Marketing ‘Women’s Medicines:’ Gender, OTC Herbal Medicines and Medical Culture in Modern Japan¹

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Abstract

This essay examines the marketing of ‘women’s medicines’ as a means to understand the evolving relationship between commodity culture and medical culture from the nineteenth century to the present. It examines the print advertisements associated with two of the best-known medicinal products for women, Tsumura Corporation’s Jitsubosan and Kitani Company’s Chūjōtō, two herbal decoctions that claimed efficacy for a wide range of gender specific ills. From the late nineteenth century through the 1950s, as Tsumura and Kitani negotiated the government-sponsored program of medical modernization and an intensely competitive pharmaceutical marketplace, they responded with aggressive advertisement campaigns that medicalised the female body by defining an expanding list of symptoms that required treatment. In the 1950s, however, Kitani and Tsumura confronted a declining market as clinic-based care became routine. As a result, they experimented with new products, defined new efficacies, and ultimately succeeded in repositioning their products in relation to the care now readily available from medical professionals.

Keywords

herbal medicines, gender, Japan, kampō, reproductive health, pharmaceutical industry, advertisements, consumer culture

Introduction

Step into a large chain drugstore in Japan and you are likely to encounter a display like the one in Figure 1, which was photographed in a shop in central Tokyo in the summer of 2009. It offers a variety of medicines that, according to the sign in the display, can ‘resolve the worries of women.’ These products, known as ‘women’s medicines’ (*fujinyaku* or *josei yōyaku*), have been a thriving part of the modern Japanese pharmaceutical industry since it took form in the

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Fig. 1. A display of ‘women’s medicines’ in a Tokyo drugstore.
Courtesy of Fumiko Joo.

late nineteenth century. One internet site devoted to over-the-counter (OTC) medicines currently lists 248 separate medicinal products specifically for women.² The majority of these are herbal medicines that manufacturers now identify as *kampō* or *wakanyaku*, terms that designate products as comprised of Sino-Japanese material medica, and as *seiyaku* or ‘natural medicines.’ Manufacturers of these herbal compounds for women claim they have efficacy for an array of what are represented as gender-specific ills, not only problems related to menstruation, pregnancy, and menopause, but also more diffuse symptoms, such as cold sensitivity (*hieshō*), numbness of the hands and feet (*teashi no shibire*), ringing in the ears (*miminari*), hysteria (*hisuteri*), agitation (*nobose*), dizziness (*meimai*), anxiety (*fuankan*), and light-headedness (*gyakujo*). There is no corresponding category of ‘men’s medicines’ (*danseiyaku* and *dansei yoyaku*), although the term is applied infrequently to two kinds of products, treatments for impotence and those for male-pattern baldness.

This essay examines the marketing of ‘women’s medicines’ as a means to understand the evolving relationship between commodity culture and medical culture from the nineteenth century to the present. Over this period, health care in Japan was shaped by two ‘revolutions’: the first, the institutionalization with strong state support of so-called ‘Western medicine’ in the period after 1868; the second, the rapid expansion of clinic-based care by licensed physicians in the postwar era.³ These profound changes notwithstanding, the market in OTC herbal medicines has continued to flourish. Herbal remedies such as Seirogan (a diarrhea treatment), Jintan (a ‘revitaliser’), and Yōmeishu (a tonic for fatigue), all of which were first sold a century or more ago, continue to be both heavily marketed and widely used. Before the 1950s, these medicines were generally referred to as *baiyaku* (literally, ‘sold drugs’), a term that foregrounds not their ingredients but rather the fact that they were prepackaged and available through pharmacies and mail order operations without the mediation of a physician, but *baiyaku*, not unlike its English equivalent ‘patent medicines,’ acquired strong connotations of hucksterism and quackery in the mid-twentieth century and has been replaced by neologism, ‘home medicines’ (*kateiyaku*) in advertising discourse.

² <http://superkid.cool.ne.jp/dbase/women.htm>, accessed 19 December 2009. It is not clear who maintains this website, but given its title: ‘Homepage of Medicines Sold at Pharmacies’, it may well be a group of retail pharmacies.

³ Here I am borrowing the organising scheme of Kenneth Ludmerer’s survey of twentieth century U.S. medicine (1999). In the U.S. context, Ludmerer identifies first revolution as the triumph of scientific medicine mid-century, while the second revolution is that of managed care in the 1980s. Although Ludmerer does not specifically make this point, the first revolution meant the end of flourishing patent drug trade in the U.S. See, for example, Stage 1979.

Any list of perennial best-selling herbal drugs would also have to include Kitani Jitsubosan and Chūjōtō, two of the best known of the many herbal remedies for women. Both products, which are taken in the form of a decoction, were heavily advertised in the print media throughout the twentieth century, and the multitude of ads that filled the pages of both mainstream newspapers and women's magazines offer a point of access into the culture of health that emerged as the two revolutions ordered and then reordered health care. The analysis of these advertisements make it possible not only to think broadly about the place of herbal medicines in the larger medical culture of Japan but also to consider more specifically the ideas about female bodily and reproductive health that were produced at the nexus of medical and consumer culture. It is, of course, impossible to discern from the images and texts of advertisements the motives and interests that shaped the choices made by individual consumers. Rather than arguing that advertisements either responded to consumer desire or created it, this paper explores them as a discursive site in which multiple and competing interests, commercial and consumer, political and professional, came into play. Although manufacturers of 'women's medicines' responded to the real health concerns of women, they simultaneously sought to establish the legitimacy of their products in relation to both the broader politics of the day and to mainstream medicine.

