

Original Research

Factors that supported long-term home care for Shiki Masaoka during the Meiji period

— An analysis of his three works written on his sickbed —

Nobuko SEKINAGA *Associate Professor, Kameda College of Health Sciences*

Mikiko HIROTA *Professor, Faculty of Health Sciences Butsuryo College of Osaka*

Yayoko TAKEMI *Associate Professor, Kansai University of International Studies School of Health Sciences*

Abstract

Shiki Masaoka received long-term home care. This study examined factors that supported such care by analyzing relevant descriptions contained in 3 essays he wrote on his sickbed: [A Drop of Ink], [A Six-foot Sickbed], and [Stray Notes While Lying on My Back]. Through analysis, 18, 45, and 82 codes were extracted from the 3 works, respectively, which were classified into 6 categories based on semantic similarities: <physical and mental distress mainly due to pain>, <coping with treatment and symptoms>, <emotional aspects>, <diet on his sickbed>, <emotions and thoughts related to care/nursing>, and <material, personnel, and financial resources>. During the Meiji period, although the occurrence of cholera enhanced public awareness of hygiene administration, the level of tuberculosis treatment remained too low to achieve sufficient medical effects, consequently forcing Shiki to endure severe pain throughout long-term home care. In such a situation, he realized and emphasized the necessity of home education for females, based on his own experience and public interest. His findings, which are also consistent with those of Tou Hirano contained in her [Notes on Nursing], may have raised concerns over issues related to nursing education and care modern Japan is currently facing. Analysis also revealed that his family, friends, and acquaintances, as well as a rich diet, supported Shiki's life and daily coping as consolations and resources.

Key words: Meiji period, Shiki Masaoka, long-term home care, A Drop of Ink, A Six-foot Sickbed, Stray Notes While Lying on My Back

I. Introduction

The purposes of the Medical Law enacted in 1874 (Meiji 7) as part of medical reforms were to review conventional medical practices, which had continued until the beginning of the Meiji period, and to specify detailed measures for health protection. In 1877 (Meiji 10), while the cholera epidemic was regarded as a national crisis, tuberculosis was prevalent mainly in cities. With no effective medical measures against tuberculosis, rest cure was the only treatment method available at that time (Aoki, 2003 and 2008).

On the other hand, when the private practitioner system was launched during this period, nursing practice was initiated by females, who were asked to help with domestic chores in major

hospitals (Sasaki, 2005). Nursing education started in 1885 (Meiji 18), when Doctor Kanehiro Takaki founded the Yuushi Kyoritsu Tokyo Hospital Nursing Education Institute. In 1886 (Meiji 19), 1 year later, Jo Nijima established the Kyoto Training School for Nurses, this was followed by the foundation of the Nursing Training Institute within the Nursing Education Department, Tokyo Imperial University Medical School First Hospital, and Sakurai Girl's School in 1889 (Meiji 22) (Sasaki, 2003; Japan Society of Nursing History, 2014; Sugita, 2005; Kousaka, 2003).

The establishment of these schools aimed to provide nursing education under the direct guidance of preachers of the Cross and nurses as a method to educate females and adopt Western cultures, and paved the way for females seeking

an independent life and sick persons requiring nursing care (Japan Society of Nursing History, 2014 ; Sugita, 2005 ; Takishita, 2014).

Subsequently, in 1891 (Meiji 24), Masako Suzuki, who was the chief nurse of Tokyo Imperial University Medical School First Hospital at that time, organized a charity society of nursing to launch a nurse dispatch system in Hongo-cho, Tokyo. In this new system, several nurses and midwives were regularly available and dispatched for the poor (Takishita, 2014).

In 1892 (Meiji 25), graduates of the Kyoto Training School for Nurses started home-visit nursing for the poor who could not afford to use hospital services (Sugita, 2005). Such nurse dispatch and home-visit nursing are regarded as original forms of home nursing and were taken over by public health nursing, such as visiting and caring for patients with tuberculosis.

Shiki coughed up massive amounts of blood for the first time in August 1888 (Meiji 21), when he was on a trip to Kamakura (Takishita, 2014). Massive hemoptysis recurred in May of the next year. His condition markedly worsened when he took part in a military campaign as a journalist during the Sino-Japanese war, and experienced 3 episodes of massive hemoptysis, being on board a ship home in May 1895 (Meiji 28) (Aoki, Shikikan Preservation Society, 2008). He was immediately hospitalized in Kobe, and after being transferred to a sanatorium in Suma, returned to Matsuyama. In October of the same year, he travelled to Tokyo, but faced walking difficulty due to low back pain. Since that time, his pathological condition never improved, and walking difficulty led to the initiation of 9-year home care for him, provide by his family caregivers (Masaoka, 2011). What made Shiki suffer the most was pus discharged from bone invaded by the tubercle bacillus. It ran between the muscles of his upper and lower back, and reached his anal (*tuberculous cavity*). *There were 2 large cavities in his body, from which pus was discharged daily*. Therefore, his younger sister had to change his bandages every day. Intestinal tuberculosis may also have been present. The tubercle bacillus invaded the entire body, as Aoki described in his [History of Tuberculosis] published in 2002 (Heisei 14) (Aoki, 2003).

In Japan, nursing had previously been considered to be provided by family members. It is important to review past literature, and learn about sick persons' and their families' daily lives, in order to develop future perspectives on nursing.

The present study focused on Shiki's daily life with his family, and examined factors that supported long-term home care for him.

II. Methods

1. Objective

To clarify factors that supported long-term home care for Shiki Masaoka by analyzing relevant descriptions contained in his works, while considering the statuses of medical care and nursing during the Meiji period.

2. Explanation of words

Medical care and nursing during the Meiji period : hygiene administration, medical care, particularly countermeasures against tuberculosis, nurses, and nursing education during the Meiji period, when the new government proceeded with measures for westernization, and Shiki Masaoka spent his last years.

