

Title	Women, Work, and Education in Modern Japan An observation of the career life and the social role of Yayoi Yoshioka
Author(s)	WATANABE, Yoko
Citation	Lifelong education and libraries (2011), 11: 25-46
Issue Date	2011-11
URL	http://hdl.handle.net/2433/152094
Right	
Type	Departmental Bulletin Paper
Textversion	publisher

Women, Work, and Education in Modern Japan

An observation of the career life and the social role of Yayoi Yoshioka

Yoko WATANABE

Abstract: The main purpose of this paper is to show and consider the several aspects of women and work in modern Japan, observing the case of Yayoi Yoshioka as the example of the exceptional educational leader who mainly dealt with and devoted herself to the development of women's work and social contribution in the period of pre-war and wartime Japan. She was a professional woman, a medical doctor herself, the founder and educator of the female medical education, and the very influential leader of various types of social education groups for women. In the development of female education in the latter part of *Meiji* Era (1868-1900), the image of 'Being a good wife and wise mother' was stressed very much as the finest ideal, and also was regarded as almost the only educational goal for girls (*Ryo-sai-ken-bo*). There, basically, women were expected not to work outside their domestic sphere, having any neither occupations nor professions. And the most important of all was that *Ryo-sai-ken-bo* was set as the educational goal of the most female secondary schools *Jogakko*.

Yoshioka is located at the very unique status in the history of female education as such in four reasons. First, she was a pioneer in the professional education for women in modern Japan. Secondly, she also took the strong leadership in *Shojo-kai*, later *Joshi-Seinendan*, both of which were nation-wide regional non-formal groups for the female youth. Thirdly, Yoshioka was appointed to the only female member of the Advisory Committee of Education (established in 1937), which was to discuss the policy and strategies of educational reform under the remodeled structure of the all-out war. And fourthly, she took part in many kinds of organizations and voluntary groups, as a leader or equivalent status. For Yoshioka, all of these were pursued in order to establish the social status and to get the social power of the female medical doctors. By looking at her wide range of achievements and very powerful remarks in various kinds of media, we can see another aspect of female education in modern Japan. On the defeat of the war in 1945, Yoshioka was banished both from the educational job status and from the official job status, being accused of leading the people to the invading war. But, at least, we can learn so many of the positive and negative lessons from her case, and start thinking about the relationship among these: women, work, education and social development.

Keyword: female doctor, professional / vocational education, higher education, medical education, female leader, non-formal group education for women, female group education for women.

INTRODUCTION

The main purpose of this paper is to show and consider the several aspects of women and work in modern Japan, observing the case of Yayoi Yoshioka (1871-1959) as the example of the

exceptional educational leader who devoted herself to the development of women's work and social contribution in the period of pre-war/ wartime in WWII.

The studies on the history of female education in modern Japan up to recent years have focused on the secondary and higher liberal education, mainly based or related on the discipline of *Ryo-sai-ken-bo* ('A good wife and wise mother') as their educational goals. As a result, their research objects seemed to range over the systems, schools, curriculums, students and teachers in secondary and higher education, but their target group of learners was very limited, mainly those who were from family of the newly-risen class of white-collars (professionals, administrators or salesmen) in the city to the landowners in the farm areas. They were mainly and originally in the very track of *Ryo-sai-ken-bo* life course, and the parents wished their daughters to maintain or to promote their status by good marriage having the good education. In prior related studies, this mechanism of girls' education was mainly focused, and the women at work have been disregarded or almost overlooked. That is why the *Ryo-sai-ken-bo* seems to have been almost the only educational goal for girls in modern Japan.

There are several reasons for choosing Yoshioka in this article. First, as being a woman in profession, she herself led the deviating life from the life course of the *Ryo-sai-ken-bo*, or, the image of the ideal women in prewar Japan. By looking at her self-development process, we can recognize the career process of professional women in modern Japan. Secondly, she founded a segregated medical school for women, which has developed into the present university. She was the pioneer in the establishment of 'female medical education' in Japan. And thirdly, she was such an influential leader both in the field of higher education and in the field of social (non-formal) education. With these activities and the discourse in the media, she could appeal to the public that both the professional women and the working girls especially those who worked in the primary industries to make large and meaningful contribution and women in the primary industries were making very large and meaningful contribution to the state and society.

Yoshioka is known as physician, educator and the founder of Tokyo Women's Medical University. In the modern medical history in Japan, she was registered as the 27th woman doctor; with medical license. She made the contributions to the next generation of women doctors in many ways. Her contributions were not only establishing and administrating the medical school only for women, but also organizing several learning groups and networks of women doctors to promote the continuing learning themselves, and also sending out the message to the society of the significance and the roles of the women doctors. Additionally, she was appointed to the only female member of Advisory Committee of Education in 1939, which symbolize the uniqueness and social position as an educational leader. The status of Yoshioka in the higher and professional education in prewar Japan had been highly valued and well-known to the medical world even these days.

Also her social activities such as the leader in social education, women's movement, as well as the powerful supporters of the national policy have not been paid so much attention. She was the powerful leader of non-formal education for the female youth and of mature women. She stimulated them to get the idea of what it means to be members of the nation, arouse patriotism, and mobilized them to participate in the promotion movement of national policy into practice. She was also involved in various kinds of social movement or social activities. Her slant on the politics

was that of conservative, and also she was a strong supporter of the Japanese Imperialism and its foreign expansion policy. Many of her activities were organized and utilized in order to promote the women to participate in the State policy. For example, Yoshioka was involved in the women's suffrage movement. She was a women's rights activist, and once worked with Fusae Ichikawa, who was a very prominent advocate of women's suffrage in prewar and postwar periods. However, later on, Yoshioka and others organized the politically modest group of women, and seceded from the radicals. These aspects of Yoshioka as the social leader have not been paid full attention.

Yoshioka has hardly been examined or taken up as the case of influential leader in the academic studies, especially in education and gender studies. These are mainly because she was actually purged from the public service and educational occupation, being accused of her responsibility for the acts and remarks of mobilizing the people into the war. And her politically conservative stance supporting the Establishment of the Imperial Japan was accurately criticized by feminist historians. These prior concerns and careful attitudes of the researchers are fully agreeable, and we are not excusing her responsibilities in the wartime achievements. However, examining Yoshioka as the case study, we would be able to clarify and describe the unwritten side of the female education, which has been hidden from the mainstream history of female education based on the *Ryo-sai-ken-bo* discipline.

So this paper tries to clarify the following questions in order to pursue the goal; (1) how did Yoshioka build up her career and life course? (2) What were the frameworks and elements of female medical education and her discourse on "women doctors" training? And what was the image of the women doctors as professional women? (3) As the leader of social education, what were the expectations she expressed to the working girls and women? What were the common elements with and what were the differences from the expectations to women doctors?