Kitani Jitsubosan: 'Women's medicine' in early modern Japan

While herbal medicines for women proliferated in the modern period, they were already an important part of the flourishing medical marketplace that emerged as early as the eighteenth century. Kitani Jitsubosan was one of the best-known products of the early modern medical trade. It has been manufactured continuously by a small family business based in what is now Tokyo since the early eighteenth century. An early description of the business can be found in the work *Mimibukuro* (literally, 'ear bag') authored by Moriyasu Negishi (1737–1815), a samurai who served as the city magistrate of Edo, as Tokyo was then known, in the late eighteenth century. Moriyasu, who had a keen ear for gossip, kept a record of the curious, sensational, and interesting events of his city. The Kitani family and their product seem to have caught his attention for several reasons. First, the medicine was fantastically popular, attracting a steady stream of people to the shop where it was sold in Kyobashi in central Edo, with the result that the Kitani family had rapidly acquired a fortune that they then invested in real estate. But Moriyasu also took note of the effectiveness of the product, describing Jitsubosan as 'medicine for prenatal

and postnatal problems that is also effective for the diseases of women.’⁴ According to Moriyasu, the founder of the business was Kitani Ichirōemon, the great grandfather of the proprietor of his day. This man, the first Ichirōemon (the name would subsequently be passed down to each family head, a typical practice in this era), is described as having acquired the formula for Jitsubosan from a Nagasaki doctor who had come to Edo to pursue a legal case. One day, while visiting Ichirōemon, this doctor heard that a woman in a neighboring family had been struggling for days to give birth. Although several local doctors had examined the woman, they had not been able to deliver the baby. The Nagasaki doctor offered to treat the woman, and with the aid of the medicine he supplied, she was finally able to give birth. Ichirōemon, himself the father of several daughters and a young wife, is said to have begged the doctor to teach him how to prepare the compound, and after some persuasion he agreed. Today, the Kitani family still retains three secret manuscript texts it claims were authored by this anonymous doctor.⁵

Some aspects of this story are probably exaggerated if not purely fictitious. Early modern manufacturers of herbal remedies, one of the first commodities (together with textiles) to be advertised, frequently deployed this kind of dramatic tale as evidence of the effectiveness of their products, and advertising handbills of the day often featured claims about the miraculous nature of the medicine in question, the formula for which was often explained as a benevolent gift from a deity or someone of heroic stature to the ancestor of the contemporary producer. In this case, however, it was a ‘Nagasaki doctor’ who was celebrated as the source of the miraculous drug, perhaps because Nagasaki, the single port open to international trade was in the eighteenth century, was closely associated with cutting edge medicine from both Europe and China.

What the story quite accurately reveals is the social context of the early commodification of herbal drugs. News of an efficacious medicine apparently traveled rapidly. Writing of Jitsubosan around 1790, Moriyasu reported that ‘now there is no part of the city where this medicine is not used.’ But the market was clearly not confined to Edo. Constantin Vaporis has found mention of Jitsubosan in the pocket ledger of a samurai from Tosa on the island of Shikoku, who apparently purchased the medicine for female relatives while performing military service in Edo.⁶ The ready market for the Jitsubosan and similar products points to the profound anxiety that accompanied childbirth

⁴ Moriyasu 1991, pp. 132–5.

⁵ An image of the three texts can be found on the Kitani company website. See <http://www.kkkkitani.co.jp/k001.html>, accessed 10 December 2009. Kitani Yoshinori discusses their content in Kitani 1998a, pp. 17–85. Kitani states that the Jitsubosan was first manufactured in 1713.

⁶ Vaporis 2008, p. 193.

in this period, when it was often a life-threatening event. Sawayama Mikako has noted that in this era the term ‘safe birth’ meant not the delivery of a healthy child but rather a birth in which the mother survived.⁷ The intense social interest in achieving a ‘safe birth’ gave rise to a proliferation of handbooks for women that offered advice on how to successfully manage pregnancy and led to the rapid medicalisation of childbirth in the late eighteenth century as the so-called Kagawa school of obstetrics pioneered new interventionist techniques designed to preserve maternal life in cases of obstructed delivery, but many women also turned to herbal drugs to ease the symptoms and treat the complications of pregnancy and childbirth.⁸

But what was Jitsubosan? According to Sōda Hajime, an historian of pharmacology, the formula derived from one developed by doctors known as *kinsōi* who in the fourteenth century became known for their expertise in treating sword wounds.⁹ The compounds they developed eventually began to be used to treat pregnant women, because, as one secret *kinsō* text stated, apparently in reference to vaginal and perineal tears: ‘[The injuries of] women after childbirth are the same as a wound in the stomach.’¹⁰ By the early eighteenth century, herbal medicines based on what had once been secret *kinsō* formulae were widely known by a variety of different names. Katsuki Gyūzan, a physician who compiled an influential handbook on pregnancy and childbirth, made mention of several such ‘miraculous medicines’ in his work, as did Kagawa Gen’etsu, the founder of the Kagawa school. According to Sōda, all of these medicines combined herbs used in traditional Chinese pharmacology with materia medica indigenous to Japan.¹¹ Their principal ingredient was Japanese angelica root, in combination with substances such as Cnidium Rhizome, Nuphar Rhizome, Scutellaria Root, Saussurea Root, and Cassiabark.¹² Several of these substances are believed to have analgesic and sedative properties, while Japanese angelica root has been proven to stimulate uterine contractions in animals.¹³ Kitani Ichirouemon apparently recognised the commercial potential of such a product and began to mass-produce it, selling it in individual doses wrapped in paper. But it was not long before his success spurred imitators. By the early nineteenth, there were multiple manufacturers selling

⁷ Sawayama 1998, p. 146.