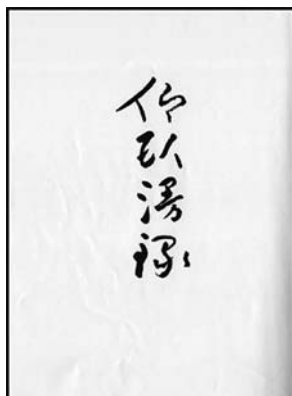
Long-term home care : home care Shiki received within the 1-year-and-8-month period between January 1901 (Meiji 34) and his death in September 1902 (Meiji 35), during which his 3 essays were written on his sickbed, although the total duration of such care was 9 years.

3. Materials

There are few autobiographies or biographies concerning long-term home care for patients with tuberculosis. Although Roka Tokutomi and Ryuro Hirotsu, representing modern Japanese literature, dealt with tuberculosis in [Hototogisu] and [Zangiku], respectively, they described the disease with romanticism and sentimentalism. In contrast, Shiki Masaoka's essays, entitled : [Stray Notes While Lying on My Back] (Masaoka, 2011) (Photograph 1), [A Drop of Ink] (Masaoka, 2012) (Photograph 2), and [A Six-foot Sickbed] (Masaoka, 2011) (Photograph 3) are regarded as his coping diaries that reveal his anxiety and distress as a patient with tuberculosis through his realistic descriptions of long-term home care. The present study analyzed these works for 2 reasons : first, because they provide the details of long-term care for Shiki, mainly his pathological condition, through descriptions of his daily activities ; and second, these descriptions regard not only Shiki himself, but also his family and people around him.

4. Analysis

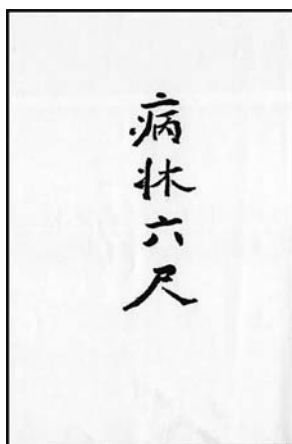
The present study examined long-term home care for Shiki, focusing on his pathological condition, emotions and thoughts related to the



Photograph 1 Stray Notes While Lying on My Back



Photograph 2 A Drop of Ink



Photograph 3 A Six-foot Sickbed

disease and its course, activities of daily life such as meals, excretion, and sleep, and writing. Descriptions of such care were extracted from each of his works and organized as codes for categorization based on the similarities among their meanings and contents. Furthermore, the semantic contents of categories were classified

into groups and named. Through these processes, the main contents of his works were summarized. The study adopted a qualitative design.

5. Ethical considerations

All works used in the present study had already been published. As for references, their sources are clearly shown, with consideration not to alter the authors' intentions. There is no conflict of interest to be declared in relation to the study.

III. Results

1. Period of writing these works

Through the procedures explained in Methods, we analyzed the 3 essays written by Shiki on his sickbed. The period of writing each was as follows: [A Drop of Ink]: January 16 to July 2, 1901 (Meiji 34); [A Six-foot Sickbed]: May 5 to September 17, 1902 (Meiji 35) (serially published in a newspaper); and [Stray Notes While Lying on My Back]: simultaneously written with [A Six-foot Sickbed] during the 4-month period between May and September 1902 (Meiji 35).

2. Characteristics of long-term home care for Shiki

A total of 145 codes explaining long-term home care for Shiki were extracted: 18 from [A Drop of Ink], 45 from [A Six-foot Sickbed], and 82 from [Stray Notes While Lying on My Back]. These codes were classified into 6 categories: <physical and mental distress mainly due to pain>, <coping with treatment and symptoms>, <emotional aspects>, <diet on his sickbed>, <emotions and thoughts related to care/nursing>, and <material, personnel, and financial resources> (Table 1). [A Six-foot Sickbed] and [Stray Notes While Lying on My Back] extensively contained descriptions of <physical and mental distress mainly due to pain>, <coping with treatment and symptoms>, and <emotions and thoughts related to care/nursing>. Unlike the others, [Stray Notes While Lying on My Back] was characterized by an especially large number of descriptions of Shiki's diet and support for him during home care. He wrote [Stray Notes While Lying on My Back], [A Drop of Ink], and [A Six-foot Sickbed], in this order, and with the progression of the disease, descriptions of his pathological condition, anxiety, and distress increased (Table 1).

Although the number of related descriptions was limited, the 3 works also allowed observation of home care for him from other perspectives, such as household affairs and devised care approaches. Such care was supported by a large

Table : Shiki' s Descriptions of Long-term Home Care for Him

Categories	Codes		
	[A Drop of Ink] (18)	[A Six-foot Sickbed] (45)	[Stray Notes While Lying on My Back] (82)
1. Physical and mental distress mainly due to pain	<p>⟨Physical⟩</p> <ul style="list-style-type: none"> > Struggling and groaning with unbearable distress, I am in overwhelming agony on my sickbed. > In addition to local pain, pain on my left side has become severer since last year. > My back aches, my buttocks ache, and my side aches. > I have fever every day. I can neither stand nor sit. I can hardly even scratch my head nowadays. > Pain prevents me from freely turning over. I feel as if I had been nailed down in the bed. > When pain is severe, I suffer from it whenever I look to the right, left, and upwards. > With the first molar missing on both sides, I have severe toothache, which prevents contact between my upper and lower teeth. > Swallowing soft foods without chewing. I cannot taste them, and my stomach and intestines immediately begin to ache. > I am groaning and screaming with such hardship. > The swelling of my cheek has been removed by cutting my gums to discharge pus. <p>⟨Mental⟩</p> <ul style="list-style-type: none"> > Taking a pen and writing is so difficult for me now... > I cannot frame any idea. 	<p>⟨Physical⟩</p> <ul style="list-style-type: none"> > My feet look like those of the two Deva Kings. They look like others' feet. They look like rocks. > My body aches and weakens. I can hardly move it. <p>⟨Mental⟩</p> <ul style="list-style-type: none"> > At last, my patience has been worn to its breaking point. > Screaming and wailing. How can I describe my distress and pain? Is there someone who can help me? > Being in agony, I can neither read newspapers nor draw paintings. > Everything I see and hear gets on my nerves. > With my body aching and weak, I can hardly move and collect my thoughts. Dizziness also makes it difficult for me to read correspondences and newspapers. > Indescribable distress intensifies with the progression of the disease. Only those who have ever died once or are currently dying understand this feeling. 	<p>⟨Physical⟩</p> <ul style="list-style-type: none"> > It has been intolerably hot today. I began to sweat around noon, with occasional cold sensations, and am suffering from tension in my belly now at night. > The timing of bowel movement was too late. > I had my left foot cold in the morning. I tried to warm it with massage. > Pus runs out of my gums all the time. I remove it by wiping my gums with a piece of cotton cloth each day. > On some days, when my body is weak, I cannot wipe my gums enough. With an increasing number of holes with pus discharge in my body, I have difficulty turning over in bed. > Observing these regions when changing bandage, I find flesh rotting and blackening, and the skin comes off, coating the surface of gauze. > I cried over an unexpectedly large, dark, and creepy hole in my belly. There are also holes in my abdomen, back, and buttocks just like a honeycomb. > Pain under my iliac bone is so tense and intolerable. The hole in my low back also aches, and I cannot avoid pain whichever I turn to. > I feel pain even when my buttocks are slightly wiped with a piece of cotton cloth. > I slept only for a while at dawn. I lack sufficient sleep. > I could hardly warm my cold left foot. I picked my nose, and it bled. > I have breathing difficulty. I don't even have enough strength to defecate. <p>⟨Mental⟩</p> <ul style="list-style-type: none"> > I did not find my meals as delicious as usual. Sometimes I was almost sobbing while eating. > The more I yell and swear, being highly agitated, the more I suffer from distress and writhe in loneliness. I am going mad. > Staring at a sharp, 6-centimeter knife and eyeleteer, suicidal desire occurs. > Being weakened, I am unwilling to do anything, and dully lying on the bed.

