

アイヌはなぜ「山に逃げた」か？

——幕末蝦夷地における「我が国最初の強制種痘」の奥行き——

香西豊子

一 はじめに——種痘針の政治学

ランセットは両刃の外科器具である。その刃先で少量、牛痘に感染した患者の膿をすくいとり、べつの者の身体(たい)に注射した場合は子供だに種え込む。すると、どういうわけか種えられた身体は、いちど罹患した者のごとく、生涯にわたって天然痘(こ)にかからない。一八世紀末にイギリスで行われはじめたこの施術は、種え込まれる膿の由来にちなんで「牛痘種痘(vaccination)」(以下、「種痘」とよばれた)。

種痘はすぐさま欧州各地に伝わった。が、当初はその先々で、母親らの危懼と、懐疑的な医療者らによる批判とをまねいた(3)。種痘がひとつの「医術」として立ち現われるのは、ようやく天然痘による死者の葬列が姿を消しはじめてからである。種痘の効能が経験的に認められるにしたがい、健康な

身体にはつきつぎと、ランセットが突き立てられた。そして、わが子を守るための施術はいつしか、為政者もが目にする、感染症の集団的「予防」手段となっていたのだ。

その種痘が日本に伝わるのは、イギリスで成果が公刊されて約半世紀後の、一八四九(嘉永二年)のことである。オランダ商館の医師を通じて、長崎に南洋のバタビア(現インドネシア)のジャカルタから痘苗が取り寄せられたのだ。西洋の医学書の翻訳を通じて、すでに種痘の何たるかを了解していた一部の医家らは、おのおの痘苗と種痘針(ランセット)は日本ではこう呼ばれたと手に入れ、普及に奔走する。だが、天然痘にかかるとを一種の通過儀礼のように見なしていた人びとに、「予防」的措置の意義を説くのは、容易ではなかった。

一八五七(安政四年)年に長崎の港に降りた、あるオランダ軍医は、当時の人びとの面つきを、こう記している。「ど

この国でも、日本のように天然痘の痕跡のある人の多い国はない。住民の三分の一は顔に痘痕をもっているといつてさしつかえない(4)。いわゆる「あばた顔」のことである。この時すでに、痘苗の舶来から約一〇年が経過していた。しかし、官営の種痘施設は、まだどこにも存在しなかった。種痘はおもに、大坂・京都・江戸・福井などの私塾が開設した「除痘館」でおこなわれた。有志の医家らが、種痘の功を説く「論し文」を刷り置き、未痘児に痘漿を種え続けたのだ。

こうした状況に照らして眺めるとき、おなじ一八五七(安政四年)年に蝦夷地で「我が国最初の強制種痘」(5)が執行されたことは、じつに瞠目すべき事件である。公命をおびた医師が江戸から派遣され、東西蝦夷地のみならずクナシリ・エトロフの島嶼部まで、全住民を対象とした種痘(当時の用語法では「全種痘」)が断行されたのだ。服うて山へ遁走した者は、役人によって駆り出された。二万人弱といわれる対象人口のうち、一万三〇〇〇人を超える人びとが、最終的に種痘をほどこされたと言われる。

当時、内地でもまだ普及段階にあった種痘が、いったいなぜ蝦夷地において、しかも公命による「全種痘」というかたちで行われたのか。本稿では、これまで日本の医学史の一挿話として、あるいはアイヌ民族にたいする過去の施策の一つとして記述されてきた、この安政四年の「全種痘」を、幕末の蝦夷地の景観のなかで捉えなおし、その事件がおびる歴史学、社会学的な意味合いについて考えてみたい。

二 安政四年東西蝦夷地における「全種痘」の様相

箱館奉行の廻書

まずは幕末蝦夷地の概況を押さえるところからはじめよう。

蝦夷地で「全種痘」のおこなわれた安政四(一八五七)年は、近世北方史の時代区分で言えば「第二次幕領期」(6)にあたる。蝦夷地では、古くから各地沿岸部に夷人との交易所(商場)がもうけられ、その交易権は松前藩の家臣に知行として振りあてられていた。それが一八世紀初頭より、松前藩や幕府に「運上金」を納める商人らに運営が委ねられるようになり、商場は交易のみならず漁労までも取りしきる「場所」へと発展した。「松前藩治期」の蝦夷地は、この「場所請負制」をとおして、間接的に幕藩体制と接していた。

だが、一八世紀末より、ロシア南下の風説がでまわるようになると、幕府は蝦夷地の情勢を調査しはじめる。そして、「蝦夷騒動」や外国船の出没等を理由に、寛政一(一七九九)年には東蝦夷地を、ついで文化四(一八〇七)年には西蝦夷地を上地させ、幕藩体制のもとに組み入れたのだった(以降、「第一次幕領期」。文政四(一八二一)年、蝦夷地はいったん松前藩に戻される(以降、「松前藩復領期」)が、諸外国との通商やロシアとの国境をめぐる諸問題が難局をむかえると、安政二(一八五五)年二月、ふたたび全域が幕府の直轄するところとなる。本稿で採りあげる「全種痘」は、安政四(一八五七)年

の、そうした時局の下で行われたのだった。

種痘の直接の契機となったのは、箱館奉行の一人・村垣正が、蝦夷島の津々浦々を視察中に、蝦夷地の疱瘡の実情に触れたことである(当時、嘉永七(一八五四年)の「神奈川条約」調印で開港した箱館には奉行所がおかれ、三人の奉行がたてられたが、うち現地を勤の二人が交代で沿岸を巡視することになっていった)。「村垣淡路守範正公務日誌」の安政四(一八五七年)年正月一九日の項には、こうある。「錠次郎面会、土人疱瘡の儀に付品々談じ、御救助筋取調候様申付る」。土人の疱瘡の救助法につき配下へ差配したというのだ。

その後、村垣は有珠にて、「ラシヤマンへ土人疱瘡にて山入致し継立相成らず候」という報に接する(三月一〇日)。「継立」とは、場所から場所へと、人や荷物を伝送することである。それを請け負わせていた土人らが、みな疱瘡を忌避して「山入」してしまつたので、長万部で荷物を搬送できずにいるというのだ。村垣は代替策として、和人を附添いにて、海路で荷を運ぶよう指示を出す。ところが二日後、その長万部に到着してみると、「山入」していたはずの土人らがそこにいる。なんでも昨日になって、にわかに出てきたというのだ。この日、村垣は日誌に「不埒之事也」としてこの出来事を書きつけている。

伝存する記録によると、疱瘡を済ませていない者や済ませてまだ日の浅い者は、松前藩復領期頃より、蝦夷地には入れないこととなつていた。逆に言うと、蝦夷地にいる和人の出来事を書きつけている。

桑田立斎・深瀬洋春らによる種痘

桑田立斎は、江戸・深川の町医者であった。人痘種痘をよくした義父・玄真の跡を襲ひ、嘉永二(一八四九年)に牛痘苗がもたらされると、すぐさま分苗を入手して、精力的に接種にあつた。蝦夷地の「全種痘」には、「御鑓奉行 筒井肥前守家来医師」として参画している。一方の深瀬洋春は、箱館出身の医師である。佐倉の蘭方医・佐藤舜海の塾で医学を学び、塾頭をつとめたが、郷里で種痘事業がおこなわれるにあたり、「有馬左兵衛佐医師 竹内玄同門人」として命をおびた。

では、両名は蝦夷地で、どのような活動をおこなつたのだろうか。現在のところ、深瀬洋春にまつわる記録は伝存が確認されていない。そこで、「立斎年表」という冊子状の書きつけ(⑮)を残した桑田立斎の事績を軸に、蝦夷地での種痘の様相をたどってみることにしよう。

立斎は、安政四(一八五七年)五月に正式に「蝦夷人共」へ種痘をなすよう御達しをうけ、同月末には、早々に江戸を立っている。同行者は、三人の弟子(西村文右・井上元長・秋山玄澤)、「種痘見」一人とその父母、若者四人、長持の駕籠かき

はみな、もはや疱瘡にはかからない建て前だった。その標準化された身体を基準にすると、疱瘡の度に「山入」をし継立の段取りを乱す夷人の身体は、為政者には不都合であった。その「不埒」な身体をあらたに埒の内に配置する事業、それが「全種痘」だったのだ。

村垣は同月の二六日、江戸を勤の箱館奉行・竹内保徳に書状をしたため、種痘に巧みな「町医」の派遣を要請する(⑰)。それをうけて江戸では、このような公募がなされた。

蝦夷人共儀、疱瘡にて傷候者多候に付、種痘の御沙汰之有
り、右は是迄も少々は取行候えども、心得候もの少く、一
体蝦夷地は医師甚稀の儀に付、全種痘のため東西蝦夷地え
三人宛六人、夏秋の内別段遣され候に付、町医の内右医術
出精志のものは、早々南御番所へ願出べく候、勿論町々名
主共相調、相当のものは名前書上申べく候、右の通り、町
御奉行所より仰渡され候間、此旨町中洩さぬ様早々相触べ
く候

三月八日

町年寄

役所(傍点強調、引用者。以下おなじ)

蝦夷地では疱瘡で斃れる者が多く、「全種痘」をおこなうこととなつたが、現地にはこれを施せる医師が少ない。そこで、当地へ医師を派遣するので、種痘をよくする「町医」は願ひ出よという。

四人、人足三人の総勢一八人であった。

なお、一行のなかの「種痘見」とは、「苗見」とも言い、身をもって痘苗の役をはたす、痘瘰を種えこまれた小児のことである。当時の種痘は、罹患者の瘰蓋を液体で戻して痘瘰を得るか、こうした種痘見からその場で膿を採って、未痘の身体に種えた。安政四年の事業では、これら両方の手法もちいる算段がとられた。箱館には、この時点ですでに数回にわたって、瓶入りの瘰蓋が届けられていた。そこで、立斎らは後者の、「生ける痘苗」を召し連れる任にあつたのだ。

江戸を出た一行は、白川・仙台・盛岡・田名辺の都合四カ所、未痘児に痘瘰を種え継ぎながら箱館へとむかつた。各地点には事前に達しがだされておき、立斎らの到着にあわせて、小児六、七人ならびに医師一兩人が宿に集められた。立斎はそこで小児らに種痘針をふるい、数日後に痘が発するのを待ってから、つぎの種え継ぎ地へ召し連れるに最適な「痘苗」を一つ選んだのだ。

とはいえ、痘苗を継ぎ長らえさせるのは、想定されていた以上に困難なことだった。じっさい、立斎らが箱館に到着してみると、さきに取り寄せられていた瘰蓋は、絶苗していたというのも、一足先に現地入りしていた深瀬洋春が現地の医師らとともに、接種をしようとしたところ、夷人らは「頑愚」で、「假令一命を失ひ候共、種痘は迷惑」と承服しなかつたためという。

けっきょく立斎のもたらした痘苗をつかって、立斎が東蝦

夷地およびクナシリ(国後)を、洋春が西蝦夷地を種えてまわることになるのだが、やはり種痘ははかどらない。夷人の理解が得られないのだ。

立斎の最初の種痘予定地・山タシナイ(山越)では、種痘の風聞をききつけた夷人が怒れおののき、ことごとく山へ逃げ込んだ。べつの資料によると、その背景には、当座の労働力が奪われるのを嫌う場所の支配人らの敵愾があり、「土人に山へ逃行等とまで背かしたりし由」(19)とも言われる。ことの真否はともかく、立斎らはそこで三日間、夷人の警戒にあたるのだが状況は変わらない。けっきょく同地での種痘は断念された。

ただし、種痘をおこなえないことは、そのまま痘苗の絶滅を意味する。立斎は、つぎの予定地・モロラン(室蘭)で、蝦夷地にはいつて以降二人に増やしていた種痘児から膿をとりひとまず和人の童子三人に痘漿を種え継いだ。そして、散財のうえ方便をつくして日々山中に去った夷人を連れ出し、嚴重に教諭して、ようやく一四人に痘漿を引換したという。さて、ここで「山越」が功を奏したことは、ゆちの「全種痘」の在り方を大きく変えることとなった。陣屋の役人を動員した、強硬な手段がとられるようになったのだ。つぎの種痘地・ユーフツ(勇払)では、種痘を承伏せず「土人小屋」から逃げ去った夷人を、南部藩の陣屋の者数百人が「山越」した。そして、「不伏の者は召取り、且つ明小屋は焼払候」と触れまわり、召し捕った者には、「此度公辺より格別

目すべき事件」(20)と称されることとなる。が、それは当時においても高く評価された。ただし、称賛の向かった先は、現場で種痘にあたった医師らではなく、「全種痘」を発案し実行にうつした公儀(つまりは、箱館奉行・村垣範正)の方であった。

その一例は、文久元(一八六一)年に板行された随筆『東蝦夷夜話』に見いだすことができる。著者の大内余庵は、安政三(一八五六年)より三年間、厚岸にて箱館奉行所御雇医師の任にあった人物である。

ここに見える、疱瘡に見舞われた夷人は親も子もなく山へと遁竄する、という描写は、蝦夷地での疱瘡に触れた記述には頻出する表現である。夷人が疱瘡をおそれることといえば、尋常ではない。そこでこの度、公儀は離島にまで種痘医を遣わし、夷人が若くして死ぬのを救いくださったと、その

之、御仁恵にて痘災御救助の処、反而心得違ひいたし、御仁恵に背き候段甚だ不届」と申し聞かせた。すると、当初、三〇人程度だった被種痘者は急激に増え、たちまち数千人ととなった。立斎は門人三人とともに昼夜を分かたず種えつづけ、多いときは日に二、三〇〇人施術したという。

これで要領をえたのか、その後六月三〇日より、立斎らはそれぞれ別に活動を開始している。その足跡を『立斎年表』に探ると、山クシナイ、オシヤマンベ(長万部)、ウス(有珠)、モロラン、ユーフツ、サルル(沙流)、フレナイ(振内)、シヤマニ(様似)、ホロイツミ(幌泉)、ネモロ(根室)、ノツケ(野付)、クナシリという地名を拾うことができる。箱館を起点に、海岸沿いの場所場所を分担して廻ったようである。ただ、その間の具体的な様子は、「何れも刻苦を極め申候」とあるばかりで載らない。

三月にわたる任を終えた立斎は、同年秋の九月二四日、箱館を後にしている(21)。

安政四年にはじまった「全種痘」の最終的な実績は、現在のところ詳らかになっていない(洋春の側の記録が伝わらず)。しかし、公文書によると、立斎門下によるものだけでも、一万三〇〇〇人以上(22)の夷人が、種痘をうけたことになっている。

「頑愚」なる夷人への「御仁恵」
この「全種痘」事業は、後世になって「本邦の医学史上注

「御仁恵」を讀んでいるわけだ。
公儀の施策におおむね批判的な論調をとった者ですら、こ

とこの「全種痘」事業にかぎっては、「鎮台の御仁恵」(23)を礼賛した。幕末の蝦夷地を何度も踏査し、公的な報告書や日記を多く残した松浦武四郎は、自他ともにみとめる「蝦夷狂人」で、夷人のおかれた状況を諸書で悲嘆していたが、その彼も、「鎮台村垣大君」が「遠けれども大江戸より医者ども多く取よせられ、近來西洋より行はれ来る種痘の術を施させ給ふ」たことについては、幕府の蝦夷地経営事業のなかでも「此一事に過たる功は有まじ」と評している。

記述がみなこの筆致であったことを考えれば、箱館奉行・村垣範正に献上された屏風のなかに、「頑愚」(24)な夷人を疱瘡から救う村垣公、という構図を見て取っても、さして違和は感じまい。「蝦夷種痘図」と呼ばれるその図では、左下に焚火の炎が燃えさかっている。そこで暖をとる何十もの異形の人びと。彼らは、画面中央に坐する村垣公の前で、順に医師から種痘をほどこされ、撫育の品(菓子・米・たばこなどを受けとるのだ。画賛にいう。「蝦夷性頑愚にして論すべからざる者多し。痘瘡瘟疫の類の如き、之を長るること豺狼よりも甚し。一たび伝染する者有れば則ち父子相顧みず、委て山野に避け、或は一郷率て遷徒するに至り、竟に病者をして方に一生を無からしむ。……」。この絵はのちに、軸ものに仕立てられたり、錦絵に刷られたりした。

「頑愚」にして疱瘡に斃れる夷人と、それを憐れみすくう

公儀の「御仁恵」——。この、きわめて分かりやすい叙述の形式は、一時、和人の表現媒体を風靡した⁽²⁷⁾。だが、立斎の筆録を通じて「史実」の断片に触れた目には、「御仁恵」の物語はおそらく平板に映ることだろう。叙述の分かりやすさが、逆にその奥行きへの問いを喚起するのだ。

第一、なぜ種痘は、他ならぬ蝦夷地においておこなわれたのか。幕府の統べる地で、痘毒に見舞われ多くの住民が鬼籍に入る地は、ほかにいくらもあつた。公儀の「御仁恵」を人びとに示すのが目的なら、人口の多い土地のほうが、より効果的であつたはずである。第二に、「御仁恵」を顯示するにしても、なぜ、当時まだ普及の段階にあつた種痘という手段が選ばれたのか。幕領期の蝦夷地では、「撫育」「介抱」と称して、夷人に物品や手当が支給されることがあつた。だが、それにとどまらず、他所でも例を見ない種痘までが実施されたのは、なぜか。そして第三に、種痘はなぜ、強制的かつ全住民を対象とした「全種痘」というかたちで行われたのであろう。「御仁恵」の物語は、こうした疑義をまるで晴らしてはくれない。

総じて、幕末蝦夷地での「全種痘」とは、いかなる事件だつたのか。以下ではまず、公儀による「御仁恵」という物語を分節し、その前提に位置づけられている「頑愚」なる夷人という形象から検討してゆくこととしよう。具体的には、痘瘡の流行に際して「山に逃げる」夷人、という定型的記述を考察する。そして、それを端緒に右の三つの事由を考えなが

ら熱にくるしみ、海河にとび入り身を冷しなどして、遠行とてみな身まかれれば、病と聞は、をそれをのくことシヤモに逸たり⁽²⁸⁾。

このほかにも、蝦夷地で二〇年近く役人を務めた松田伝十郎が、寛政一〇(一八〇〇)年の著に「逃去るもの、男女とも銘々面に鍋墨を塗り山中へ隠れ居れば其病を通る事此国の風と見へ、取扱てこれを知なり⁽²⁹⁾と記録しているのを見つげることが出来る。

こうした記述を一覧して気づくのは、それらがひたすら「差異」を書きとっているということだろう。「頑愚」なる言葉は、そこには現れない。記述者らはときおり「医業を知らず」「医業なき故」といった解釈をおりまげながら、何やら見慣れぬ夷人の行動——ただ山へ逃げるだけでなく、逃げるに際して顔に鍋墨を塗ったり、垣根をまわして弓矢を放つたり、あるいは死者の家を焼き捨てたり——を書きつけているのだ。

とはいえ、ではこの和人による、「差異」の記述は、夷人の側の「文化」や「習俗」を記載したものとして捉えかえすことができるのだろうか。もしできるのなら、ここでの考察は非常に簡潔に済むであろう。というのは、その場合、痘瘡の流行にあつたと「山に逃げる」行為は、夷人に固有で普遍的な「文化」現象ということになり、それを「頑愚」ととらえる記述の形式は、異文化が接触するとき立ちのぼる(そして、往々にして「誤った」)表象の一図柄として処理することが可能

ら、当該事件のたたえる奥行きを探ってゆきたい。

三 交錯する物語

山へ逃れる夷人

致命的な病が迫り来ると夷人は「山に逃げる」という記述は、蝦夷地の事象を記した書物に散見される。

比較的早い時期のものでは、たとえば、新井白石が享保五(一七二〇)年の著「蝦夷志」に、「医業を知らず、唯だ折斷(いのり、はらひ)有るのみ。若し其れ天疫及び痘毒なれば、則ち棄てて山中に避く⁽³⁰⁾と記している。蝦夷地の金座の役人であつた板倉源次郎も、元文四(一七三九)年の随筆に、「臣等なき故所を怖れ死を忌事甚し。病者あれば父子兄弟といへども捨置きて山中へのがれ、死して替無る。死者の取置は新敷アツシを置せ、朝敷むしろに包み山中へ送り、税賦せし物ども不残とも埋て家は焼捨てて改めて作り居せり⁽³¹⁾と書きしるす。

各地の暮らしぶりを筆録してまわつた、菅江真澄の記述はやや詳しい。松前城下を出て東海岸沿いに有珠に至るまでの見聞を記した『蝦夷廻天布利』寛政三(一七九二)年には、こ