1. THE BACKGROUND: the modern and women

The modern era in Japanese society started with the Meiji Restoration in 1868, which was the shift of political power from Tokugawa Regime for over 300 hundred years to the Meiji centralized government based on the Imperial ('*Tennoh*') system. Meiji Restoration was not only the change of the ruling power, but also the transformation of the State system from the state of Feudalism to the modern nation state, and moreover, of the shape and values of the society as a whole. Though women were hardly able to take part in the process of this huge transformation as the subjective agent of the history, its influence over the lives of women had been pointed out to be very enormous. And several concrete changes prepared the new stage and horizon for the women and their development.

Meiji Period (1868-1912) was the time when Japanese women encountered new values of life and new life styles, mainly introduced from the Western world. Meiji government had the strong policy of modernizing the Japanese society not only by building up the modern comprehensive social systems with the slogan of *Fukoku Kyohei* or 'The wealthy nation and the strong army', but also by westernizing the social and cultural lives of the people to prepare for 'participating the first-class powers' in the international community. In such background, some of the biggest

changes occurred to the Japanese women could be work, education, and the new image of women.

1.1. The factory work and women

The first notable change was the appearance of the factory girls, who were recruited from the poor villages in rural areas or mountainous districts. During the capitalism formation period in Meiji era, the raw silk and cotton yarn were the main products for export. With the foreign currency obtained from this trade, the government bought the raw materials, machines, and munitions to support the *Fukoku Kyohei* policy firmly. It was these female workers at the textile factories that undertook the work of base-building for the Japanese capitalist structure.

In 1872, Tomioka Cotton Mill was founded, and opened the business. And about 550 learning factory girls were gathered from the whole countries and learned through working with the Western style machineries. After mastering the skills in the silk reeler technology, they went back to their home and defused them. In this way, they were expected to play a very important role of accelerating the modernization of the cotton mill industries in Japan.

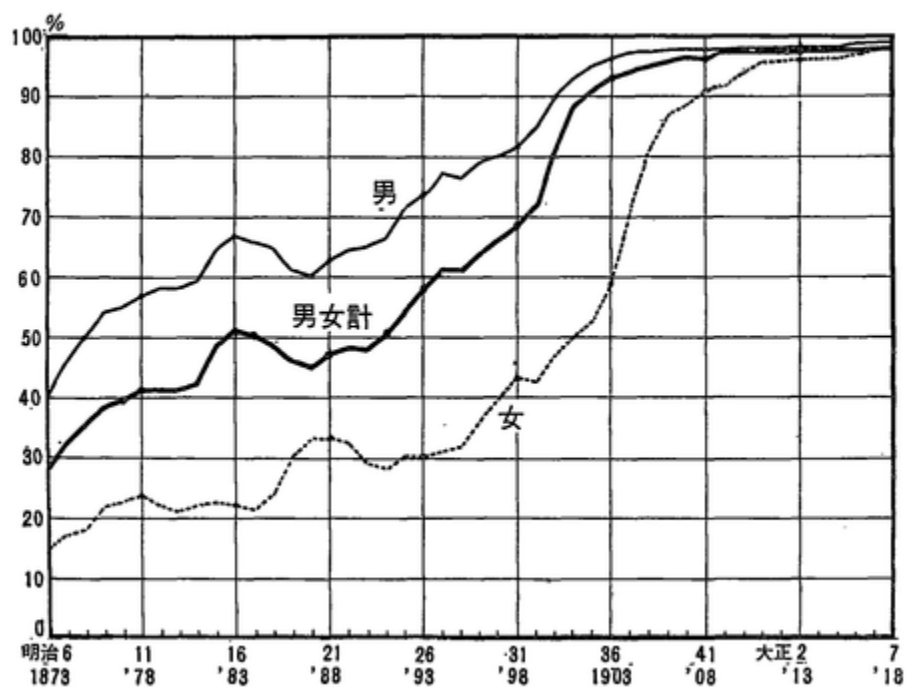
In the textile industries such as the Osaka Textile Industry, where the cotton yarn was produced, they built a very huge factory based on the large capital, and made the factory girls work by double-shift system with the textile machines which were imported from the western countries. The factory girls had been recruited from the villages: on account of the high farm rent, the daughters of the family under the bad harvest or with a sick member had to give up their own life and future, and follow the mediator out of the villages to the factories. Dutiful daughters did so for the sake of their parents, as if they were in the traffic in people. In the cotton mills, they were supposed to work fourteen hours by average. And in the textile factories, they had to work with the double-shift of day and night (twelve-hour each), The midnight labor and long hours labor became the object of public concern, and it led to the Factory Legislation was finally enacted in 1911(enforced in 1916).

1.2. Educational opportunities for women

The second notable change to women's lives in Meiji Era was that, though it was very limited sphere compared with men, women obtained the educational opportunities as well as men, at least at the primary education level.

Table 1 The change in the rate of compulsory education enrollments by gender

図6 男女別の義務教育就学率の推移



男...Male 女...Female 男女計...Both Male and Female

From the website of Ministry of Education and Science,

http://www.mext.go.jp/b_menu/hakusho/html/hpad196201/hpad196201_2_011.html

Modern Japanese education started with the Education Law of 1872 that mandated the compulsory school attendance for the objective of 'education for all'. No matter which gender s/he was, and no matter what social status s/he had, every member of the nation was legally expected to go to primary schools. The school enrollment rate was, in the beginning, as low as about 30 % but with the introduction of the free education policy and also with so much effort of the educational supporters, it increased notably up to nearly 100% by the end of Meiji era(95,6% in 1905). However, if you look at the rate shown in table 1, separated by gender you could realize the school enrollment rate for the girls were sluggish in improvement for a while.

Owing to the gender bias that girls should not be argumentative by education instead of being obedient, the parents were engaged in the primary industry in farm and fishing villages, and also in the mountainous areas, were not willing to send their daughters to schools. Especially, there was a tendency to think the Westernized education would be of no use for their daily lives. The government took several measures; sewing was set as a compulsory subject, and also baby-sitter schools were opened and regarded as the substitution of the primary schools. However, they did not turn out to be very successful. The school enrollment rate for girls in the several years after the Educational Law was following; 15,1% (boys 39,9%) in 1873; 21,9%(58,7%)in 1890, and 31,1%(65,1%)in 1890.

