



Appearance of “Mental Hygiene” in Japan's Theory of Prenatal Care at the Beginning of the 20th Century- The Fusion of Public Hygiene and Eugenics: A Book Review

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Abstract

The Motherhood Protection Act (1996), which corresponds to modern family health in Japan, was enacted based on the Eugenics Protection Law (1948) for the protection of national eugenics. This leads us to the question of how maternal health and eugenics began to merge in Japan. Answer of this will elucidate the characteristics of family health in Japan and historical background. Maternal health and eugenics began to be fused in Japan in the early 20th century. In this paper, we examined *Taikyō*, which is the source of this fusion. This book was widely disseminated to the public. An educational book influenced the Japanese women's movement. *Taikyō* argued that from the standpoint of public health, responsibility for prenatal care should be extended to the husband, family, society and the nation. It emphasized that “mental hygiene” is necessary to produce a genetically good child, and that spouse selection is important. Books on prenatal care published in the first half of the 20th century, following *Taikyō*'s description of prenatal care as a form of eugenics. The National Eugenic Act enacted to protect national hygiene inspired the classification of the Japanese as a chosen nation. The theory of prenatal care, which was created from the combination of public hygiene and eugenics, provided a justification for the National Eugenic Act, and this still serves as the basis for the Eugenics Protection Law and Motherhood Protection Act. It provides the “scientific basis” for recognizing that “unsanitary” and “disability” are bad.

Keywords: Public health; Eugenics; Prenatal care; Mental hygiene; Japan

Introduction

With the introduction and spread of the concept of public hygiene in France and Europe, the first public health administration (1872) was implemented in Japan in the latter half of the 19th century (1). In the 1890s, the theory of social evolution influenced the modern theory of hygiene (2). In the theory of self-cultivation or in the theory of hygiene, the principle of “Survival of the Fit-

test” became the principle by which health status was evaluated at the national and individual levels.

In the latter half of the 19th century, the epidemic prevention system was strengthened in Japan, and hygiene administration was developed. Such education on cleanliness in daily life as well as the prevention of infectious diseases also caused



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changes in the practices of “midwives” who help women give birth. This shows how the modern idea of hygiene went beyond public hygiene for the common good of society and penetrated the private spaces of families and individuals.

Japan's theory of racial improvement, which was insisted upon with the wide spread of hygiene, was developed with advancements in genetics (3). Eugenicist Unno Kōtoku insisted on implementing eugenetic policy as a national policy (4). Starting with the establishment of the Japan Mental Hygiene Association (1924), various organizations and committees were created, and in the late 1930s, a bill for the protection of racial eugenics was submitted. In response to these opinions, the government enacted the “National Eugenic Act” (1940). The National Eugenic Act is, in brief, the Sterilization Act (5). Social Darwin-

ism was behind the enactment of this law. A radical logic claims that the birth of humans with recessive factors should be fundamentally blocked prior to the stage of fertilization to prevent elements harmful to society.

This leads to the question, how should the act deal with fetuses that are already in the mother's womb (post-fertilization)? It is necessary to consider the situation in which the Eugenics Protection Law was not limited to simple hereditary diseases, but also served as social logic supporting Social Darwinism. In other words, it was a social demand at that time to manage the health and safety of fetuses to ensure the safe childbirth of eugenically superior children. Therefore, the function of “prenatal care,” which can be said to be the management of the process from pregnancy to birth, has emerged (Fig. 1).

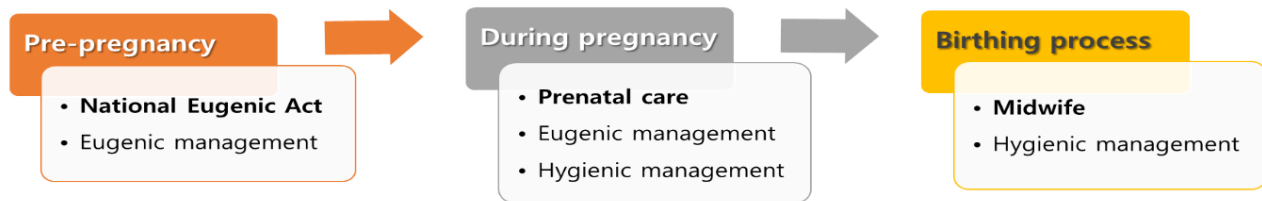


Fig. 1: Hygiene management system for pregnancy

Prenatal care is a “traditional practice” that corresponds to maternal and child health mentioned in modern health science. It was a tradition that was distributed in the East Asia, had a strong character of the “theory of self-discipline” that women should primarily follow before and after pregnancy. However, fetology and fetal psychology, which have recently developed with the development of maternal prenatal and postpartum care, and psychosomatic science (psychosomatic medicine) all pay attention to oriental prenatal care. This is because prenatal care includes elements worth being evaluated in the modern sense.