うある、「アキノは冬やみなどはやるときけば、そのれをのれが家を棄て山をさして逃げ行、路に出現し箭を放ち、逃ばかりては、亦種ゆひ矢をはなちて、行々て深山の奥に身を逃れ、かくろひぬ。アキノのコタンに、さる不快あれざれば、シヤモよりこれを伝染ては悪せんすべなう、いはけなきものになるからである。

じっさい、そうした志向の研究が過去になかつたわけではない。戦前の人類学者や言語学者は、夷人が「山に逃げる」という近世の和人による記述をまくらに、昔話やカムイ・ユウカラ(神謡)を採取・分析し、その不可思議な夷人の行動の背後にあつたであろう痘瘡神「バ・コル・カムイ(痘瘡を・支配する・神)」の形象をあぶりだしている。それによると、痘瘡神は髯文様の小袖を着た人型の神とも、年々沖の国から飛来する渡り鳥とも言われ、夷人の神話体系のなかでは、もっとも畏怖すべき神と位置づけられていたという⁽³²⁾。夷人は、痘瘡流行の報に接すると、痘瘡神を逃れて山を目指したが、平時には、この神の嫌う動植物を身の回りにおき、それが何事もなげずに退散する呪文や儀礼を伝承したのだという。「私どもは/鳥の血を引く/イヤア翁の/子孫/でございます/どうぞ/他人だと思わないで/下さいよ⁽³³⁾。

たしかに、こうした「文化」の研究は、夷人の奇妙な行動を説明するだけでなく、近世の和人による「差異」の記述に精彩をそえるものであろう。夷人が鍋墨で顔を隠そうとした先、弓矢を射たその先には、痘瘡神がいた。だが、和人の目には、その姿は見えない。結果、彼らは、理解のおよばぬ夷人の行動をさまざまに目撃し記録することとなった、というわけだ。

しかしながら、ここではそうした、ある意味魅惑的な研究手法は採らない。ひとつには、後世になされた「文化」研究

が、どこまで住時の事象の説明に適用できるか測り知れないということがある。が、それ以上に疑われるのは、「差異」を記述した近世の和人の目が、そもそも同一の事象をとらえていたのかという点である。字面のうえでは同じ「山に逃げる」という行動も、それを記す文体には「偏差」がある(その意味では、「山に逃げる」ふるまいを夷人の「頑愚」さの一具象としてくりあげる、後年の「御仁恵」の物語もまた、一つの文体である)。にもかかわらず、「山に逃げる」という記述に夷人固有の「文化」や「習俗」を先読みし、そこからひるがえって和人の記述を一律に扱うのでは、文体に反映される微細な歴史的文脈の差異が無化されてしまうのだ。

とするならば、いまここでなすべきは、「御仁恵」の物語に導かれるまま、「山に逃げる」夷人の形象それ自体を深追いすることではあるまい。そうではなく、和人の記述のあわいから、「全種痘」へとつながる歴史的な条件を跡づけてゆくことだろう。

疱瘡の流行が襲撃したそのとき、はたして蝦夷地では何が起こっていたのだろうか。

蝦夷地における疱瘡の流行

疱瘡はそもそも蝦夷地に常在する病ではなかった。いつも海の向こうから伝来し、わずらい発症する身体がなくなれば消滅した。そのため、蝦夷に疱瘡なしという俗信が長くあった。松前藩復領期においても、「痘瘡のまじなひとて、松前

がれたのは、唯一、集落の周囲に網を張りめぐらし、何ものをも侵入させなかったルルモッペ(留題)一所だけだったという。

疱瘡が奪ったのは、しかし、夷人の生命ばかりではなかった。集落内の紐帯も、にわかには修復できないまでに寸断された。探検家として後世に名を残す最上徳内が、寛政二(一七九〇)年の幕府への報告書に記すのは、看病も貯えもなく、餓死する夷人の姿である。「元来日本人と種類等しき人間なれば、病も又等しき筈なるを、医業なき故疱瘡疫癘流行すれば伝移を恐惶し、家宅を捨て、深山に避て、流行の疾病絶て後古郷に戻り居住する也。親子夫婦兄弟の内は看病介抱すれども、其他は皆見放しにして殺すなり。疾愈るといへども餓死する者多し。如何といふに、蝦夷土地都て糧を貯る事なく其日暮しなればなり」³⁸⁾。

これらの記録を目にして驚愕すべきは、疱瘡の猛威である。どこからともなく伝わり来て、ばたばたと夷人を薙ぎ倒す。その様相は、疱瘡が根絶された時代を生きる者には、想像もつかない。それゆえか、松前藩復領期に蝦夷地が経験する、大幅な人口減少の要因として、疱瘡を挙げる研究も多い(最新の試算³⁹⁾によると、人別帳が作成されはじめた第一次幕領期から、ほぼ二万強で推移してきた夷人の人口は、松前藩復領期の嘉永年間(一八四八―一八五四年)に二万七〇〇〇に落ち込む)。

だが、疾病の歴史が教えるところによると、そうした光景はヨーロッパの人びとが新たに世界各地に足を踏み入れた際

の俗、小児の頭をアイノ手にて撫させる。必軽くするといふ。アイノは痘をやまず、シャモ(日本人)また小児の時分彼地(アイノ地)におれば病まず」という口碑がのこっていたと言われる⁴⁰⁾。

しかし、蝦夷地での疱瘡の流行のなかには、一時の現象として消えさる前に書き留められたものもあった。松前家の来歴を記した記録『新羅之記録』(正保三(一六四六)年)には、「夏永元(一六二四)年初夏より此國世産死して万民の子供残り少く死す。亦一族中の子供数人死に事なむ」と記載されている。松前藩の者のみならず、あらゆる出自の子供が庶民に散らたという。ここで罹患したのが子供のみであった点には留意しておきたい。

ついで、蝦夷地での感話を記録した『蝦夷談』(宝永七(一七一〇)年)には、「田舎、乙部等のまぞは痘瘡疹に死亡す。兵今は大方絶中候事」とある。松前地と隣接していた蝦夷地で痘瘡が流行し、そこに住む夷人のほとんどが死に絶えてしまったというのだ。

西蝦夷地の宗谷場所でも交易にたずさわっていた串原正峯も、「疱瘡の事」と題して、松前藩治期の証言を残している。「蝦夷地には疱瘡の病はなかりし所、今年寛政四子(一七九二年)より十四年以前亥(安永八(一七七八)年)秋、始てマシケといふ所迄夷人残り少なに煩ひ、病死せしもの多かりしよし……」⁴¹⁾。蝦夷地にはじめて疱瘡が流行し、西蝦夷地マシケ(増毛)周辺の夷人の集落をつぎつぎと襲う。その難をまぬ

に、往々に見られたという⁴²⁾。疱瘡は、一度罹患すると、身体に免疫をそなえさせる。したがって、成員がしばしば行きかい流行が数年間隔でおこる土地では、それはしだいに新しく補充される身体のみを襲う「小児病」となる。しかし、流行の頻度がさほど高くない僻地においては、事態は遅滞をきわめる。疱瘡は幅広い年齢層の身体に感染し、その大部分を死に至らしめるのだ。とりわけ、生涯でもっとも免疫機能の高まった壮年期の身体は、ひとたまりもない。その結果、集団に保持されていた相互扶助的な諸制度は一挙に崩れさり、集団そのものが瓦解する。疱瘡を経験したことのない土地に出来する無規制な恐慌状態は、疾病の歴史からすれば、こう説明される。

いま、この説明を蝦夷地の疱瘡流行へと適用することは、大筋で間違っていない。夷人は、広大な土地に、数十人単位の集落をつくって生活をしてきた。そのため、たまさか交易相手の和人や山丹人(北蝦夷(樺太)の夷人と交易をしていた、黒竜江下流域の住民。その一部は北蝦夷にも滞留していた)らを経由して疱瘡が入りこむことがあっても、流行はその散在した居住形態によって適宜希釈された。蝦夷島において、疱瘡は、松前周辺の人口密集地を除き、「小児病」となることはなかった。その分、流行がおこったときには、この上ない惨状を呈したのだ。

とはいえ、疱瘡による死亡率の高さを、直接、松前藩復領期の急激な人口減少とむすびつけるのは、早計であろう。和

人が交易および探査の名目で、蝦夷地に頻繁に出入りするようになるにつれ、夷人が疱瘡に感染する確率が高まった可能性は十分にある（とするならば、疱瘡流行の記載が和人の文書にのこる機会が増えたのは、皮肉なことだが、和人の進出という同じ事象の表裏ということになる）。だが、元来うまく散らされていた疱瘡が、嘉永年間に至って急に夷人の給人口に影響するほど猛威をふるいはじめたと推論するには、相応に説得的な条件が析出されねばなるまい。

では蝦夷地において、人びとはどのような活動を繰り返りひろげ、どう疱瘡に対処していたのだろうか。考察をつづけよう。

「山入」の制度化

疱瘡の流行を回避するため、松前藩復讐期ごろより、疱瘡をすませない和人の蝦夷地入りが禁じられたことは、すでに触れたとおりである（註）。しかし、和人の為政者がとった対策はそれだけではなかった。疱瘡が流行すると山や近隣の集落へと逃げ込む、その夷人の行動を、そのまま被害の拡大を抑止する方策として制度に採りこんでいったのだ。始まりがいつのころだったかは不明である。しかし、松前藩復讐期には、逃げた先で夷人が餓死しないよう、食糧や物資が支給されるようになった。

ただし、当初のうち為政者は、疱瘡をまえに逃散する夷人の行動を、ただ見ているよりほかなかった。ここではひとまず、その頃の様相をうかがうべく、疱瘡の流行を実地に取り

さばいた松田伝十郎の既出の記録をたどってみよう。

舞台は、寛政一二（一八〇〇）年の有珠近辺である。流行の発端は、二月上旬に、長万部から同地に召し連れられた一人の夷人が、止宿先の老夷宅で発症したことにあつた。患者はすぐさま、「乙名」（各地の夷人の長、公儀と夷人との連絡役も兼ねた）の訴え出によって、長万部に差し戻された。しかし結局、宿となった家では同居の三人が疱瘡を発して皆死亡、家は夷人の風儀によって焼き払われた。だが、流行をみるのは、ここからである。一〇日ほど後に、今度は焼かれた家の両隣が一時に疱瘡を発症したのだ。これには村中の者がうるたえ、残らず山中諸所へと逃げ去った。が、行く先々で病を発し倒れてゆく。なかには、熱に浮かされ、弓矢や包丁を持って狂いあるく者まで現れた。役人らもこの騒乱を御することはできなかつたという。この有珠場所では、結果的に、人別二五〇余人のうち四〇余人が死亡した。

二月中旬には、隣の虹田場所^{ニリタ}で、疱瘡流行の兆しがあらわれる。七人暮らしの一家全員が病みつき、女児一人をのこして皆が死亡したのだ。これに夷人は色めき立ち、乙名をたてて逃げ去りたい旨を申し出る。そこで、「人命にかかわることゆへ」思うようにさせたところ、五〇〇人を超す大場所の夷人がみな、一日のうちに逃散したという。著者・伝十郎は雪深い山中で餓死しては困ると、米や煙草をすこしずつ持って遣らせている（夷人は小魚の採れる大沼のほとりでもやり過ごしている模様だった）。

有珠に隣接する幌別でも、おなじく「立退」という方策をとらせたところ、功を奏し、被害は戸二二人にとどまったようである。この時の疱瘡は奥地までぬけ、多くの夷人が厚岸や根室にまで逃避した。西蝦夷地では、疱瘡のため退転となつた村も三つあつたようである。

この記録には、疱瘡によって恐慌をきたす場所のさまが活写されている。ほとんど流行を経験したことのない地に疱瘡がはいりこむと、いかに惨烈をきわめるかが、ここからも推察されよう。しかし、いまこの記録に見るべきは、その疱瘡にたいする為政者の対応である。夷人の逃散に対応する手順は、この時点では、まだ定まっていなかった。物資を支援する態勢も整っていない。為政者はなすすべもなく夷人の「風俗」を承諾し、第一に「人命」への配慮を見せたのだ。

だが、こうした経験の蓄積によって、夷人の「立退」には一定の効験がみとめられていったのだろう。松前藩治下の弘化年間（一八四四―一八四八）には、すでに定式化された手続きとして、記録のなかに現れるようになる。たとえば、場所支配人による届出をまとめた「弘化二己年七月廿一日 疱瘡一件」^{（註）}には、室蘭一帯に夷人の疱瘡患者がでた際、すみやかに医師の往診と疱瘡未罹患の和人がまぎれていないかという調査が取りおこなわれ、夷人を「遠山に退かせる」手続きがとられたことが記されている。「山入」した夷人には、飯料のほか日用品が届けられた。べつの文献には、さらに詳細に、

山に籠る夷人への「介抱」として、「食料之餅並雑魚類」や用意米「玄米三百俵」が支給されたと記載されている^{（註）}。「山入」の呼称は資料のなかで諸種あり定まらない。しかし、この「山入」（と仮に呼ぶことにしよう）の支援体制は、すくなくとも一時、制度として採用されるほどには効果をあげていた。安政四年の蝦夷地「全種痘」を立案した箱館奉行・村垣範正が、廻浦の途次で遭遇したのも、この夷人の「山入」であつた。

しかしながら、「山入」制度がうまく機能していたと仮定すると、いっそう分からなくなるのが、蝦夷地で「全種痘」がおこなわれた理由である。本稿は冒頭近くで、その直接的な契機として、継立に差し障るからという事由を資料から拾つた。だが、蝦夷地の効率的な経営だけのために、さしあたり円滑に機能している制度を廃し、「全種痘」という未曾有の事業に踏みきつたというのは、なかなか考えがたい。くり返すが、種痘はこのとき、内地においてもまだ普及の段階にあつたのだ。

四 和人身体への同化政策

夷人の身体、和人の身体

ここで、医学の歴史をなぞつたことのある者誰も頭をよぎるのは、幕末蝦夷地の「全種痘」事業に、人体実験的な指向があつたのではないかという疑念である。近代の医学は、洋の東西を問わず、ある治療なり実験なりの結果をつぎの治

療実践へと応用するなかに立ちあらわれてきた。その際、実践の場として大きな貢献をはたしたのは、経済論の対象となりやすき、孤児や貧民・罪人・遊女らの身体である。日本における疱瘡の「予防」実践も例外ではない。人痘種痘の最初の被験者は、長崎の「妓女」であった(巻)。

だが、見通しを先に述べておくなら、その可能性はここでは破棄できるようなものである。いわゆる人体実験がおこなわれるためには、前提として、実験に付される身体とその成果が遺棄されてゆく先の身体とに、実験項目についての何らかの共通意識が見出されていなければならない。しかし、夷人と和人の身体の違いには、それは必ずしも懸念られてはいなかった。夷人の身体はしばしば、体毛の多さや皮膚の厚さにより特徴づけられ、特有の病気が展開された。たとえば、公儀の「御仁恵」を絶賛していた既出の医師・大内余庵は、「夷人は皮膚堅実なるがゆゑ、疔毒瘡托の利はとどきかねぬ。されば至幸内開しやすく、これがために變るるもの十の八九なり」といふ所説を披露している。夷人と和人は、医薬品におなじように反応する身体をもっているとはみなされていなかったのだ。

それだけではない。「全種痘」に駆りだされた人員やその際に作成された記録は、一時的に利用されるにとどまり、のちに活用されることはなかった。夷人は、居住状況や氏名等の記録をとられはしたが、種痘がうまくついたかどうか、あるいはその後疱瘡にかかったかどうか等を、追跡調査をされだ、と。

しかしながら、この「マッチポンプ」の仮説もまた、措いておくことができよう。夷人の身体は、松前藩の場所請負制の下では漁労・雑役に従事する労働者として、また幕府の直轄下では北方の仮想敵からの弾除けとして位置づけられていたと言われる(巻)。とするならば、疱瘡の火がつき夷人の人口が減少して不利益をこうむるのは、和人の為政者や交易商らだったことになる。蝦夷地の経営は、夷人の伝承する知と身体の活用を前提にすすめられていたのだ。

問題領域としての「身体」

ここで本稿は、夷人の身体が当時、国際的な情勢(とりわけロシアとの関係性)を反映して、(活用の結果生みだされる価値とはべつに)それ自体で価値をおびていた点に目をむきたい。幕府は蝦夷地を土地させるたびに、「在住」(平素は開墾にあたり、有事に際して警備の任務につく、内地からの移民)の構想を練り、一部を実行にうつした。しかし、だからといって、夷人が蝦夷地を追われるようなことはなかった。むしろ、夷人の存在は蝦夷地領有には欠かせなかった。和人の為政者は、夷人の身体をそのための問題領域(巻)とみなし、撫育や介抱によってそれを幕藩体制の統制下におこうとした。そして、諸外国が夷人をてなすけようとするとする動きをもっとも警戒したのだ。幕末の蝦夷地領有にかんする問題領域は、じっさい、ひじ

ることはなかった。種痘にあたった医師も、任務がはてると役を解かれ、「町医」へとどつていく。当時の日本では、人体実験などという高度に組織だった、かつ大量の情報解析を要する営為は、意図してもなしえなかったのだ(あるいは、この場合について言えば、おこなう必要性もなかったというほうが適切かもしれない。種痘はたしかに普及こそしていなかったが、実験の段階はすでに脱していた(巻))。

だが、もうひとつ医学の歴史が投げかけてくる疑念は、和人の為政者による種痘が、じつは自ら火つけをしておいて都合よくもみ消す「マッチポンプ」(巻)だったのではないかというものである。この構想は、「新大陸」の住民が、薪炭の煮にもちこまれた疱瘡によって、恒期間のうちに人口の大部分と繁栄した文明とを失った事態の説明に援用される。住民の身体を種痘がめつくしたところに、新参者の軍隊が押しよせたというわけだ。

たしかに、この説明を適用すると、蝦夷地に出入りする和人の増加、疱瘡の流行、大幅かつ急激な人口の減少、安政四年の「全種痘」といった個別の事象が、同一線上にならぶようになる。その場合、歴史はこう叙述されるだろう。つまり、「御仁恵」の物語は、さも夷人が「頑愚」であることに種痘をおこなう所以があるように説くが、それは欺瞞であり、じつは和人の蝦夷地での活動にこそ疱瘡流行の原因があった(マッチ)。為政者は軍隊を侵攻させ生命を奪うまではしなかったが、「一命を失ひ候共種痘は迷惑」と抵抗する夷人にお

ように複雑な構成となっていた。とはいえ、それは、和人の領有する土地が、一本の線で表せる地理的境界として確定されていなかったという意味においては、蝦夷地や夷人の身体をめぐって錯綜した言葉が種々に「問題」を派生させていたのだ。

安政四年の「全種痘」にかんしては、「問題」の局面はすくなくとも二つあった。

一つは、蝦夷地をめぐる外国(おもにロシア)と幕府との「折衝」である。北方の版図がしだいに政治的課題となるにつれ、幕府は蝦夷地を探検させて実情の把握につとめた。そして正式な通商をめぐる外国との交渉に依る一方で、辺境の地に「大日本」の領有を宣言する標柱を立てたり、要所となる沿岸部に監視の役人を配したりした。安政二(一八五五)年に、幕府が二度目に蝦夷地全域を直轄するに至ったのも、その前々年(嘉永五年)にロシアが北蝦夷地に兵をあげ警を築いていたという報に接したことが大きい。現地の踏査を命じられた、当時勘定吟味役だった村垣範正と目付の堀利源(織部)は、報告書のなかで蝦夷地をすみやかに土地させるべき旨を進言したのだ(巻)。

ここで留意を要するのは、幕府がロシアとの問題領域を、具体的な地理的版図であると同時に、夷人の身体の上に見ていたことである。幕府は、蝦夷地に古より居住する夷人の帰属こそが、そのまま蝦夷地の帰属であるという論理を擁していた。この時期、日本はロシアと実地に戦闘をくりひろげる

ことはなかったが、蝦夷地領有の正当性を主張するための仮想的な「争闘」は展開していたのだ。

その点で、たいへん興味深い記録が残っている。安政五(一八五八)年正月、北蝦夷地を見廻っていた役人が山丹人からとった調査書(巻)にはじまる一連の文書類である。調査が記すところによると、山丹領では前年、「食料凶年」だったところに「疱瘡麻疹之類」が流行し、住民の生活は困窮した。そのさまを見て、同地に滞留していた「魯人」が住民に酒・米・煙草などを貸し与えたまではよいが、期日までに返済できなかった者は拠点に連れていき、服装から日用の品々まで「魯風に帰化」させたのだという。箱館奉行はこの報にふれ、翌月、御雇医師・深瀬洋春に北蝦夷地での種痘を命じる(巻)。また、疱瘡により夷人が死亡あるいは山林に逃散するのに乗じて、かの「猾虜」がふたたび「姦謀」をめぐらさぬよう、越年在勤の見張りを置いた(巻)。夷人の身体は、単に労働力や弾除けとしてあったのではなく、それ自身が切り崩されてはならない問題領域を体現していたのだ。