⁸ On manuals for women and the Kagawa school, see Burns 2002.

⁹ Soda 2001, p. 16. *Kin* means ‘metal’; *sō*, ‘wound’; and *i*, ‘doctor.’ A *kinsōi* was therefore a doctor who specialized in weapon wounds.

¹⁰ Quoted in Fujikawa 1946, p. 220.

¹¹ Soda provides a chart that compares the ingredients of twenty-four of these compounds.

¹² Kitani provides a detailed discussion of the herbs used in Kitani Jitsubosan in Kitani 1998b, pp. 173–80.

¹³ Harada *et al.* 1984.

drugs under the name Jitsubosan, several of whom claimed that their version was the ‘original Jitsubosan.’

Herbal drugs and the modernization of medicine

The formation of the modern Japanese state after 1868 initially meant hard times for the burgeoning market in herbal drugs. Beginning in the early 1870s, the new government made improving the health of its citizens a goal, and to that end it aggressively pursued the construction of a modern medical and public health system by exerting its authority over medical knowledge, practices, and institutions.¹⁴ New medical schools and a system of state licensing led to the promotion of so-called ‘Western medicine’ over traditional forms of medical practice. Well-established forms of treatment such as acupuncture and moxibustion came to be regarded as ineffective or overtly dangerous in contrast with ‘scientific’ medical practices. Individual physicians were charged with reporting cases of infectious diseases to the local police, and quarantine hospitals were created for those struck down by acute infectious diseases such as cholera and typhus. Lock hospitals were established to house prostitutes who suffered from syphilis, as were a limited number of asylums for the mentally ill. Government campaigns also addressed individual behavior, encouraging people to eat bread and drink milk, to adopt Western style hairstyles and clothes, to use soap and toothpaste and to cease the blackening of teeth, all in the name of promoting health and hygiene.

But even as health was being redefined as a requirement for full participation in national culture, the ambitious plan for medical modernization began to falter. Hospitals established in the 1880s closed their doors in the 1890s, as prefectural and local authorities found it impossible to fund these institutions on an ongoing basis. As the new licensing requirements were implemented in the late nineteenth century, the number of doctors began to fall, from 11.5 doctors per 10,000 people in 1882 to 9.9 in 1890. And even after the new medical schools and licensing exams were well established, the production of doctors never kept pace with population growth. By 1935, the ratio of physicians to population had fallen to 7.7 per ten thousand. It might be said that the government had greater success in disestablishing traditional practitioners than in training new ones. By 1930, the number of acupuncturists and moxibustion practitioners was half what it had been twenty years before.¹⁵

¹⁴ Burns 2000, pp. 17–50.

¹⁵ Japan Statistical Association 1987–1988, vol. 5. For number of physicians per capita, see pp. 178–9.

Writing about medical care in the U.S. between 1900 and 1940, Nancy Tomes has described it as a ‘luxury good,’ noting that many potential consumers were ‘priced out’ of the medical marketplace.¹⁶ This phrase is perhaps even more apt in the case of prewar Japan. Japan’s first medical revolution led to a profoundly uneven distribution of providers, which meant that medical care was unavailable in many parts of the country. Graduates of the new medical schools seem to have preferred the higher standard of living available in cities and towns, and in rural areas there were often few doctors to be found. In 1935, for example, there were 10,716 doctors practicing in Tokyo. In that same year, there were only 495 doctors practicing in the whole of Iwate, a rural prefecture in northern Honshu, while Okinawa prefecture had only 191 doctors.¹⁷ Beginning in the 1920s, the Japanese government began to track the number of so-called ‘doctor-less villages’ (*muison*). In 1923, there were 1960 such villages; ten years later there were 3427.¹⁸ The greatest growth in medical facilities came in the private sector in which hospitals and clinics were operated as profit driven businesses. Between 1924 and 1940 the number of publicly funded hospitals actually declined, while that of private institutions increased almost threefold. The result was that medical care was often beyond the means of even those who had access to medical facilities.¹⁹

Within this cultural context, in which good health was celebrated and disease was stigmatised, but health care was beyond the reach of many, a new market that promoted ‘self-care’ soon took form. So-called ‘hygiene books’ (*eiseibon*), which offered advice about diet, ventilation, exercise, bathing and the like, quickly became a popular form of reading material, as did advice columns authored by doctors in magazines, particularly those for women. In contrast to the booming market in health manuals, however, herbal medicines, long regarded as a necessary and beneficial part of everyday life, quickly became an object of criticism as the plan for medical modernisation unfolded. Journalists, government officials, and intellectuals railed against the old medicine industry as dangerous and wasteful and portrayed it as evidence of the ignorance and superstition of the Japanese people. In the 1870s and 1880s, the Japanese government attempted to rein in herbal drug producers.²⁰ It issued new controls on advertisements, prohibiting references to divine origin and the use of terms such as ‘secret formula,’ and imposed stiff new taxes on manufacturers and retailers. In instituting these reforms the government had

¹⁶ Tomes 2001, p. 529.

¹⁷ Japan Statistical Association 1987–1988, vol. 5, pp. 182–93.

¹⁸ Sugaya 1976, p. 196.

¹⁹ Koseisho 1955, p. 819.

²⁰ Shimizu 1949, pp. 199–200.

two aims: it sought to reduce the influence of what it viewed as illegitimate forms of health care, and to simultaneously promote the new state-authorised medical system based on Western medicine.