This paper shows that prenatal care in Japan took on the characteristics of maternal and child health in the modern sense from the early 20th century. From then on, prenatal care began to be emphasized as a form of mental hygiene. How-

ever, research into prenatal care has primarily been conducted in the field of child education. In the East, it has traditionally been emphasized that a woman's role is to give birth to great children and carry on her family line, and this was why prenatal education for the mother was valued. The discussion evaluating the biological and medical aspects of prenatal care was first put forth by Masako Tanaka in the late 1950s. However, as an educator, he approached it from a developmental psychological perspective for the education of children with disabilities (6). Meanwhile, a recent study revealed that the theory of prenatal care published in Japan in the early 20th century was translated and spread to China by a Chinese intellectual (7). However, that study evaluated the theory of prenatal care in terms of how it quantified and visually expressed the human reproductive process using modern science and technolo-

gy, and it was not identified in the context of hygiene and health.

This study examined the theory of prenatal care, which was popular in Japan in the early 20th century, from a hygienic perspective, unlike previous studies that focused on an educational perspective. In this way, this study attempted to understand the process of combining maternal health and eugenics, identify the specific ways in which the popularization of public hygiene was carried out in Japan, and explain that the management system created by the fusion of the ideas of hygiene and eugenics remains in place today.

Methods

Focusing on the early 20th century, when maternal health and euphoria began to merge in Japan, this study analyzed *Taikyō* published by Jitsugyō no Nihonsha in 1913, and this study quantitatively and qualitatively examined the scientific explanations of the physical development of fetuses as well as the hygiene management of maternal body after pregnancy shown in this data (8).

Taikyō spread to the public with 65 prints published over the 15-year period ranging from its publication to 1928 (9). Especially when the “pros and cons of the abortion” came to the forefront in the Japanese women's movement in the 1920s, *Taikyō* was the reference that provided the biological and scientific basis for the female body in contemporary discussions (10). As such, *Taikyō* was recognized as a must-read for women in the process of modernization.

Shimoda Jiro (1872-1938), the author of this book, studied in Europe from 1899 through the end of 1902 at the behest of the government. He was directly influenced by taking the Psychophysiological Epistemology course offered by Theodor Ziehen, a psychiatrist, at the University of Yena in Germany (11). Shimoda paved the way for the theory of “mental hygiene” by reading and digesting *Normal Fluctuations of the Soul Activities* (12), *Carrier Choice and Nervous Disorders* (13), *The Nervous System and the Harmful Effects on Everyday Life* (14), *Hygiene of the Nerves and the Mind* (15), *The growth of Brain*, and *Dynamic Factors in Education* (16). Shimoda's *Taikyō* was written based on a fairly wide range of scientific knowledge, including eugenics, genetics, psychology, brain (nervous system) research, philosophy, pedagogy, and European psychiatry. In addition to Western science, he also referred to classical Chinese literature and Japanese obstetrics and gynecology literature from the Edo and Meiji periods. His book can be said to have compiled the history of the development of the Japanese medical community, particularly of obstetrics and gynecology. Therefore, as *Taikyō* was compiled based on various materials from the East and West, it revolutionized the history of prenatal care in Japan. Not only is this book considered the foundation of Japanese psychosomatic medicine, but it is also considered the starting point for elevating pregnancy and childbirth to the level of public hygiene (health) by considering prenatal care from a mental health perspective (Table 1).

