizawa 2005, pp. 112–17.

90 Matsumura has suggested more generally that the imagined addressee of these books on Nurturing Life was the head of the (samurai) household (Matsumura 1997, p. 99).

established the female body as “implicated in the authority of the household and state”, contrasting it with the male body of books on Nurturing Life that “was still the preserve of the ‘private’ concerns of good health and longevity”.⁹¹ The health of men in books on Nurturing Life was, however, not an entirely private matter; nor was their body merely their own, having been bestowed upon them by their parents, and its maintenance not purely a matter of individual well-being, but also of a wholesome household. The male body in health discourse, in fact, was by no means outside this web of social meanings and moral values that Susan Burns sees at work with regard to the female body. As this article has sought to demonstrate, the social gaze that situated men as physically and morally ‘healthy’ heads of household within the *ie* and society at large became increasingly discernible in books on Nurturing Life from the eighteenth century onwards. In this respect, these manuals need to be placed within the larger context of the educational and edifying texts in circulation at the time, which often propagated similar gender norms and notions of masculinity.⁹²

On the one hand, the body of Nurturing Life was thus a morally and socially responsible one, but at its basis was always the medical-biological body, a precarious reservoir of vital energies in need of constant care and vigilance, which ‘naturally’ grounded ethical maxims of self-discipline and control over one’s appetites. Health manuals formed part of an episteme of the body in which sexuality had a large impact on a man’s physical health and stamina, and sources seem to suggest that some men in fact perceived their body and sexual activity in such a way. This ‘healthy truth’ of intercourse produced in Nurturing Life was echoed and negotiated not only in personal accounts, but in divergent ways also in popular literature, comic poems or popular sex manuals, turning health into a widespread cultural association of sexuality in the Edo period deserving of attention – although the degree of influence it exerted on people’s actual experiences largely remains in the dark for the time being.

What is clear, however, is to what extent Nurturing Life as a concept and practice was linked to ideal masculinities and the sphere of good morals – within which men like Matsudaira Sadanobu or Kawaji Toshiakira would have certainly sought to situate themselves. This intimate connection of *yōjō* as health regimen and moral cultivation is illustrated in the following comic tale – in which the dedication to the virtuous path of health and proper behaviour is easily abandoned in favour of ‘unwholesome’ amusement, as soon as the controlling gaze of the household is obliterated. In this respect, the story poignantly sums up the difficulty in evaluating the discourse on Nurturing Life: although we should not remain insensitive to the power of medical discourse to produce authoritative views on the body that had the potential to shape the experience of those who had access to such knowledge and accepted it as ‘true’, the close association of Nurturing Life with standards of propriety complicates the quest for a real-life experience of ‘healthy’ sexuality behind mere idealized norms.

A young man was extraordinarily circumspect with his health [*yōjō fukaku*] and regularly took strengthening Chinese fox-glove root [*jiō*].

His friend told him: “You are overdoing it with your health regimen. When

91 Burns 2002, p. 193.

92 For a brief description of Edo edifying literature see Sawada 1993, pp. 17–20.

young people take that much *jiō*, it is actually harmful for their health. Stop it already!”

Son: “I have underlying intentions in doing so.”

Friend: “What could that be?”

Son: “As long as my father is alive, I cannot amuse myself as I would like to. So for the time being, I look after my health, and when my father passes away before long, I fully intend to have fun in a very unhealthy manner [*fuyōjō ni*].”⁹³

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