Initially, these new regulations proved disastrous to many well-known early modern medicine producers whose once prosperous businesses failed under the weight of heavy taxes and new restrictions.²¹ The Kitani family, by this time under the direction of the eighth generation Ichirōemon, was one of the early modern medicine producers that weathered the difficult decades of the 1870s and 1880s unscathed. They did this by adapting quickly to the new commercial climate. For example, Kitani was one of the first companies to register a trademark, incorporating the image of the bamboo that once grew outside their Kyobashi shop into their new package design (Figure 2). After 1890, the Japanese herbal drug industry began to rebound, as producers began to create new products that quickly attracted avid consumers. Many of the best-known herbal remedies, including Chūjōtō, date from around the turn of the century.

But as the industry recovered, government scrutiny and journalist attacks continued. In 1914, the medicine trade was confronted by a host of new restrictions when the *Baiyakuhō* ('sold medicine law') was promulgated. One aim of this law, which was to remain in place until 1943, was to bring the medicine trade under the control of trained and licensed medical professionals. To this end, manufacturers were required to be a licensed pharmacist or physician or to employ one. The law also attempted to make the production process more transparent: manufacturers for the first time had to open their facilities to inspection by government officials. But most of the law's provisions were concerned with the marketing of the drugs. The law made it illegal for medicine manufacturers to cast aspersions on the medical profession, forbidding any suggestion that medical treatments were ineffective and any criticism of physicians. Addressing the power of advertisements to influence consumer choice, the law forbade the use of exaggerated claims and fictitious evidence of efficacy, and of illustrations or language designed to frighten consumers.²²

The passage of the 1914 law is evidence of governmental concern about the expansion of the medicine trade in the early part of the twentieth century. But this official concern notwithstanding, herbal medicines had once again become a vital part of the medical culture of the early twentieth century. While many consumers turned to them because there was no other option, others did so as

²¹ Suzuki 2005, chapter 6.

²² Sugaya 1976, pp. 280–1.

Fig. 2. Package of Jitsubosan from the late 19th century. Used with permission of the Naito Museum of Pharmaceutical Science and Industry.

a choice. A survey of Tokyo residents conducted by the Japanese Ministry of Education in 1938 reveals that even in Tokyo, where doctors were by no means in short supply, Japanese of all classes relied heavily on these products.²³ Drug manufacturers targeted female consumers, because women as wives and mothers generally took charge of overseeing the health of the family. According to one study, in the period between 1922 and 1938, up to 40 per cent of all ads in the popular magazine *The Housewife's Companion* (*Shufu no tomo*) were for medicines.²⁴ Within this new marketplace, 'women's medicines' were rapidly transformed into a new kind of commodity.

²³ For an analysis of the survey, see Suzuki, Akihito, 2008.

²⁴ Miki 2003, p. 114.

‘Women’s medicine’ and modern medical culture

Chūjōtō, the best known of the new ‘women’s medicines’ of the modern era, was the first product to be manufactured by the Tokyo-based pharmacy then known as Tsumura Juntendō, founded by Tsumura Kanekichi in 1893. Today the Tsumura Corporation is one of the largest pharmaceutical companies in Japan and the largest producer of OTC and prescription *kampō* herbal drugs. Currently it dominates this market with a 75 per cent market share.²⁵ It might be said without much exaggeration that this pharmaceutical empire was built upon the profits of Chūjōtō.

Kanekichi was born in Nara prefecture, an area well known for the cultivation of medicinal herbs, to a merchant family. He would later claim that the formula for Chūjōtō was based upon one passed down in his mother’s family, the Fujimura.²⁶ The name ‘Chūjōtō’ references the well-known tale of the Chūjō princess, the subject of both *nō* and *kabuki* plays. According to the story, the princess was born into a noble family in the mid-eighth century. After her mother’s death, she suffered at the hands of her jealous stepmother, who plotted to kill the girl. According to the Tsumura version of the legend, the princess was saved by the intervention of the Fujimura family, and later, after she had become a nun, she rewarded the family with the formula for a miraculous drug that could relieve problems associated with childbirth and menstruation. This was passed down secretly within the family for generations, until Tsumura Kanekichi decided to manufacture and market it.

While Chūjōtō and Kitani Jitsubosan have several ingredients in common, including Japanese Angelica Root, Cnidium Rhizome, and Cassiabark, the former includes ingredients that were not in its older competitor, suggesting that its formula may have been of a different origin, although it is unlikely that the legendary princess played a role in its development. The ingenious story of the princess is evidence that Tsumura Kanekichi was, as a company history authored by his son put it, ‘a PR genius.’²⁷ By the 1910s, Chūjōtō advertisements appeared in newspapers, magazines, handbills, posters, billboards, and all featured the company’s trademark, the image of the ‘Chūjō princess’ (Figures 3 and 4), which visually evoked the company’s claim that the drug was of ancient, perhaps divine origin, while neatly skirting the legal restrictions on the content of medicine advertisements. The trademark was used within advertisements to signify the invented history of Chūjōtō, a history that neatly concealed the newness of the product.

²⁵ <http://www.tsumura.co.jp/english/info/operation.htm>, accessed 07 December 2010.

²⁶ Tsumura 1964, pp. 5–7.

²⁷ Tsumura 1982, p. 73.

Fig. 3. Handbill, Meiji-era. Used with the permission of Yoshimaru Takahashi.

Fig. 4. Postcard of Tennoji Temple in Osaka with Chūjōrō billboard, late Meiji. Used with the permission of Kuzui Mizuo.