夷人の身体をそうしたあり方は、またべつの「問題」の局面としても現れた。幕府のとった夷人の「帰俗」政策である。松前藩治期には、夷人と和人は徹底的に差異化され、風俗や言語・貨幣等が共有されることはなかった。藩政は各集落の乙名との交渉をとおしてすすめられ、だからこそ逆に個々の夷人は藩政の直接的な干渉をうけることはなかった。だが、第二次幕領期となると、その「夷人」という範疇が解体され

五 夷人はなぜ「山に逃げた」か

とはいえ、最後にひとつ疑問がのこるのは、松前藩復領期(とりわけ嘉永年間)の夷人人口の減少と疱瘡の流行の関係性である。復元された人口動態の急変から判断して、これまでその原因には、疱瘡の流行が筆頭に挙げられてきた(巻)。じじつ疱瘡がその流行を経験したことのない土地において猛威をふるうさまは、本稿でも確認したとおりである。しかしそれだけでは、平素、数十人単位で集落をつくり、流行に際しては「山に逃げる」ことによって疱瘡の波状襲撃をかわしていた夷人が、なぜこの時期に至って、斃れていったのかが分からない。

それだけではない。人口減少の原因として、疱瘡の流行をあまりに強調してしまうと、ほかにあったかもしれない事由がかき消される恐れがあるのだ。とりわけ、疱瘡の流行と並んで指摘される、場所請負制下での夷人の酷使および出生数の減少については、十分に考慮しておく必要があるだろう。さきに触れた、嘉永五(一八五二)年の堀・村垣による報告書でも、蝦夷地の幕府直轄を進言する根拠のひとつとして、朱書きし挙げられたのは、交易商らの非道なふるまいであった。「(朱書)右等の扱方之有り候故、蝦夷人別(こ)こでは人口の意追々減少仕候趣相聞申候」(巻)。夷人への漁労の報酬をいつわり、その女性たちを妾にする横暴ぶりが報告されていたのだ。もちろん、「松前藩によるアイヌ収奪」という表象は、近世

(巻)はや「えびす」ではないという理由で「土人」と呼ばれるようになる)、身体は和人のそれを標準形式として、個別に改変を強いられはじめた。蝦夷地を「日本」であると云うには、そこに住まう人びとも「日本人」でなければならなかったのだ。

安政二(一八五五)年、幕府が再度蝦夷地を直轄するにあたり、箱館奉行は、夷人を処する方針を打ち出す(夷人論書案(巻)七ヶ条)。縁組、蓑・笠・草履等の使用、田島の耕作、入浴、和語の使用、定住等を勧める一方で、被髪や入墨等を禁じた。「御国の風俗」にならうよう命じたのだ。文言としては、「勝手次第」がもちいられたが、これは実質的には強制であった。夷人は「帰俗」(とりわけ月代と髷を剃り和人の服装をすることを嫌い、例によって山へ逃げこんだ。だが、和人もまた例により、場所をあげて山駆をおこなったのだ(巻)。

さて、以上の考察の結果、安政四年の蝦夷地において奉行された「全種痘」の奥行きが、おぼろげながら見えてきたのではなからうか。内地でもまだ普及段階にあった種痘が、蝦夷地において、しかも公命による「全種痘」というかたちで行われた当時というのは、夷人の身体そのものが一方的に帰属を問われる問題領域だったのだ。種痘は、勸農や帰俗・教導等とともに、(長期的な展望は持ちあわせないながらも)ともかく大地と夷人の身体に「日本」を種えておこうとする、幕府の施策の一環だったのである。

後期に、ロシアの南下という国際状況の変容に対応して、アイヌ社会の外部で創出され、第一次蝦夷地幕領化を正当化する論理として機能し、幕末において再び確認された政治的言説(巻)だった可能性もなかったわけではあるまい。しかし、だからといって、それで「アイヌ収奪」はなかったものと、先行する歴史記述が修正されるものでもない(表象の議論は、事象の接合のされ方の問題であって、事象それ自体の存否を論じるものではない)。

では、あらためて問うに、松前藩復領期の夷人人口の減少は、いかなる事態だったのか。

ここで想起しておきたいのは、安政四年の蝦夷地全域の住民を対象とした「全種痘」が、(一部のこされた地域があったものの)三ヶ月という短期間でなされたということである。これは、すでに見たとおり、種痘医が場所場所をつなぐかたちで、海岸沿いに「廻浦」すれば済んだからにはかななるまい。逆に言えば、そのとき種痘の対象となった夷人は、浜ないしはその近隣に居住していたことになる。それははたして偶然だろうか。

そう問い返したとき浮上してくるのは、一見、別個にみえていた疱瘡の流行と場所請負制下での夷人の生活とのつながりである。一九世紀以降、交易商らの活動がより進展するにつれ、疱瘡流行の(つまりは、夷人の疱瘡罹患の)形態が変容していたことが考えられるのだ。ただし、夷人の疱瘡への対応それ自体は変わっていない。夷人は場所で労役に就いていて

も、疱瘡が流行れば山をさして遁竄していた。とするならば、その間に変化していたのは、より厳密には、夷人の居住形態だった可能性がある。従来は散在して暮らしていた夷人が、浜に集住するようになったのだ。

この点に関しては、非常に示唆に富む研究がなされている⁶⁰。それによると、場所請負制下の漁業は、伝統的な夷人の漁法とは異なる大量収奪型のものであった。そのため、夷人のおもな食糧である遡上魚が母川の河口で捕獲され、それが長年つづくと、川上の集落は慢性的な食糧難に陥る。結果、「従来、山住していた川上アイヌたちが食糧を求めて川下に移住した」のだという。

場所請負制のもと、夷人を浜で酷使する和人の背後には、強力な「権力」が読みとられるのが一般的である。その点、人びとの活動を生態系から捉えなおし、浜に下りた夷人を「開墾難民」と見るこの研究の立場は、斬新ながら説得的である。蝦夷地の生態系の変化は、松前藩復興期頃より川上地域の飢饉というかたちで表れはじめる。交易商らは、困窮した夷人を徐々に海浜に下ろし、場所の人口密度はしだいに高まってゆく。そこへ疱瘡が伝わりくる。集住によって防疫機能の弱まった海浜地域では、それは燎原の火のごとく広まる。もちろん、うまく「山入」した夷人もいよう。だが、多くの夷人はそれによってなぎ倒されたのだ。

安政四(一八五七)年、蝦夷地の問題領域を警護する任にあった箱館奉行・村垣が廻浦先で思い至ったのは、当時普及した大坂の緒方洪庵主宰の「徐痘館」が官許を得て、はじめての公立の種痘施設となったのも、この年である。

— そのおなじ安政五年、ひとりの夷人が「山」へと籠った。最後の目撃者となったのは、これまでに何度か言及した松浦武四郎である。武四郎が話をきいてみると、その「シコツアイノ」なる人物はすでに二〇年以上も山で皮を着て肉を食べる暮らしをし、もっぱら長寿のみを期して生きていくという。不思議に思い、「其方さまで殺をも塩をも喰はずして長く生くる事、何か楽しひとならず事有りや」と問うたところ、返ってきたのは、つぎのような答えだった。

我は四十七八歳になりけるが、その間にも世のさまいろいろ変じたるに、今四拾五十年も生なば定而いろいろのまた事を見聞すべしと思ふが故に此の如く長命を望む也。只衣食住の三つに有て望なし、只我ら齢を保て此蝦夷地の成行を見んと思ふ也。左思ひ居る間に松前の領分もやみ、江戸の御料と成りしが、此江戸の御料と成りしかば定而土人の御世話も能く成下さるべしと思ひ、山を追々下り来りて里の話を聞に、其下を戒懲なし給ふことはさして私領にも異なる事なし。此分にて其昔しも来りし赤狄(ロシア人)、または色々遠き人等来りて昔も土人を撫け給ひしと聞が、其如くなし給ふ事有なば此島如何成行やらんと、夫のみ行衛を見とどけたく思ふまき長寿を望む也。此度は土人の髪を和人風月に月代を剃れとは仰らるれど、此土人月代を皆剃

つつあった種痘であった。それはまだ、疱瘡の「予防」手段として一般的ではなかったが、効果はすでに認められていた。手続きはすみやかにすめられた。種痘に際し、夷人は「假令一命を失ひ候共、種痘は迷惑」と拒絶した。ときには「山」へ逃げ込んだ。それは、問題領域化に抗する身体であった。(浜はともかく「山」はそうした身体を受け容れる場であったのだ。

だが、「山」はまた山駆の者を導きいれる場でもあった。「全種痘」の手筈は整えられた。そして、同年五月の晦日。使命をおびた桑田立斎は、一同を引きつれ江戸を立出したのだった。

六 おわりに——「山」からの眺め

安政五(一八五八)年、蝦夷地では前年に廻りのこした地で種痘がつづけられた。箱館奉行・村垣範正は、ひとり燔府せざとどまった桑田立斎の門人・井上元長に、廻浦先のエトロフ(択捉)で面会している⁶¹。元長が父にあてた書簡には、同地の夷人は非常に礼儀たたく、種痘は順調におこなわれていることが記されている⁶²。江戸では、師の立斎が、貧窮なる小児と牛・馬の救済を唱えた前著『三済私話』(嘉永七(一八五四年)につづき『三済私話追加』)を刊行して、夷人の窮乏ぶりとその救済とを訴えた。立斎はまた、同年、蘭方医らと醸金し、神田に「お玉ヶ池種痘所」を設立した(この種痘所は、後年、さまざまな組織の改編を経て東京大学の医学部となる)。

らぬ間に如何様成風俗に致されねばなるまじきかと案じらる⁶³。

ときは移り、蝦夷地は幕府の直轄地となったが、さして暮らしやすくなったとも思われぬ。この先の地はどうなるのか、土人の風俗はいかに改められてしまうのか。涙ながらにこれだけ語ると、シコツアイノはふたたび山に入ろうとする。武四郎は、古櫛(こくし)を与え、のちに鍋を一枚遣わすことを約束するが、彼はサラバサラバと後を顧り見もせず、山をさして足早に去っていった。

塩もいらぬ、米もいらぬ。望むはただ長命のみ——。蝦夷地の「行衛」を懐然となげきつつも、それを見届けようと山に籠りゆくシコツアイノに、武四郎は仙人をみる。そして、新著を上梓するにあたり、彼はその人を「小仙シコツアイノ」として採録したのだ。

はたして、幕末の蝦夷地に出現した「山」という場から、シコツアイノはどのように蝦夷地の「行衛」を眺めたか。それを知るすべは、もはやない。だが、ひとつ確かなのは、彼のまなざしが今なお蝦夷地の「行衛」に向けられ、歴史記述とそこで黙殺される事跡とを、静かに検証しつづけているということである。

(1) 「天然痘」は、飛沫ないし接触によって、ヒトにのみ発症する感染症である。二週間程度の潜伏期間を経て高熱を発し、

全身に豆粒大の丘疹をみるが、進行の過程で膿疱となる。この発疹が特徴的なことから、日本では歴史的に、「痘瘡」「痘瘡」「英語」等の名でよばれた。本稿では、便宜上時に表記を統一し、引用箇所をのぞいては、「痘瘡」の語を用いる。

(3) 天然痘患者の膿を採取して種をとり、「人工痘瘡」(artificial)にたいし、ウシの痘瘡症(牛痘)に由来する治療法を採る方法を「痘瘡の死」(牛痘)は日本でも採られることはあったが、明治の初めから高まったこともあり、普及をみたかった。そこで本稿では、ひとまず考察対象を「牛痘瘡」に絞り、特に注記のない限り、「痘瘡」とは「牛痘瘡」を指すものとする。

(4) イヴ・マリ・ベルセ(橋平誠・小井高志監訳)『鶴とラッコ』(長岡伸博と手助医学)新評論、一九八八年。

(5) ロシヤ・V・M(西田次郎・荒瀬共訳)『ロシヤ日本滞在見聞記』日本における五半世紀 城松堂書店、一九六八年、三三頁。なお、以下、資料の引用に際しては、原文の表記を尊重したが、引字・異体字については現行の字体にあため、綴りには適宜ふりがなを付した。

(6) 中野操「我が国最初の強制種痘」「医譯」第二三三号(復刊第六号)、一九五四年、三七頁。

(7) 蝦夷地の歴史を記述する際に、和人の活動を中心とした時代区分を適用する場合は、本稿不適当である。しかし、先行研究との兼ね合いも考慮し、本稿では以下、「松前藩治期」(十七世紀初期)、「第一次幕府期」(寛政一(一七九九)年)、「第二次幕府期」(文政四(一八一)年)、「第三次幕府期」(安政二(一八五五)年)とする。なお、北方史の諸史記記述については、とくに注記のない限り、つぎの諸書を参照。北海道庁編

- 同地での種痘は絶えたという。このときの松前・秋田諸藩領内での種痘にかんしては、詳細な研究がすすめられている。松木明知編『北海道医事文化史料集成 上・下・続』岩波ブックサービスセンター、上・下、一九九〇年、続一・一九九一年。同編著『中川五郎治書誌』岩波ブックサービスセンター、一九九八年、ほか。
- (12) 石井良助・服藤弘司『幕末御触書集成 第五巻』岩波書店、一九九四年、三五三頁。
- (13) 東京帝国大学編纂『大日本古文書 幕末外国関係文書之十六』東京帝国大学文科大書史料編纂科、一九一八年、二五二―二五三頁。
- (14) 同前。
- (15) 二宮陸雄・秋葉實「桑田立斎」「立斎年表」「日本医史学雑誌」四五巻一号、一九九九年。
- (16) 立斎の痘苗種え継ぎ計画および幕府によるそれへの協力要請は、事前に、經由する諸藩へと伝えられていた。二宮陸雄「桑田立斎先生」桑田立斎先生顕彰会(非売品)、一九九八年。

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- (17) 注(15)前掲「桑田立斎」「立斎年表」二九〇頁。
- (18) 同前、九二頁。以下、同書よりの引用は、同頁による。
- (19) 松浦武四郎「島民トミアンチ」『近世蝦夷人物誌』一八五八年(吉田真三編『松浦武四郎紀行集 下』富山県、一九七七年、一六八―一七〇頁)。
- (20) 第二次幕府期になると、幕府は東北諸藩に場所を割り取り、蝦夷地の警備にあたらせていた。
- (21) 「全種痘」事業そのものは、翌年もつづけられた。郷里箱館にのこった洋者が北蝦夷地を、また、ひとり蝦夷地にとどまった立斎の門人・井上元長が、東蝦夷地を抜け、エトロフ(択捉)まで廻った。
- (22) 「全種痘」にたいする報酬を計上した幕府の書類によると、安政四年に立斎らが獲得した英人は五五〇〇人、翌年に井上元長が獲得したのは八二八九人となっている(東京大学史料編纂部編纂『大日本古文書 幕末外国関係文書之二十七』東京大学出版会、一九五七年、四〇八頁)。なお、立斎の著書『三續』

- 『恢復北海道史』北海道庁、一九三七年。高倉新一郎「新編アイヌ政党史」三一書局、一九七二年。若林勇夫「幕府体制と蝦夷地」雄山閣出版、一九八四年。藤本進「アイヌの歴史(日本民族の歴史 地域編)」三書堂、一九八七年。熊谷俊夫「エゾの歴史―北の人びとと日本」講談社、二〇〇六年。ほか。
- (7) 「村垣淡路守純正公務日記之九」東京大学史料編纂部編纂『大日本古文書 幕末外国関係文書附録之三』東京大学出版会、一九二一年、三六六頁。村垣はこのとき、調停を巡回中だった。なお、本稿の記述対象となる蝦夷地の住民は、資料によってもまざままに名指されている(公文書では、安政三(一八五〇)年以降は「土人」に統一)。ここではそれを、原則として、「夷人」「蝦夷人」「土人」「アイヌ」等の表現は、現代の用語法にはしなない。また、それら各々のあいだには、等式は成り立たない。「和入」「日本人」「ロシヤ人」「人間」等も同断。以下では、記述の便宜をはかり、地の文においては「夷人」および「和入」の語を用いる。
- (8) 注(7)前掲「村垣淡路守純正公務日記之九」四一〇頁。
- (9) 同前、四一三頁。
- (10) 若林勇夫「薩摩流行とアイヌ社会―一九世紀前期の人命損失と経理問題」『歴史科学』一七二号、二〇〇二年、八頁。
- (11) 安政四(一八五七年)三月二六日の項。注(7)前掲「村垣淡路守純正公務日記之九」四二六頁。なお、松前では過去に全回にさきおけて種痘がおこなわれたこともあった。ロシヤ船の歸郷にあい五半間の抑留生活をおくったエトワフの島人小原・中川五郎治が、その間に種痘を習得し、文化六(一八二二)年の帰国後、資料で追跡をおこなったのだ。しかし、五郎治の死後、

話追加(後述)には、立斎が種痘した現人は、「六千四百余人」であったと記載されている。

(29) 高倉新一郎「アイヌと種痘」『医事公論』第一四八号、一九四〇年、二二二頁。

(30) 大内余庵(朝彦)『東蝦夷夜話上』文苑閣、一八六一年、三三二頁。早稲田大学蔵本より引用。

(31) 松浦武四郎『近世蝦夷人物誌』一八五八年(注)『前掲』『松浦武四郎紀行集』下(三六頁)、この段落の引用はすべて同頁による。

(32) 松浦武四郎より録された、「蝦夷種痘」の複製(原文は白文)の冒頭部分より引用。この「蝦夷種痘」は、種痘の家前、杉浦七郎、安政四(一八五七)年に種痘をして、種痘の半海岸山に推かされたもので、村正朝正に献された。桑田立斎の本書、桑田操平氏が複製した、昭和一六(一九四一)年の撰考が、北海道大学北方資料室に複製されている(複製記号は特約一七二)。

(37) 専末には村正朝正の遺言が賞賛を浴びたが、近年になって桑田立斎一門の事柄を再評価する動きが、日本歴史学のなかに現れた。いくつかに佐記(注)『前掲』『桑田立斎先生』のなかには、桑田立斎「東蝦夷地方の生面」中央公論社、一九八二年)が出版された以外にも、平成一〇(一九九八年)には、立斎が種痘島にわたったという種痘町の碑に、「種痘町・桑田立斎先生顕彰会」によって、「桑田立斎アイヌ種痘の碑」が建てられた。

(29) 板倉源次郎『北海隨筆』一七三九年(高倉新一郎編『日本

庶民生活史料集成 第四巻 探検・紀行・地誌 北辺篇』三一書房、一九六九年、四一〇頁。

(30) 菅江真澄『蝦夷遁天布利』一七九一年(内田武志・宮本常一編集『菅江真澄全集 第二巻』未來社、一九七一年、二二九頁)。

(31) 松田仙十郎『北夷誌』一八〇〇年(注)『前掲』『日本庶民生活史料集成 第四巻 探検・紀行・地誌 北辺篇』四六〇頁。

(32) A. 保田善孝・知里真志保『アイヌの源流神』イコロ・カムイ』に記して上。『人間学雑誌』第五五巻三、四号、一九四〇年。なお、この論文には誤謬をのべていないが、知里自身、鹿神の登場するニウカラを五つ複製している(知里真志保『鹿神に関する資料』『知里真志保著作集 第二巻』平丸社、一九七三年、三三三―三三八頁)。ほかに、金田一武助やジョン・パチョーらも、鹿神の神が登場するニウカラをいくつか複製している。

(33) 注(32)前掲『知里真志保著作集 第二巻』二〇二―二〇三頁。

(34) 著者未詳『北山山人物誌』高倉新一郎「アイヌと種痘」『北海道市国大学新報』第一五三号(昭和一〇年一月五日付)、一九三五年、三頁、より転載。

(35) 『新編之記録』一六四六年(注)『前掲』『新編北海通史』第七巻史料一、六一―六六頁。同書は、専末により専末(二)一六四三字に複製された松浦家系図を、正保三(一六四六)年に移す。増補して同系につたえたものである。

