

Students Session

Reconsider the historical meaning of the Mental Patients' Custody Act and its actual practice of public confinement.

Motoyuki GOTO (Hitotsubashi University)

The Mental Patients' Custody Act (1900) was the first national legislation that related with confinement of the insane in Japan. Hitherto, most of the previous studies have defined this act as a provision that had legalized the confinement at home, which called 'shitaku-kanchi (home custody)' normally practiced by the family.

However, this Custody Act (Article 6) and its operational format (Imperial Edict No. 282 of the 33th year of Meiji era) also stipulated the public confinement in the responsibility of the local government only when the patients had no 'custodian', who was responsible for his or her confinement. For example, in 1937, about 10,000 patients were in hospitals by public fund, of which almost half of them were practiced by this Custody Act. As a result, this Act has mobilized not only the increase in number of hospitalized patients but also the number of mental hospitals in Japan in 1930s.

Thus, this Mental Patients' Custody Act as well as the Mental Hospitals Act (1919), which aimed to build the public asylums, had played a significant role in the process of the construction of psychiatric institutional confinement in pre-war Japan.

Considering the situation above, the question I want to raise here is what was the reality of the public confinement that was utilized by this Custody Act. To examine this, I will introduce some primary administrative documents concerning patients under the public confinement that are preserved in the Kawasaki City Archives, Kanagawa prefecture. These documents contain the 58 patient's information which were treated by the Article 6 from 1919 to 1938, and it shows us how the Custody Act was operated by the local government.

In this presentation, I will also show some statistical data, which demonstrate the importance of the Mental Patients' Custody Act for the public confinement and to show the actual practice of the public confinement that has been little described so far.

Motoyuki GOTO is a Ph.D candidate at Graduate School of Social Science, Hitotsubashi University. His research field is hygiene policy in modern Japan, especially focuses on Hansen's disease and mental illness. Through the consideration of socio-economic factors and bed supply system, he tries to clarify the reasons why modern Japanese

hygiene policy relied so heavily on patients' isolation and confinement to tackle with these chronic diseases.

War Neurosis in Imperial Japanese Army: The Politics of Inclusion and Exclusion under All-out War System

Eri NAKAMURA (Hitotsubashi University)

Although numerous studies have been made on “shell-shock” in some European countries and US during World War One, little is known about how Japan experienced total war and war-neurosis. In Japan, there were some cases of mental disorder in Russo-Japanese War, and after the Second Sino-Japanese War started, Kohnodai military hospital, which specialized in mental and neurological disorder, was established in 1938. Hiroyuki Shimizu and his co-authors were the first scholars to survey medical records of Kohnodai military hospital.

It is obvious that Kohnodai military hospital was the main actor which dealt with war neurosis, but it was not the only one. In this research, I will pay attention to the other actors: commissioned officers who were concerned with military education, and technocrats of the external bureau of Ministry of Welfare. Both actors appeared at the request of total war and they were influenced by Western experience in World War One. To the former actor, war neurosis was a matter of morale. We can get a glance into the borderline between “normal” and “abnormal” soldiers by comparing their argument with the one of doctors in Kohnodai military hospital. Meanwhile, the latter actor was engaged in the policy of favorable treatment to those who got injured or sick in the war. Under all-out war system in Japan, it was important to unite the disabled veterans to the nation and they received medical treatment, outplacement and disability discounts. Moreover, the latter actor tried to destigmatize the war disabled.

Through exploring these two actors in addition to the treatment in Kohnodai military hospital, I will reconsider the history of war neurosis in Japanese Army from the point of view of the politics of inclusion and exclusion under all-out war system.

Missionary Medicine in Early Modern Korea: Religion, Modernity, and the Construction of Hybridity

Toshika ODA (Waseda University)

In modern Korea, the introduction and spread of Western medicine was pursued by two types of western medical system: one is missionary medicine conducted by Christian missionaries, and the other colonial medicine systematized by the Japanese colonial government. This paper focuses primarily on the former to examine the complex, hybrid and sometimes contradictory aspects of missionary medicine in early modern Korea.