Table 1: Table of contents of *Taikyō*

1. Joy of pregnancy	2. Praise for wife	3. What is pregnancy	4. Spouse selection
5. Regarding prenatal care	6. Opinions on prenatal care	7. Facts related to prenatal care	8. Prenatal care in literature
9. Legends related to prenatal care	10. Development of fetus	11. Physical effects of the mind	12. Women, especially pregnant women, are easy to impress
13. Mental life of the fetus	14. Body of the pregnant woman	15. Pregnant women's hearts	16. Pregnant women's appreciation
17. Pregnant women's attitude toward prenatal care	18. Pregnant women and husbands	19. Pregnant women and parents-in-law	20. Pregnant women and families
21. Pregnant women, relatives, acquaintances	22. Pregnant women and residence	23. Pregnant women and society	24. Pregnant women and nature
25. Physical hygiene of pregnant women	26. Maternity nursing	27. Parenting of Infants	28. Regarding the nanny

Results and Discussion

With a basis in evolutionary thinking, the importance of prenatal care is emphasized from Chapters 1 through 5. A notable part is that on spouse selection in Chapter 4. The book advises that it is better not to get pregnant in the first place than it is to give birth to a ‘bad’ child, thereby stressing the need to select a partner with good mental and physical aptitude.

Chapters 6 through 9 explain why prenatal care is important while citing various literatures from the East and the West as examples (17). In these chapters, it is stated that the genetic perspective that says that the child inherits their qualities from their parents stems from the “natural law of the universe,” while the application of the theory of telegony is unusual (Fig. 2).

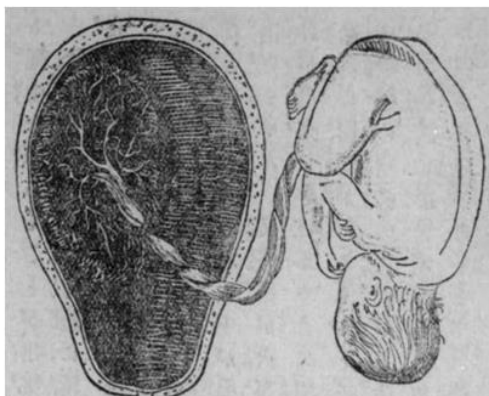


Fig. 2: A fetus connected to the maternal body by an umbilical cord (p. 82 in *Taikyo*)

Starting in Chapter 10, the book uses scientific knowledge in earnest to describe prenatal care as a form of mental hygiene. It emphasizes the effect of emotion on the metabolic functions of the body. It also explains why pregnant women are emotionally sensitive through differences in blood concentrations and reproductive organs (18). Therefore, prenatal care indirectly affects the mental aptitude of the fetus. This is because the fetus exists in the mother's body, and because blood flows jointly between the two as they are connected by the placenta and the umbilical cord (Fig. 2). These claims were subsequently influ-

enced by Rudolph Hermann Lotze, Gustav Theodor Fechner, and Wilhelm Maximilian Wundt (19). Although the concept of hormones had yet to be established until that point, the impression of pregnant women in that book referred to the function of hormones, indicating that the book was based on progressive scientific discoveries (knowledge).

Chapter 16 introduces 100 pregnancy appreciation notes collected by American psychologist and educator Granville Stanley Hall. It also contains a variety of contents, including anecdotes from several women: a woman who is trying not to show her husband's bad temper to her child; a woman claiming the need to have more children for the sake of the nation; and a woman who thinks that her child will be superior because she herself is superior to other wives and who proudly considers motherhood to be her vocation as well as the sacred mission of women. This appreciation note gives a glimpse of the situation in the United States at that time. In the United States, which was the first country in the world to perform sterilization surgery, eugenics reached its peak in the 1910s and 1920s. Eugenics in the United States was called the “eugenics movement” and was well under way in the pursuit of ethical transformation rather than social reform (20). In this process, the roles of men and women were fixed; women were obliged to become mothers of the next generation of citizens. In addition, securing the quality of the next generation of citizens was emphasized as the responsibility of the mother as well as the duty of the entire republic (21). For example, the eugenicist mindset of American society at that time can be seen in its championing of the ideas that a woman's mission is to seek motherhood and that a nation can be great if it has many women who can give birth to the next generation of citizens. Chapters 18 to 24 are the most notable part of this book, claiming that pregnancy and childbirth are important for the sense of community solidarity, not in the individual realm. In other words, this is the part where the health of the maternal body and fetus is placed in the dimen-