Table : Shiki' s Descriptions of Long-term Home Care for Him

Categories	Codes		
	[A Drop of Ink] (18)	[A Six-foot Sickbed] (45)	[Stray Notes While Lying on My Back] (82)
2. Coping with treatment and symptoms	<ul style="list-style-type: none"> > I always read newspapers for diversion during bandage change every morning, hating to feel pain, regardless of its level. I do not read, but glare at newspapers when the pain is strong. > I have been moved to the living room to clean my bedroom. > My bed was moved after lunch to clean my bedroom today. 	<ul style="list-style-type: none"> > My stress that had intensified since last morning has been slightly reduced, as I could sleep for a while last night. I took anesthetics at 9 o'clock. > Body temperature : 36.5 °C > At 11 : 30, I took anesthetics. > Amagishi, a bachelor of medicine who will be assigned to Choshu, visited me to say good-bye. > Hekigoto and Moeko came in the early morning to provide nursing for me. > Bandage was changed. I had no pain. > At 11 : 30, I took anesthetics. > I had discomfort after bowel movement, and used anesthetics. > When anesthetics are sufficiently effective, it is relatively easy to achieve such comfort, but they rarely show sufficient effects nowadays. > When the effect is not enough, I repeat taking morphine. > At 7 : 30, I took anesthetics, and listened to my family member read newspapers for me. > Taking morphine and sketching is my recent favorite diversion. 	<ul style="list-style-type: none"> > I had both of my feet massaged in the morning. > I took 3 tablets of creosote, liquid medicines, and stomachics after lunch and dinner. > I wailed with intolerable pain in my left iliac bone. > The more I yell and swear, being highly agitated, the more I suffer from distress. I am going mad. > I writhe in loneliness. > The doctor removed my bandages, and examined the new holes in my body and the conditions of my back and buttocks. I was surprised at his findings. My pathological condition is worsening more rapidly than expected. > I am using anesthetics. (*Shiki used anesthetics about twice a day from June 20 to July 14, 1902 (Meiji 35)). > Bandage change is a matter of great concern to me and Ritsu both. > They store 3-centimeter-square pieces of absorbent cotton in a paper box. > They put a warming pan and body warmer, with water to cool my forehead. I had both of my feet massaged. > My bed was changed in preparation for coldness. > Around 2 AM, I woke with abdominal pain. I called my family member for defecation. Abdominal pain further increased, causing unbearable distress. There were 3 episodes of explosive diarrhea. I screamed and wailed. I sent my family member to bring Dr. Yukiama, a next-door neighbor, but he was on a trip. So, she used his phone to call Dr. Miyamoto. I also vomited, but my condition improved slightly at dawn. Dr. Yanagi came.
3. shiki's thoughts on illness	<ul style="list-style-type: none"> > I wish I could walk, sit, and at least live peacefully with no distress. In my dream, I still walk as I used to do before. > Being deprived of everything, I still have one enjoyment and one freedom : eating and writing, respectively. 	<ul style="list-style-type: none"> > A six-foot sickbed, it's all I have, and even this space is too wide for me. > I can slightly move my hand to touch tatami, but can never relax my body, stretching my legs out of bed. > When I am seriously ill and suffer from severe distress, I cannot move even a centimeter. > I fear the length of the night. 	<ul style="list-style-type: none"> > If my breathing difficulty is due to coldness, I won't be able to pass this winter. > I wish I could eat a full-course dinner before I die. > I know that my end is near. > Please do not make a funeral announcement after my death. I want to eat something delicious before it is too late.