The great stimulus to such situation was the First Sino-Japanese War. After that, Japanese common people came to understand the necessity of education by the strong guidance of the government, the rapid development of the capitalism, and the glorious growth of the nation. As a result, the rate for girls showed as high as that of boys in the end of Meiji era; 71.7 % (90, 3%) in 1900, and 97, 4 % (98, 8%) in 1910¹⁾. During this development, however, most of the girls did not proceed to the secondary schools at that time. For the primary industry was the dominant in Japanese industry, the female youth, who led their lives in farmland, fishing villages and mountainous areas were expected to be engaged in the production labor of their family in rural villages as the auxiliary worker, as well as helping the household work after primary education, rather than proceeding to secondary education. Especially, the girls in farm villages dealt with the baby-sitting, the housework, and the cultivation in the field in the period before marriage. It was the informal preparatory training for them to be “a farmer’s bride in the future”. For these girls, since 1910’s-20, *Shojo-kai*, the female youth groups had been organized locally and voluntarily. The girls were provided group-based non-formal education by the leaders such as school teachers. Fujio Amano, the ad-hoc officer of Ministry of Domestic Affairs in Taisho period, organized the national network of *Shojo-kai*, and advocated the clear image of women at work.

1.3. Ideal (*Ryo-sai-ken-bo*) image for women

And the third change was the transition of female image: from ‘An obedient bride to the family’ to ‘A good wife and wise mother’ (*Ryo-sai-ken-bo*). Since the construction of the modern state became the supremacy proposition of Japanese society, as in the basic concept of the Education Law, education for the people to participate in the nation-building was urgently needed. Especially, men were expected to contribute directly to the state, as the industrial laborers and armed forces. On the other hand, women were expected to aid their husbands in the domestic sphere, bring up the next generation, and so be taken as the member of the nation indirectly. In this way, women were also integrated into the nation as the indispensable existence, and were expected to make contributions as well. It is said to have been the very idea of *Ryo-sai-ken-bo* that functioned as the means of rationalizing the national integration of women²⁾.

As the educational institutions for girls higher than primary level were two national normal schools for women, and several private girls’ schools of Christianity system. As the increase of the school enrollment rate in primary schools, more girls wished to proceed to the secondary education, where, four-year girl’s high schools (*Jogakko*, 1 year shorter than the five-year junior high schools for boys) with the curriculum of less lessons of mathematics and English, and much emphasis on sewing and household works. *Ryo-sai-ken-bo* was raised as the educational goal of the most *Jogakkos*. As the promulgation of girls’ high school Law in 1899 is said to have “meant the systematic completion of the education based on the principle of *Ryo-sai-ken-bo*”³⁾, these schools were regarded to be the institutions of training girls to become *Ryo-sai-ken-bos*. Each administrative division or prefecture established one girl’s high schools, and later on, with the foundation of two-year practical girls’ schools which focused on the subjects of domestic science and commercialism, the numbers of *jogakkos* increased.

The *Ryo-sai-ken-bo* image in Meiji was partly reflecting the female morality of the Middle

Age which requires women of the skills of domestic work and obedience. However, in the following period of Taisho era (1912-24), it turned to be the new *Ryo-sai-ken-bo* image with the influence of the contributions of European women in the World War I. There, they noticed the significance of cultivation and development of the potentialities and energy of women, in order to make use of them for the sake of the state and the society. And, they also seriously needed to maintain the gender-based division of labor and avoid the ‘determination’ of the women⁴). The important thing was that women would make a contribution as ‘the second members of the state’, located in the subordinate position of men, and still not to become the threat of the male-dominated society. This new *Ryo-sai-ken-bo* image was reflected to the image of ‘women at occupation’ in the cities in Taisho era, and also to the image of ‘the mother of the militarism’ or ‘the mother of *Yasukuni*’ in the former part of Showa era (1925-45).

As we have seen above, women in Meiji era faced the great changes in life. And especially, the image of *Ryo-sai-ken-bo*, taken as the finest ideal for women, has characterized the female education in modern Japan. There, basically, women were expected not to work outside their domestic sphere, having any neither occupations nor professions. It is true that this image functioned as the strong grounds of educating girls as the members of the nation.

Then another image of women in contrast to *Ryo-sai-ken-bo* was recognized. ‘Being a hard-working wife and healthy mother’ (*Do-sai-ken-bo*) was presented as the alternative goal for the girls in group-based non-formal education.

2. YAYOI YOSHIOKA AND FEMALE MEDICAL EDUCATION

2.1. Yoshioka’s profile and positions

Yayoi Yoshioka was born in Kakegawa, Sizuoka prefecture in 1871. She was brought up in the family where the father was a community-based medical doctor. It was actually at the big transition stage in establishing the modern medicine, from the traditional herb doctors to the doctors who studied the Western medicine. He himself used to be an herb doctor but just came back from Tokyo with the knowledge and skills of the West, Yoshioka got familiar with the both types of medical practice in her childhood. And also she grew up in atmosphere of the peoples’ liberty and rights movement (*Jiyuminken-undo*) in the early Meiji society, and being influenced so much by Hideko Fukuda, a social activist and pioneer of woman liberation activist. And also with the sympathy to her mother in the difficult circumstances as a woman, Yoshioka developed herself to a very independent woman, with large political concern and the gender consciousness. She made a decision of becoming a medical doctor when she was 16 years old. At the age of 18, she went up to Tokyo to get into the biggest medical preparatory school, *Saisei-gakusha*. With the efforts to meet the required knowledge and skills, Yoshioka became the 27th “woman doctor” with the medical license in Japan.

Before moving into the Yoshioka’s motives for medical education, we would clarify her historical, social and educational position. Yoshioka is located at the very unique status in the history of female education. We could summarize them as the following four points.

First, she was a pioneer in the professional education for women in modern Japan. That means

not only the pioneer of the medical education for girls to become professionals, but also to present a new style of vocational life in a very specialized occupation. Secondly, she also took the strong leadership in *Shojo-kai*, later *Joshi-Seinendan*, both of which were nation-wide regional non-formal groups for the female youth. In order to build up the Central Office of *Shojo-kai*, Amano requested the famous female educators of the period, including Yoshioka, to participate in the administration and help him. She accepted the offer, and began to deal with the training of *Shojo-kai* activities in 1917. Thirdly, Yoshioka was appointed to the only female member of the Advisory Committee of Education (established in 1937), which was to discuss the policy and strategies of educational reform under the remodeled structure of the all-out war. Fourthly, she took part in many kinds of organizations and voluntary groups, as a leader or the equivalent status.

2.2. The motives for ‘women doctors’ training

In the former part of her life as a medical doctor, and also as the founder and headmaster of a female medical school, there were four motives that demanded her to develop the rationale for the significance and training of ‘women doctors’.