Missionary doctors competed not only with Japanese colonial institutions of medicine, but also with local sorceresses as well as traditional doctors for the medical market. Many Koreans became interested in Christianity through the treatment of diseases by Western medicine and surgical skills. However, the respect for both folk and traditional healers and the belief in the healing effects of folk and traditional medicine were so deep-rooted that protestant missionaries had to face great challenges while introducing their modern scientific method and practice. What made missionaries most perplexed and puzzled was the common belief among Koreans that disease is caused by evil spirits.

The first generation missionaries in Korea, firmly believing their system of medicine is the only rational approach, ignored the values of Korean traditional and folk medicine by contemptuously regarding them as “superstition” and “magic”. On the other hand, as a result of the cultural encounters between Christian missionaries and Korean people, the missionaries would have taken advantage of the existence of such traditional and shamanistic view of medicine among Koreans to implant their minds with the Christian doctrine that Jesus was “the divine physician” who was able to cure the disease of not just the body, but also the soul. It suggests, as a consequence of the cross-cultural negotiations, the missionaries had taken a step toward shamanism and its spiritism.

In contrast to the common view that protestant missionaries strove to exclude and eradicate traditional and shamanistic view of medicine in the name of western rationalism and modern civilization, the first generation of Anglo-Saxon missionaries to Korea made a theological compromise to perform “better” in new situations, and formed hybridity.

Toshika ODA is currently a PhD candidate at the Graduate School of Asia-Pacific Studies, Waseda University. She earned her MA in Psychology with a specialty in Health Psychology from Waseda University. After its completion, she redirected her attention to the history of health and medicine. Her particular area of research is history of missionary medicine in modern Korea. Her research interests include the

intersections of medical history and religious history, medical modernization and its relationship to social change, science and technology in medicine and their influences on people's perceptions of health and illness.

Historical Transformation of Noguchi Seitai - Traditional Japanese Medicine and "Wild Bioethics

Tetsuro TANOJIRI

NOGUCHI SEITAI (NS) as the thought and practice of life was born in the traditional Japanese culture at modern age Japan. NS is one of the traditional Japanese medicine (TJM) practice and thought. NS is one of the "invented tradition (Hobsbawm)", so it has a commonality of several modern western thinkers. On the other hand, NS has been thought as one of the most important traditional thought and it has many pre-modern factors. And many Japanese thinkers at modern age have been much influenced by NS as the thought of life since 1930's. So NS is often criticized because it has the logical potentiality of fanatic Anti-modernism and nationalistic totalitarianism. But NS can overcome criticism by its internal thought and practice. Because it was created as the result of reflexive modernization (Ulrich Beck), so NS has the potential of construction of modern communities and ethics.

I evaluate through the method of comparative philosophy the idea of NS and to clarify its possibilities and limits. First, I identify NS and its own uniqueness. Next, I describe a view of death and life based on a certain kind of altered states of consciousness (ASC) as non-dualism and also demonstrate that NS is a system aimed at the constant awareness of ASC. Third, I will then evaluate NS by three viewpoints, the concept of "nature", "Education as Transformation (Richard Katz)", "Reflexive modernization". The spread of NS thought and practice to society is accompanied with mutually serious conflicts among society and NS. In order to solve these difficult problems, the modernized traditional approaches adopted and created by NS practitioners are effective for ZENSEI of the individuals at modern age. ZENSEI means the fullness of life. It is one of the most important concepts of NS. NS as the thought and practice of life is one of the most typical Medical and Spiritual model of reflexive modernization.

Distance Trading of Zhang-Shu Medical Merchants in Qing Dynasty, China.

Akira ISHIKAWA (Gakushuin University)

Throughout the Qing dynasty (from A.D.1644 to A.D.1912), the commodity economy and domestic distribution developed dramatically in China. Under this circumstance, the Chinese medical market also expanded rapidly. During that period, the traditional Chinese medical merchants in Zhang-shu, a small town in Jiangxi Province, took the initiative in this market.

Geographically speaking, Zhang-shu was benefited from its special location between the two essential rivers-Gan jiang river and Yuan jiang river, which made the trade much more convenient. Moreover, the technical proficiency in pharmacy made Zhang-shu a mature market compared with the other cities in China. That's one of the main reasons why at that time, Zhang-shu became an emporium of medicines.