(36) 松田仙十郎『蝦夷夜話』一七二〇年(注)『前掲』『日本庶民生活史料集成 第四巻 探検・紀行・地誌 北辺篇』三八九頁。

(37) 専末正『夷俗俗話』一七九二―一七九三年(注)『前掲』『日本庶民生活史料集成 第四巻 探検・紀行・地誌 北辺篇』四八頁。

(42) 弘化二(一八四五)年五月から六月にかけて種痘の流行をみせた。静内および三石の支配人が、再試行の要人に提出した書状を四つ目に綴りあわせた様子。ここでは昭和五(一九三〇)年に作成された字本(北海道大学北方資料室蔵)を参照。

(43) 『弘化』乙巳年六月十日より七月廿九日迄、日記「東蝦夷地シブアイ・オツイン」蝦夷人之内務種痘検査有之候ニ付シテ種痘後被付付種痘木村よりシヤシヤシシ場所所採取候一件(京南市史編さん委員会『新編開拓史 第五巻 史料編』三編市史所、一九八九年、一八一―二〇頁)。

(44) 日本で最初に人痘種痘を紹介したとされる種痘師の著『種痘必順』には、延享元(一七四四年)に紀伊に大難の地で、「感次ノ妹(二十人)に人痘種痘がほどこされた」と記載されている(富田英樹『種痘の祖 種痘師』西日本新聞社、二〇〇五年、二〇九頁)。なお、同書所収の『種痘必順』の影印は、京都大学医学部図書蔵の、寛政七(一七九五)年刊、進化堂蔵版。

〇一四八―一頁)。

(38) 最上徳内『蝦夷国風俗人情之沙汰 巻之中』一七九〇年(注)『前掲』『日本庶民生活史料集成 第四巻 探検・紀行・地誌 北辺篇』四六〇頁。

(39) 西田光三『アイヌ人口史』―賞賛を中心として(『日本大学人文科学研究所』三七号、二七九―三〇二頁)。なお、岩波書店の人口については、既出の論文のほかに、白山友正『之巻 蝦夷人口史』北海道経済史研究所、一九七一年、七―一〇頁。

(41) 和人が内密に蝦夷地に子供を連れこみ、そこから疱瘡が夷人へと感染することもあったようである。菅江真澄『蝦夷遁天

プルーンラリズム

ウィリアム・E・コンリー／杉田敦、鶴岡健史、乙部延嗣、五野井郁夫訳

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この時代のわれわれに、多元主義がなぜ必要なのか、どのようにして可能なのか。生成過程にある世界の複雑さを受容し、多次元的な視点から多元主義を深く実践すること。一元化の時代に抗するための、あらたな多元主義の可能性を提示する。

岩波書店

を原本としている。

(45) 近世において、夷寇は一般的に、体内の毒気が生官の毒瘧で(外氣の影響をうけて)体表にあらわれざる病と考えられていた。そのため、瘧疾に罹患した際には、その毒氣(瘧毒)が体内に向かつて腐蝕が進行することがないよう、それを体外に発せさせる薬が処方された。

(46) 注(24)前掲『東蝦夷夜話 上』三三〇―三三二頁。

(47) 日本に伝播がもたらされ積弊が成り立った常世(二一八四九)年以前にも、痘毒をももこもうとする試みは何度かあった。痘毒を紹介した書籍も、文政三(一八二〇)年の『蓮花結実』を嚆矢として、多く翻訳・流行されていた。痘毒が各地でおこられるようになるも、幕主は率先して子女にこれを受けさせている。幕末・安政年間には、欧米人と折衝する機会が増えていたため、痘症の効果はその方面からも、一帯の人びとには認識されていたと思われる。

(48) 見市親俊「婦女と医療の世界史——開港場病と西醫医療をめぐって」見市親俊ほか編『疾病・開港・帝國風俗——アジアにおける病変と医療の歴史』東京大学出版会、二〇〇一年。
(49) ただし、幕府の地味地味進出も、国際情勢の変化により不可避的に相乘された事象として長罪し、夷人を一方的に収束される存在として開く従来の歴史記述(北門開闢史観)とは、近世になつて反動的に見直されつつある(菊池勇夫『アイヌ民族と日本人』朝日選書、一九九四年など)。

(50) 「問題領域」に「フロンティア」とルビを振るといふ、慣用から外れた言葉遣いをする点については、断りを入れておく必要がある。

「フロンティア」という言葉は、通例、「国境」「辺境」の意

非で用いられる。アメリカ西部史の記述を例にとると、以境としての「フロンティア」は、国家の形高とその経済的発展の異地として描かれてきた(フロンティア論)。近年では、そうした国家の中心部に視点をすえた一元的な記述への反省から、人びとが多様な交流を繰り返した地域として捉えなおされつつあるが、いずれにせよ、記述は土地という実体を基盤にすめられている。

それに対して本稿では、「フロンティア」の語を地理的実地には規定せず、議論の水準も含め、まさに最前の「開闢」とされていた事象群の意味で用いている。

これは、本稿の記述対象の特性による。幕末の蝦夷地においては、土地の領有をめぐる政策は、それとして成立して実地されたわけではなかった。蝦夷地の成する買込や、そこに住まう人びとの身体をも、同時に議論の対象として引き出した(この点は、欧州の歴史的事象に立脚した議論が提出するテーゼ——国家の「権力」はまず実体的な領土に向かい、近代以降、国民の身体・生命へと振り向けられるようになる——に比すると、いさゝか興味深い)。とするならば、本稿は、実体と言葉とを峻別して記述するよりも、むしろ両者が膠着となつた局面で捉えていくほうが妥当であろう。本稿が「問題領域」という言葉遣いを採用した含意は、ここにある。

(51) 『松前』並、蝦夷地惣見分仕候見込之趣大意申上候書付(『東京帝国大学編纂『大日本古文書 幕末外国関係文書之七』東京帝国大学文科大學史料編纂部、一九一五年、六五七―六七五頁)。
(52) 『東浦奥地見分仕候見込之趣大意申上候書付』(『東京帝国大学編纂『大日本古文書 幕末外国関係文書之七』東京帝国大学文科大學史料編纂部、一九一五年、六五七―六七五頁)。
(53) 『東浦奥地見分仕候見込之趣大意申上候書付』(『東京帝国大学編纂『大日本古文書 幕末外国関係文書之七』東京帝国大学文科大學史料編纂部、一九一五年、六五七―六七五頁)。

学史料編纂部、一九二八年、二二二―二二五頁。

(53) 注(52)前掲『大日本古文書 幕末外国関係文書之十九』三九一―三九二頁、注(21)も合わせて参照。

(54) 東京帝国大学編纂『大日本古文書 幕末外国関係文書之二十』東京帝国大学文科大學史料編纂部、一九三〇年、二四三―二四六頁。

(55) 東京帝国大学編纂『大日本古文書 幕末外国関係文書之二十二』東京帝国大学文科大學史料編纂部、一九二〇年、一一九―一三〇頁。

(56) 松浦武四郎「酋長ムンケケ」『近世蝦夷人物誌』一八五八年(注(19)前掲『松浦武四郎紀行集 下』一九七―二〇〇頁)には、東蝦夷地のクスリ(久寿里)という場所でおこなわれた「滯俗」の様子が見がかれている。役人らは、酒・米・煙草等を与えて髪型を改めさせようとしたが、夷人は「妻を置て逃去もあり、子を捨て山に入るも有」と抵抗した。捕縛された者は、強制的に月代を剃られた。

(57) 既出の先行研究のほか、関場不二彦『あいのぬ医事談』非売品、一九九六年(『アイヌ史料集』第三巻 医療・衛生編) 北海道出版企画センター、一九八〇年所収)、高橋信吉『蝦夷地歴史』前江堂、一九三六年、集山堂『蝦夷地歴史』みま書房、一九七九年、日・し・ウ・ク・ア・カ(『秋日後半期』)『蝦夷地の正脈』一九九〇―一九〇〇―日本の領土拡大にみる生態学と文化』北海道大学出版会、二〇〇七年を参照。

(58) 注(51)前掲「松前」並、蝦夷地惣見分仕候見込之趣大意申上候書付」六六四頁。

(59) 岩崎奈緒子『日本近世のアイヌ社会』校倉書房、一九九八年、一七頁。

(60) 上村英明「北の海の交易者たち——アイヌ民族の社会経済史」同文館、一九九〇年。引用はすべて、同書の二三四頁による。

(61) 安政五年六月三日および八日の項、「村垣淡路守範正公務日記之十三」東京大学史料編纂所編纂『大日本古文書 幕末外国関係文書付録之五』東京大学出版会、一九六五年、二四二頁および二四四頁。

(62) 東京帝国大学編纂『大日本古文書 幕末外国関係文書之二十一』東京帝国大学文科大學史料編纂部、一九三二年、三九〇―三九三頁。

(63) 松浦武四郎「小仙シヨツアイノ」『近世蝦夷人物誌』一八五八年(注(19)前掲『松浦武四郎紀行集 下』二〇五―二〇六頁)。



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The Early Modern Japanese State and Ainu Vaccinations: Redefining the Body Politic 1799-1868

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THE EARLY MODERN JAPANESE STATE AND AINU VACCINATIONS: REDEFINING THE BODY POLITIC 1799–1868*

In 1799, the Tokugawa shogunate undertook an ambitious administrative initiative that led to the confiscation of Matsumae domain, the northernmost territory in the early modern Japanese polity, and ushered in the first period of direct rule in Ezo.¹ Direct rule in Ezo witnessed the introduction of a variety of new policies, including forms of state-sponsored medicine which culminated in an 1857 project to vaccinate the Japanese and Ainu inhabitants of these northern lands. State-sponsored medicine in Ezo, as part of a more broadly cast assimilationist agenda, transformed the relationship of Ainu to the Japanese state, reshaping native Ainu conceptions of personal health and weakening their political autonomy. In short, under the direct rule of the Tokugawa shogunate, Ainu came to be viewed by policymakers as the wards of an increasingly modern Japanese government, and this process illustrates the role of disease and medicine in crafting the ethnic and cultural boundaries of Japan.

The Tokugawa take-over of Ezo at the beginning of the nineteenth century marked a clear departure from the previous two hundred years of local Matsumae administration in the north. Under Tokugawa rule Ezo was gradually transformed from

* I am grateful for the thoughtful advice I received on this project from Harold Bolitho, Andrew Goble, Jeffrey Hanes, David Howell, Ann Bowman Jannetta, William Johnston, James Mohr, Ronald Toby, Conrad Totman and Anne Walthall. In Japan, I received helpful comments from Inoue Katsuo and Akizuki Toshiyuki. Tsuchiya Tatsuhide helped decipher what turned out to be several difficult, hand-written manuscripts. I am indebted to the Fulbright programme, which generously funded this research. Finally, this project could not have been completed without the support of my wife and partner, Yuka Hara.

¹ In the seventeenth and eighteenth centuries, Ezo as a geographical term referred to an area that encompasses present-day Hokkaido, southern Sakhalin, Kunashiri and Etorofu; however, the term was frequently broadened to include the entire Kuril archipelago, as well as northern Sakhalin and points beyond. On the geographical and ethnic complexities of the term Ezo, see Kaiho Mineo, *Ezo no rekishi: kita no hitobito to Nihon* [The History of Ezo: The Peoples of the North and Japan] (Tokyo, 1996), 29–72.

a semi-autonomous 'foreign land', inhabited by the ethnically distinct 'barbarian' Ainu, to a land incorporated into the early modern Japanese state. As this incorporation advanced, Ainu were forced to adopt many distinctly Japanese customs. This process of assimilation occurred despite an interim period of local Matsumae administration and the abatement of the Russian threat in the north, suggesting that the early Japanese colonization of Ezo was not solely a reaction to Western encroachment.² It is to this initial early modern Japanese interest in Ezo that we must now turn our attention.

I

EARLY MODERN JAPANESE POLICY IN EZO

In a jointly signed statement, officials connected to what became the Hakodate magistracy in 1802 spelled out the new priorities of the Tokugawa regime in Ezo. The goals outlined by the magistracy were underscored by an administrative enthusiasm which manifested itself in a variety of innovative policy changes in the early nineteenth century, setting the initial course for the Japanese move into the northern region.³ The magistracy pointed out that, because the regional government of Matsumae domain had been myopically interested in securing profits at trading posts, rather than properly administering benevolent government, the Russian empire had encroached upon Ezo. It noted that the successful expansion of the Russian empire had not been achieved by rapid conquest; instead, Russians had gradually moved into the region by extending 'benevolence' to Ainu. The magistracy cautioned that the Russian policy had proved so successful that 'some twenty islands' off the eastern coast of 'our country' were already subor-

² There remains a great deal of debate concerning when and how Ezo, or the present island of Hokkaido, was colonized by the Japanese. For a detailed bibliography of most available scholarship and a basic outline of the positions that historians have taken on this issue, see Emori Susumu *et al.*, 'Chihōshi kenkyū no genjō: Hokkaidō' [Current Research in Local History: Hokkaido], pts 1–2, *Nihon rekishi* (1995).

³ See John J. Stephan, 'Ezo under the Tokugawa Bakufu, 1799–1821: An Aspect of Japan's Frontier History' (Univ. of London Ph.D. thesis, 1969), 7–10. Stephan is, however, a historian who believes that, following the abatement of the Russian threat in the north, the Tokugawa shogunate basically lost interest in colonizing Ezo and returned administration to Matsumae domain (234–6).



This map contains only the geographical locations mentioned in this article. Unfortunately, not enough detailed information remains to retrace the exact routes of Kuwata Ryūsai and Fukase Yōshun. This map is based on geographic descriptions contained in 'Hokkaidō', i-ii, in *Kadokawa Nihon chimei daijiten*, ed. Takeuchi Rizō (Tokyo, 1978).

dinate to the Russian empire. It further cautioned that Russians were even starting to extend their influence into the heart of Ezo.⁴

The magistracy then opened a new era in the Japanese colonization of Ezo, declaring that the Tokugawa shogunate had to defend the northern region from foreign encroachment. However, at the same time, it recognized the logistical difficulties in extending Tokugawa hegemony in the north. 'Because the four coasts of Ezo's main island [Hokkaido] are extremely vast', the magistracy observed, 'it is impossible to guard the entire island'. It recommended, therefore, that the Tokugawa regime defend Ezo by 'caring' for the Ainu. Drawing on centuries of Confucian-based political discourse, the Hakodate magistracy concluded that with benevolent government the 'Ainu will be satisfied in their hearts with the [early modern Japanese] state and not be tempted to flee Ezo for foreign lands'.⁵

The new Tokugawa policy, which aimed to oversee *Ezochi*, or 'barbarian lands', and deal with the demographic decline of the Ainu, differed sharply from earlier local Matsumae rule. Mogami Tokunai, a Tokugawa official, wrote of Matsumae administration in Ezo that domain edicts went so far as to forbid Ainu from wearing straw sandals and Japanese-style straw hats, even in the snow and rain. Matsumae policy, he suggested, sought to dramatize the cultural and ethnic distinctiveness which divided the two peoples, in turn using this distinctiveness to demarcate boundaries in the north. Moreover, he remarked, domain officials were indifferent to the effects of smallpox, leaving afflicted Ainu to fend for themselves and simply 'die in front of others'.⁶ This policy contributed to the spread of smallpox — referred to by Ainu as *Payoka Kamuy*, or the Punishing God — by permitting infected Ainu to introduce the contagion to new villages as the 'ephemerally healthy carrier' fled with the disease.⁷

By contrast, the Tokugawa shogunate offered relief for the poverty-stricken by providing food and shelter, as well as by

⁴ Habuto Masayasu, *Kyūmei kōki* [The Veritable Record] (1807), in *Shinsen Hokkaidō shi* [The Newly Edited History of Hokkaido], ed. Hokkaidō Chō, 7 vols. (Osaka, 1991), v, 325.

⁵ *Ibid.*, 326–7.

⁶ Mogami Tokunai, *Ezokoku fūzoku ninjō no sata* [Notes on the Customs and People of Ezo] (1790), in *Nihon shōmin seikatsu shiryō shūsei* [Collected Sources on the History of the Daily Lives of Common Japanese People], ed. Takakura Shin'ichirō, 30 vols. (Tokyo, 1968–84), iv, 460.

⁷ On this type of scenario, see Alfred W. Crosby, *Ecological Imperialism: The Biological Expansion of Europe, 900–1900* (Cambridge, 1986), 201.

pledging to dispatch physicians to provide medical treatment for ailing Ainu and *Wajin* (the term used to identify the ethnic Japanese inhabitants of Ezo). The shogunate placed the new Ezo policy within the Confucian framework of benevolent government, declaring that Ainu should be taught the ‘way of the five virtues’, as well as Japanese script and customs. Moreover, it ordered that state-sponsored medicine be carried out as part of this broader assimilationist policy. Tokugawa policymakers, indeed, placed state-sponsored medicine in the same context as other forms of cultural assimilation, believing that it could contribute to making the Ainu more ‘Japanese’. Inaugurating a long-term colonial policy in Ezo, the magistracy noted that if these policies were implemented, ‘in one hundred years the whole area of Ezo will come to be like our country’.⁸

Up to this point, most Japanese had considered Ezo to be foreign lands — inhabited by strange, ‘hairy barbarians’ — outside both Matsumae and Tokugawa domestic concerns. Two centuries before the Tokugawa take-over, Matsumae Yoshihiro had received a black-sealed order, stamped by the cipher of shogun Tokugawa Ieyasu himself in 1604, investing the Matsumae family with exclusive rights to trade with the Ainu. In about the mid-seventeenth century, Matsumae demarcated its ‘domain’, what contemporaries called *Matsumae-chi* (lit., Matsumae land), *Ningen-chi* (lit., human land), or sometimes *Wajin-chi* (lit., Japanese land), in the area south of the outpost at Sekinai on the Oshima Peninsula.⁹ The rest of Ezo, known as *Ezochi*, was what David L. Howell refers to as a ‘semi-independent foreign entity’.¹⁰ Ezo’s relationship to early modern Japan is nicely illustrated by the *Wakan sansai zue* [An Illustrated Japanese–Chinese Encyclopaedia], a widely read encyclopaedic work compiled by Terashima Ryōan in 1713. It listed two categories of foreign lands, in essence those of ‘inner’ and ‘outer’ barbarians. Countries such as Holland, England and even that of the mythical ‘fish

⁸ Habuto, *Kyūmei kōki*, 326–7.

⁹ Kaiho Mineo, *Bakuhansai kokka to Hokkaidō* [The Early Modern Japanese State and Hokkaido] (Tokyo, 1978), 11–18.

¹⁰ David L. Howell, ‘Ainu Ethnicity and the Boundaries of the Early Modern Japanese State’, *Past and Present*, no. 142 (Feb. 1994), 69–74. For more on the Tokugawa-period history of Ezo, see Tessa Morris-Suzuki, ‘The Frontiers of Japanese Identity’, in Stein Tønneson and Hans Antlöv (eds.), *Asian Forms of the Nation* (Richmond, 1996); also her ‘Creating the Frontier: Border, Identity and History in Japan’s Far North’, *East Asian Hist.*, vii (1994). See also my *Ecology and Culture in the Japanese Conquest of Ainu Lands, 1590–1800* (Berkeley, forthcoming).

people' were listed under 'outer-barbarian peoples'. By contrast, Ezo, Tartary, the Ryukyu Kingdom, China and Korea were listed under 'people of foreign countries'. The document noted that both groups were outside Tokugawa hegemony, but that 'people of foreign countries' enjoyed the status of something like 'inner-barbarians' in the Chinese diplomatic order.¹¹

However, following the Tokugawa take-over, the status of Ezo in relation to Japan metamorphosed. In 1802, the shogunate placed the administration of Ezo directly in the hands of the Hakodate magistracy and officials quickly projected this authority north-eastward into the islands of the North Pacific. Some of the initial Tokugawa directives, relayed through the magistracy, included prohibiting Kunashiri and Etorofu Ainu from crossing over to Uruppu, the next island in the Kuril archipelago, effectively placing the new border of the Japanese administrative sphere between Etorofu and Uruppu.¹² Similarly, edicts prohibited Ainu and Uilta on southern Sakhalin from directly trading with continental north-east Asian peoples, and all foreign trading on Sakhalin was regulated at the Shiranushi administrative post where Tokugawa officials conducted tributary audiences with the traders.¹³ But simply demarcating borders was not enough to integrate Ezo into the Japanese body politic.