But advertisements conveyed other messages as well. While early modern ‘women’s medicines’ such as Jitsubosan were sold primarily as remedies for the complications of pregnancy and childbirth and advertising handbills almost invariably including the phrase ‘for before birth and after birth,’ Tsumura Kanekichi from the start claimed that Chūjōtō was effective for wide variety of female disorders. Ads deployed a curious mixture of a traditional and modern medical vocabulary: terms like the ‘way of blood’ (*chi no michi*), which in Chinese medicine signified female bodily functions, were used side by side with ‘uterine disease’ (*shikyūbyō*), a term introduced to Japan as Western gynecological texts were translated in great number beginning in the 1880s. Writing in 1868, French historian Jules Michelet described the nineteenth century as ‘the age of the womb,’ a turn of phrase that succinctly captured the medical obsession with this organ in Europe and the U.S., where ‘uterine disease’ was used to explain all manner of gender-specific illnesses, both emotional and physical, from hysteria and nervousness, to painful menstruation and sexual dysfunction.²⁸ The Tsumura Company quickly adopted the concept of ‘uterine disease,’ and by the turn of the century, Chūjōtō ads already featured the expanded list of ‘complaints’ that I listed at the beginning of this paper, thus suggesting that female consumers needed to be self-medicating on a regular basis. A favored theme of Chūjōtō ads was the consequences of poor health for a woman. Figure 5 is a newspaper advertisement from 1904, versions of which appeared frequently in the print media for decades to come. It visually contrasts the life of a woman who avails herself of Chūjōtō with that of a woman who does not. While the latter is depicted as disheveled, ill, alone, and unhappy, the victim of her own body, the consumer of Chūjōtō is represented as an attractive, industrious, and healthy bourgeois wife and mother, the very picture of the ‘good wife, and wise mother’ who was at the center of the gender ideology of the day.

As the embrace of new medical terminology suggests, the claim of ancient origin notwithstanding, the Tsumura company took pains to establish the affinity of their product with the ‘Western medicine’ that was at the center of the state sponsored program of medical modernisation. Within advertisements, the use of the herbal compound was always represented as thoroughly modern, scientific, and even cosmopolitan. Like the ad in Figure 3, many print advertisements featured expert endorsements. According to the text of this one, Chūjōtō ‘is certified by all kinds of great doctors, obstetricians, gynecologists, and PhDs!’ The ad in Figure 6 from 1917 makes an even bigger claim: Chūjōtō, it states, is ‘famous all over the world;’ ‘every expert says there

²⁸ Michelet 1868, p. 1.

Fig. 5. Newspaper ad, 1904. From Hajima Tomoyuki, ed., *Shimibun kōkoku bijutsu taikei*, Vol 1. *Meiji hen: Iyaku Keshōhin* (Tokyo: Ōzorasha, 1999), p. 136. Used with permission.

is no better woman's medicine and in female society of every country everyone agrees it is the best!' In his company history, Kanekichi's son and successor states that his father did in fact secure the endorsements of a number of well-known obstetricians, including that of Sakurai Ikujiro, who played a leading role in the establishment of the Department of Obstetrics at Tokyo University Medical School, and Ogata Masakiyo, who studied obstetrics in Germany and became deeply involved with the education of midwives upon his return. He admits that it is unclear how Kanekichi forged these connections, and he ignores the issue of whether these doctors were paid for their endorsements.²⁹ The use of such endorsements as a marketing device is revealing of the overall stance of the Tsumura Company toward the medical profession: rather than suggesting that Chūjōtō was an alternative to the therapeutics of modern doctors, advertisements stressed its absolute affinity.

The branding of Chūjōtō in ways that allied it with the medical establishment and officially sanctioned conceptions of gendered social roles stands in

²⁹ Tsumura 1982, pp. 74–5. On Sakurai, see Yanai 1994; on Ogata, see Aya 2005, pp. 69–71.

世界の名聲
今日普く東西を通じて

婦人良薬
中将湯

優る婦人薬なしとは専門大家
並に各國婦人社会に於ける
萬人一致の公評

主治効能

婦人衛生術人婦
引手生術人婦
婦人衛生術人婦
婦人衛生術人婦
婦人衛生術人婦
婦人衛生術人婦
婦人衛生術人婦
婦人衛生術人婦

東京日本橋通丁日
津村順天堂本店
電話 六三二六三番
大東市 路大貫寺町
津村順天堂支店
電話 四二五五番
大東市 路大貫寺町
津村順天堂支店
電話 四二五五番

中將湯は世界到處の薬店にあり市内配達無料

大正5年12月

Fig. 6. Newspaper ad, 1917. From Hajima Tomoyuki, ed., *Shimbun kōkoku bijutsu taikei*, Vol 6. *Taisho hen: Iyaku Keshōhin* (Tokyo: Ōzorasha, 1999), p. 271. Used with permission.