In Qing dynasty, Zhang-shu as a 'medical town' was very famous. However, the previous studies only point out those merchants' trading activities in Sichuan, Yunnan, and Guizhou province, without indicating the specific area where they were trading, or the specific medical goods what they were trading.

Based on the analysis of the genealogy book (Jiapu, in China, Jiapu is a tradition way to record various information about male family members, such as the name, marital status, occupation and their business activities) of merchants in Zhang-shu, with the sited research, this study aims to understand where the merchants were trading and what they were trading, and how they traded. Moreover, in this era, this trading model is very important for the process of domestic commodity economy. These commercial activities not only connected with the developing areas, such as small towns in Sichuan, Yunnan and Guizhou, but also linked with the other big markets in China, in other words, this trading activities of Zhang-shu medical merchants connected the remote area with the big cities.

Akira ISHIKAWA is doing doctorate course at Gakushuin University, faculty of humanities, history department. His research field is the medical market of China in the Qing dynasty(17th – 20th century AD). On other words, his study is focus on the traditional Chinese medical merchants in Zhangshu, a small town in Jiangxi Province. He compiled a paper entitled "Zhang-shu-zhen pharmacists' activities in the Qing dynasty". Japanese Journal for History of Pharmacy. 46(1), 51-57 in 2011.

Goto Shinpei and the Expansion of Biopolitical Power

Daniel W. L. WONG

The impact of Goto Shinpei's (1857-1929) cultural and sanitary policy has been drawing the attention of the field of study named Biopolitics. It is well known that Goto had led the rebuilding of Tokyo after the Great Kanto Earthquake of 1923, during which, in his words, his ambition of "making Tokyo the model city of the whole country of Japan" was realized. Yet Shinpei's modernistic approach remains a controversial topic for Historians. Focusing on the discourses of his later years, this paper deals the problem through examination on Shinpei's account on the expansion of the Japanese Empire in the late 19th and early 20th century.

With similar perspective, Christos Lynteris's article "From Prussia to China: Japanese Colonial Medicine and Goto Shinpei's Combination of Medical Police and Local Self-Administration" provides us with some valuable insights about Shinpei's earlier thoughts. It focuses on the way in which Shinpei dealt in his doctoral thesis with the relations between centralisation and local self-administration as one of the key issues facing hygienic modernisation and colonial biopolitical control. According to Christos, recent historical investigation into the rise of 'biopolitical modernity' in China has shed some surprising light. While it was long thought that British public health initiatives entered China via Hong Kong, the recent literature has established that it was actually early Japanese colonialism that played the crucial role. It was the Meiji Empire's hygiene reform projects in Taiwan and Manchuria that provided the model for Republican China.

As a Japanese politician in the 1920s, Shinpei accused America of losing their so called true Whitman spirit - "I am large; I contain multitude", when "Oriental" immigrants were excluded. Meanwhile, biopolitical power exercised by Shinpei was expanding toward the peripheries. This implies that process of colonization realized by the Japanese Empire was actually a manifestation of "whiteness" in its ambiguous form. Was the Japanese Empire a unique contradiction? Or indeed the concepts of "religion", "race", "nation", and "empires" are contradictions in per se? All these concepts can be subsumed in terms of "biopolitics". Grasping the essence of history through the conception of "biopolitics", we will have things seen and unseen as Michel Foucault did.

Presidential Address

14 December 9.00-10.00

Empire, Eugenics and the Psychiatry of Population in Japan 1930-1945

Akihito Suzuki (Keio University)

Abstract

In the late 1930s and early 40s, Japanese psychiatry rapidly expanded its realm and incorporated new concerns and problems. It departed from the old practice of just treating or caring for patients confined in mental hospitals and started to study mental diseases of a population group. This new development was best exemplified by Uchimura Yûshi, an eminent psychiatrist who first taught at Hokkaido and then moved to Tokyo Imperial University in 1936. Uchimura introduced two important components into Japanese psychiatry in the 1930s and early 40s. First, he imported from Germany the methods to measure the burden of mental diseases of a population through psychiatric survey and the frameworks to interpret the data, which were developed and put into practice by Nazi eugenicists and psychiatrists. Uchimura built a Darwinian evolutionary framework to interpret certain psychiatric illnesses in terms of the extent of civilization: from the study of mental diseases and symptoms of “primitive” people, psychiatry could understand mental pathologies of not fully developed sectors of the population of modern society, e.g. children and women. These two eugenic and evolutionary concerns of Uchimura, which were shared by a lot of his contemporaries, were realized in his influential studies of the mental diseases of Ainu people in 1938 and the psychiatric surveys of Hachijô Island and Miyake Island around 1940. His surveys of populations of peripheries were developed into the National Psychiatric Survey in 1954, which was the cornerstone of the Japanese psychiatric and eugenic policies. This paper argues that the post-war Japanese psychiatry inherited the legacies of the Empire and the eugenic concerns in the 1930s and early 40s.