The 1857 vaccination project — the crowning achievement of fifty years of nineteenth-century Tokugawa and Matsumae state-sponsored medicine in Ezo¹⁴ — sought to transform the place of

¹¹ Emori Susumu, 'Ezochi o meguru hoppō no kōryū' [Ainu Lands and Interaction in the North], in Maruyama Yōsei (ed.), *Nihon no kinsei: jōhō to kōtsū* [Early Modern Japan: Information and Traffic], 18 vols. (Tokyo, 1991–4), vi, 371–5. On the Tokugawa diplomatic order, see Ronald P. Toby, *State and Diplomacy in Early Modern Japan: Asia in the Development of the Tokugawa Bakufu* (Stanford, 1992). For 'inner' and 'outer' zones in the Chinese diplomatic order, see Lien-sheng Yang, 'Historical Notes on the Chinese World Order', in John King Fairbank (ed.), *The Chinese World Order: Traditional China's Foreign Relations* (Cambridge, 1968), 20–2; Morris-Suzuki, 'Frontiers of Japanese Identity'.

¹² Kaiho Mineo, 'Hoppō kōeki to chūsei Ezo shakai' [Northern Trade and Medieval Ezo Society], in Amino Yoshihiko (ed.), *Nihonkai to hokkoku bunka* [The Sea of Japan and Northern Japanese Culture], 2 vols. (Tokyo, 1990), i, 284.

¹³ Akizuki Toshiyuki, *Nichiro kankei to saharin tō: bakumatsu Meiji shonen no ryōdo mondai* [Russo-Japanese Relations and Sakhalin Island: Territorial Disputes of the Late Tokugawa and Early Meiji Years] (Tokyo, 1994), 47–50.

¹⁴ This article uses the term 'state' loosely. Although historians continue to argue over the degree to which the Tokugawa shogunate achieved 'statehood', it cannot be denied that some sort of state structure emerged in the early seventeenth century. Mark Revina, for example, uses the term 'compound-state' to describe the Tokugawa polity: Mark Revina, 'State-Building and Political Economy in Early-Modern Japan', *Jl Asian Studies*, liv (1995), 1000, 1017; also his *Land and Lordship in Early Modern*

the Ainu, even at the level of the individual Ainu body, in relation to the early modern Japanese polity. The 1857 vaccination project occurred after an interim of restored Matsumae jurisdiction from 1821 to 1854, but as edicts from the second period of Matsumae rule suggest, no radical change in Ainu-related medical policy was undertaken.¹⁵ Documents from Yoichi, for example, in western Hokkaido, indicate that in 1824 Ainu were told to report to the administrative post if infected with disease,¹⁶ suggesting that the initial Tokugawa interest in Ezo extended through the interim of local Matsumae administration. Evidence of a consistent medical policy in Ezo is important, because it reveals that Japanese interest in the north was not solely a product of Western encroachment, but the outcome of centuries of trade and cultural interaction in Ainu lands. Matsumae domain, as well as the shogunate in the second period of Tokugawa rule (1854–68), followed the initial course set by the Hakodate magistracy in 1802, although merchants sometimes funded medical care within their fisheries. Pressure from Russian encroachment forced the Tokugawa regime to continue strengthening its presence in Ezo. In this sense, as William Johnston has argued for the Japanese government's tuberculosis policy in the nineteenth and early twentieth centuries, the Tokugawa shogunate appears to have offered medical treatment when 'health hazards also endangered state interests'.¹⁷ Obviously, Russian encroachment into a sparsely populated, disease-ridden and poorly fortified Ezo was construed by policymakers as a threat to both the local Matsumae and Tokugawa governments.

In the political context of the nineteenth century, then, through providing medical treatment, specifically Jennerian vaccinations, the shogunate sought to incorporate Ezo into the cultural and political borders of Japan. Interestingly, the Tokugawa regime was not alone in using medicine to extend its hegemony over

(n. 14 cont.)

Japan (Stanford, 1998). See also Luke Roberts, *Mercantilism in a Japanese Domain: The Merchant Origins of Economic Nationalism in 18th-Century Tosa* (Cambridge, 1998).

¹⁵ Takakura Shin'ichirō, *Ainu seisaku shi* [A History of Ainu Policy] (Tokyo, 1972), 210–13.

¹⁶ Hokkaido Univ. Lib., Resource Collection for Northern Studies (hereafter RCNS), 'Yoichi chōshi shiryō sōsho yoshū' [The Collected Historical Sources of Yoichi Town], 'Yoichi unjōka omusha toriatsukai nenjū gyōji' [Annual Events and Omusha Records of the Yoichi Administrative Post], 1824.

¹⁷ William Johnston, *The Modern Epidemic: A History of Tuberculosis in Japan* (Cambridge, 1995), 15.

frontier regions or contested peoples. Within the context of state-building in Europe, for example, Michel Foucault has argued that the 'health and physical well-being of the population in general' emerged as one of the essential objectives of modern European governments.¹⁸ He has submitted that state-sponsored medicine transforms the 'physical and moral relations of the individual and the society', making medicine one method by which the state extends its hegemony over the citizenry.¹⁹

Similarly, when the shogunate ordered that Ainu receive medical treatment and later Jennerian vaccinations at the hands of shogunate-employed physicians, it was the first time that Ainu were treated, at least by Tokugawa policymakers, as the equals of ethnic Japanese. With state-sponsored medicine, the physical and moral relationship of Ainu to Japanese changed. Ainu were no longer simply 'barbarians', distinct from ethnic Japanese. Rather, they were a people who Japanese policymakers sought to include within the borders of early modern Japan. In a process that continued into the Meiji era (1868–1912), the Tokugawa regime began redefining what Ainu were expected to understand as a 'healthy life'. Similar processes occurred in other East Asian contexts. In the case of modern China, for example, Ann Anagnost has argued that public medicine served to absorb Chinese people into the Communist state by changing their perceptions of a 'healthy life'. Through public medicine many Chinese became 'subject to the rule of the other', a process that revealed public medicine to be a potent social and cultural force in the destruction of regional social and cultural identities, as well as the physical and psychological autonomy of the individual.²⁰

The same might be said of state-sponsored medicine in Ezo, although the Tokugawa regime lacked the infrastructure necessary to practice full-blown 'public medicine' in the manner of the People's Republic of China. None the less, the 1857 vaccination project in Ezo sought to protect what the Hakodate magistracy viewed as a newly acquired appendage of the body politic — or something to be integrated into the national whole — as well as to demarcate, at the level of the individual body, the borders

¹⁸ Michel Foucault, *Power/Knowledge: Selected Interviews and Other Writings 1972–1977*, ed. Colin Gordon (New York, 1972), 169–70.

¹⁹ Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A. M. Sheridan Smith (New York, 1973), 34.

²⁰ Ann Anagnost, 'The Politicized Body', in Angela Zito and Tani E. Barlow (eds.), *Body, Subject, and Power in China* (Chicago, 1994), 139.

of the Japanese state in the north. Providing medical care for Ainu was one way that the shogunate sought to politically consolidate, and publicly dramatize, the new place of Ezo in the Tokugawa domestic administrative order. Whether they liked it or not, in the context of state-sponsored medicine, for the first time Ainu were treated as being within a domestic Japanese context, as ethnic-minority 'subjects' of a modernizing state.

II

EARLY MODERN JAPANESE MEDICAL POLICY IN EZO

In 1811, the Hakodate magistracy relayed a series of new edicts to Etorofu Ainu, which highlighted the thrust of Tokugawa colonial policy and included new medical initiatives. Many of these edicts focused on introducing Ainu to such ideological concepts as the Neo-Confucian notion of the Five Relationships, while others emphasized the importance of respecting 'public authority'. Some sought to protect the Tokugawa commercial monopoly over trading in eastern Ezo. However, several edicts were also aimed at assimilating Ainu. For instance, Japanese officials explained to Ainu elders that from this point forward they could only take one wife, that they were to 'use the same language as their fishery supervisors', and that old customs were to be 'revised'. In fact, Ainu were told that even their hair-styles had to conform to Japanese standards. The interest of Tokugawa policymakers with Ainu hair-styles is important in the context of reculturation and assimilation, and exposes a fundamental concern with the place of the body in defining who was included within the Japanese polity. As Ronald P. Toby has illustrated, in early modern Japan, hair-styles often served to distinguish ethnic Japanese from the surrounding barbarian world.²¹ In the north, policymakers sought to break down one more culturally based barrier that separated the two peoples. Moreover, these new edicts also included information related to the new state-sponsored medical policy:

Item 13: Physicians are available so the afflicted should quickly report to the administrative post for medical attention. Of course, it is the duty of village elders to see that other ailing people, such as the elderly without

²¹ See Ronald P. Toby, 'The Birth of the Hairy Barbarian: Ethnic Pejorative as Cultural Boundary-Marker' (paper presented at the 'Conference on Society and Popular Culture in Medieval and Early Modern Japan', Princeton, 25-7 Oct. 1995).

relatives, the blind, as well as the disabled, report to the post so that they can be assisted.²²

These announcements came not a moment too soon. Medical historians have estimated that between about 1600 and 1870 the Wajin and Ainu inhabitants of Ezo suffered through about twenty smallpox and measles epidemics.²³

On the bases of available records, four points about these epidemics should be emphasized. First, except for the 1806 smallpox epidemic on Rebun and Rishiri Islands, which had probably been sparked by an infected Russian sailor on Nikolai Rezanov's first visit to Nagasaki,²⁴ smallpox had been introduced by Wajin settlers on the Oshima Peninsula, and then spread to the Ainu through trade and fishery activity. The damp, cramped quarters of these herring fisheries provided an excellent environment for the dissemination of epidemic diseases.²⁵ Secondly, from the beginning of the seventeenth century onwards, epidemics in Ezo struck about once every twenty years, a frequency, as Alfred Crosby has argued, that could 'wipe out an entire generation' and prove particularly destructive to people under pressure from colonialism.²⁶ Thirdly, as of 1776, Japanese and Ezo epidemics concurred. This suggests that, by about the mid-eighteenth century, Ezo epidemics were integrated into broader, 'nation-wide' disease trends. For instance, a 1776 measles epidemic in Ezo also erupted on the Japanese mainland.²⁷ From this point forward, indeed, epidemic concurrence was the rule rather than the exception. Finally, in Ezo the frequency of smallpox epidemics increased as the nineteenth century advanced. Matsuki Akitomo has recorded smallpox epidemics in different regions throughout

²² 'Etorofu tō omusha mōshiwatashi sho' [Written Declarations for an Omusha on Etorofu Island] (1811), cited in Takakura, *Ainu seisaku shi*, 172–4.

²³ Takahashi Shinkichi, *Ezo tōbai shikō* [A Historical Essay on Smallpox and Syphilis in Ezo] (Tokyo, 1937), 2–11; Matsuki Akitomo, *Hokkaidō no ishi* [A Medical History of Hokkaido] (Hiroasaki, 1970), 124–31; Takashita Taizō, 'Kinsei Ezochi no shippei shi' [A History of Disease in Early Modern Ainu Lands], in Sapporo Ishigaku Kenkyūkai (ed.), *Ezochi no iryō* [Medical Care in Ainu Lands] (Sapporo, 1988).

²⁴ Hokkaidō Univ. Lib., RCNS, Yamazaki Hanzō, 'Sōya tsumeai Yamazaki Hanzō nisshi' [The Official Diary of Yamazaki Hanzō in Sōya], 1804–8.

²⁵ David L. Howell, *Capitalism from Within: Economy, Society, and the State in a Japanese Fishery* (Berkeley, 1995), 39.

²⁶ Crosby, *Ecological Imperialism*, 38.

²⁷ Matsumae Hironaga, *Fukuyama hifu* [Secret Government in Fukuyama] (1780), in *Shinsen Hokkaidō shi*, ed. Hokkaidō Chō, v, 77. Reference to this epidemic also appears in Fujikawa Yū, *Nihon shippei shi* [A History of Disease in Japan] (Tokyo, 1969), 88.

Ezo for roughly twelve years between 1800 and 1862.²⁸ The greater frequency of epidemics supports Ann Bowman Jannetta's assertion that smallpox was on the rise in Japan in the late eighteenth and early nineteenth centuries, a result presumably of increasing commercial contact between burgeoning urban areas and the countryside.²⁹ Moreover, the greater frequency of smallpox epidemics in Ezo further bolstered the Hakodate magistracy's claim that something needed to be done about smallpox and the other diseases which were decimating the Ainu.

In a project that was conceived, initiated, funded and carried out under the auspices of the Tokugawa shogunate, physicians were ordered to treat both Japanese and Ainu living in Ezo. Initially, the Hakodate magistracy dispatched physicians to Sōya in the north and several locations in eastern Ezo. These physicians were paid by the Hakodate magistracy.³⁰ Medical historians estimate that there were ten physicians in Ezo by 1799,³¹ but there were probably several more by the early nineteenth century, as physicians from Nanbu and Tsugaru domains accompanied their soldiers to Hokkaido. Following Tokugawa orders, most administrative posts stationed a physician nearby to handle the various medical problems of both Wajin and Ainu. In Shiranuka, for instance, it was standard policy that sick Ainu immediately report to the administrative post, where bedding was furnished and medical care was available.³²

Similarly, in 1829, during the second period of Matsumae rule, lengthy instructions were presented to Wajin and Ainu in the Nemuro region. These not only included orders to forward all available information on sightings of foreign vessels, but also ordered Ainu and Wajin to report to administrative posts for medical attention when ill. Policymakers made it clear that

²⁸ Smallpox epidemics, with varying levels of intensity, occurred in 1800, 1805, 1806, 1809, 1817, 1818, 1819, 1823, 1844, 1845, 1855, 1857 and 1862: see Matsuki, *Hokkaidō no ishi*, 125–31.

²⁹ Ann Bowman Jannetta, *Epidemics and Mortality in Early Modern Japan* (Princeton, 1987), 89.

³⁰ The regions in eastern Ezo were Shiranuka, Kusuri (Kushiro), Kobumui, Senhōshi, Nokogiribetsu, Annebetsu, Notsuke, Akkeshi and Shamani: see Habuto, *Kyūmei kōki*, 342.

³¹ Hokkaidō Iryō Shinbunsha (ed.), *Hokkaidō no iryō shi* [A History of Medical Care in Hokkaido] (Sapporo, 1976), 4.

³² Hokkaido Univ. Lib., RCNS, Kimura Kenji, 'Shiranuka unjōya kijōsho' [Written Regulations for the Shiranuka Administrative Post], in 'Kimura Shikyo hikki' [Notes of Kimura Shikyo], 1798.

both Wajin and Ainu were to be treated equally by physicians dispatched by the Tokugawa shogunate.³³ Local officials or merchants usually communicated Matsumae and Tokugawa instructions, including information related to medical treatment, to Ainu headmen, doing so through the cultural window provided by the *omusha* ceremony (Ainu, *umusa*, lit., 'a greeting'), which Japanese officials construed to be a local form of tributary audience.³⁴

The Hakodate magistracy also paid all prescription expenses, as physicians reported the costs for medicines at the end of each year. In the early 1820s, for example, Akkeshi fishery managers recorded providing medical attention to twenty-six afflicted Ainu. Medicines dispensed included 224 prescriptions of 'ointment', 73 of 'decoction', 227 of pills, 154 of lily-root medication, 4 of medicinal powder and several doses of eye medication.³⁵ In the 1850s, the Hakodate magistracy received an order from one administrative post for moxibustion treatment, eye medication, a package of 'powdered medicine' and five pieces of plaster.³⁶

However, physicians did not confine their activities to distributing medication; some evidence suggests that they even performed surgery on afflicted Ainu. Before being taken prisoner on Etorofu in 1811, the Russian, Vasilii Golovnin, met an Ainu named Toion, who he described as 'chief of the hairy Kuriles'. During his short stay on Etorofu, Golovnin observed that Ainu there suffered from a highly debilitating disease that he suspected was scurvy. He also wrote that although Ainu regarded Japanese 'with looks of terror', when it came to medical treatment, 'Japanese had constantly shewn (*sic*) the utmost care for their health, and had sent a physician to attend them'. Golovnin noted that one Ainu had been 'afflicted with a swelling in his hands and cramp in his feet'. He had become disabled, his calves 'drawn upwards and backwards towards his thighs'. Golovnin wrote that his '[v]eins were immediately opened by the Japanese surgeons

³³ *Ibid.*, Kudō Kodenji, 'Nemoro nenjū gyōji' [Annual Events in Nemuro], 1829.

³⁴ Howell, 'Ainu Ethnicity and the Boundaries of the Early Modern Japanese State', 81–3; also my 'Reappraising the Sakoku Paradigm: The Ezo Trade and the Extension of Tokugawa Political Space into Hokkaidō', *Jl Asian Hist.*, xxx (1996), 11–17.

³⁵ Robert G. Flershem and Yoshiko N. Flershem, *Ezochi basho ukeoinin Yamada Bun'emon-ke no katsuyaku to sono rekishiteki haikai* [The Activities and Historical Background of Yamada Bun'emon: Contract-Fishery Merchant in Ainu Lands] (Sapporo, 1994), 30–1.

³⁶ Hokkaido Univ. Lib., RCNS, Mukōyama Gendayū, 'Heishin jōtetsu' [Surplus Writings of 1856], 3 vols., 1855–6.

in both his feet, and some time after in his hands'. However, 'for want of suitable expressions', Golovnin failed to discover in any detail how the operation was carried out.³⁷

It was, one suspects, a physician influenced by Dutch Learning who performed the surgery on Toion, because traditional Neo-Confucian medical culture rejected surgery and even in the early nineteenth century Neo-Confucian thought continued to dominate medical culture in Japan.³⁸ Neo-Confucian medicine stressed a 'physiological' or 'holistic' approach to medical treatment, striving to recreate natural balances within the body, which was 'seen as a microcosm of the universe'.³⁹ Surgery was viewed as an unnecessary intrusion into this microcosm. Not enough specific information on physicians in the Kurils remains to determine who could have carried out this rather sophisticated operation, but some enticing titbits do survive. Kubota Kentatsu, for example, served on Etorofu in the early nineteenth century and, at about the same time, the Hakodate magistracy dispatched Shimoyama Teisai, Tateno Zuigen, Nakamura Jutaku and Katō Bunshū to Kunashiri. It is even known that Tateno was in the vicinity of Etorofu when Japanese troops took Golovnin into custody. There are, however, no records linking any of these men to the surgery.⁴⁰ What is clear is that Tokugawa-employed physicians did not confine their work to distributing medication. Physicians might have considered their tenure in Ezo an opportunity to experiment with more controversial medical techniques. The Ainu were, after all, barbarians in what were slowly evolving into colonial lands, and, as such, suitable subjects for such experimentation.

Although the shogunate dispatched most of the physicians who served in *Ezochi* from Edo, the Tokugawa capital, the Hakodate magistracy was recruiting town doctors from Hakodate and Matsumae in the early nineteenth century. Doctors such as Miura Gentoku, who served as a physician for the magistracy in 1812,

³⁷ Captain Vasilii Golovnin [Golovnin], *Memoirs of a Captivity in Japan, during the Years 1811, 1812, and 1813: With Observations on the Country and the People*, 3 vols. (London, 1824), i, 26, 34.

³⁸ Y. Fujikawa, *Japanese Medicine*, trans. John Ruhrah (New York, 1934), 35; Donald Keene, *The Japanese Discovery of Europe, 1720–1830* (Stanford, 1969), 20–2.

³⁹ Margaret M. Lock, *East Asian Medicine in Urban Japan: Varieties of Medical Experience* (Berkeley, 1980), 29–30; Paul U. Unschuld, *Medicine in China: A History of Ideas* (Berkeley, 1985).

⁴⁰ Shimada Yasuhisa, *Ezochi ika jinmei jūi* [A Dictionary of Prominent Physicians in Ainu Lands] (Sapporo, 1981), 29–30, 51, 62, 68.

signed an employment certificate with Hakodate officials that specified conditions concerning salary, restrictions while in office, the use of horses, and information related to the distribution of medical supplies. In the case of Miura, the magistracy paid him a rice stipend, as well as a daily allowance in silver. In terms of restrictions, Kishūya Kihei, of the magistracy, cautioned Miura not to conduct trade of any kind with Ainu. At the fisheries, administrative posts supplied money for a horse that Miura would ride between his fishery in western Ezo and Hakodate. The certificate specified that the shogunate would buy 'the medicines used for treating Ainu'. Moreover, as a kind of character reference, the certificate noted that Miura practised Zen Buddhism at the Kōryō Temple in Hakodate, which would submit upon request a certificate that said as much. The document was then signed by both Miura and Kishūya.⁴¹

Thus, despite the lack of records describing the initial activities of physicians in Ezo, some assumptions can be made about their work. On a basic level, they were part of a broader state-sponsored colonial enterprise aimed at integrating parts of Ezo in to the early modern Japanese order. The shogunate dispatched physicians as part of its larger programme designed to assimilate Ainu, an undertaking which included everything from teaching Neo-Confucian virtues to pressuring Ainu elders to 'revise' their customs. Many of these reculturation policies — from regulations concerning new hair-styles to medical care — expose a fundamental interest in transforming the individual Ainu body into one that was more 'Japanese'. On a more practical level, physicians were involved in delivering a wide array of services, extending from medical care to checking on castaways who had wound up on the shores of Ezo.⁴² The medical services they offered ranged from providing blankets through moxibustion and eye care to surgery. The object was to stabilize the Ainu demographic decline and, in the face of foreign encroachment, to fortify the Japanese state in the north. However, one of the most pressing tasks facing these physicians initially was providing medical attention for

⁴¹ Mukōyama Gendayū, *Heishin jōtetsu* [see n. 36]: Hokkaido Univ. Lib., RCNS; Takakura, *Ainu seisaku shi*, 192–3.