2.2.1. Male-dominated circumstances of medical education

The first opportunity was when she was studying in the *Saisei-gakusha*. It was the doctor training school, which had sent the very famous graduates as Hideyo Noguchi⁵⁾ and others, and which was buffeted by the turbulent seas of its time in the conflicts of government-owned medical schools and private medical schools. It was the pioneer period of “women doctors” (*Joyi*). *Saisei-gakusha* was not really a mixed school in the beginning; neither did they have the strict rule to exclude female students, because they were not expecting them to enroll. However, Mizuko Takahashi⁶⁾, the doctor applicant, talked directly and very ardently to the headmaster Tai Hasegawa, for the admission. She actually opened the gate of the school, and there were several female students who had been enrolled, when Yoshioka entered the school. There were many handicaps and hardships for the female students to study in the male-dominated environment. The female students got together and organized a group to submit their demands of improving learning conditions to the school authorities.

Taking the leadership in this kind of activities, Yoshioka deeply felt the needs of the school only for women, where the female students would not have been bothered by the male’s existence⁷⁾. There she realized the importance of organizing themselves for their own interests, and at the same time, began to be conscious of being a “woman doctor”, and later, her consciousness developed into the category and the history of “women doctors” themselves.

2.2.2. Foundation for the female medical school

The second opportunity was when Yoshioka got to know the fact that *Saisei-gakusha* excluded the female students from their school. It was intended to clear off the discipline problem of the male students. In order to get their school promoted to the Senmon-gakko. Yoshioka decide to found a female medical school. With the large contribution of her husband, she established the Tokyo Women’s’ Medical School or *Tokyo Joyi Gakko* (later, *Tokyo Joyi Senmon Gakko*) at the

corner of her clinic in Kojimachi, Tokyo in 1900. It should be noted that in the same year, several schools for girl's higher education were founded, such as Umeko Tsuda's Girls' Cram School of English Language, Shizuko Sato's Girls' School of Fine Arts, and the Jinzo Naruse's Japan Women's University School and so on. Among them, Tsuda's Cram School and Yoshioka's Medical School were aiming at vocational education, so they were different from other schools based on the education for liberal arts or women's mental training for the female morality⁸⁾. And Yoshioka's school was especially very specific in providing the professional training / education for women.

2.2.3. School promotion to the specified school 'Senmon-gakko'

Under the Specified School Law, the graduates of Tokyo Women's Medical School could not enter the medical practice. The school was demanded to get the status of specified school by the Ministry of Education. However, there were many conditions to be met and the required standards to be attained to be ready for the promotion. Yoshioka spent what she had as the private fortune to furnish the school buildings and facilities and staff members. And also Yoshioka herself visited the Ministry of Education many times, but they were still not willing to accept the application. Yoshioka learned lessons from these experiences that there was a strong belief in the officials and the public that medical doctors should be men and no need for the "women doctors". Thus her school management was not easy all the way to the time, when the school was permitted to become a specified school, and the students of her school were finally allowed to practice medicine just after the graduation in 1912.

In that process, the Russo-Japanese War was the great motive for the women themselves to have a profession and lead steady lives. Additionally, in 1920, it acquired the qualification of the license without examination from the Ministry of Education. It ensured the steady position for the medical school. The acquisition of this specified school qualification including the examination exemption is still considered even nowadays to be as "It was an extremely important milestone of the history of Tokyo Women's Medical University"⁹⁾. Tokyo Joyi Senmon Gakko saw a remarkable development in the numbers of the enrolments and graduates since then. Its entrance examination magnification obviously rose from 1, 23(1914) to 3, 66(1924). And the number of entrants also increased to about twice during the period of 1914-1928. It is clear the total of "women doctors" of Japan at the time of 1928 was about 1,500, and the graduate from the school was 1,247 by the early Showa era, so it is clear that the majority of "woman doctor" had been occupied by the graduates of her school¹⁰⁾.

2.2.4. Counter-discussion against the discourse 'Women doctors would ruin the nation.'

The discussion over the existence of "women doctors" started in the medical world in Meiji era, which was called as "Pros and cons of women doctors". In 1904, Shu Miiyake, the president of The Empire Medical College was assumed to start the discussion¹¹⁾. He made a speech entitled "On women doctors", and there, he insisted on the "Necessity of the women doctors". And after the enactment of Medical Law in 1906, the discussion was developed, and became more active. The discourse of "Women doctors would ruin our country" represented negative opinion. Especially it put much emphasis on the very existence of "women doctors" to be harmful to the state and the

society: “The woman doctor is no need for my country of Mizuho. The peace of the household and happiness are broken”¹²⁾. This kind of opinion seems to show the consciousness of crisis of the male-dominated society to face the increase of the number of female medical students as well as the actual “women doctors”.

In 1908, at Tokyo Women’s Medical School the first graduate ceremony¹³⁾ was held, and the guests began to make speeches based on the idea of “Women doctors ruin of one’s country”, on the platform one after another. It was very confused for a while, but the situation was settled at last by the speech on Shigenobu Okuma. The female history researcher Nobuhiko Murakami is summarizing the points of the argument of “Ruin of one’s country theory” at that ceremony as follows.

1. Higher education for girls naturally leads them to lead late marriage, or as the result they could not resist to lead the life of celibacy. Decreasing the population of Japan invites the crisis of the nation.
2. The number of sanguinary school women dealing with operation and bleeding increases, which will destroy the Japanese values of “peaceful orders and beautiful customs” would be destroyed, and, consequently, the nation would be ruined.
3. Women have defilement of menstruation. Sacredness in the operating room would be risked.
4. Women get pregnant and take a vacation from work. So women are not suitable for the medical doctors who are always responsible for lives¹⁴⁾.

As the founder and the headmaster of the female medical school, Yoshioka had to face with these arguments over and over again. In that process, she naturally developed herself as the very powerful advocate of “women doctors”. One of her most prominent attainments is, I should say, that she built up a series of very unique discourse on ‘women doctors’ and their training. It definitely characterized her educational practice and social positioning in not only medical education and female higher education, but also the female social education, participation and contribution to the state and society in prewar / wartime Japan.

3. YOSHIOKA’S DISCOURSE ON TRAINING OF ‘WOMEN DOCTORS’

3.1. The original logical base for the training of ‘women doctors’

Since the Meiji era, women is said to have been “integrated into the nation first as wives, and then as mothers”. It is also pointed out that this idea of *Ryo-sai-ken-bo*, ‘a good wife and wise mother’, was to approve the expected women image in the modern gender role division, such as “Men should be at work, and women at home”. And it was also to treat men and women as to be the existence of counter electrode¹⁵⁾. From the beginning of the establishment, Yoshioka’s female medical school was at the very exceptional position in Japanese female education, where the trend of *Ryo-sai-ken-bo* was very influential. Especially, ‘women doctors’, as one of the ‘occupations for women’ in Meiji and Taisho era, was, being different from those in the category of new-born occupations specified for women (nurse and telephone switchboard operator), the very occupations

where women dared to try the entry into the men-occupied world. Therefore, ‘women doctors’ was “the conception of poorly woman's side, which had nothing to do with demands of men’s society”, and which has also been noted as “It was the dream never and ever blest”¹⁶⁾ in a Japanese society.