Table : Shiki' s Descriptions of Long-term Home Care for Him

Categories	Codes		
	[A Drop of Ink] (18)	[A Six-foot Sickbed] (45)	[Stray Notes While Lying on My Back] (82)
3. shiki's thoughts on illness		<ul style="list-style-type: none"> > Having been unable to go out at all since the year before last, I learn the situation of Tokyo only through newspapers or other persons. > Taking a pen and writing is so difficult for me now. > Living is not interesting if one does not enjoy his sickness. > I had the slightest idea of facing distress like this. > Today is the hundredth day I spent on my six-foot sickbed. I feel as if 10 years have already passed. 	
4. Diet on his sickbed	<ul style="list-style-type: none"> > I skip breakfast, but I enjoy lunch. I also find dinner delicious when my body temperature is normal. Even in the presence of fever, I eat almost all. 	<ul style="list-style-type: none"> > The desire to eat and drink, which had been my only pleasure until last year, has faded. > I observe that soft like an apple, but dry foods are difficult to swallow. Ripe bananas are juicy and easy to eat. > I heard that the Metropolitan Police Department had instructed milk makers based in Tokyo to reform or relocate their cowsheds as a public health promotion measure. Wouldn't it be more effective to support milk makers, rather than bullying them, and double or treble the number of milk consumers among citizens of Tokyo, in order to truly promote public health? 	<ul style="list-style-type: none"> > At breakfast, I ate : 3 or 4 bowls of rice gruel, a porridge of rice and vegetables, tsukudani, pickled plums, narazuke, milk, and sweet breads. > At lunch, I ate : 3 or 4 bowls of rice gruel, raw fish, boiled vegetables, and miso soup. > As snacks, I ate : grapes, apples, salt crackers, canned peaches, baked chestnuts, boiled chestnuts, youkan, and candies with hot chocolate and tea. > At dinner, I ate : 3 or 4 bowls of rice gruel, grilled fish, boiled pumpkin and eggplant, pickles, cabbage salad, tofu, rice with chestnuts, grilled sardine, loach, scorpion fish, clam soup, green soybeans, broiled eel, oysters in vinegar, grapes, pear, pineapple, thick malt syrup, and more. > I suffer from tension in my belly and vomiting due to excessively eating > Please do not make a funeral announcement after my death. > I want to eat something delicious before it is too late. > Having eaten too much, I vomited. All I ate was discharged from the anus without digestion. I had hard stools. > Pus runs out of my gums all the time, night and day. I need to use only my right teeth to chew, as the left ones ache. I have severe toothache, which prevents contact between my upper and lower teeth. > My mother and sister usually do not eat anything but pickles at the corner of the kitchen.

Table : Shiki' s Descriptions of Long-term Home Care for Him

Categories	Codes		
	[A Drop of Ink] (18)	[A Six-foot Sickbed] (45)	[Stray Notes While Lying on My Back] (82)
5. Emotions and thoughts related to care/nursing		<ul style="list-style-type: none"> > Home education is needed for females. They should learn how to care for the sick. > Nurses perform part of formal nursing practice. I prefer mental care as nursing. > In hospitals, nurses are trained just like assistants for medical doctors. Such training is fundamentally different from care for the sick. > Caregivers should be able to give careful and attentive consideration. > Discomfort and comfort for the sick are also part of household affairs. They are care-related issues. > When suffering from severe conditions or feeling helpless due to weakening, the sick are markedly influenced by the quality of nursing. > When one just feels lonely and helpless, the presence of a caregiver who consoles him with appropriate nursing and sympathy relieves his distress due to a disease. > Family caregivers are also in charge of diverse household affairs, including cooking, cleaning, washing, and sewing. Therefore, they can not afford to stay close to the patient all day long. 	<ul style="list-style-type: none"> > They just care for me as an obligation, but they do not console me with sympathy. > They do whatever I instruct, but they have not the least idea of suggesting something to me with a euphemism. > She is reluctant to stay any longer at my bedside. It is unpleasant for me, but I should accept my situation. > After becoming ill, how would I have been if hadn't had her? I can not afford to hire professional nurses for a long time, and even if I did, there would have been no nurse who is more competent than Ritsu or capable to do everything she is doing now. > Ritsu is my nurse, maid, housekeeper, and secretary. Without her, it is almost impossible for me to live. > May she (Ritsu) never become sick. > Sometimes I am so furious with her that I almost want to kill her. > I scolded my family members in a fit of rage due to frustration. They began to keep a distance from me for fear. None of them tries to understand the true intentions of this sick person. > I exploded with anger, because they were outside and did not answer even when I called them aloud. I ate a lot of rice-cake sweets with milk from stress, and suffered from a bloated sensation in my belly afterwards. > My family members cannot go out even for a while. > I arranged catering for 2 persons, and ate the dishes with the 2 members of my family in reward for their nursing efforts.
6. Material, personnel, and financial resources		<ul style="list-style-type: none"> > A list of relief goods sent to me : > Old Meisetsu : a wall drawing of Shibamata Taishakuten > Sokotsu : toys > Yoshiro : a Tanomo doll > I listened to my old mother read newspapers for me. 	<ul style="list-style-type: none"> > Monthly income : 10 yen from the magazine Hototogisu and 40 yen from the newspaper company, a total of 50 yen. > I borrowed 20 yen from Kyoshi. > Payment : fish : 6 yen 15 sen ; vegetables and fruits : 3 yen 73 sen, rice : 3 yen ; milk : 1 yen 48 sen 5 ri ; soy sauce, miso, and vinegar : 1 yen 52 sen ; and charcoal : 1 yen 11 sen > Katsunan Kuga (Shiki's master) and his wife : more than 10 photos taken in Korea and botamochi > Oshima-san

Table : Shiki' s Descriptions of Long-term Home Care for Him

Categories	Codes		
	[A Drop of Ink] (18)	[A Six-foot Sickbed] (45)	[Stray Notes While Lying on My Back] (82)
6. Material, personnel, and financial resources			<ul style="list-style-type: none"> > Sanjin Shuchiku (haiku poet) > President of Bunendo : narazuke > Sachio Ito : a basket of grapes, beach sand, and an amulet of the Awa shrine > Hotsuma : 2 types of persimmon and 3 quinces > Hyotei Ioki (haiku poet) > The barber > A messenger from Magatsuka : chest-nuts > Gojo : apples and a bamboo spittoon for tobacco > Meisetsu Naito (haiku poet) > Misako Kokubun : a bottle of starch syrup > Makino's wife > A messenger from Kyoshi Takahama (haiku poet) : a can of tea, green apples, and 1 yen > Iroku Numazu : a parcel of canned peaches > Sokotsu Samukawa (haiku poet) > Yoshiro > Grand-aunt Utahata : rice-cake sweets > Uncle Kato > Ichinen (journalist) > Shion Fumoto, Tanaka : biscuits > Shigeshiko Kawahigashi : misozuke > Yoshiro, Shusui, and Yachiyo Hara : a basket of grapes > Ritsu (Shiki's younger sister) went out to buy cotton. Mother and I waited for her at home. > Mother went to Kanda to take my medications and shop. > Mother and sister were sewing at my bedside.