⁴² Ranald MacDonald, *Ranald MacDonald: The Narrative of his Early Life on the Columbia under the Hudson's Bay Company's Regime: Of his Experiences in the Pacific Whale Fishery: And of his Great Adventure to Japan, With a Sketch of his Later Life on the Western Frontier, 1824–1899*, ed. William S. Lewis and Naojima Murakami (Portland, 1990), 179–80.

Japanese soldiers who had been dispatched to Ezo under Tokugawa order to defend the region from the threat of Russian take-over.

III

MEDICAL EXCHANGE AND COLONIAL BOUNDARIES

Following the appearance of Russians in the North Pacific, the shogunate exercised its prerogative as a national government — defending the realm, indeed, was the duty of the Barbarian Subduing Generalissimo, or *Seii taishōgun* — and ordered domain troops to border regions in Ezo, including Sōya in northern Hokkaido, parts of southern Sakhalin, and Kunashiri and Etorofu in the Kuril archipelago.⁴³ The seven domains of Hirosaki, Morioka, Akita, Sendai, Matsumae, Shōnai and Aizu contributed to the Tokugawa-led force in Ezo.⁴⁴ While their soldiers wintered in the cold, sub-arctic outposts of Ezo, hundreds were ‘killed in action’ by a disease that was referred to as *seitai gakan*, or ‘blue legs, infected gum’, by contemporary observers. Matsuki Akitomo has convincingly argued that the disease was scurvy, a highly debilitating condition caused by a lack of Vitamin C.

In 1804, by order of the shogunate, about 60 soldiers from Nanbu and Tsugaru wintered on Etorofu. Of the 30 Tsugaru soldiers, 11 (37 per cent) died of scurvy. In 1808, of the 250 Tsugaru soldiers known to have wintered in Ezo, 119 (48 per cent) died from scurvy and other diseases. Moreover, starting in 1807 and lasting for a period of five years, 68 Nanbu and about 60 Sendai soldiers died of scurvy in the Kunashiri and Etorofu area, while 50 soldiers from Aizu domain died of the same disease in Sōya.⁴⁵ That same year, 72 out of about 100 Tsugaru soldiers that Saitō Katsutoshi brought to Shari died of scurvy.⁴⁶ The move into Ezo, away from the temperate, arable lands of the Japanese mainland, posed a new medical threat to Japanese soldiers, one of the most formidable obstacles to the defence of the north. In

⁴³ On the Russian push into Ezo, see George Alexander Lensen, *The Russian Push toward Japan: Russo-Japanese Relations, 1697–1875* (Princeton, 1959); John J. Stephan, *The Kuril Islands: Russo-Japanese Frontier in the Pacific* (Oxford, 1974).

⁴⁴ Kikuchi Isao, *Bakuhān taisei to Ezochi* [The Early Modern Japanese State and Ainu Lands] (Tokyo, 1984), 104–5.

⁴⁵ Matsuki, *Hokkaidō no ishi*, 113–14.

⁴⁶ Saitō Katsutoshi, *Matsumae tsumeai nikki* [An Official Matsumae Diary], ed. Takakura Shin'ichirō (Shari, 1973), 36–41.

particular, these changes in climate meant that there were less vegetables available to soldiers, making them more susceptible to nutrition-related afflictions such as scurvy.

In the tenth month of 1811, because of the large number of Tsugaru and Nanbu domain troops (about a thousand in all) that wintered in the Shamani area, the Hakodate magistracy ordered that three physicians should be constantly available to provide for their medical needs. In the event that one of the physicians became unable to perform his duties, he was to be replaced immediately. Moreover, after four or five years, if the physician performed his duties admirably, 'he should be fittingly praised'.⁴⁷ However, these physicians could do little to stem the tide of deaths caused by scurvy and other diseases.

In the wake of scurvy-related losses, in 1814 the magistracy sent an urgent request to Edo, asking that troops stationed in the border regions be withdrawn to more hospitable areas. The shogunate assented, but the continued Russian presence necessitated that domain soldiers winter near Matsumae, in southern Hokkaido. Following the relocation, however, soldiers continued to perish in large numbers. In the mid-nineteenth century, for instance, seventy Akita soldiers stationed in Mashike died of scurvy.⁴⁸ Early speculation on the causes of *seitai gakan* ranged from the interesting to the absurd, but Japanese policymakers quickly realized that the Tokugawa regime faced new medical issues directly linked to the defence of Ezo. Upon consulting a variety of Chinese medical texts, the Edo physician Niira Kansō speculated that the extremely cold weather of Ezo caused the disease. Niira had arrived in Hakodate in 1803. Both a physician and poet, he became interested in the diseases of Ezo when a poem in the *Ezochi haikai kasen* [Great Poets of Ainu Lands], edited by the Hakodate magistrate Habuto Masayasu, caught his attention. The poem reflected the rejoicing that a soldier felt after having made it through an Ezo winter without dying of scurvy. In the end, Niira confirmed his original position that cold weather caused the disease and that the visible symptoms resembled *ruibe*, a thinly sliced, partially frozen, raw salmon. He later prescribed

⁴⁷ Habuto Masayasu, *Kyūmei kōki furoku* [Appendix to the Veritable Record] (1807), in *Shinsen Hokkaidō shi*, ed. Hokkaidō Chō, v, 618.

⁴⁸ *Ibid.*, 113–14; Matsuki Akitomo, 'Meiji-zen Hokkaidō shippei shi' [A History of Disease in Pre-Meiji Hokkaido], *Nihon ishigaku zasshi*, xvii (1971), 105–6.

a 'rhinoceros horn elixir' to combat the affliction.⁴⁹ Meanwhile, Yamazaki Hanzō, a physician from Tsugaru domain, correctly speculated that a shortage of vegetables caused the disease; he prescribed raw radish for soldiers wintering in Ezo. Later, in the mid-nineteenth century, he also suggested that a decoction made from camphor oil and saké be rubbed over the entire body to cure the disease.⁵⁰

The exchange of medical technology also took place in the north, a by-product of the new Tokugawa policy in Ezo. In fact, the 1857 vaccination project would not be the first time that Jennerian vaccinations were said to have been performed in Ezo. Medical historians remain hotly divided over the available evidence, but Nakagawa Gorōji may have performed the first Jennerian vaccination in Japan in 1824, although his activities were restricted to the region near Matsumae and he probably never vaccinated Ainu. Moreover, Nakagawa undertook his medical activities without Tokugawa approval, or direct disapproval for that matter, and thus his activities need to be viewed as separate from the 1857 vaccination project. But his vaccinations, real or imagined, were linked to the Tokugawa colonization of Ezo, a result of the Japanese defence of contested national boundaries in the Kuril archipelago. Like Nagasaki, where Dutch physician Otto Johann Mohnike would introduce the first 'official' cowpox lymph to Japan in 1849, Ezo also stood as a gateway to the outside world. For this reason, as Akizuki Toshiyuki has argued, the vaccinations undertaken by Nakagawa should be viewed within the context of continued Russo-Japanese relations in the North Pacific, as well as the colonization of Ezo.⁵¹

In 1807, following the unsuccessful bid to open trade with Japan by Adam Laxman, Captains Gavriil Davydov and Nikolai Khvostov, without orders from St Petersburg, attacked the Tokugawa outpost on Etorofu. During the attack they managed to seize two Japanese. One was a young supervisor named Nakagawa Gorōji. Following five years of captivity at outposts in Siberia, Russian authorities finally returned him to Matsumae in

⁴⁹ Hokkaido Univ. Lib., RCNS, Niira Kansō, 'Ezo mondō' [Questions and Answers on Ezo], 1808; Matsuki, *Hokkaidō no ishi*, 113, 116; also his 'Meiji-zen Hokkaidō shippei shi', 105, 108.

⁵⁰ Matsuki, *Hokkaidō no ishi*, 116; also his 'Meiji-zen Hokkaidō shippei shi', 106.

⁵¹ Akizuki Toshiyuki, 'Ezochi to Roshia: hokuhen ishigaku no haikai to shite no nichiro kankei' [Ainu Lands and Russia: Northern Medicine in Russo-Japanese Relations], *Nihon ishigaku zasshi*, xlii (1996), 163–8.

1812, where Tokugawa officials, as was required under the maritime prohibitions, detained him for detailed questioning.

Before returning to Japan, Nakagawa had observed Jennerian vaccinations being performed by a Russian physician and had even managed to smuggle a book, in Russian of course, on the Jennerian technique.⁵² Little is known of his activities following repatriation, but he appears to have worked as a minor official under both Matsumae domain and the Hakodate magistracy. Then, in the twelfth month of 1818, records indicate that he was promoted to the position of *kozukai*, a minor Tokugawa official. Similarly, in the fourth month of 1822, he worked as a clerk in Hakodate after the magistracy transferred the administration of Ezo back to Matsumae domain.⁵³

In terms of his medical activities, documents suggest that Nakagawa vaccinated a Japanese woman in Ezo in 1824. Moreover, at about the same time, he instructed several Japanese, including Shiratori Yūzō, on the Jennerian technique. Shiratori, originally a physician from Hakodate, crossed over to the Japanese mainland to study medicine under Saitō Yōtatsu of Akita domain. With the support of Saitō, Shiratori used the Jennerian technique that he learned from Nakagawa, first vaccinating residents near the Akita castle town, then later increasing his activities, vaccinating people throughout north-eastern Japan. Shiratori passed along the information that Nakagawa had learned from Russian physicians, teaching the Jennerian technique to others, such as Usui Teian.⁵⁴

The controversy over whether Nakagawa performed Jennerian or another type of vaccination concerns how he obtained a cowpox lymph or scab. To start with, historians are certain that he did not bring a cowpox lymph back from Siberia. Nowhere in his writings does he mention having obtained either lymphs or cowpox scabs. Plus, the vaccine in either form would have become ineffective between the time that he was repatriated (1812) and the time that he performed his first vaccination (1824). According to existing documents, Nakagawa extracted a lymph from the vesicles of a smallpox-infected human, implanted the lymph in a

⁵² For writings by Nakagawa Gorōji, see *Hokkaidō iji bunka shiryō shūsei* [A Collection of Historical Sources on Hokkaido Medical Culture], ed. Matsuki Akitomo, 2 vols. (Tokyo, 1990), i, 7–212.

⁵³ *Ibid.*, 1–6; Matsuki, *Hokkaidō no ishi*, 43–5.

⁵⁴ *Hokkaidō iji bunka shiryō shūsei*, ed. Matsuki, i, 275–82; also his *Hokkaidō no ishi*, 53.

cow and later extracted a cowpox lymph from a vesicle in the cow.⁵⁵ Medical historians disagree as to whether a cowpox lymph could be manufactured this way. Most agree, in fact, that it could not. On the other hand, it is equally problematical simply to dismiss the intriguing evidence that both Nakagawa and Shiratori vaccinated people in northern Honshu and southern Hokkaido. It is possible, for instance, that Nakagawa might have acquired a cowpox lymph from one of the many foreign vessels that frequented the coasts of Ezo at this time, but wisely decided not to inform local magistracy officials.

Nakagawa also served as a conduit for Russian medical texts coming into Ezo. While in Siberia he obtained a Russian translation of the treatise by Edward Jenner on the cowpox technique. During his interrogation in Hakodate, the Dutch Learning scholar, Baba Sadayoshi, arrived from Nagasaki to look over the rare text. Baba had learned from the Dutch at Deshima that Jennerian vaccinations were commonplace in other parts of the world, such as Holland. Through the efforts of the magistracy he managed to obtain a copy of the work which he later translated. In the short introduction to his translation, Baba noted the frustration of having to wait for years for this work to arrive in Nagasaki, the portal to the West, when all of the time it had been in Ezo.⁵⁶

Baba realized the importance of the work and asked if he could borrow the manuscript for the night. He then spent the entire night frantically copying the Russian script. He had studied some Russian, but, because the book was a medical text and required an accurate translation, he decided to postpone translating the entire work until his Russian was better. In the meantime, he had other opportunities to obtain the material necessary to perform Jennerian vaccinations. In 1818, for example, he was in Urakawa when an English merchant ship unexpectedly arrived. He met with the English captain, who had brought with him several slides containing dried samples of a cowpox lymph and a glass bottle with a raw sample of the lymph. The English captain explained how the vaccination was performed: he demonstrated how the lymph should be placed on a knife and then applied

⁵⁵ *Hokkaidō iji bunka shiryō shūsei*, ed. Matsuki, i, 283–6; Takahashi, ‘Kinsei Ezochi no shipppei shi’, 102.

⁵⁶ Hokkaido Univ. Lib., RCNS, Baba Sadayoshi, ‘Tonka hiketsu’ [Secrets for Preventing Smallpox], 1820.

to the arm with a slight incision. He even offered Baba samples of the vaccine and a book on how to perform the vaccination. However, Baba could only decline the items in light of strict Tokugawa laws which prohibited such unauthorized exchange.⁵⁷

Although not related to state-sponsored medicine, the medical knowledge that Nakagawa Gorōji brought back from Siberia should be viewed within the context of the Tokugawa colonization of Ezo. By placing soldiers and other officials in border regions, such as Etorofu, the early modern Japanese state contested Russian claims to the southern Kuril archipelago. At these contested boundaries three civilizations met and medical information was exchanged at a largely unofficial level between Russians, Japanese and Ainu.⁵⁸ Similar to the port town of Nagasaki and other outlets where trade was conducted with Korea and the Ryukyu Kingdom, Ezo opened on to the outside world. But it opened much wider.⁵⁹

One of the central tasks given to physicians by the Hakodate magistracy in 1799 had been to 'bring the Ainu mortality rate down'.⁶⁰ Up to this point, the discussion has largely focused on the policy of dispatching physicians to Ezo and the exchange of medical knowledge that resulted from the Russian expansion into the Kuril archipelago. But this historical context is important. Jennerian vaccinations were part of a larger medical policy which was linked to other colonial activities initiated in 1799. From the beginning, Tokugawa policymakers had sought to keep the Ainu and Wajin mortality rates down; this meant employing physicians trained in Western medical techniques, such as surgery, still viewed with suspicion by mainstream society. In 1857 the shogunate went one step further, sponsoring a project to vaccinate both Ainu and Wajin in Ezo. Vaccinating Ainu even took precedent over vaccinations in Edo, which at this time still had not been endorsed by the Tokugawa regime.

⁵⁷ *Ibid.*

⁵⁸ For more on the exchange of *materia medica* between Ainu and Japanese in these contested lands, see my *Ecology and Culture in the Japanese Conquest of Ainu Lands*.

⁵⁹ Tsuruta Kei, 'Kinsei Nihon no yotsu no "kuchi"', in Arano Yasunori, Ishii Masatoshi and Murai Shōsuke (eds.), *Ajia no naka no Nihon shi: gaikō to sensō* [Japanese History in an Asian Context: Foreign Relations and War], 6 vols. (Tokyo, 1992–3), ii, 297–9.

⁶⁰ Takakura, *Ainu seisaku shi*, 139–40.

IV

JENNERIAN VACCINATIONS IN EZO

The most important work facing physicians in Ezo had always been tackling the threat that smallpox and other communicable diseases posed to Ainu. With available census information, it is possible to paint a rough picture of the overall demographic impact that epidemic diseases inflicted on the Ainu. The earliest reference to the Ainu population in Ezo put the number 'for the entire island' at about 20,000 during the 1670s.⁶¹ This probably underestimated the total Ainu population. While this figure might have accurately represented the population in eastern Ezo, much of the north, and areas in the Ishikari region, remained undeveloped and unexplored by Japanese in the late seventeenth century. Even after the painful defeat of Ainu warriors in Shakushain's War (1669), for example, Chief Haukase of the Ishikari region boldly warned the Japanese to keep out of his territory.⁶² Needless to say, accurate census information was difficult to obtain in this contentious political climate.

In fact, the number was probably closer to 40,000 Ainu on Sakhalin, the southern Kuril archipelago and Hokkaido.⁶³ However, these numbers are only speculative. Later, following Tokugawa direct rule, more accurate demographic data became available. In 1807, for example, the shogunate estimated the total population of Hokkaido Ainu at 26,256. By 1854, that number

⁶¹ *Tsugaru ittō shi* [A Record of the Unification of Tsugaru] (1731), bk 10, in *Shin Hokkaidō shi* [A New History of Hokkaido], ed. Takakura Shin'ichirō, 9 vols. (Sapporo, 1969), vii, 136; Shirayama Tomomasa, *Hokkaidō Ainu jinkō shi* [A Population History of Hokkaido Ainu] (Sapporo, n.d.), 29.

⁶² *Tsugaru ittō shi*, in *Shin Hokkaidō shi*, ed. Takakura, vii, 186. In 1669, after decades of warring with neighbouring Ainu under Chief Onibishi over access to natural resources, Ainu loyal to Chief Shakushain attacked Wajin in Shiraoui in the east, and near Yoichi in the west. In these initial attacks, about 273 Wajin were killed. The Tokugawa shogunate quickly dispatched liege vassal Matsumae Yasuhiro to 'subdue the barbarians'. Following some bloody fighting near Kunnui, a peace settlement was reached between Shakushain and Matsumae commanders in the east; however, during a feast to celebrate the end of the fighting, Shakushain and his leading generals were treacherously cut down by Japanese soldiers. For an explanation of these events, see Okuyama Ryō, *Ainu suibō shi* [A History of the Collapse of the Ainu] (Sapporo, 1966), 65–85. For a lengthy discussion of the events leading up to Shakushain's War, and the broader social and political implications, see my *Ecology and Culture in the Japanese Conquest of Ainu Lands*.

⁶³ Takakura, *Ainu seisaku shi*, 289.

had fallen to 15,171, a 43 per cent decline in forty-seven years.⁶⁴ In the nineteenth century, smallpox was the most prevalent epidemic disease in Ezo and it probably contributed significantly to this demographic decline. Despite the efforts of physicians, then, the Ainu population was contracting at an astonishing pace. If physicians were to implement the plan of administering care for Ainu and 'bring the death rate down', more effective ways needed to be explored. It was this desperate situation in Ezo which necessitated undertaking Jennerian vaccinations.

Following a second period of Matsumae rule in Ezo between 1821 and 1854, the Tokugawa regime again took charge. In 1854, magistracy officials, Muragaki Norimasa, who later accompanied the first Japanese embassy to the United States in 1860, and Hori Toshihiro, together undertook a lengthy inspection tour of Ezo. They made many observations during their travels, including commenting upon the need to promote a policy of 'agriculturization', upon the need to correct the mistreatment of Ainu by fishery supervisors, and upon the necessity of reducing the impact of epidemic diseases among Ainu. Muragaki recorded in his journal how the widespread dislocation caused by smallpox frequently inconvenienced the official party. In 1857, for example, he noted that when threatened by smallpox, Ainu near Oshamanbe fled into the nearby mountains, disrupting local fisheries. When the magistrates arrived, no Ainu porters remained to relay their luggage to Murooran.⁶⁵ Recognizing the need to address the problem of smallpox, upon arriving back in Hakodate, Muragaki set in motion what would become the expensive and complicated project of providing Jennerian vaccinations for both Wajin and Ainu in the northern region.⁶⁶

⁶⁴ Emori Susumu, *Ainu no rekishi: Hokkaidō no hitobito (2)* [A History of the Ainu: The Peoples of Hokkaido (2)] (Tokyo, 1987), 103. For similar numbers, see E. A. Hammel, 'A Glimpse into the Demography of the Ainu', *Amer. Anthropologist*, xc (1988), 28; Shirayama, *Hokkaidō Ainu jinkō shi*, 35–6.

⁶⁵ Muragaki Norimasa, *Muragaki Awaji-no-kami Norimasa kōmu nikki* [The Public Diary of Muragaki Awaji-no-kami Norimasa] (1857), in *Dai Nippon komonjo: bakumatsu gaikoku kankei monjo* [Ancient Documents of Greater Japan: Documents on Late Tokugawa Foreign Relations], ed. Tōkyō Daigaku Shiryō Hensanjo, 45 vols. (Tokyo, 1974), appendix iv, 410, 412.