In the end of Meiji era, when “a very few could understand the necessity of occupation for women”¹⁷⁾, Yoshioka, who was actually feeling the difficulty of the medical school management, found it indispensably necessary to clarify the significance of women’s having the occupation. Discourse on ‘Women doctors’ was progressed, and she made much effort to clarify the importance and possibilities of ‘women doctors’. Actually, the *Ryo-sai-ken-bo* image was meant to get over the absolute obedience the wife had to undertake to the husband (master) and also to the background of feudal values. The new role of ‘Good wife’ was the “help and support to the husband at home”, and on the other hand, ‘wise mother’ was expected to deal with the family education, in order to complement the state education¹⁸⁾.

So we can confirm here that, for Yoshioka, original logical bases were obviously needed in order to introduce the new idea of female vocational education, and persuade people. For, the work of ‘women doctors’ in this sense, were much to exceed the range of “help and support of the husband”. In the early Taisho era when Yoshioka wrote a lot of articles on the ‘women doctors’, the news of the remarkable activities of European women in the World War I were reported with the media. And in Japan, too, the political leaders, open discernment intellectuals and many other people paid many attentions to the social roles, social activities, and consequently, contributions of women to the public and the State. It can be thought that Yoshioka’s discourse on ‘women doctors’ took advantage, in a sense, that time.

Yoshioka’s discourse on “women doctors” training was targeted to the woman physician, the female medical student, and the people of society in general. These remarks were composed of discourse on “women doctors”, which showed their significance and the possible contributions, and also the discourse of “training of women doctors”, that focused on the policy and strategy of practice, and also urged the female students to do with their own self-study, and to be conscious of their social mission and responsibility. For Yoshioka, “women doctors” image was underpinning the discourse on “training”, and “women doctors” image was set as the goals of the “training”. It would be appropriate to say that both discourses are recognized to be in the relation of consistency.

Yoshioka as an educator of female education and also a female leader, published more than 700 articles in as broad as the 36 kinds of journals and 21 books, including 16 books of her single writing, since 1906 when the Alumni bulletin “*Joi-kai*” started until her death in 1959. Over the half of the article was written for the *Joi-kai*. Others were the journals which were related to “women doctors” or medicine, the general lady’s magazine, female movement journals, and journals of female social education groups. The topics were the significance mad role of “women doctors”, the guidance and advice on the medicine, health, and hygiene, the home and child matters, women and occupation, and so on. And also she had her translation of the English book “women doctors and their future” on *Joi-kai journal*.

3.2. The structure and three assumptions

Among these remarks, assumptions which were placed as the value base when Yoshioka

developed the discourse on “women doctors” training were:

- a. The idea of ‘women’s needs for occupation’, which justified the women having an occupation from the political, economic, and medical viewpoint.
- b. The framework of ‘Pioneer-Successor’ or the recognition of their own stance, with the historical exes of “women doctors”;
- C, The image of ‘profession-leader’ that not only had the professionalism, but clarified the self-identification as the social leader;

3.2.1. Women’s needs for occupation

Let us take an example from her article entitled “Looking at woman’s occupation from the standpoint of medicine” in the book ‘*Hygiene in daily life; Knowledge for young women*’ (Taisanbo Publishers) published in 1917. It was the enlightenment book for young women as shown in the title, and it is thought that Yoshioka tried to appeal to young women who try to learn their way from such books. She emphasized the necessity of having occupation with three reasons.

First, Yoshioka catches the route for the women to contribute to the nation through the occupation, from the viewpoint of “National economy” of redemption of the government bond as follows.

If the production of one country is relied only on the men, the government bond can become more, and even only one yen could have been redeemed. If women are expected to work for the government bond, their contribution would be surely tremendous. In order to work for the great ambition, we, as women, should voluntarily ask for the occupation and work for production ourselves, besides housekeeping and the child care....We women should also work as one of the Japanese empire subjects¹⁹⁾.

Secondly, Yoshioka discussed the necessity of “the women’s occupation and independence”, separately in three patterns: “independence to continue the life of celibacy”, “independence when bereaved to the husband so on”, and “independence to help the husband”. Among these patterns, she denied the case of “life of celibacy” as “In general, it is not possible to admit”. And in the case of parted and bereaved husband, “they definitely have to have occupations” and to help the husband materially, she insisted on the necessity of the occupation which is also helpful to become the “faithful aid” of the husband. Yoshioka criticized acutely of the housewives at home that even if very housekeeping is managed, and infants were brought up, they were still a nuisance for the husbands. And husbands were disturbed, their freedom was restrained, and it was vast to achieve my purpose to have felt the difficulty. The ideal way of following “Positive faithful aid of one’s wife” was pointed out by Yoshioka that would come true by the women with occupation.

Yoshioka developed the third reason in addition to these, emphasizing her own standpoint as the medical professional. She mentioned the “Women’s mission” argument that “their mission in the past had not had anything but to give birth to the child, and, besides, to do it by arranging education, and to do housework in any way”. Instead, the significance of “being engaged in one’s

occupation” was emphasized from the viewpoint that regarded the occupational activity to be the one of only ‘mankind’, regardless of the man and woman, that no other animals could attain, Yoshioka also pointed out that Japanese women had been undeveloped, shrunk, and easily become nervous because their spirit and the body had been always under the pressure personally and socially. Yoshioka criticized the problem by the critical stance of ‘suppression’ and ‘development’, and she concluded that those were “all caused by their not having the occupation”.

For the person who is always working, the renewal of the body is so active, and also for internal organs are so strong that, therefore, it opposes to even a little stimulation, and it never to be risked in any way to stop, and even if to be risked, it is very easy to recover completely²⁰⁾.

Yoshioka, emphasizing the importance of working for the women’s health, she also insisted that the evil of not-working, that is to say, not dealing with the occupations would be harmful for the health. Here, the discussion that whether women should/should not deal with occupation, taken up as a social problem, was argued from the standpoint of a scientific rationality of medicine. Yoshioka’s discourse was also focused on the relations to women’s health and the development. We can clarify from these remarks that Yoshioka, by taking the discussion of occupational women into the argument of health problem. Therefore, this logic may have sounded, to a certain extent, as the persuasive words of medical authority.

3.2.2. ‘The Pioneer and Successor’

It is very interesting that Yoshioka had left many writings on ‘the history of the women doctors’ in Japan and also in foreign countries, from ancient times to coetaneous period. In the hardships and the challenges to get over the prejudice for female doctors and persuade the public, she insisted on the importance of women doctors that could be the strong evidence for their progress forward, and also be the source of empowerment among them. Especially quoting, arranging study outcome of the history of the women in social economic history, translating the English book on female doctors and so on, Yoshioka tried to bring together and describe the whole history of ‘women doctors’. She made desperate efforts to dig up the history of the pioneers in female clinicians.