Akihito Suzuki is a Professor of History at School of Economics of Keio University. He studied history of science at University of Tokyo and history of medicine at the Wellcome Institute for the History of Medicine in London. He has published on history of psychiatry in England and history of infectious diseases in Japan. His publications include: *Madness at Home: The Psychiatrist, the Patient and the Family in England 1820-1860* (Berkeley: University of California Press, 2006) and “Measles and the

Transformation of the Spatio-Temporal Structure of Modern Japan”, *Economic History Review*, 62(2009), 828-856 and “Smallpox and the Epidemiological Heritage of Modern Japan: Towards a Total History”, *Medical History*, 55(2011), 313-318. He is now preparing a book on madness in Modernist Tokyo based on an extensive archive of a private psychiatric hospital.

Plenary 1

14 December 12.00-13.00

Radiation and the nation: how can we heal the Japanese deep traumas after the nuclear disaster at the Fukushima Daiichi nuclear power plant?

Kosuge Nobuko (Yamanashi Gakuin University)

Abstract

Much concern has focused on therapy and mental recovery for the traumatized people in the affected areas in Japan since 11 March 2011, either by the tsunami after the great earthquakes or by the TEPCO nuclear disaster at the Fukushima Daiichi nuclear plant. This paper specifically attempts to examine not only the individual but also the national implications of the nuclear disaster over those Japanese who have ever identified themselves with 'the only victimized nations by the Atomic bombings' while we can how to heal both of the traumatized peoples in the Fukushima area and in some certain distant areas including Tokyo.

Trying to have a look at the debates on low-dose radiation risk in Japan, the nuclear disaster obviously shows us how complex social and mental reactions can be raised from similar 'catastrophic' events everywhere in the world. It also seems, however, that we can safely observe some historically derived fear, instinctive hatred and mythical judgment of 'nuclear' and 'atomic energy' in Japan who have embraced the national-identical memories of Hiroshima and Nagasaki since August 1945. In this sense, the Japanese society has been under a sort of historical and mental obsession of another 'myth of nuclear' in particular since last March.

This paper is discussing mostly about the problems of mental care issues for those who have been forced to carry burdens of terrible traumas after the great quakes/tsunami affections and the nuclear accident and also for those who have suffered the apocalyptic prospects of their future damages by low-dose radiation. At the same time, we will think of the traumas of journalists and researchers who have interviewed the traumatized people. In the West there are specialist facilities to help such people, but it seems that they merely exist in Japan and interviewers are left to care for themselves. The interviewer and the interview can be equally traumatized by the experience of an interview; how can we heal the Japanese deep traumas after the nuclear disaster?

Nobuko Margaret Kosuge is Professor of History and International Relations in the Faculty of Law at Yamanashi Gakuin University. She has studied the history of war and memory in the modern period. Her book *Sengo Wakai* [Postwar Reconciliation] won the Ishibashi Tanzan Memorial Prize in 2006. She has co-edited two books, *Japanese Prisoners of War* (2000 and 2003) and *Japan and Britain at War and Peace* (2008 and 2010). She currently works on the trauma and life after the Tohoku earthquake and Fukushima Daiichi nuclear disaster.