⁶⁶ In light of his role in initiating the vaccination project, Masao Miyoshi's characterization of Muragaki as a man who achieved 'scarcely anything notable' in life needs to be viewed with some skepticism: see Masao Miyoshi, *As We Saw Them: The First Japanese Embassy to the United States* (New York, 1979), 154. For more on Muragaki, see Peter Duus, *The Japanese Discovery of America: A Brief History with Documents* (Boston, 1997), 150.

When Muragaki requested that vaccinations be undertaken in Ezo, the vaccine itself had been in Japan for less than a decade. However, as Jannetta has illustrated, once imported into Japan, the Jennerian vaccine spread at an astonishing pace. She has argued that by 1858, in fact, when a clinic was finally opened up in Edo, it could be claimed with some accuracy that the vaccine had reached virtually every province in Japan. Jannetta has described the introduction of vaccinations to Japan as a ‘collaborative effort’ between the shogunate, domain governments and a complex network of private physicians.⁶⁷ At first Tokugawa policymakers were reluctant to import a cowpox lymph or scab — it was the prerogative of the shogunate as national government to regulate ‘dangerous’ overseas contact, including the importation of certain medical technology — but ultimately Tokugawa policymakers played a key role in introducing the vaccine to Japan by sanctioning its importation, granting domains and private physicians the authority to disseminate the vaccine, and even facilitating the vaccination effort through Tokugawa administrative channels.

In Edo, for example, as one Tokugawa inspector general remarked in 1858, despite the ‘gracious nature’ of the vaccination programme, which was aimed at preventing epidemics among people throughout the ‘entire country’, some ‘outlaw bands’ continued to resist being vaccinated. ‘What kind of gratitude is this?’ asked the frustrated official. Ultimately, the shogunate decided that on certain dates children would be required to report to the vaccination clinics. Any complaints were to be voiced at the local administrative office. Children who still had not been vaccinated after these dates were to be caught, their names, birth-dates, sexes and addresses recorded and submitted to Ishihara Jinjūrō of the shogunate.⁶⁸ The official’s frustration is hardly surprising considering that, in the early nineteenth century, rowdy bands of youths had become a problem in Edo, extorting money from shrines and local merchants for ‘protection’.⁶⁹ With these kinds

⁶⁷ Ann Bowman Jannetta, ‘The Introduction of Jennerian Vaccination in Nineteenth-Century Japan’, *Japan Foundation Newsletter*, xxiii (1995), 8–9.

⁶⁸ Hokkaido Univ. Lib., RCNS, photograph of manuscript entitled ‘Matsudaira Echizen-no-kami sama gyūtō ofuregaki’ [Official Announcement on the Cowpox Vaccine from the Honourable Matsudaira Echizen-no-kami] (n.d.), in ‘Kuwata Ryusai kankei shiryō’ [Sources Related to Kuwata Ryūsai].

⁶⁹ Takeuchi Makoto, ‘Festivals and Fights: The Law and the People of Edo’, in James L. McClain, John M. Merriman and Ugawa Kaoru (eds.), *Edo and Paris: Urban Life and the State in the Early Modern Period* (Ithaca, 1994), 402.

of renegade bands, however, as with some Ainu, the shogunate was willing to use state channels and various forms of persuasion to see that they were vaccinated. Indeed, the early modern Japanese state, despite its initial reluctance, came to show a fundamental interest in the individual bodies of its subjects.

The case of Ezo illustrates this point, revealing that Ainu were increasingly being viewed by the shogunate as part of the 'entire country'. In the first month of 1857, Muragaki reported the dismal conditions of the Ainu to Edo. He urgently recommended that physicians knowledgeable in the Jennerian technique be quickly dispatched to Ezo to vaccinate both Wajin and Ainu. The shogunate responded early the next month, agreeing to dispatch hired physicians northward.⁷⁰ By the third month of 1857, the shogunate had posted announcements with town magistrates and town elders in Edo, explaining that the 'Ainu in Ezo have been dying in high numbers, and that for this reason the shogunate has ordered that they be vaccinated'. The announcement went on to say that the shogunate hoped to dispatch six physicians, three each to western and eastern Ezo. They would be asked to enter Ezo in the summer or autumn and to perform their task 'diligently'. The shogunate ordered that town physicians who considered themselves qualified for the task report to local administrative offices. Moreover, local officials, both town elders and neighbourhood chiefs, who knew of 'industrious physicians', were to submit their names to local administrative offices.⁷¹ By the fourth month of 1857, the town magistrate in Edo was able to confirm that six physicians from Edo had been found and would be promptly dispatched to Ezo.⁷²

Kuwata Ryūsai and Fukase Yōshun led the expedition to Ezo. At the time of his appointment by the shogunate, Kuwata held a position as private physician for Tsutsui Higo-no-kami of the magistrate of lances in Edo. Born the son of a samurai named Muramatsu Kiemon, he had entered a private Dutch Learning academy overseen by Tsuboi Shindō. In 1841, he became the adopted son of Kuwata Genshin and shortly afterwards a retainer of a middling Tokugawa official. He first obtained the cowpox

⁷⁰ The Tokugawa shogunate agreed to dispatch physicians on Ansei 4.2.28: see Takahashi, 'Kinsei Ezochi no shippei shi', 103.

⁷¹ Hokkaido Univ. Lib., RCNS, photograph of manuscript entitled 'Oboe' [Attention] (1857), in 'Kuwata Ryūsai kankei shiryō'.

⁷² The announcement was made on Ansei 4.4.27: see Muragaki, *Muragaki Awaji-no-kami Norimasa kōmu nikki*, 426.

vaccine in 1849, when he was a disciple of Itō Genboku. Kuwata was the kind of ‘industrious physician’ that the shogunate needed. In the space of about one year he was said to have vaccinated 1,028 children in Edo, cleverly luring the unsuspecting urchins into his clinic with sweets.⁷³

On the other hand, Fukase Yōshun had been born in Hakodate, the son of a private physician named Fukase Kōsai. He had, however, travelled to the mainland for the purpose of studying medicine under both Takeuchi Gendō at the Juntendō and Satō Taizen of Sakura domain. Following his studies, he became the principal at the Juntendō academy and remained there until being chosen for the expedition to Ezo.⁷⁴

Muragaki Norimasa received Fukase in Hakodate in the fifth month of 1857. Similarly, that same month, Muragaki noted in his journal that Kuwata Ryūsai, along with his three disciples, arrived in Hakodate.⁷⁵ Within days these ‘meritorious individuals’ were sent on their way. Initially, the magistracy ordered Kuwata, along with his disciples, to vaccinate in the region west of Oshamanbe; Fukase was to vaccinate from the region east of Yamakoshinai and Muroran to Nemuro and Akkeshi, and even cross over to Kunashiri and Etorofu.⁷⁶

Shortly afterwards, however, for reasons unknown, the magistracy reversed the arrangement and Kuwata was dispatched to eastern Ezo.⁷⁷ In his official orders from the magistracy, Kuwata was told that he would proceed to Yamakoshinai and Muroran, and then to Akkeshi, Nemuro and Kunashiri, vaccinating both Wajin and Ainu along the way. However, the magistracy cautioned that because Ainu were many and Wajin few, Ainu in eastern Ezo might resist; indeed, of the Ainu uprisings, both those of 1669 and 1789 had erupted in this region. If vaccinating in the east proved problematic, Kuwata was to submit a written statement and then proceed to western Ezo, possibly to areas

⁷³ Hokkaido Univ. Lib., RCNS, photograph of manuscript entitled ‘Mizoguchi Shuzennosho kerai Kuwata Ryūsai’ [Kuwata Ryūsai: Retainer of Mizoguchi Shuzennosho] (n.d.), in ‘Kuwata Ryūsai kankei shiryō’; Shimada, *Ezochi ika jinmei jūi*, 32; Takashita, ‘Kinsei Ezochi no shippei shi’, 104.

⁷⁴ Shimada, *Ezochi ika jinmei jūi*; Takashita, ‘Kinsei Ezochi no shippei shi’, 104.

⁷⁵ Kuwata Ryūsai’s three disciples were Inoue Genchō, Nishimura Bunseki and Akiyama Gentan: see Muragaki, *Muragaki Awaji-no-kami Norimasa kōmu nikki*, 547, 564.

⁷⁶ See *Dai Nippon komonjo*, ed. Tōkyō Daigaku Shiryō Hensanjo, xvi, 252–3.

⁷⁷ The change was recorded on Ansei 4.5.23: see Muragaki, *Muragaki Awaji-no-kami Norimasa kōmu nikki*, 573.

such as Ishikari, Tomamai, Rurumoppe or Sōya, and continue with the vaccination project. The magistracy noted that the most important consideration was to make sure that the two parties did not overlap.⁷⁸

After their arrival, one of the physicians, probably Fukase, requested permission to vaccinate by transmitting the vaccine from person to person. This is a surprising request considering that transmitting the lymph through human donors was the most effective way to vaccinate at the time. It was extremely difficult to keep a cowpox lymph alive. Muragaki had noted earlier in his journal that in connection with the Shojutsu Shirabesho, a school of Dutch Learning established along with the magistracy in Hakodate, a Tokugawa official, Chikaraishi Katsunosuke, had given seven bottles of cowpox lymph to an unnamed physician. He also noted about one month prior to the arrival of Kuwata and Fukase that bottles of the cowpox lymph had arrived in Hakodate.⁷⁹ It is difficult to know what to make of these short, but enticing, journal entries. There is a possibility that members of the Shojutsu Shirabesho had independently attempted vaccinations in Ezo about a month before the arrival of Kuwata and Fukase. Surely members in the Shojutsu Shirabesho were acquainted with foreign medicine and several had received their educations in Nagasaki, which makes it possible that some independent effort had been attempted; however, the bottled lymphs were probably ineffective. For this reason, Kuwata brought with him from Edo a child-donor carrying a live cowpox lymph in his body.

Later, upon returning to Edo, in the *Ezochi shutō kiji* [News on Vaccinations in Ainu Lands], Kuwata commented upon many of the problems that he had faced during the 1857 vaccination project.⁸⁰ Looking back before his arrival in Hakodate, Kuwata

⁷⁸ Hokkaido Univ. Lib., RCNS, photograph of manuscript entitled 'Mōshiwatashi' [Declaration] (n.d.), in 'Kuwata Ryūsai kankei shiryō'.

⁷⁹ Muragaki, *Muragaki Awaji-no-kami Norimasa kōmu nikki*, 427, 457, 464.

⁸⁰ I have been unable to locate the original manuscript entitled *Ezochi shutō kiji* [News on Vaccinations in Ainu Lands]. A partial citation of the document first appeared in Sekiba Fujihiko, 'Nakagawa Gorōji ga shutō jiseki: Ezochi ni okeru shutō gairyaku' [The Distinguished Vaccination Achievements of Nakagawa Gorōji: A Supplement Outline of Vaccinations in Ainu Lands], *Hokkai ihō*, lxx (1925), 25–6. Since that time, this partial citation has appeared in Sekiba Fujihiko, 'Ezochi no shutō wa honpō ni sakinzu: Nakagawa Gorōji' [Nakagawa Gorōji: Vaccinations in Ainu Lands Preceded Vaccinations in Our Country], *Ezo ōrai*, x (1933), 132–3; Takakura, *Ainu seisaku shi*, 342.

wrote that the shogun's senior councillor, Abe Masahiro, who had shown an early interest in fortifying Japan against Western encroachment,⁸¹ had ordered him to cross over to Ezo for the purpose of vaccinating the Ainu. At the Edo branch office of the Hakodate magistracy, Kuwata, together with Takenouchi Yasunori and Kawazu Saburōtarō, had decided on his stipend, and then he and his three disciples had left for Ezo. Kuwata had also brought along four young assistants, the child carrying the cowpox lymph and the child's parents. Including his disciples, this made eleven people in all. The expedition required one palanquin, one luggage carrier, three horses, three porters and a second smaller palanquin for the child. Once in Hakodate, Inoue Genchō, one of the disciples, had quickly departed for Kunnui. The following day Kuwata and now a second child carrying a cowpox lymph left for Washinoki, where he eventually met up with Inoue Genchō. Inoue told Kuwata that while he was attempting to carry out vaccinations, Ainu and some Wajin had taken cover in the mountains. He had tried to explain to them the benefits of the vaccination project, but neither group had wanted anything to do with smallpox — or cowpox, for that matter.⁸²

The fact that physicians had come to Ezo with the cowpox lymph had caused a great stir among both the merchants and their fishery supervisors. Indeed, a carnival-like atmosphere must have accompanied Kuwata and his disciples as they paraded their ceremonial palanquins along the rugged coastline of eastern Ezo, eager to insert vaccine into the first available Ainu's arm. In response to the panic caused by Inoue, Yoshioka Shintarō, a local Tokugawa official, rushed to Washinoki and persuaded Kuwata to wait there until conditions were under control. Kuwata waited for three days and then made his scheduled trip to Muroran. Along the way, local officials such as Ishiba Itsuki searched out frightened Ainu in the mountains, trying to explain to them the benefits of Jennerian vaccinations. Most Ainu, however, refused to return to their villages or fisheries.⁸³

The managers who oversaw the fisheries, individuals whom

⁸¹ Harold Bolitho, 'Abe Masahiro and the New Japan', in Jeffrey P. Mass and William B. Hauser (eds.), *The Bakufu in Japanese History* (Stanford, 1985), 175.

⁸² Kuwata, 'Ezo shutō kiji' (1857), cited in Sekiba, 'Nakagawa Gorōji ga shutō jiseki: Ezochi ni okeru', 25–6.

⁸³ *Ibid.*

Kuwata described as 'utterly incompetent', continually frustrated the efforts of Kuwata and his disciples. In fact, it appears that many merchants were extremely hostile towards the physicians and the magistracy for causing what they considered to be unnecessary disturbances on their fisheries. In most cases they were worried about costly delays. Without the co-operation of merchant officials, who were the best acquainted with local Ainu, Kuwata might have had to abandon eastern Ezo.⁸⁴

None the less, despite these initial difficulties, when the Tokugawa shogunate had decided to allocate the resources necessary to vaccinate in Ezo, some revealing decisions had been made. The shogunate could easily have limited vaccinations to the area known as Wajinchi, where most Japanese settled on Hokkaido, confining medical treatment and vaccinations to all ethnic Japanese. Instead, it ordered physicians to provide medical treatment and vaccinations to both Wajin and Ainu and to do so throughout Hokkaido, as well as Kunashiri, Etorofu and ultimately southern Sakhalin. State officials understood these regions, along with their native inhabitants, to be within the boundaries of their administrative concerns. The magistracy outlined a plan for vaccinating in Ezo and consciously mapped out which bodies, regardless of ethnicity or social affiliation, were within the borders of the Japanese polity. The construction of roads and the development of administrative networks may have accompanied Tokugawa direct rule in Ezo, but none of these initiatives touched individual Ainu quite like vaccinations. Indeed, the benevolent hand of the Japanese state vaccinated each Ainu, a reminder that these people, whose identity had once been defined by Ainu forms of social affiliation and hierarchy, now shared a new experience: they were newly identified wards of the early modern Japanese state.

V

A POLITE METHOD OF PERSUASION

In the three eastern areas of Horomoshiri, Honioi and Nemuro, Inoue Genchō realized just how obstructive Wajin, both local magistracy officials and merchants, could be to the vaccination project. According to Ōnishi Einosuke, a local observer, one

⁸⁴ *Ibid.*

incident started when a fishery supervisor named Tetsuzō, from Kaga domain, submitted a request to Kanai Seizaburō, of the Nemuro magistracy office, asking that physicians not come to these three areas as Ainu had threatened to take shelter in the mountains if the vaccine arrived in their villages.⁸⁵ His request was quickly denied. ‘Of course’, responded Kanai, ‘the Ainu are a stubborn and foolish people’; yet, because the Tokugawa project to vaccinate Ainu represented such an ‘extraordinary effort’, local fishery supervisors and magistracy officials should take the time to properly ‘persuade’ Ainu of the benefits of vaccinations. He noted that the earlier successes of Kuwata Ryūsai and Inoue Genchō, in regions such as Nishibetsu, Bekkai and Menashi, all nearby in the east, had been solely a product of ‘polite persuasion’ (*konyu sōrō*).⁸⁶

Late in 1858, after Kuwata had left Ezo, officials decided that Inoue Genchō, who had stayed on in eastern Ezo to finish up the project, should spend the winter in Shari. Because he had quickly vaccinated local Wajin and Ainu, and prescribed medications for the sick, he decided to spend the winter near Akkeshi instead. In the eleventh month of 1858, Inoue departed Shari for Shibetsu, where he carried out vaccinations and distributed medicine to about a hundred people. From Shibetsu, he travelled along the icy coast, arriving in Horomoshiri in the twelfth month of 1858. While in Horomoshiri, he received an ‘unofficial’ letter from Kanai Seizaburō. Apparently revising his earlier commitment to the vaccination project, Kanai explained that because Ainu in Horomoshiri, Honioi and Nemuro had refused vaccinations, Inoue should skip these three locations and proceed directly to Akkeshi. Inoue quickly requested meetings with both Tetsuzō and Kanai, but both refused.⁸⁷

It appeared on the surface that Ainu, out of their ignorance, had simply refused to be vaccinated; however, recourse to Ainu elders in Nemuro proved otherwise. As it turned out, it was the local Wajin merchants who most feared the vaccination project. Upon his arrival in Horomoshiri, Nishike, an Ainu elder from Hetsukai village, made the case to Inoue that if Ainu were ‘politely

⁸⁵ Ōnishi Einosuke, ‘Nemoro dojin shutō no gi ni tsuki mōshiage sōrō kakitsuke’ [Notes on the Directives Concerning the Vaccination of the Ainu in Nemuro] (1859), in *Kusuri* [Kushiro], ed. Matsumoto Narumi, 5 vols. (Kushiro, 1996), v, 31–8.

⁸⁶ *Ibid.*

⁸⁷ *Ibid.*

persuaded' they would quickly consent to vaccinations 'with the same poise' as other Ainu in the east. Similarly, Tomikufu and Kintoki, two local Ainu elders, also pushed for more 'polite persuasion' from supervisors and hired physicians. Moreover, Inoue later received an 'unofficial' letter from two Ainu brothers, Takanusa and Ahesaaeno, and an anonymous fishery supervisor, explaining that 'it is true that Ainu in this area refuse to be vaccinated, but if persuaded once more, they would likely consent'.⁸⁸

One of the reasons that Ainu had originally refused vaccinations was Wajin pressure. Ōnishi even implicated the magistracy official Kanai Seizaburō in a plot to obstruct the vaccination project. Many fishery supervisors appear to have told Ainu to refuse vaccinations because it would delay the transportation of firewood and lumber, as well as put them behind schedule in preparations for the coming fishing season. Yet, despite these attempts to mislead Ainu, in the first month of 1859, after meeting with Ainu elders, Inoue vaccinated Ainu in Horomoshiri. Before his departure for the village of Honioi, though, he received another urgent letter from Kanai, asking that he not go to the village as originally planned. The 'situation is severe', wrote Kanai; there was talk that Ainu were threatening to 'take cover in the mountains'. On the surface, this letter appeared to contradict the positive gains made in discussions with Ainu elders who had consented to be vaccinated.⁸⁹

It was then reported that fifteen Ainu women from Honioi had disappeared, including Ahesaaeno's sister. 'It being the middle of winter', observed Ōnishi, 'there is no reason that they should have quickly left the village'. Honioi Ainu and fishery supervisors feared that they had fled from the physicians. However, on their own initiative, other Honioi Ainu began arriving at the guard post demanding to be vaccinated. Shortly afterwards, the fifteen women also arrived and everyone in Honioi and, later, even Nemuro, was successfully vaccinated. Ōnishi later implicated Kanai Seizaburō in the disappearance of the fifteen Ainu women. He accused Kanai of possibly persuading Ahesaaeno to convince his sister to run away with her friends to thwart the vaccination effort in eastern Ezo.⁹⁰

Still, it did not always take village elders to bring Ainu to

⁸⁸ *Ibid.*

⁸⁹ *Ibid.*

⁹⁰ *Ibid.*

administrative posts to be vaccinated; some individual Ainu, who understood first-hand the destructive impact of smallpox, also took the initiative. An interesting, but clearly romanticized, account recorded by Matsuura Takeshirō illustrates how some Ainu were willing to take a chance with the foreign medical procedure. He noted that in early 1857, in the Abuta area, both Wajin and Ainu had fled into the mountains when they heard that physicians were on their way with the cowpox vaccine. However, Tomiante, a local Ainu, together with his sickly son, Rokutarō, travelled to Shizukari (near Abuta) to meet Kuwata.⁹¹ Tomiante told Kuwata that he wanted to be the first Ainu vaccinated. 'Of my five children', he lamented, 'four have died. Even my remaining son is now deathly sick . . . This thing called a "vaccination", of which the other Ainu and fishery managers are so afraid, I would like to try it'. Tomiante reasoned that if he died others would know not to be vaccinated. Kuwata believed Tomiante to be so heroic that he gave him a pair of his own trousers (the pair Tomiante was wearing having no crotch!). Matsuura was normally critical of state and merchant policy in Ezo, but he praised the 1857 vaccination project as a 'good thing', and noted that everybody felt grateful for Kuwata's effort.⁹²

The above accounts, particularly Ōnishi's observations, illustrate the importance of Ainu elders in the vaccination project. To start with, Ainu elders demanded that they be 'politely persuaded'. In reality, 'polite persuasion' required that physicians and magistracy officials work through local Ainu political and social hierarchies, rather than simply impose state-sponsored medicine from above. From this point forward, physicians used Ainu ceremonial greetings such as the *omusha* to tap into local Ainu social hierarchies and gain consent for the procedure. Ainu elders, like their Japanese counterparts in peasant villages on the mainland, served as a nexus of state-society contact at the local level.⁹³ These not being 'Japanese' communities, however, the physicians were forced to alter their approach to conform to a foreign system of inter-community relations. Indeed, there were several foreign systems: even in the nineteenth century, Ainu

⁹¹ Matsuura Takeshirō, 'Kinsei Ezo jinbutsu shi' [A History of Individual Early Modern Ainu] (1858), in *Matsuura Takeshirō kikōshū* [The Complete Travel Diaries of Matsuura Takeshirō], ed. Yoshida Takezō, 3 vols. (Tokyo, 1978), iii, 169–70.