The target women group in the process of such school establishment is “woman doctor” and female medical students, and her expectation for the woman was consolidated in this layer. What we should not neglect or disregard is that Yoshioka built up the strategies for the development of ‘woman doctors’ acquires a social position, She intended to organize the trade union for the female doctors, to form their networks in themselves, and to put values in the relationship and communication between the different generations of ‘women doctors’: she thought it very important for the late comers to study on and learn from their pioneers or seniors; and also for the early comers to function as the role models for them and be give them advice and suggestions as the supporters of the juniors. Especially in the male-occupied medical society, there was a strong need and directivity for the collective cooperated organizations in them, in order for the

self-defense and mutual help.

If it is ‘women doctors’ or not, and if it is a women’s matter or not, people who are the late comers of the world, should learn the founder’s pains, and also be conscious of the responsibilities for the next successors, and should make many efforts themselves²¹⁾.

3.2.3. The ‘Professional = Leader’

It is cleanly understandable that Yoshioka, as an educator, wished the female medical students and female doctors to build up their profession for first in priority. However, she actually demanded ‘women doctors’ more than that. She expected them not to stay consistently within the range of the community health, and taking to the leading position to act widely and socially, and to the level of practical field of State policy, taking to a leading position. The expectation was shown such as “I believe the women doctors should be reliable as the guardian of the peoples ‘life, and also the leader of the happiness and peaceful society, and moreover, the leader of the happiness and peaceful society. important ones that should stimulate the advancement of the social hygiene,”²²⁾ And also there, she encouraged the newly entered students to develop the very serious attitudes, by telling them that five years of training would require the extraordinarily efforts, and they were expected to survive in the long-lasting classes, so they were expected to dispersal study hard.

And in order to draw attentions to the current topics and encouraging having the concern as the ‘women doctors’ and as a Japanese women, Yoshioka voluntarily wrote many articles: in the issues of their school paper “*Joi-ka*” or ‘Women doctors world’ and “*Nihon Joi-kai Zasshi*” or ‘Japanese women doctor world magazine’. In 1943 after the Pacific War started, “I would like each one of you to be always facilitated with the latest specialist common knowledge as one of the national member with the medical profession. Also in order to complete the full obligations, I would like to take the lead in the urgent matters and to volunteer seriously to the establishment of the preventive medicine”. Moreover, following youth’s physical condition examination (*chohei-kensa*), tuberculosis control, the prevention of the acute infectious disease, the baby’s checkup, and the medical examination of the preschooler and the child of a national school.

Yoshioka predicted that physical strength test on the girls, that was not have started at that time, would be going to be executed in 1 or 2 years. She said that on these cases, women doctors should be willing to work for the nation in such matters, and not try to avoid dealing with them, regarding them as beyond their expertise²³⁾. Yoshioka could clearly recognize the spots where “women doctors” were requested in the national policy, pioneer the work stand of commitment, and furthermore, explore the possibility of contributing to the national policy in advance. We can conclude that her directivities, seen above, exerted a strong influence to her relationship to or participation in the government agencies or committees, wide range of social activities and official remarks, and the development of her medical school afterwards.

3.3. The logic of ‘women doctors’ training

It was thought that these were important bases that composed the unique stance of Yoshioka, which characterized the exceptional educator of female education as well as female leader in

prewar Japan. The discourses of Yoshioka on girls/female education were developed with that of “women doctors” at its own heart, heading for the stable and constructive direction. There were several factors: she argued of the importance of women’s occupations not only as the matter of the women themselves, but also in the context of the state and the society; she led the argument not from the standpoint of women’s personal motivations for work and self-actualizations, but from the one of socio-economic and medical necessities; she treated the “women doctors” with the time axis as historical existence and also with the space axis as the social existence.

The following discourse on ‘women doctors’ training was developed, being composed of the following five elements.

- 1 At the kernel of her “Occupation appropriate for women” discourse, ‘women doctors’ image was settled as an assumption.
- 2 Gender equality arguments on / around professionalism.
- 3 “Habitat segregation” between male doctors and female doctors was proposed.
- 4 The training policy of female medical students, focusing on the diligence, the clinical practice, the research, and the life guidance.
- 5 Organizing trade union to expand the work field for ‘women doctors’ in Japan, and also rationale to work in other countries.

Yoshioka argued that the profession of medical doctors had almost been occupied by men, but actually, it was originally appropriate for the woman. She argued that women physicians were not inferior to male physicians in clinical ability and in the expertise as medical doctors. She regarded it more preferable for female doctors to deal with the areas that agreed with their aptitude, and that were overlooked or disregarded by the male doctors, than to compete with them. So female medical students were demanded advanced postures to learn diligently with ceaseless training of minds and bodies, to accumulate the clinical experiences, and always to hold the research mind. And the mental training for “leading the thoughts in the right direction”, through the lifestyle guidance and the journals, was emphasized. Moreover, the occupational, social consciousness were stimulated there. At the same time, graduates were expected to get involved in the “women doctors” groups, being active in the social movements, and to expand their own work stand inside and outside of country.

Though the educational standpoint of Yoshioka was far from that of the principle of *Ryo-sai-ken-bo* education, she emphasized in her discourse that working as a doctor could coexist with accomplishment of ‘wife’ and ‘mother’ roles, based on her own experience. And also in her idea of female medical education, the political and ideological remarks with the historical view of Imperial state (*koh-koku-shi-kan*), and the ideal of family system (*ie-seido*) coexisted with the logical or rational thinking of natural science.

4. SOCIAL LEADERSHIP AND SOCIAL EDUCATION

Yoshioka played a leading role as “Female leader” by a variety of social education groups,

female youth groups, and committees of the government, and women's movement groups, she tried to achieve to promote the activities of 'women doctors' and enlarge their sphere. With the two directions, she tried to draw out the route of "Women of the Imperial State" to be able to contribute to the public and the state policy: one was "the contribution through occupation (labor)" and the other was "the contribution through political and social participation".

4.1. Social leadership of "women doctors"

Yoshioka tried to deal with the education and training for 'Women of the Imperial State' with three strategies. First strategy was with the discourse on Japanese women related to the education of 'women doctors'. Second was with her own participation and interactions in the women's movements, and also the discourse on female education which was generated from her own experiences and the enlargement of the target group. The discourse itself was partly enlarged and partly developed from that on the education for 'women doctors'. And the third direction was the movement of 'mobilization' of the people into the total war. Under the total war system, Yoshioka took the initiative role related to the women's national and social contribution as "the educator of girls' education" in the first line, as the leader of Social Education, and as the advocate for the female education in the Advisory Committee of Education, and as the effective leader with a lot of networks in the moderate women movements.