The explanations in parentheses are provided by the author.

number of his friends and acquaintances. The results of analysis of each category are reported below :

2-1. Physical and mental distress mainly due to pain

The majority of the codes regarded Shiki's physical and mental distress mainly due to pain. Not only causing distress, pain also interfered with Shiki's activities of daily living, such as sleep, meals, and excretion, as well as his writing, as he described as follows : {My back aches, my but-

tocks ache, and my side aches (Masaoka, 2012)}, {I cried over an unexpectedly large, dark, and creepy hole in my belly. There are also holes in my abdomen, back, and buttocks just like a honeycomb (Masaoka, 2011)}, {Observing regions with pus discharge, I find flesh rotting and blackening, and the skin comes off, coating the surface of gauze (Masaoka, 2011)}, and {I feel pain even when my buttocks are slightly wiped with a piece of cotton cloth (Masaoka, 2011)}. According

these descriptions, there was pus discharge in multiple regions, including the back, hip, and side of the trunk. Additionally, even slight stimulation caused pain, which negatively affected his movements to eat and sleep, in addition to physical activities, as the following descriptions reveal: {Pain prevents me from freely turning over. I feel as if I had been nailed down in the bed. (Aoki, 2003)}, {Pus runs out of my gums all the time. I remove it by wiping my gums with a piece of cotton cloth each day. (Masaoka, 2011)}, {With the first molar missing on both sides, I have severe toothache, which prevents contact between my upper and lower teeth (Masaoka, 2012)}, and {I slept only for a while at dawn. I lack sufficient sleep (Masaoka, 2011)}. Some descriptions, such as {Is there someone who can help me? (Masaoka, 2011)}, {I cannot frame any idea (Masaoka, 2012)}, {At last, my patience has been worn to its breaking point (Aoki, 2008)}, {Everything I see and hear gets on my nerves (Masaoka, 2011)}, and {The more I yell and curse, being highly agitated, the more I suffer from distress. Suicidal desire occurs (Masaoka, 2011)}, vividly reveal his impaired mental comfort. These descriptions of Shiki's pathological condition mainly focus on his pain, but some also refer to various systemic symptoms, including fever, dyspnea, foot edema and coldness, constipation, diarrhea, and vomiting. His physical distress represented the difficulties he faced in daily life, while mental distress was manifested as diverse emotions, such as anxiety, irritation, loneliness, fear, depression, and anger.

2-2. Coping with treatment and symptoms

There were no descriptions containing the name of the diagnosis, but there were those providing the details of treatment for Shiki, including: wound care in the abdominal, back, and gluteal regions, the administration of anesthetics and morphine for pain-relief, oral creosote, liquid medicines, and stomachics, heat and cold application using warming pans and body warmers, massage, and treatment and examination by home-visit medical doctors. To manage pain, Shiki adopted various measures: {I always read newspapers for diversion during bandage change, hating to feel pain, regardless of its level (Masaoka, 2011)}, {I do not read, but glare at newspapers when pain is strong (Masaoka, 2012)}, {Taking morphine and sketching is my recent favorite diversion (Masaoka, 2011)}, {When the effect is not enough, I repeat taking morphine (Masaoka, 2011)}, and {I took anesthetics, and listened to my family member read newspapers for me}. He controlled pain by himself: {At 11 : 30,

I took anesthetics (Masaoka, 2011)} and {Taking morphine and sketching is my recent favorite diversion (Masaoka, 2011)}.

During the 3-month period before his death, from June 20 to July 14, 1902 (Meiji 35), he took anesthetics about twice a day, recording the time of each administration in detail.

Wound care was one of the most important care procedures performed by his younger sister, as he described as follows: {Bandage change is a matter of great concern to me and Ritsu both (Masaoka, 2011)}. To manage pain and pus discharge in multiple regions of his body, his family caregivers adopted devised measures for wound care, massage, and heat/cold application, including: {They store 3-centimeter-square pieces of absorbent cotton in a paper box (Masaoka, 2011)}, {I had both of my feet massaged in the morning (Masaoka, 2011)}, and {They put a warming pan and body warmer, with water to cool my forehead (Masaoka, 2011)}.

According to Shiki's description on September 14, 1901 ((Meiji 34), he was treated by 3 home-visit medical doctors: {Around 2 AM, I woke with abdominal pain. I called my family member for defecation. Abdominal pain further increased, causing unbearable distress. There were 3 episodes of explosive diarrhea. I screamed and wailed. I sent my family member to bring Dr. Yuki-yama, a next-door neighbor, but he was on a trip. So, she used his phone to call Dr. Miyamoto. I also vomited, but my condition improved slightly at dawn. Dr. Yanagi came. (Masaoka, 2011)}. Thus, he also received home-visit treatment during the night-time as part of continuous home care under management by medical doctors. However, there were no descriptions regarding diagnosis or effective treatment methods.

2-3. Shiki's thought on illness

Shiki expressed his emotions as follows: {A six-foot sickbed, it's all I have, and even this space is too wide for me. I can slightly move my hand to touch tatami, but can never relax my body, stretching my legs out of bed. When I am seriously ill and suffer from severe distress, I cannot move even a centimeter (Masaoka, 2011)} and {Being deprived of everything, I still have one enjoyment and one freedom: eating and writing, respectively (Masaoka, 2012)}. He described his bedridden condition with activity limitations due to the disease as {living on a six-foot sickbed} to express his emotions toward his own situation. He found even a six-foot space too wide to live with restricted freedom. In such a situation, rich diet and writing were enjoyments left for him. Thus,

[A Six-foot Sickbed] is a testimony of his lost and maintained freedoms. What allowed him to eat and write as his 2 maintained freedoms was morphine that he used for pain-relief, and he described his motivation to live supported by the drug as follows: {Taking morphine and sketching is my recent favorite diversion (Masaoka, 2011)}. On the other hand, his descriptions, such as {If my breathing difficulty is due to coldness, I won't be able to pass this winter. (Masaoka, 2011)}, {I know that my end is near. (Masaoka, 2011)}, {Please do not make a funeral announcement after my death. I want to eat something delicious before it is too late (Masaoka, 2011)}, and {Living is not interesting if one does not enjoy his sickness}, reveal his complicated feelings, as he regarded these maintained freedoms as his hopes, but he was simultaneously aware of his impending death, and considered procedures to be followed by his family after it.