Plenary 2

14 December 14.15-15.15

**Social History of Medicine Today: A Classic Approach beyond the Turns of the Turns
Alfons Labisch (Duesseldorf)**

Abstract

In the late 1960s, social history developed into an imperative approach in general historiography. As historical social science social history considered itself the only legitimate form of a comprehensive history. So social history gradually turned towards more and more topics that formerly seemed to be reserved for the history of medicine in its narrow sense. Since the mid-1970s, also social history of medicine has been developed into a comprehensive research approach. It promoted many new topics in general historiography as well as in Medical Faculties, which are the traditional hosts of history of medicine in Germany. But in the 1990s, all of a sudden, social history of medicine vanished. The constructivist history of science - in the wake of Ludvik Fleck and his followers- raised the question of scientific truth. The constructivist social theory - in the wake of Michel Foucault and many others - raised the question of historical reality. From general history the essential question arose whether historiography has to deal with real people in their everyday pursuit of life rather than with functions, structures and processes, as did the historical social sciences. After the first decade of the 21st century, the innovative highlight of these developments clearly exceeded. From the 'linguistic' over the 'pictorial' and 'spatial' through to 'performative turn' the 'turns' have run out like an humming top. Just at this point, it is appropriate to ask for the genuine and permanent role of a social history of medicine. The starting point for these considerations is the question: what is medicine ? From its ancient origins medicine is a unique personal encounter which is put, however necessarily and also from its beginnings, in a social environment. Both the personal as well as the social aspects of medicine have their own temporalities, and thus their own historicity. From these reflections on a "social history of the social history of medicine," and the peculiar object of medical history in general the following picture derives: By the developments of the last decades, the range of theories, methods, issues and objects of the history of medicine has expanded magnificently. In medicine and also in general history the history of medicine has become a broad and colorful field of work. And the historiography of medicine has professionalized in hitherto unknown dimensions. Seen from the peculiarity of medicine the social history of medicine has a genuine field of

topics, which is to be treated with its own approaches and methods, derived from its reference disciplines sociology and economics: rule-like behaviour, social action resulting in manners, organizations and ultimately medically relevant institutions, which support the entire society, are the genuine subject of a social history of medicine. Moreover, the social history of medicine is an indispensable part in integrative approaches when it comes to the socio-historical background of issues and appropriate methods. In the future a cross-field of different approaches and methods may provide a global history of health and disease - which is to be developed in the coming decades.

Address for correspondence: <Alfons Labisch> histmed@uni-duesseldorf.de

Alfons Labisch, born 1946, historian, social scientist, physician, is Professor and Head of the Institute for the History of Medicine at Heinrich-Heine-University, Düsseldorf, Germany. His main interest is the interrelation of medicine and society via the notion and definition of health. Besides his "Homo Hygienicus" (1992 (Campus)) his publications cover the social history and the financing of hospitals in Germany (with Reinhard Spree in 1996 (Campus) and 2001 (Campus)), the history of public health (with Florian Tennstedt 1984; autobiography of Adolf Gottstein, ed. with Ulrich Koppitz in 1999 (Springer)), the problem of science and practice in medicine (with Reinhard Spree in 2000 (Steiner)) and the problem of history as experience and history as science in medicine (with Norbert Paul in 2004 (Steiner); Huisman / Warner 2004). His recent research focuses on the history of malaria, the culture of human mobility and the institutional configuration and the social effects of modern medicine in an intercultural context, especially in the Far East (with Christian Oberländer in 2012 (Leopoldina; forthcoming)). After serving as Vice-Dean and Dean of the Medical Faculty from 1998 till 2003 Alfons Labisch was Rector of Heinrich-Heine-University Düsseldorf from October 2003 till October 2008. Since 2004 Alfons Labisch is member, since 2010 senator of the Leopoldina. National Academy of Sciences.

Plenary 3

15 December 10.45-11.45

Susan Burns (Chicago)

TBA

Plenary 4

15 December 13.00-14.00

Risk and Security in the Age of Pandemics

Mark Harrison (Oxford)

Abstract

Like earlier periods of economic and political integration, the current wave of globalization has been accompanied by anxiety about the spread of disease – not only classic pandemic diseases such as influenza but many new ones such as SARS and BSE/vCJD. The increased speed and frequency of international travel, global chains of product distribution and environmental changes have seemingly combined to make an epidemiological catastrophe inevitable, or so it would seem from the pronouncements of many working in the field of public health. Governments have responded to this increased sense of threat by greater vigilance at national borders and by drafting detailed contingency plans for the coming emergency: nowhere more so than in East Asia, which many suppose to be in the epidemiological ‘front-line’. Some historians and policy analysts see parallels between the present and the imperial past, for example in the stigmatization of countries in the East and Global South. Such analogies, however, offer little real insight into the complex and rather unstable situation which now faces us. In this lecture I seek to ascertain what difference globalization has actually made to our perception of disease and attempts to prevent it.