Basically, Yoshioka intended to promote the work stand expansion and participation in the war of "women doctors", based on the background of "new ethics of women" during and between the two world wars. In that process, we can notice out that "women doctors" education as the leader training had been established as well as the medical training for the female students. Moreover, Yoshioka's idea on female education was constructed mainly based on the discourse on 'women doctors', gradually expanding it to the wider target group, with two directions: one direction was "the contribution through occupation (labor) service" and the other one was "the contribution through political and social participation". Especially, the logic of "participation" in Yoshioka's discourse in the Election Enforcement Movement was very significant. And she tried to show the route for the women in occupation to contribute to the nation and the society by way of the occupational accomplishment. In addition, the expectation to women in wartime was realized, as the activities deeply combined with the concepts of "Home Front" and "Motherhood".

4.2. The leadership in social education

As described earlier, Yoshioka was asked by Amano to become a member of the Central Office, the governing body of *Shojo-kais*. In the Central Office, Yoshioka undertook limited responsibilities. For example, she was the respondent in the consultation pages in the journal '*Shojo-no-tomo*' (or a friend of virgin). They were purchased not by the girls themselves, in many cases, but by the activity units of most *Shojo-kais*, and circulated among the members. Yoshioka gave advice on health and hygiene as a medical doctor, and also on learning needs and making decisions in life as an educator. However, in 1927, the Central Office was reorganized into the United Organizations of Female Youth in Imperial Japan or *Dai-Nihon-Rengo-Joshi-Seinendan*. Yoshioka assumed the position of the chief director in 1935, taking over Fusako Yamawaki by her

death.

Yoshioka thereafter followed the line of action of the Organization, encouraged the girls in the rural areas and the cities, to work for the public, and through the efforts contribute to the state policy, and she played the role of speaking tube of state policy very positively also in the mature female organizations. It can be said that taking the initiatives in social education was the meaningful opportunity for Yoshioka to make results in compliance with the expectation of the state, in the promotion of public recognitions of girl's abilities equivalent to boys, and in the establishment of educational policy and practice for the girls in the rural areas, being developed from those of female medical education, or the training of 'women doctors'.

For Yoshioka, the educational campaigns through the activities of Female Youth Organizations were educational to make the farm village girls acquire the power to improve and overcome the "low status of women" by the making the use of scientific knowledge and having the "consciousness". However, it was also a chance for the 'women doctors' to show their significance by themselves with their own practice and leadership in villages. Especially focused on the "motherhood", it ranged from "The National Eugenic Act" and the commendation of "Excellent multi-child family" both in 1940, and next year a series of 'population policy', such as "Main points on population policy establishment" in 1941, The paradox involved in Yoshioka's discourse was that 'women doctors' as the elite leader of the society, who are excused the marriage and birth, voluntarily in "Exemption" for "Occupation service" strongly encouraged the marriage and birth as the duty to the farm village women.

Moreover, the chief director Yoshioka took leadership in the female youth organization to the national policy were deepened in young person of the girl mass activity through two concepts "Home front" and "Motherhood". The young person of the girl mass moreover started be "mobilization" in original logic the young person girl such as rationalization, labor seeing of national hygiene and life, 'Home front', and activities and 'Continental bride', and positively constructing the relation between the nation and the society. Especially, the safe motherhood and status of women were referred from female leader and doctor's standpoints and Yoshioka as those who educated the girl made remarks on the position in the obligation discussion of the young person school teaching to the girl higher education theory and the girl and the educational council and roles as the only female committee garishly in the educational council.

4.3. Remarks in the Advisory Committee of Education

Besides being kept herself busy with the school administration, Yoshioka was often called for the councils or committees, which were, more or less, related to the central government or state policies. She was one of the most effective leaders among the female educators in prewar period. As described earlier, Yoshioka was the only female member in Advisory Committee of Education. In the general meetings of the Committee, she had four times to speak, and her main points were as following:

- 1 Promotion of higher education and the foundation of women's university
- 2 Equal educational opportunities for the girls: she noted that 80% of the girls were not

enjoying educational opportunities after the compulsory primary school level. She proposed the extension of compulsory education period, and also the female youth school.

- 3 Balancing the secondary education level between boys and girls both in the quality and quantity. The level of *Jogakko* was, in any sense, set lower than the boys' secondary school.
- 4 Equivalent developments of specified schools of any type.
- 5 The new type of school focused on domestic science

These proposals were based on her objection to the opinion that higher education would destroy 'the good customs and manners' of Japan. She pointed out that it was wrong to regard an ignorant and obedient woman as a part of 'the good customs and manners', and that such tendency was causing many problems such as the decline of the women's physique. And she also emphasized that the common idea of "If the women are let out, waves and winds would stand in the home" was caused by another tendency of taking the capable women as the minor special existence. And to the remarks of "Giving a right to women destroys the families, and ruins the state." she insisted that if girls should be given complete education, they would be able to realize what they were, and that there was only one master both in their home and in their country.

Yoshioka's speeches and proposals were warmly welcomed by the other committee members with respect. On the theme of higher education, she was called for female education and also for medical education. However, as a Chief director of the Organization of the Female Youth in Imperial Japan, she was not asked for any comments on social education, she was voluntarily attended the special committee as an observer, and asked for a special permission for extra speech. She stated the significance of youth organizations from the national and ideological viewpoint, and proposed to promote indoctrination through the activities learning from the German system, and more emphasis on girls and women in social education. These remarks were made and accepted in the committee by her social status of the top leader of Organization of the Female Youth.

4. 4. Social activities and the networks of 'women doctors'

Most of the organizations and bodies were related to the side of Establishment; half-governmental bodies; nonracial female groups for the social improvement; non-formal regional female groups, organizations of female medical doctors, networks of educators in female education and so on. In many cases most of them were strongly supporting the Establishment of imperial Japan and also with the purpose of mobilizing female contribution to accomplish the national policy of the Imperial Japan. For Yoshioka, all of these were pursued in order to establish the social status, to get the social power and effectiveness, and of the female medical doctors.

The *Ryo-sai-ken-bo* principle of education of the past was denied by the presentation of the professional women, through the process the female medical education as the collateral of the medical education had been established. Moreover, training of 'women doctors' were not only pursued in the formal curriculum of the medical school, but also as the informal learning, meeting with the role models and mentors, by way of participating in the 'women doctors' organizations

and networks. One of the organizations was Japanese Medical Women's Association (JAWA), organized in 1902. JAWA was a group of the woman physician whose memorandum was presented as "The women doctors in the whole country of Japan would get together with the membership, for the improvement of the status of women in the society, by the mutual understanding besides the knowledge interchange on the academic and social life". Also "as the center group, it try to concentrates the women doctors nationwide, and contribute for the promotion of national policy going forward", and also "try to enlighten the East nations" (China, Korea, and so on)²⁴. In 1920, Yoshioka was appointed to the 2nd chairman, and stayed in the position until her death of 1959. The journal 'Japanese women doctors association magazine' (now 'The Journal of Japanese woman doctor association magazine') was published in 1913. Though it stopped working temporarily for 1945-54 (Yoshioka's purge from public service after the war), it revived afterwards, and have dealt with the activities for improvement of the position of women physicians²⁵.