stark contrast to many other ‘women’s medicines’ that began to be mass marketed at about the same time. With names like ‘Monthlies’ (Tsukiyaku), ‘Regular Flow Pills’ (Ryūkeigan), and ‘Make the Monthlies Start’ (Tsukiyaku oroshi), these compounds promised to end ‘menstrual stagnation,’ a condition long associated with female ill health.³⁰ But amenorrhea could also, of course, be a symptom of pregnancy, and advertisements for these products implied that they were effective as abortifacients, most often by incorporating sly ‘warnings’ that pregnant women would miscarry if they ingested such products, although more direct statements were common as well. A newspaper advertisement for ‘Menstruation Regulating Pills’ (*Chōkeigan*) that appeared in 1891 claimed that the medicine would be effective ‘no matter the cause, no matter the length’ of the menstrual stoppage, while one for ‘Make the Monthlies Start’ advised women to purchase the ‘special version’ of the pill if menstruation had ceased for more than five months.³¹ The coded language of the ads is understandable: when abortion was first criminalised in 1873, the statutes specifically forbade the sale of abortion-inducing drugs. As the Japanese government adopted a more overtly pro-natalist stance, these products quickly became the target of criticism. The 1914 law that regulated the retail pharmaceutical market explicitly forbade the advertisement of any drug as an abortifacient, leading manufacturers of these products to adopt even more circuitous language. Even so, in 1936 several of the most prominent women’s magazines ‘voluntarily’ began to refuse to carry ads for medicines that were marketed as ‘regulators’.³² Unlike these products, Chūjōtō was not marketed primarily as a ‘menstrual regulator’, although it did promise relief for a number of menstrual-related symptoms. Rather, its manufacturer emphasised its benefits for reproductive health and fertility, claims that neatly aligned with the emerging government policy of pro-natalism.

Over the course of three decades, then, the Tsumura Company through skillful marketing managed to create a new kind of herbal drug in Chūjōtō, one that was simultaneously positioned as both ‘traditional’ and ‘modern,’ as familiar and new, and one that linked older conceptions of the body and therapeutic practices with modern Western medicine and new visions of female social roles. Advertisements offered little in the way of explicit analysis of how Chūjōtō achieved its efficacious effects, although there was occasional mention of the need to ‘regulate,’ ‘strengthen,’ and ‘warm’ the female body. Instead, the emphasis within advertising discourse was on portraying the benefits of health for the female consumer. While those benefits were initially

³⁰ Sawayama 1998, pp. 133–6.

³¹ Hajima 1999, pp. 96, 114.

³² Miki 2003, pp. 120–3.

identified with reproduction and maternity, there was nothing fixed about this set of associations. In the late 1920s, for example, with Chūjōtō successfully established as the leading ‘woman’s medicine’, the Tsumura Company began to experiment with its brand image. The advertisement in Figure 7 is typical of many that were produced in this period. The bobbed hair and high-heeled shoes of the young woman appeared often in media depictions, both celebratory and critical, of so-called ‘modern girls’: that is, young women who eschewed marriage and motherhood for work and sexual freedom. Here, we see Chūjōtō associated quite overtly with a new set of meanings: youth, beauty, fashion, and sexuality.

Clearly influenced by the success of its aggressive and successful competitor, the marketing of Kitani Jitsubosan began to change. The Kitani Company too began to define new ‘symptoms’ that required medication, including things such as ‘cold hands and feet’, ‘lightheadedness’, and ‘headache’, but symptoms related to menstruation, pregnancy, and childbirth continued to predominate in ad copy. In contrast to the large, often colorful, and innovative designs deployed by the Tsumura Company, Jitsubosan ads were generally smaller in scale and of a fairly stable design. Almost all featured images of mothers and infants, and advertisement text generally focused quite specifically on the benefits of maternal health, utilising slogans such as ‘the stronger you are, the healthier your baby’ and ‘when mom feels good, baby is healthy’ (Figure 8). While Chūjōtō ads linked bodily health to a shifting set of values, Jitsubosan ads, until the war years, consistently linked reproductive health to the well-being of the family unit, specifically of the modern bourgeois family denoted by the term *katei*, which became something of catchphrase for the product. Another neologism, *katei* signified the modern nuclear family consisting of a husband and wife and their children. The new ideal of *katei* was central to the plots of the popular fiction of the time, a genre avidly consumed by male and female readers alike.³³ Jitsubosan ads suggested that the production of healthy children was essential to the creation of a modern, happy family. A case in point is the ad in Figure 9 from the mid-1920s. The text encouraged men to depart from the custom of leaving the management of family health to their wives and purchase Jitsubosan for her as a sign of affection, an act that was linked to the creation of a happy family: ‘Give Jitsubosan to the wife you love. If you do, your family will become more and more harmonious.’

This ongoing campaign on the part of the Kitani Company was in no way traditional. In fact, its focus on the family as *katei* was just as modern as the

³³ For more on the modern concept of family as *katei*, see Ito 2008, pp. 29–42.

Fig. 8. *Yomiuri Shimbun*, 9 August 1915, morning edition, p. 3.

Tsumura company's use of expert endorsements to sell Chūjōtō. Both companies skillfully deployed images and language drawn from the gender ideology of the Japanese state and the mass media to encourage female consumers to attach new social and personal significance to their bodily functions, while at the same time they represented the female body as weak and vulnerable and in perpetual need of treatment. But the regular use of these products would certainly have been a hardship for many Japanese women: Jitsubosan and Chūjōtō were by no means inexpensive. In the early 1920s a week's supply of Chūjōtō cost about 80 sen, while a similar supply of Jitsubosan cost 1 yen 20 sen. Eighty sen was about equal to the daily wage of a female factory worker or 60 per cent of the daily wage of a skilled male tradesman.³⁴ Both companies sold their products in single dose packages, presumably to make them affordable to consumers who had little in the way of cash reserves, although this also allowed consumers to 'test' the product before investing in a larger number of doses.