sion of public hygiene (health). The discovery of the concept of maternal and child health, which previously did not exist in the East, is discussed here. M. S. Davis's *Ideal Motherhood* (1898) is cited multiple times. Interestingly, after *Ideal Motherhood* was mentioned in *Taikyō*, all other prenatal care books published in Japan introduced *Ideal Motherhood* as a Western prenatal care book. Davis is a female journalist who published various essays, and she did not mention prenatal care in *Ideal Motherhood*. Instead, her book concerns the responsibility of motherhood and the duty of parents; that is, the mindset one should have to be a good parent. In addition, her book cites *L'Amour* (1858) by Jules Michelet, a historian known for his work on the French Revolution, to explain the importance of the husband's behavior in prenatal care. *L'Amour* is about eternal love and feminism, and it has no direct connection with prenatal care. This leads to the question, why were these two works from Western literature cited as Western works on prenatal care? The reason *Taikyō* used these two pieces, as materials representing Western prenatal care is that Japanese and Eastern literature did not point to prenatal care as a common social problem that places responsibility on husbands, relatives, or acquaintances. Moreover, Eastern literature on prenatal care did not stress the importance of the social environment—including housing and nature—in environmental purification, social customs and morality, and the development of education and art. However, *Taikyō* emphasizes that giving birth to a good child is a family duty and a sacred duty of the nation, society, and humanity, and it insists that not only should pregnant women be careful in their behavior and speech, but so should husbands, parents-in-law, relatives, and even acquaintances. The home setting, interior decoration, garden, and even purification of the natural environment are also important because “the technology to produce beautiful offspring is a matter that requires the attention of the nation.” (p. 153).

Chapter 25 is similar to the precautions regarding prenatal care in modern health science (22). In this regard, there is no sense of incongruity in

Chapter 26 compared to current postpartum care. Finally, Chapter 28 deals with unique content: precautions regarding nannies. If a nanny has any experience of stillbirth, the cause must be investigated and examined, and the nanny must not have any diseases, such as tuberculosis. The nanny's personality must not show any signs of kleptomania, lying, or indolence, nor should she be emotional. This book clarifies once again that all its contents fall under mental hygiene, and it emphasizes the importance of mental hygiene.

The concept of “mental health” claimed by *Taikyō* was heavily influenced by German psychiatry at that time (23). Japanese psychiatry developed with German psychiatry as its foundation. In addition, from the end of the 19th century to the early of the 20th century, Japan imported genetics and eugenics, which were the most academically advanced and prestigious concepts in academia at that time—almost simultaneously. After the theory of evolution was introduced to Japan in the 1870s, the combination of biology and genetics increased the perceived need for racial reformation (24). Eugenics was introduced around 1900, but at first eugenics was translated as “theory of racial improvement.” After 1920, eugenics was developed like a social movement, and Japan devoted all its efforts to promoting eugenics: Various associations were established, specialized journals were published, and a system for eugenics research was prepared.

The word eugenics does not appear in *Taikyō*. However, it cannot be denied that eugenic perceptions abound in *Taikyō* along with evolutionary and genetic thinking. A potential reason for why the word eugenics was not used in this book is that it was published before eugenics became academically established in Japan. However, the bigger reason is that eugenics was accepted as a theory of racial improvement in Japan in the early 20th century. A close examination of the meaning of mental hygiene allows for a good understanding of what it is. What does author Shimoda mean by “mental hygiene”? A deeper dive into Shimoda's mental hygiene in relation to its purpose reveals his excessive longing for “civilization”. He argues that all senses, such as hearing,

color vision, and touch, must be as aesthetically beautiful as possible to benefit mental hygiene.

In explaining the importance of prenatal care in giving birth to an evolutionarily and genetically superior child, he emphasized the importance of spouse selection. Here, he takes Sparta in Greece as an example. The example of Greece is also emphasized in the part discussing the relationship between pregnant women, housing, and society, which form the core of the theory of prenatal care, that is, public hygiene of prenatal care. This is the argument stating that the reason why the Greek people have a beautiful physique is the aesthetic beauty of their city landscapes. Besides, the presence of magnificent architecture such as parks, squares, and marble sculptures have a considerable impact on the mind. Because of this, environmental beautification was considered important, but social education in civilized countries and civilized societies came to be considered important as well. This was the justification for the importance of bringing enlightenment to the customs, morals, and habits of rural areas as well as cities. This reflected the belief of Japanese society at that time in enlightenment through racial improvement. It is highly commendable that *Taikyō* re-established pregnancy and childbirth in terms of public hygiene beyond the individual realm, and that it contains concepts of maternal and child health that were not previously found in the East. However, it is limited by its longing for Western civilization through racial improvement and the inclusion of the fetus in the womb at the national level under the name of mental hygiene, which stem from the excessive inclusion of Enlightenment beliefs and uncritical eugenic ideas.