CONCLISION

In the history of modern Japan, *Ryo-sai-ken-bo* has been the key concept to understand women and education. As we have seen in the background, this image was introduced in order to make change to the women image of very ignorant and obedient existence. In that sense, the idea of *Ryo-sai-ken-bo* has contained some radical meaning, and thus, female education could have the persuasive base of development. However, at the same time, it would also be deniable to say that *Ryo-sai-ken-bo* has functioned as the stereotype image of the prewar women, and has disturbed the precise understanding of the women as they were with the actual reality. Also in the dominant trend of female education, this image has long been located as educational goals. However, as we have seen in this paper, most of the women in modern Japan since Meiji era, have dealt with work, either in some kind of production labor, or in having some occupations. And there were actually different image of women such as 'women doctors' as professional women and *Do-sai-ken-bo* women as the workers in the farm areas, as well as the 'occupation women' image appeared in Taisho Era.

We have seen Yoshioka as the example of the female leader who developed the concrete image and roles of professional women as "woman doctor". She also tried to pioneer the field of female medical education, which involves not only the content of medical education, but also the career development with the strong motivation and consciousness to get over the obstacles of gender-bias, and also with the social role and responsibilities to be recognized by the public as the reliable professionals and social leaders. Yoshioka tried to advocate the significance and the utility of 'women doctors' in the social and national context. She also wished that 'women doctors would take a leadership in many social movements and activities to mobilize more women to support the state policies, and then, improve the social conditions and status of women. However, with her political conservativeness and eagerness to develop her school as well, she could not recognize or would admit the evilness of the foreign expansion policy, with the aggression and invasion in the Japan-China war, and the World War II. Our next challenge would be to consider these elements of Yoshioka more carefully, with the implications drawn from her performance and discourse, to re-examine the relationship between work and education for women in the contemporary context,

and to find out the right direction for the next step of the women in this global world.

Note

This article was reprinted from the book (collection of papers), A. Mete TUNCOKU (ed.) (2011), *Women's Education in Turkey and Japan for Social Development, Chanakkare Onsekiz Mart University, Oct. 2011 with permission, Pozitif Matbaa, Ankara.*

- 1) Abe, Tsunehisa and Sato, Yoshimaru (2000), *Nihon Kingendai Josei-shi* (The History of Women in Modern Japan), Fuyo-shobo, p.33.
- 2) Koyama, Sizuko (1991), *Ryo-sai-ken-bo to i-u Kihan* (The Norm of Ryosaikenbo), Keiso-shobo, p.234.
- 3) Abe and Sato. p.36.
- 4) Koyama, pp.234-236.
- 5) 1872-1928. A prominent Japanese bacteriologist, based in the United States, who discovered the agent of syphilis as the cause of progressive paralytic disease in 1911.
- 6) The second registered female doctor with medical license.
- 7) Even after the World War II, Yoshioka was against the idea of co-education, and rejected to change the university into the mixed medical university.
- 8) Murata, Suzuko (1980), *Waga-kuni Joshi-Kyoiku Seiritu Katei no kenkyu* (Study on the Process of the Development of Female's Higher Education in Japan, Kazama Shobo, pp.23-43), Nakajima Kuni (1980), *Kindai Nihon ni okeru Koutou Kyoiku no Isou* (Phase in Female Higher Education, Keiso-shobo, pp.23-43), and Mahashi, Michiko 'Naruse Jinzo no Joshi Koutou Kyouiku' (Female Higher Education by Jinzo Naruse) in *Female Higher Education* (Institute of Female Education, Japan Women's University(ed.), 1987) have a lot of implications, in re-examining female education with the viewpoint of vocational education.
- 9) *The Hundred Years' History of Tokyo Women's Medical University*, Tokyo Joshi Ika Daigaku, p.36.
- 10) Yoshioka, Yayoi, "Female Medical Education in Japan," *Nihon Joi-kai zasshi*, December, 1928, pp.16-17.
- 11) Tokyo Women's Medical University (ed.) (1980), *The Eighty Years' History of Tokyo Women's Medical University*, Tokyo Women's Medical University, p.12.
- 12) Komata, Seiichi "Women doctors ruin of one's country," *Ikai-jihō* (Medicinal Ocean Times), 939 (published on June 22, 1912), (quotation from "The Hundred Years' History of Tokyo Women's Medical University" p.34). This was written as the counter discussion when Yoshioka made speech on the necessity of training for 'women doctors', at the General Meeting of Meiji Medical Society.
- 13) Shigeyo Takeuchi was the first graduate from Yoshioka's school.
- 14) Murakami, Nobuhiko (1983), *Taisho-ki no Shokugyo-Fujin* (Women at occupation in Taisho Era), Domesu Publisher, p.272.
- 15) Koyama, p.58.

- 16) Murakami, Nobuhiko (1971), *Meiji Josei-Shi* (The history of Women in Meiji Era) the Middle volume - Latter part Women's Occupation, Riron-sha, p.245.
- 17) Yoshioka, Yayoi (1928), "Female Medical Education in Japan," *Nihon Joi-kai Zasshi*, vol.33 (December, 1928), *Selected Aarticles on Women Doctors* ' p.65.
- 18) With the idea of family education or home education by the mothers, the female education could, therefore, have the stable basement in the state education.
- 19) Yoshioka, Yayoi (1917), "Women and Vocation from the viewpoint of medicine," *Daily Hygiene: the knowledge for the young women*, Taizanbo Publishers, pp.289-290.
- 20) Ibid.
- 21) Yoshioka, Yayoi (1936), "Pioneer and Successor," *Joi-kai*, vol.287 (May, 1936).
- 22) Yoshioka, Yayoi (1935), "For the women studying medicine," *Joi-kai*, vol.266 (May, 1935), *Selected Article on Women Doctors*, p.80.
- 23) Yoshioka, Yayoi (1943), "Medical Doctor as a Nation," *Nihon Joi-kai Zasshi*, vol.114 (May, 1943).
- 24) Nihon Joi-kai (ed.) (2002), *100-year history of the Japan Medical Women's Association*, Nihon Joi-kai, p.40.
- 25) Nihon Joi-kai HP: <http://jmwa.or.jp/jigyo.html>, (May 21, 2010.).

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