2-4. Diet on his sickbed

Being bedridden, Shiki needed support from his family members for the large part of his diet. Eating (activity) is under the influence of a disorder or disease (mental and physical functions/body structure), and it tends to represent one's sense of value (personal factor) (Ueda, 2006; 1992Tsuru). In this respect, it is important to clarify Shiki's personal values related to food.

[Stray Notes While Lying on My Back] contains the largest number of descriptions of his diet (Table 1). The descriptions mainly show the contents and amounts of each breakfast, lunch, dinner, and snack. His diet was characterized by abundant food materials and amounts, particularly large amounts of protein-rich foods he consumed, represented by fish and milk. As a sick person, he overwhelmingly consumed foods, but it is no surprise that his yearning for health, as he described: {I wish I could be cured, walk, sit, and at least live peacefully with no distress (Aoki, 2008)}, was manifested as the desire to {eat something delicious}.

The following description, for example, recounts his rich diet: {At breakfast, I ate 3 or 4 bowls of rice gruel, tsukudani, pickled plums, and a pear. As snacks, I drank hot chocolate with 90mL of milk, and ate some sweet breads. At dinner, I ate 2 bowls of rice gruel, 18 grilled sardines, sardines in vinegar, cabbage salad, and a pear (Masaoka, 2011)}. He consumed milk and raw fish almost every day. The Masaoka's monthly household income was 50 yen, about 32 yen of which was spent on foods. Their total monthly payment for raw fish was similar to that for their

house rent; thus, raw fish entailed a great expense upon them. Additionally, they were also charged for firewood, vegetables, milk, rice, miso, soy sauce, charcoal, and sweets/sugar.

To examine the functional aspects of Shiki's diet, the following descriptions are informative: {Having eaten too much, I vomited. All I ate was discharged from the anus without digestion. I had hard stools (Masaoka, 2011)} and {Pus runs out of my gums all the time, night and day. I need to use only my right teeth to chew, as the left ones ache. I have severe toothache, which prevents contact between my upper and lower teeth (Masaoka, 2011)}. According to these descriptions, he experienced impaired digestive and absorptive functions due to vomiting, diarrhea, and constipation, pus discharge in the oral cavity and impaired oral and masticatory functions due to pain, and motor dysfunction due to a long-term bedridden condition. What made it possible for Shiki to maintain his daily life despite these dysfunctions may have been his own attitude toward life and support from his family.

2-5. Emotions and thoughts related to care/nursing

Shiki also expressed his emotions and thoughts from the perspective of a care-receiver, such as {Ritsu (his younger sister) attaches importance to reasons. She is reluctant to stay any longer at my bedside. It is unpleasant for me, but I should accept my situation (Masaoka, 2011)}, {Sometimes I am so furious with her (Ritsu) that I almost want to kill her. (Masaoka, 2011)}, {I scolded my family members in a fit of rage due to frustration. They began to keep a distance from me for fear. None of them tries to understand the true intentions of this sick person (Aoki, 2003)}, and {I exploded with anger, because they were outside and did not answer even when I called them aloud. I ate a lot of rice-cake sweets with milk from stress, and suffered from a bloated sensation in my belly afterwards (Masaoka, 2011)}. According to these descriptions, he frankly showed his distress due to pain and limited physical activities and anxiety over the disease to his family. At the same time, he also showed consideration for his family, especially his younger sister who was an irreplaceable person for him.

In [A Six-foot Sickbed], he described his experience of receiving care, noting the necessity of education for caregivers, as follows: {Discomfort and comfort for the sick are also part of household affairs. They are care-related issues. When suffering from severe conditions or feeling helpless due to weakening, the sick are markedly influenced by the quality of nursing (Masaoka, 2011)},

{When one just feels lonely and helpless, the presence of a caregiver who consoles him with appropriate nursing and sympathy relieves his distress due to a disease (Masaoka, 2011)}, {Family caregivers are also in charge of diverse household affairs, including cooking, cleaning, washing, and sewing. Therefore, they can not afford to stay close to the patient all day long (omission; Masaoka, 2011)}, and {Home education is needed for females. They should learn how to care for the sick (omission; Masaoka, 2011)}.

Unlike support provided in daily activities, such as cooking, cleaning, washing, and sewing, care should be provided for family members requiring it to manage this domestic crisis, he thought. He emphasized the necessity of care-related education for females, similarly to education for them to learn how to cook, clean, wash, and sew as part of household management

2-6. Material, personnel, and financial resources

There were many visitors to the Masaoka, who were haiku poets, novelists, friends, journalists, masters, relatives, and barbers. The visitors brought various gifts for Shiki, such as botamochi, grape, apples, canned peaches, biscuits, rice-cake sweets, starch syrup, and melons. Some of them also brought photographs taken in Korea, beach sand, an amulet of a shrine, wall drawing, and toys.

These gifts, called {relief goods (Masaoka, 2011)} by Shiki relieved his anxiety, diverted his mind, and simultaneously served as material and personal resources.

Concerning Masaoka's financial situation, although Shiki was physically impaired and bedridden, he earned 40 yen monthly from a newspaper company. Concerning this, he described: {The newspaper company treats me very well}, suggesting that he was also supported by this company. In general, sick persons tend to be coldly treated in society, and they are almost socially withdrawn (Tsuru, 1992), but in the case of Shiki, long-term home care for him was supported by many people and resources.

IV. Discussion

As the study objective, the 6 categories were analyzed to identify the factors that supported long-term home care for Shiki. There were 3 main factors: 1) coping with treatment and symptoms, 2) diet on his sickbed, and 3) emotions and thoughts related to care/nursing. This section observes the 3 factors that supported long-term home care for him.

1. Shiki was enjoying the latest medical care at that time

On examining Shiki's coping with treatment and symptoms, while considering the status of medical care during the Meiji period, it should be noted that herbal doctors had played a central role in medicine until the Edo period. There were no regulations on medical licensing or services, and medical environments remained undeveloped in those days. Therefore, approaches to modernize Japan were centralized in 2 points: the division between medicine and pharmaceuticals and dissemination of occidental medicine (Fukuda, 1995).