Then, what impact did *Taikyō* have on family health in Japan? In addition to the combined concept of evolution and genetics and the eugenic perception appearing as a result of the excessive belief in Enlightenment through racial improvement, *Taikyō* presupposes the importance of maternal and child health; that is, a hygienic concept. This refers to a fusion of hygiene and eugenics. In particular, it should be noted that *Taikyō* served as a bridge when the Japanese gov-

ernment was focusing on popularizing the concept of hygiene. By applying modern hygiene to the oriental traditional idea of prenatal care, it broadened its scope to the somatic area of the fetus and the maternal body. It also raised the personal and family events of pregnancy and childbirth to issues of public interest at the social and national levels. Since then, the popularization of hygiene has spread through the concept of “national hygiene”. In 1928, the Japanese government held a national hygiene exhibition to educate people about public hygiene, and in 1933, it held a marriage hygiene exhibition. This exhibition demonstrated various types of hygiene-related knowledge, explaining, “even if the child's grades are a little poor, there will be no big problem if the parents, siblings, uncles, and grandparents are excellent. Excellent genetics are passed on to offspring.” The exhibition also explained that “medical examination certificates from trusted doctors”, which involved bloodline surveys, “must be exchanged before marriage” (25). This is how the view of eugenic marriage spread. The Research Society of National Hygiene, which was established as part of the Prevention Bureau under the Japanese Ministry of Health and Welfare, came to announcing the “Ten Lessons for Marriage” (Table 2). The spread of eugenic marriages for national hygiene in Japan was based on the “10 Conditions for Spouse Selection” put forth by the German Nazis. Such a national eugenics policy was accepted as an incentive to exclude families containing people with mental diseases who had a medical history as inferior species and to increase the number of people from superior races. Based on this foundation, the Ministry of Health and Welfare adopted a policy that more strongly reflected the ideas of eugenics. That was the birth of the National Eugenic Act. The National Eugenic Act was revised to the Eugenics Protection Law (1948) as the regulations on eugenics were further strengthened (26). In 1996, the Eugenics Protection Law was revised to the Motherhood Protection Act (27).

Table 2: “Ten Lessons for Marriage” by Research Society of National Hygiene (September 1939)

1. Choose a person you can trust for the rest of your life.	6. Avoid late marriage.
2. Choose a person who is healthy both physically and mentally.	7. Avoid a person who is obsessed with superstition and convention.
3. Choose a person who does not have bad inheritance.	8. Choose based on the guidance of your parents and elders.
4. Avoid an unconditional marriage.	9. Have a simple wedding and register marriage on the same day.
5. Avoid consanguineous marriage as much as possible.	10. Give birth and raise children for the country.

This policy only changes the term “eugenics” to “mother”, and the actual content remains the same as the previous Eugenics Protection Law. One thing that reflects public opinion is that the expression “eugenics” was abandoned, and the name of the policy had to be changed because there was great international antipathy to the concept of eugenics. The only change in Japan's Motherhood Protection Act is the amendment of the term “eugenic” surgery to “sterilization” surgery, and this policy has continued to date (28).

Conclusion

Prenatal care books published in the first half of the 20th century after *Taikyō* clearly stated “prenatal care is eugenics.” In Germany, psychiatry at that time was combined with hygiene and eugenics, creating a fascist concept called racial hygiene. In Japan, through the establishment of the National Eugenic Act, the classification of the Japanese people and the idea of a chosen people were created under the name of protecting racial hygiene. At that time, the theory of prenatal care, which was created by combining public hygiene and eugenics, served as the bases of the National Eugenic Act, the Eugenics Protection Law, and the Motherhood Protection Act. It still serves as a “scientific basis” that influences the base of the Japanese perception that “insanitariness” and “disability” are not good.

Prenatal care is fundamentally a hygienic logic for giving birth to children in a safe way. By contrast, eugenics is a logic that is based on the principle

of abortion (discontinuation). The irony is that these conflicting concepts are fused to form the current principles of family health in Japan.

Ethical considerations

Ethical issues (Including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc.) have been completely observed by the authors.

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Conflict of interest

The authors declare that there is no conflict of interest.

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