⁹² *Ibid.*

⁹³ On village headman as 'nexus' of state-society contact, see James W. White, *Ikkū: Social Conflict and Political Protest in Early Modern Japan* (Ithaca, 1995), 300–1.

were anything but a homogeneous and politically unified people. They might have shared some broad cultural similarities, but the majority affiliated themselves with local chiefdoms centred near river systems or watersheds.⁹⁴ Ainu from the Saru River in eastern Ezo, for example, identified themselves as *Sarunkur* (lit., 'people of Saru'). Just because Saru elders consented to have their people vaccinated did not mean that Akkeshi elders would do so. Therefore, what success the 1857 vaccination project enjoyed was largely the result of compromise and consent between state interests and local Ainu elders throughout Ezo.

And most meetings with Ainu elders appear to have been successful. Although Inoue Genchō ran into problems vaccinating in eastern Ezo in 1858, earlier efforts in 1857 had met with more success. Upon setting out from Hakodate, for instance, Kuwata had managed to vaccinate 30 Ainu in Yūfutsu. Later, in the seventh month, the number increased to 114. These high numbers were partially due to the efforts of Ainu elders, as well as the efforts of Suzuki Shōsuke, a Tokugawa official who had been closely involved in a deadly 1845 outbreak of smallpox in the Mitsuishi-Shizunai area and understood the importance of the vaccination project.⁹⁵ A look at the periodic status reports dispatched to the Hakodate magistracy reveals that despite some initial problems, the vaccination project gradually picked up steam. Kuwata was even able to report from Murooran that, with the exception of the unexpected death of a local Wajin official, the vaccinations were proceeding well.⁹⁶ The improved results reflected state and local Ainu co-operation.

Local Tokugawa administrative channels also proved essential. In the seventh month of 1857, following his successful vaccination activities in Yūfutsu, Inoue prepared to continue east towards Nemuro. The Yūfutsu administration office made arrangements for him to receive two horses from each fishery stable in eastern Ezo. These orders were despatched prior to his departure so that his accommodations could be made in advance. This meant, for

⁹⁴ On the five inter-chiefdom regionalities, see Kaiho Mineo, *Nihon hoppōshi no ronri* [The Logic of Northern Japanese History] (Tokyo, 1974), 100. On Ainu river-based communities, see Hitoshi Watanabe, *The Ainu Ecosystem: Environment and Group Structure* (Tokyo, 1972), 56, 69–70, 77–8.

⁹⁵ Muragaki, *Muragaki Awaji-no-kami Norimasa kōmu nikki*, 661. On the 1845 Shizunai-Mitsuishi smallpox epidemic, see Hokkaido Univ. Lib., RCNS, 'Hōsō ikken' [Smallpox Incident], 1845.

⁹⁶ Muragaki, *Muragaki Awaji-no-kami Norimasa kōmu nikki*, 696.

example, fixing the rate at local travel inns, which included three meals. Yūfutsu officials explained that fishery managers should be ‘aware’ that the physicians carried the cowpox lymph.⁹⁷ The intended purpose of their comment was to prevent the sort of disorder among fishery managers and Ainu that Kuwata had experienced near Washinoki. Judging from the initial behaviour of Ainu and local Wajin, however, there is little reason to believe that the warnings were effective.

As with children and the ‘outlaw bands’ of Edo, the shogunate was not afraid to make people consent to vaccinations. In his capacity as a Tokugawa-employed physician, Kuwata ordered Sendai troops stationed in eastern Ezo to seek out Ainu in the mountains and forcibly bring them to the administrative post where they were vaccinated. Once at the post, Kuwata claimed that with the help of his disciples he was able to vaccinate between 200 and 300 Ainu per day.⁹⁸ Reports, however, remained mixed from region to region.⁹⁹

The shogunate also appears to have used the prospect of obtaining *ikor*, or ‘treasures’ acquired in trade with Wajin, as a method of luring Ainu to vaccination centres. At least one contemporary painting, Hirasawa Byōzan’s *Ezōjin shutō no zu* [An Illustration of Ainu Vaccinations] (1857), depicts Kuwata and his disciples, flanked by several Tokugawa officials and a record-keeper, vaccinating Ainu, while surrounded by cotton and silk clothing, lacquered cups, bowls and other containers, as well as rice, yeast and barrels of saké (Plate). The painting lends a ceremonial atmosphere to the vaccinations, with Ainu children running around a large open fire and adults chatting in small groups.¹⁰⁰ In short, the shogunate appears to have used every means available — from armed coercion to the prospect of trade — to bring Ainu to designated centres to be vaccinated.

VI

MEDICINE AND THE AINU BODY AND CULTURE

With the 1857 vaccination project, Kuwata and his disciples, drawing on a medical technique born in the dairy farms of

⁹⁷ Hokkaido Univ. Lib., RCNS, photograph of manuscript entitled ‘Sakibure’ [Preliminary Announcement] (1857), in ‘Kuwata Ryūsai kankei shiryō’.

⁹⁸ Kuwata, *Ezochi shutō kiji*, 26.

⁹⁹ See *Dai Nippon komonjo*, ed. Tōkyō Daigaku Shiryō Hensanjo, xviii, 215.

¹⁰⁰ Hokkaido Univ. Lib., RCNS, Hirasawa Byōzan, ‘Ezōjin shutō no zu’ [An Illustration of Ainu Vaccinations], 1857.

Gloucestershire, inserted a cowpox lymph into the arms of the Ainu. What Ainu thought about during the quick and sometimes painful procedure can only be conjectured. However, the process undoubtedly had profound cultural implications and it needs to be viewed within the context of the Japanese colonization of Ezo. To elaborate, Ainu believed smallpox to be *Payoka Kamuy*, a god that communed between temporal and metaphysical planes of existence, whimsically transforming people into *tukap*, or ghosts, that wandered the human world spreading more pestilence. At least from the early seventeenth century, Ainu diviner/physicians (*uepotarakur*) had attempted, with both medication and ceremony, to deal with the heavy destruction caused by smallpox.¹⁰¹ But nothing helped.

As early as 1715 Matsumae Norihiro had remarked that when an outbreak of smallpox occurred Ainu ‘priests’ conjured up miracles through ‘exorcisms’, attempting to placate *Payoka Kamuy*.¹⁰² Later, Matsuura Takeshirō noted that Ainu also possessed medicines for smallpox, as well as colds, ‘eye sickness’, ‘dizziness from childbirth’, mouth sores, spasms or hysteria, chest pains, abscesses or boils, and even nosebleeds.¹⁰³ On Kunashiri and Etorofu, he wrote, Ainu used plants such as *eburiko* (Ainu, *siw karus* or *kuy karus*; *Fomes officinalis*) and *ikema* (Ainu, *ikema*; *Cynanchum caudatum*) to combat smallpox and other epidemic diseases.¹⁰⁴ Ainu healers believed *ikema* to be more effective against smallpox. In fact, they considered it potent enough to drive *Payoka Kamuy* away if it was chewed up and the juice was blown from the mouth over the victim, or even throughout the infected area.¹⁰⁵ In reality, Ainu ceremony and medicine did little to stop the deadly contagion and Ainu elders could only watch as their people died in distressing numbers, weakening their

¹⁰¹ Sekiba Fujihiko, *Ainu ijidan* [Medical Matters among the Ainu] (Tokyo, 1896), 29; Neil Munro, *Ainu Creed and Cult* (Westport, 1962), 99–102.

¹⁰² Matsumae Norihiro, *Shōtoku gonen Matsumae Shima-no-kami sashidashi sōrō kakitsuke* [Notes Submitted by Matsumae Shima-no-kami in 1715] (1715), in *Saisen kai shiryō* [Historical Sources of the Saisen Association] ed. Takakura Shin'ichirō (Sapporo, 1982), 135–6.

¹⁰³ Matsuura Takeshirō, ‘Tokachi nisshi’ [Tokachi Diary] (1858), in *Matsuura Takeshirō kikōshū*, ed. Yoshida, iii, 346.

¹⁰⁴ Matsuura Takeshirō, *Sankō Ezo nisshi* [A Diary of Three Crossings into Ezo] (1850), ed. Yoshida Takezō, 2 vols. (Tokyo, 1971), ii, 438–9.

¹⁰⁵ John Batchelor and Miyabe Kingo, ‘Ainu Economic Plants’, *Trans. Asiatic Soc. Japan*, xxi (1893), 208.



A detail from Hirasawa Byōzan, *Ezojin shutō no zu* (1857). The painting illustrates Kuwata Ryūsai and two disciples vaccinating Ainu in eastern Ezo. Seated on the left is a record-keeper; three shogunal officials are seated in the background. Behind the shogunal officials are Japanese-manufactured items that Ainu commonly referred to as *ikoir*, or treasures. Items such as lacquered cups and bowls, textiles, rice and saké were probably used to entice Ainu to state-sponsored vaccination centres. (Courtesy of the Resource Collection for Northern Studies, Hokkaido University Library, Sapporo, Japan)

capacity as a people to resist the Japanese exploitation of their fishing and hunting grounds.

That Japanese physicians, with the prick of the arm, could succeed where Ainu medicine and ceremony had failed, providing a medicine so potent that it destroyed one of the most powerful gods in the Ainu pantheon, must have challenged the very foundation of their cultural order, as well as their autonomy in Ezo. Indeed, as described by William H. McNeill, disease and medical culture had played just such a role in undermining the political autonomy of the Aztec empire. The Spaniards who landed on the American continent in 1520 were often immune to smallpox, but the Aztecs were not. That the Spaniards survived the disease while the Aztecs died in appalling numbers was construed by the Aztecs as divine approval for the Iberian colonial enterprise. The Christian God was obviously more powerful than their own deities.¹⁰⁶

Ramon A. Gutierrez has identified similar trends with the Pueblo Indians. In Pueblo society, diseases were understood to be 'witches', and thus required both herbal medications and elaborate exorcisms to be expelled from the victim. If the victim died, the Pueblo Indians believed that the ceremony had been botched. In some cases, Spanish friars undermined the position of local medicine men by performing acts of 'medical miracles', demonstrating themselves to be more powerful healers than traditional Pueblo leaders. These medical miracles, whether real or imagined, weakened Pueblo religious systems and culture in the face of missionary activity, facilitating Iberian settlers in present-day New Mexico.¹⁰⁷ Disease and medical culture, even when projected through the lens of religion, were manipulated to undermine the autonomy of these peoples. Similarly, state-sponsored medicine and Jennerian vaccinations in Ezo convinced Ainu that their own medical culture and metaphysical order were inferior, throwing doubt on the very foundations of their autonomy. Moreover, vaccinations and other forms of Japanese medicine helped outsiders usurp the powerful *uepotarakur*, who traditionally enjoyed leadership roles in Ainu villages. Tokugawa officials could easily fill, and use to their political or financial advantage, these prestigious positions, directly influencing Ainu affairs.

¹⁰⁶ William H. McNeill, *Plagues and Peoples* (New York, 1979), 184.

¹⁰⁷ Ramon A. Gutierrez, *When Jesus Came the Corn Mothers Went Away: Marriage, Sexuality, and Power in New Mexico, 1500–1846* (Stanford, 1991), 32, 56.

Indeed, John Batchelor wrote of Ainu leadership in the nineteenth century: 'Japanese had taken away all semblance of power from them (the Ainu) as a race, deposing their hereditary chiefs, and setting up men of their own choosing in their place'.¹⁰⁸

The *Ezo no kyōkai* [The Boundary of Ezo] (1858), another work written by Kuwata Ryūsai after he returned to Edo, also illustrates the colonial overtones of the vaccination project. In this short work, Kuwata put a Neo-Confucian spin on state-sponsored medicine, arguing that the Tokugawa effort was an example of the extension of administrative 'benevolence' to the 'barbarians' of Ezo. For Kuwata, state-sponsored medicine attempted to introduce Ainu to a more civilized and healthy — at least as Japanese construed the notion of 'healthy' — way of life. He wrote that the customs of Ezo, particularly when compared with the 'overly extravagant lives' that many Japanese led in Edo, were backward and unhealthy. He noted that Ainu wore clothes woven from elm bark (Ainu, *attus*) and deer pelts, while their 'make-shift houses' were simplistically constructed with crude straw mats instead of doors. They were 'basically the same as dog houses'. It was important that public medicine transform Ainu habits, he argued, to make them more healthy and, consequently, more Japanese.¹⁰⁹

European colonial governments similarly used state-sponsored medicine and vaccinations to bolster their claims to benevolent imperial rule over colonial subjects. As early as 1815, the Dutch had standardized vaccinations in Java as part of their colonial enterprise in the Malay archipelago.¹¹⁰ Moreover, as David Arnold has observed, the East India Company used vaccinations as 'fresh proof' of their 'humane and benevolent' rule over their Indian subjects. Vaccinations were 'an additional mark of the fostering care of the British government in India'.¹¹¹ In India, smallpox was believed to be the goddesses *Sitala* (lit., 'the cool one') and *Mata* (lit., 'mother'), and it remains likely that vaccina-

¹⁰⁸ John Batchelor, *The Ainu and their Folklore* (London, 1901), 280.

¹⁰⁹ Hokkaido Univ. Lib., RCNS, Kuwata Ryūsai, *Ezo no kyōkai* [The Boundary of Ezo], 1858.

¹¹⁰ Peter Boomgaard, 'Smallpox and Vaccinations on Java, 1780–1860: Medical Data as a Source for Demographic History', in A. M. Luyendijk-Elshout (ed.), *Dutch Medicine in the Malay Archipelago* (Amsterdam, 1989), 124.

¹¹¹ David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley, 1993), 135–6.

tions, having succeeded where Indian medical culture failed, at least called into question some indigenous belief systems.¹¹²

Kuwata's proclamation that the 1857 vaccination project, funded and carried out by the Tokugawa shogunate, was a 'mission of mercy undertaken to save the Ainu', smacks of the same language used by the Dutch and English. Even if the Tokugawa vaccination effort fell short of 'reforming' Ainu customs and forcing them to become more 'Japanese', as colonial subjects they were under Tokugawa direct rule and eligible for the same demonstrations of benevolent government as other Japanese. The vaccination project, although employing Western medical technology, was articulated through the Neo-Confucian notion of moral government which stressed benevolence toward all subjects. This meant that to be a recipient of Tokugawa benevolence was to be under the paternalistic care of the state.¹¹³ For Kuwata, the Ainu and the geographic area of Ezo easily fit within a newly conceived 'national' space. Individually vaccinating each inhabitant, regardless of ethnicity, gender or age, was one way that the modernizing Tokugawa state asserted its hegemony in the north.

VII

EPILOGUE

Following his first pass through western Ezo in 1857, Fukase again met with Muragaki in Hakodate. At the meeting he received orders to proceed through western Ezo to Sōya; along the way he was to vaccinate four Ainu in Yamakoshinai, other Ainu in the upper Ishikari River region, four at Mashike, and those of the upper Teshio River region who had been missed for one reason or another during his first tour.¹¹⁴ Magistracy orders specified that he was to 'cross over' to southern Sakhalin from Sōya, then return to the main island and vaccinate along the northern Okhotsk coast toward Abashiri.¹¹⁵ However, outside these orders, little else is known of his vaccination activities.

In the ninth month of 1857 Kuwata returned to Hakodate, and, by the eleventh month, he was in Edo. Muragaki recorded in his public diary that in Ezo Kuwata vaccinated 5,150 people

¹¹² *Ibid.*, 121–5.

¹¹³ Kuwata, *Ezo no kyōkai*.

¹¹⁴ See *Dai Nippon komonjo*, ed. Tōkyō Daigaku Shiryō Hensanjo, xix, 391.

¹¹⁵ Muragaki, *Muragaki Awaji-no-kami Norimasa kōmu nikki*, 78.

altogether. On top of his monthly stipend, he was paid a set amount per person vaccinated. Muragaki calculated that at this rate the shogunate owed Kuwata well over 321 *ryō* in gold. The stipend appeared high, however, and Muragaki decided to write to Edo.¹¹⁶ Despite some wrangling on the part of the shogunate, this appears to have been the amount that Kuwata received, but others, such as Inoue Genchō, wound up with significantly less.¹¹⁷

Regarding the overall success of the vaccination project, some regional statistics are available. In the fourth month of 1859, Nemuro officials reported to the magistracy that 83 per cent (510 out of 611) of the men and women inhabiting that region had received vaccinations. Of those who had not been vaccinated, some were already extremely sick, others elderly, and the remaining 69 for one reason or another simply had not been vaccinated.¹¹⁸ In Niikappu, also in eastern Ezo, 406 out of a total 424 people (95 per cent) had been vaccinated. In eastern Ezo other statistics are available: Shizunai, 437 out of 675 (68 per cent); Mitsuishi, 149 out of 226 (66 per cent); Urakawa, 371 out of 467 (80 per cent); Shamani, 96 out of 183 (48 per cent); Horoizumi, 34 out of 106 (34 per cent); and Tokachi, 61 out of 1,247 (6 per cent).¹¹⁹

Of the total 16,136 Ainu known to have been living on Hokkaido in 1854, with 10,883 inhabiting the eastern section of the island alone, vaccination records are available for only 3,939, or 24 per cent for the entire island (36 per cent for the eastern section).¹²⁰ At a local level, the vaccination project in Ezo was surprisingly effective, with an average of 60 per cent of the inhabitants being vaccinated in the eight regions for which records are available.

In retrospect, vaccinations in Ezo were an expensive and time-consuming project at a period when the Tokugawa regime had neither time nor money.¹²¹ However, as the nineteenth century progressed and Japan lurched toward the Meiji Restoration of 1868, the Tokugawa regime understood the need to define

¹¹⁶ *Ibid.*, 786–7.

¹¹⁷ See *Dai Nippon komonjo*, ed. Tōkyō Daigaku Shiryō Hensanjo, xxvii, 406–9.

¹¹⁸ *Ibid.*, xxiii, 172.

¹¹⁹ Takakura, *Ainu seisaku shi*, 342–3.

¹²⁰ Hammel, 'A Glimpse into the Demography of the Ainu', 28.

¹²¹ The Tokugawa regime was only five years away from what Conrad Totman has coined their 'loss of primacy' in Japan: see Conrad Totman, *The Collapse of the Tokugawa Bakufu, 1862–1868* (Honolulu, 1980), 3–31.

'Japan', particularly in the north, in the face of a hostile international environment. Providing state-sponsored medicine was one way that the early modern Japanese state demarcated its realm, even at the level of the individual body, making it clear that the physical health of the inhabitants of Ezo, whether Ainu or ethnic Japanese, were the concerns of the Tokugawa regime.

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