In 1875 (Meiji 8), the Ministry of Home Affairs was newly organized as an administrative organization to promote public health. The new ministry was initially in charge of police and municipal administrations. Regarding their political measures, Shiki offered the following opinion in [A Six-foot Sickbed]: {I heard that the Metropolitan Police Department had instructed milk makers based in Tokyo to reform or relocate their cowsheds as a public health promotion measure. Wouldn't it be more effective to support milk makers, rather than bullying them, and double or treble the number of milk consumers among citizens of Tokyo, in order to truly promote public health? (Sasaki, 2014)}. His statement refers to the regulations for the control of milk businesses, enacted by the Ministry of Home Affairs in 1900 (Meiji 33) to prohibit locating cattle farms in residential areas, and promote their relocation to rural areas. For Shiki, who was a milk lover, this measure is likely to have been unacceptable.

1901 (Meiji 34), there were no care facilities for patients yet, except for private sanatoriums targeting wealthy classes (Fukuda, 1995). Considering such a situation, it is easy to imagine that many patients received care in their homes, similarly to the case of Shiki.

Among Shiki's symptoms, severe pain was the most characteristic. His pain intensified with the progression of his disease. He described his suffering from pain as follows: {I am wailing due to intolerable pain in the left iliac bone (Masaoka, 2011)}, {The more I yell and swear, being highly agitated, the more I suffer from distress. I am going mad (Masaoka, 2011)}, and {I writhe in loneliness (Masaoka, 2011)}. On measuring the intensity of his pain using the currently available Faces Pain Scale and Verbal Rating Scale (VRS), it may correspond to "level 5: hurts worst" and "unbearable pain", respectively, indicating that Shiki suffered from unbearably strong pain during

long-term home care.

During the Meiji period, it was necessary to modernize medical systems and hygiene administration, but only future directions were shown, and both evidence for the diagnosis of tuberculosis and evaluation of therapeutic effects and methods to prevent it had yet to be established.

As Table 1 shows, the majority of the therapies Shiki received, including diet therapy, wound care, anesthetic administration for pain-relief, and morphine use, were symptomatic. However, as Fukuda noted: "Nutrient-rich food consumption was a basic remedy during the Meiji period. Considering that Shiki also used cod-liver oil and creosote, in addition to stimulants and analgesics, he should have been treated with almost all medical measures available during this period (Fukuda, 1995)", medical care for him may have been the highest-level at that time.

2. Diet that supported Shiki's life and creation

The act of eating supports the biological activities of long-term care-receivers. It motivates and reinvigorates them to maintain their daily lives while receiving care. Especially for those receiving such care at home, diet has a marked significance. At the same time, personal values related to food are important. Diet represents the characteristics of each family, relationship among members of that family, and their lifestyles. Based on Shiki's diet, his personal values related to food and his family's role are discussed below:

During the Meiji period, when meals for most people consisted only of pickles, bean-curd refuse, and sardines (The Public Relations Department of Snow Brand Milk Products Co., Ltd., 1988), the Masaoka family provided meals for Shiki using abundant food materials (Table 1). His high milk intake is particularly characteristic. There may have been several factors that allowed such intake. First, milk and eggs were regarded as important for dietary therapy in those days. Especially, milk intake was widely recognized and disseminated as an effective medical measure. It is no surprise that Shiki also adopted this measure, similarly to people of the general public who used nutrient-rich foods to promote their health.

Second, in his living environment, it was easy to obtain milk. In 1895 (Meiji 28), there were 180 and 54 milkers in the metropolitan (15 districts inside the Yamanote line) and rural areas of Tokyo, respectively. Thus, cows were still kept at the very center of Tokyo at that time (The Public Relations Department of Snow Brand Milk

Products Co., Ltd., 1998). Collected milk was immediately processed at cowsheds and delivered in containers. Milk men were also in charge of the entire process of milk production, including keeping cows and milking, and they may also have supplied milk to Shiki.

Third, his financial situation allowed such a rich diet. As previously mentioned, the Masaoka's monthly household income was 50 yen; 10 yen from the magazine *Hototogisu* and 40 yen from a newspaper company. The average initial salary for a university graduate was 20 yen in 1895 (Meiji 28) (Historical Chart of Prices from Meiji to Heisei). As such a salary is 200,000 yen as of 2015 (Heisei 27), the Masaoka's monthly income may be converted into a current value of 500,000 yen, indicating that they spent about 320,000 yen for food. This is a significant proportion to their total income, and it may have resulted from Shiki's expectations for various therapies, interest in food, and food preferences.

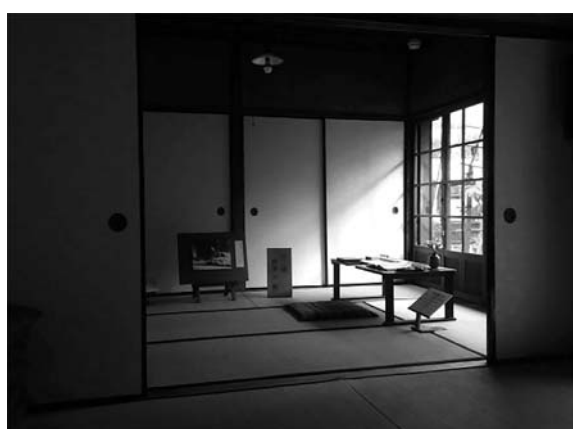
And fourth, his family members provided careful dietary support for Shiki. Having a poor oral condition, being bedridden, and suffering from pain in the entire body, he needed his family members to prepare daily meals for him, using appropriate types of food with special consideration. Such meals were the basis of his vitality. Furthermore, the intake of protein-rich foods, such as milk and fish, not only supported Shiki's life, but also may have contributed to his creation. In contrast, as he described: {My mother and sister usually do not eat anything but pickles at the corner of the kitchen (Masaoka, 2011)}, meals for his family members were much simpler, revealing the relationship between Shiki, the breadwinner of the family, and other family members, who cared for him while being under his household control.