The already close relationship between state policies and the advertising discourse deployed by the manufacturers of both medicines became more overt in the late 1930s with the outbreak of the second Sino-Japanese war and the subsequent reorganisation of Japanese society for purposes of total war. The popular slogan 'give birth and multiply for our nation' was echoed repeatedly in advertising copy for both Chūjōtō and Kitani Jitsubosan. A 1941 print advertisement for Chūjōtō featured a serious looking woman holding a box of the product, next to text that read: 'Let's advance one step at a time by giving birth and multiplying. A strong maternal body produces a strong baby!' An ad for Kitani Jitsubosan from the same year featured the usual image of a mother and infant, but now instead of promising a happy family through reproductive health, the copy instructed women that: 'Giving birth to healthy children is for the good of the nation.'³⁵ Significantly, these ads predated the new Pharmaceutical Law of 1943 that replaced the 1914 law. In addition to reiterating

³⁴ Japanese Statistical Association, 1987–1988, vol. 4, pp. 228–32.

³⁵ For these ads, see *Yomiuri Shimbun* 29 May 1941 (evening edition), p. 4 and 4 January 1941 (morning edition), p. 4.

the earlier restrictions on advertising content and giving local authorities the explicit power to censor ads, it also required pharmaceutical companies to ‘cooperate with the national policy of improving the physical strength of the people’.³⁶ However, even before this law had passed, Kitani and Tsumura were already linking their product to the war effort. Of course, these two companies, like many other herbal drug manufacturers, had a stake in Japanese expansionism. China, as well as the formal colonies of Korea and Taiwan, had become an important market for many Japanese pharmaceuticals, including Chūjōtō and Kitani Jitsubosan. Tsumura Kanekichi entered the Chinese market in 1903 when he became involved in the formation of two new corporations, the Tōa Company and the Japan Patent Medicine Company (Nihon Baiyaku Kabushikigaisha), with fellow investors. The purpose of both was to export Japanese pharmaceuticals to China, which soon proved to be a lucrative market. Then, in 1938, the Tsumura company established a branch company in Manchukuo, the ‘puppet-state’ created by a Japanese military takeover in 1932.³⁷

Postwar Japan: inventing ‘traditional medicines’

At the end of the war, Japan’s medical system was in a state of collapse. The ratio of doctors to population had fallen to the lowest number in modern history, the result of the military draft, the contraction of the medical training system, and civilian deaths due to allied bombing.³⁸ Acute shortages of medicines and other supplies had led to the widespread closure of hospitals and clinics. Rates of infectious disease rose, as did those of infant and maternal mortality. But over the course of the next two decades the Japanese medical system experienced its second revolution. The occupation era educational reforms led to a rapid increase in the number of medical schools, which were soon producing large numbers of new physicians, while the Japanese government began for the first time to invest in social welfare institutions rather than military expansion, leading to a rapid increase in the number of public clinics and hospitals. Culminating the process of reform was the establishment in 1958 of the National Health Insurance system, which made healthcare affordable to all Japanese as never before.

This second revolution in healthcare profoundly impacted the herbal drug industry. In the wake of Japan’s defeat, both Kitani and Tsumura faced

³⁶ Sugaya 1976, pp. 290–3.

³⁷ Tsumura 1982, pp. 79–85, 186–92.

³⁸ Japanese Statistical Association, 1987–1988, vol. 5, pp. 178–9.

formidable obstacles. Their factories had been destroyed in the firebombing of Tokyo, and their lucrative East Asian markets were lost as Japan's empire was dismantled. For several years, advertisements for the two products all but disappeared from the pages of newspapers and magazines. And as the medical system was transformed, both companies struggled to position their long-time best selling 'women's medicines' within the new medical culture in which routine care by a physician was both accessible and affordable.

An early innovation in response to this new business environment involved the reformulation of both products so that they appeared more 'pharmaceutical' and less 'herbal.' In 1955, Tsumura introduced Ramuru (from the French, *l'amour*), a new form of Chūjōtō that could be ingested in tablet form.³⁹ This product, with its catchy European name, was marketed to young housewives and working women, with advertisements stressing the ease and convenience of the new product. Active women no longer had to be at home, preparing and drinking the decoction: they could take Ramuru anywhere. A Ramuru ad that appeared repeatedly in the late 1960s, addressed to 'you, who are feeling tired,' featured a beaming young woman with a fashionable 'flip' hairdo declaring, 'four pills a day and I feel great.'⁴⁰ The copy described Ramuru as perfect for 'office ladies,' that is, young female clerical workers. Fatigue was not a symptom featured in prewar ads, but, presumably, it resonated with the new generation of young women working outside the home. Another ad from the same period features an attractive young housewife armed with the iconic home appliance of the era, a vacuum cleaner.⁴¹ To publicise its new product, the always-innovative Tsumura Corporation experimented with a new kind of ad campaign. For several years it sponsored a beauty pageant to choose a Miss Ramuru.⁴² In 1962, the Kitani Company followed Tsumura's lead and created its own tablet form of Jitsubosan, first called Jitsubon T and later Jitsubon S.

The old-style herbal blends for decoction continued to be sold, but from the mid-1950s manufacturers clearly began to target older consumers. While the traditional term 'the way of blood' had encompassed the physical changes that accompanied the cessation of menstruation, 'menopause' was not demarcated as a specific 'disorder' in advertising discourse until the postwar era. Anthropologist Margaret Lock has suggested that the medicalisation of menopause in Japan began in the 1970s, but almost two decades earlier pharmaceutical manufacturers were already defining 'menopausal disorders'

³⁹ Tsumura 1982, p. 287.

⁴⁰ *Yomiuri Shimbun*, 15 June 1968, morning edition, p. 14.

⁴¹ *Yomiuri Shimbun*, 29 February 1960, morning edition, p. 8.

⁴² Tsumura 1982, p. 287.