3. Shiki's care/nursing-related experiences and interest in society

Shiki's own care/nursing-related experiences primarily supported long-term home care for him. Affirmative attitudes toward their sickness and related situations help sick persons calmly cope with their conditions. [Stray Notes While Lying on My Back] provides the details of Shiki's daily life. He objectively and briefly recorded his body temperature, bowel movements, bandage changes, pain, daily symptoms, the contents of each meal, and fomentation, in addition to the periodic cleaning of his bedroom and bed (Photographs 4 and 5). A stable daily life is essential for sick persons to cope with their conditions. Shiki's



Photograph 4 Recuperation room



Photograph 5 Recuperation room

objective descriptions of his daily life suggest that he was provided with stable care.

On the other hand, Shiki also expressed his dissatisfaction with care provided by his younger sister, describing {They just care for me as an obligation, but they do not console me with sympathy} and {They do whatever I instruct, but they have not the least idea of suggesting something to me with a euphemism} in [Stray Notes While Lying on My Back]. These descriptions represent sick persons' complicated psychology. Additionally, in [A Six-foot Sickbed], Shiki noted {Home education is needed for females. They should learn how to care for the sick}. His deep understanding of others, based on his own experience of receiving care/nursing, may have made him realize the necessity of educating females and helping them acquire knowledge of care.

Shiki's interest in society was the secondary factor that supported long-term home care for him. While being bedridden, he belonged to a newspaper company, and enthusiastically read

Nippon and 4 other newspapers available in those days. In [A Six-foot Sickbed], there are descriptions of his reading newspapers, such as {I learn the situation of Tokyo only through newspapers or other persons} and {I listen to my mother read newspapers to me when I have severe pain}. He also described {I do not read, but glare at newspapers when the pain is strong} in [A Drop of Ink], revealing that newspaper reading was part of his daily life with a bedridden condition. He had insight into the essential contents of home nursing and nursing duties, as he observed: {In hospitals, nurses are trained just like assistants for medical doctors. Such training is fundamentally different from care for the sick} in [A Six-foot Sickbed]. Information collection by various means not only satisfies one's intellectual curiosity, but also helps him maintain his connection with society. This may have been especially important for Shiki being bedridden, and his own care/nursing-related experiences and interest in society may have been the main factors that supported long-term home care for him.

V. Conclusion

This study analyzed 3 works of Shiki Masaoka, limited to his descriptions of long-term care from his perspective. Therefore, in future studies, it may be necessary to examine such care more multifacetedly, for example, from the perspectives of his family, friends, and acquaintances.

The house Shiki spent his last days, called "Shikian", is located in Negishi, Taito-ku, Tokyo. It was destroyed by the fires of war in 1945 (Showa 20), and subsequently restored in 1950 (Showa 25). The kitchen, where his family members prepared meals that nutritionally supported his health, is unexpectedly small, not exceeding 5 m². It is currently used to exhibit related materials. Through the glass door of the room he used, there is a fine view of a courtyard, suggesting that Shiki on his sickbed was consoled by grass and flowers growing there (Photographs 6-8). His daily life with his family also makes us realize how precious our everyday moments are.



Photograph 6 Courtyard



Photograph 7 Kitchen mark Exhibit of materials



Photograph 8 The recuperation room that looked from garden

References

- Masakazu Aoki (2003): *History of Tuberculosis — Its Past, Present, and Future Influences on Japan's Society —*, Tokyo, Kodansha Ltd.
- Masakazu Aoki (2008): *Japan's Countermeasures against Tuberculosis — Progress, Current Status, and Future Challenges —*, Japanese Journal of Public Health Vol. 55, No. 9
- Shikikan Preservation Society : <http://www.shikian.or.jp/profile.html>
- Mahito Fukuda (1995): *Public Views on Diseases in Modern Japan — Cultural History of Tuberculosis —*, Aichi, The University of Nagoya Press
- Mahito Fukuda (2001): *Cultural Aspect of Tuberculosis — A Comparative Cultural Study on Diseases —*, Tokyo, Chuokoron-Shinsya, Inc.
- Hidehiko Kasahara, Kazutaka Kojima (2011): *Medical Care During the Meiji Period — A Study on Hygiene Administration*, Kyoto, Minervashobo
- Shiki Masaoka (2011): *Stray Notes While Lying on My Back*, Tokyo, Iwanami Shoten, Publishers
- Shiki Masaoka (2012): *A Drop of Ink*, Tokyo, Iwanami Shoten, Publishers
- Shiki Masaoka (2011): *A Six-foot Sickbed*, Tokyo, Iwanami Shoten, Publishers
- Historical Chart of Prices from Meiji to Heisei: <http://sirakawa.b.la9.jp/Coin/J077.htm>
- Japan Society of Nursing History (2014): *History of Japanese Nursing — Messages for Young Generations —*, p. 210, Tokyo, Japanese Nursing Association Publishing Company
- Nobuko SEKINAGA (2013), Analysis of the medical care of Shiki Masaoka, as seen "Gyoga Manroku" AINO JOURNAL, Vol. 12, pp. 25-27 (in Japanese)
- Hidemi Sasaki (2005): *History of Nursing Education in Japan - Bright and Dark Sides -*, Kanagawa, Seizansha Co., Ltd.
- Kido Sugita (2005): *A Lecture on Systematic Nursing — History of Nursing pp.127-144*, Tokyo, Igaku-Shoin Ltd.
- Yukie Takishita (2014): *Nursing Education during the Meiji Period - Nurses of Kyoto Ryo Hospital -*, Japan Society of Nursing History No. 27(in Japanese)
- Tsuru Haruo (1992): *Psychology of Sickness*, Tokyo, Igaku-Shoin Ltd.
- Satoshi Ueda (2006): *Understanding and Using the ICF*, Hobunsha Publishing Corporation
- Ryoko Kousaka, Sachiyo Tsuji (2003): *Significance of Nurse Chika Oozeki's Social Activities from a Modern Perspective — An Analysis of Her Writings—*, Bulletin of the Nursing College, Wakayama Medical University Vol. 6 (in Japanese)
- The Public Relations Department of Snow Brand Milk Products Co., Ltd. (editing, 1988): *Milk and the Japanese*, Tokyo, Shinjuku Shobo