(*konenki shogai*) as a condition with its own specific symptoms (fatigue and irritability figured largely) that required treatment.⁴³ By the mid-1950s Kitani Jitsubosan advertisements were already making specific mention of ‘menopausal disorders’. A Jitsubosan ad from 1955 addressed menopausal women specifically, promising that the herbal drug would ‘improve the flow of blood and make you younger and healthier!’⁴⁴ Tsumura soon began to target older women as well. In the mid-1980s, an ad campaign entitled ‘Chūjōtō, for every stage of life’, encouraged even young women to think in terms of menopause. According to the copy of one advertisement, ‘there are women who report menopausal disorders in their late 30s. Chūjōtō, a medicine made from natural herbs: for all those unpleasant symptoms peculiar to women.’⁴⁵ The evolution of the Chūjōtō brand came full circle in the 1990s, when Ramuru was reformulated and remarketed as Ramuru Q—a treatment specifically for the symptoms of menopause and one that combined the herbal ingredients of Chūjōtō with calcium and a variety of B vitamins.

The mention of ‘natural herbs,’ which began to appear in advertisements in the 1980s, marked the beginning of the Tsumura Corporation’s attempt to reposition the product as a ‘traditional medicine’ that made use of gentle, herbal ingredients in distinction to harsh, chemical pharmaceuticals. This was, as we have seen, a complete departure from the brand image that Tsumura had cultivated continuously from the late nineteenth century that had sought to establish both the modernity of the product and its affinity with Western modern medicine. By this time, Tsumura was well established as the leading producer of mass-produced kampō compounds, but it did not call Chūjōtō a kampō medicine, reserving that term for formulae of Chinese origin. Instead, it termed Chūjōtō a ‘Sino-Japanese medicine’ and laid great stress on its herbal nature (even when those herbs were laced with vitamins.)

The Kitani company had made a similar move to reposition Jitsubosan about a decade earlier. An advertisement for Kitani Jitsubosan from the mid-1970s emphasized the ‘traditional’ nature of the compound: ‘the same formula for three hundred years,’ ‘our business is kampō,’ and ‘this is a kampō drug for health maintenance’.⁴⁶ Until this period the Kitani company had never advertised Jitsubosan as a kampō drug, although some ads did make mention of the company’s long history. The representation of Kitani Jitsubosan and Chūjōtō as ‘traditional herbal medicines’ was entirely a product of the postwar period. As clinic-based care by physicians became the norm, herbal drug manufacturers

⁴³ Lock 1993, p. 256.

⁴⁴ *Yomiuri Shimbun*, 30 November 1955, evening edition, p. 2.

⁴⁵ *Yomiuri Shimbun*, 13 April 1986, morning edition, p. 8.

⁴⁶ *Yomiuri Shimbun*, 13 August 1970, morning edition, p. 12.

responded by redefining their products as an ‘alternative’ that offered benefits that biomedicine could not. Most notably, both Chūjōtō and Jitsubosan were described as ‘health maintenance medicines’. As this phase implies, the newly affluent female consumers of the postwar era were encouraged to consume herbal medicines on a routine basis to maintain health, rather than treat illness.

Conclusion

Today, the paths of the Kitani and Tsumura Companies have diverged dramatically. While the latter has come to dominate the herbal drug market, the former currently produces only two products, and both its advertisements and its website have a decidedly retro feel. Nonetheless, the intertwined histories of these companies and their best-known products provide a window into the commodified medical culture of twentieth-century Japan. From the late nineteenth century through the 1950s as Kitani and Tsumura negotiated the government sponsored program of medical modernisation and an intensely competitive pharmaceutical marketplace, they responded with aggressive advertisement campaigns that medicalised the female body by defining an expanding list of symptoms that required treatment. Adeptly adapting to both the web of government regulation and evolving conceptions of gender, Kitani and Tsumura encouraged female consumers to attain both health and happiness by drinking their herbal teas. In the 1950s, however, Kitani and Tsumura confronted a declining market as clinic-based care became routine. As a result, they experimented with new products, defined new efficacies, and ultimately succeeded in repositioning their products in relation to the care now readily available from medical professionals. Jitsubosan and Chūjōtō were recast as gentle but effective ‘traditional’ and ‘herbal’ medicines for an older but still female clientele, who were encouraged to seek overall well-being rather than reproductive health.

The rise of the internet marketplace for pharmaceuticals after 2000 however had a profound effect on the herbal medicine market. Of the more than two hundred ‘women’s medicines’ listed on the internet site I mentioned in the introduction to this paper, most are in fact produced by small pharmaceutical companies located outside of Tokyo that had to this point been available primarily to a local clientele. For example, a consortium of small herbal drug manufacturers based in Nagasaki prefecture have created a website to market their products, which include five herbal remedies for women. One of these, Tenwatō (‘heaven harmony decoction’), has been manufactured by a small,

family-owned pharmacy since 1681.⁴⁷ These products challenge long-established producers like Tsumura and Kitani by offering a more authentic ‘traditional’ experience precisely because of their relative obscurity and their regional associations. But the reconfiguration of the culture of self-medication that the internet promoted was cut short in February 2009 when a revision of the pharmaceutical law was passed. It bans the sale of most OTC medicines, including herbal medicines, via the internet, a move that, according to the Japanese Ministry of Health, Welfare and Labor, was necessary to safeguard consumers from potentially dangerous drugs. While the effect of this law is yet to be fully felt, the complex interplay between medical culture and consumer culture will surely continue.

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⁴⁷ See <http://www.nagasakiinokusuri.com/kumiai/sadakane.html>, accessed 19 December 2009.

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