The epidemiological world of the age of high imperialism was a Manichean one which portrayed the Orient and the tropics as inherently dangerous, on account of both their climates and cultures. Recent constructions of the threat of pandemic disease display some similarities to those of the past but they differ in important respects. One of the key differences, I shall argue, is the centrality of notions of risk and the practice of risk assessment. Although by no means absent from preventive medicine before the twenty-first century, risk has come to dominate the ways in which we think about the threat posed by infectious disease. The threat of disease is now defined largely in terms of the risk posed by individual states and the extent to which they are able to meet international standards in public health. These standards are not always clearly defined but the process of risk assessment purports to scientific objectivity: a claim which is naïve at best and at worst a dangerous fiction. As I hope to show in this lecture – using examples drawn mostly from Asia – calculations of epidemiological risk are never objective and are always contested. Each state – each interested party – is a

player in a game with high stakes, for with an assessment of risk comes the prospect of reputational and financial loss.

Globalization is not the sole cause of the rise of this 'risk society', as Ulrich Beck has famously termed it, but it has moulded it into a particular form. It has shaped perceptions of disease in two ways. Most obviously, globalization has drawn attention to the risks shared by all humanity and has produced something approaching a sense of obligation on the part of nation states to fulfil their role as responsible global citizens. At the beginning of the present century, the emergence of this global consciousness in public health gave rise to optimism that the World Health Organization might become the major player in global health, rising above the interests of individual nation states. However, globalization has also produced fractures within the world of public health and it is these which I believe to be of greatest significance.

The intense competitive pressure produced by globalization has led states increasingly to defend their interests, although in doing so they have often cloaked them in the mantle of global responsibility. One obvious example of this is the use of quarantines and sanitary embargoes to protect domestic industries against foreign competition. At the same time, governments are quick to denigrate rivals with claims that they are slow to meet their sanitary obligations. Such claims rest on calculations of risk and a cadre of experts has emerged to conduct such assessments: all in the employ of national governments rather than global agencies. The result has been a bewildering series of claims and counter-claims, with various countries – Western and Asian – being stigmatized depending on the circumstances and interests involved. With the rise of countries like China, the West is now just as often on the receiving end of sanitary blame as the East. Sanitary threats no longer seem to issue from any particular part of the world but shift constantly, sometimes drawing on older stereotypes, but often creating new ones. Institutions of global governance such as the World Health Organization and the World Trade Organization attempt to adjudicate these conflicting claims but their ability to do so is constrained by the ambiguity of international sanitary law and the feebleness of the sanctions at their disposal.

The threat of disease in the globalized world is therefore multi-centred and hotly contested, not only between nation states and trading blocs but within them. Certain threats are even held to be transnational in nature, such as the threat allegedly posed to health by large agro-industrial corporations. But the present phase of global integration is characterized not only by its preoccupation with risk but with its concomitant, 'security'. Over the last two decades there have been numerous demands for the 'securitization' of public health; that is, to make the relationship of public health

to national security more explicit and to elevate security to the top of the health agenda. Health security has two main elements. The first of these is 'biosecurity' within state borders, which attempts to neutralize the hazards which may arise from activities such as farming and food processing and retailing. The second is security at the border: the sanitary policing of immigration, trade and so forth. There is nothing new about either of these forms of security but they now rest largely on calculations of risk and these risks are generally constructed to the advantage of some and the disadvantage of others. Moreover, the purported objectivity of risk assessments provides a justification for actions designed to further certain interests and which are in some cases coercive. This lecture seeks to unpack some of these risk narratives and to see who stands to benefit from them. However, its ultimate purpose is to show how the risk-security axis produces selectivity and instability, and that purported measures of sanitary security are often illusory.

Mark Harrison is Professor of the History of Medicine and Director of the Wellcome Unit for the History of Medicine at the University of Oxford. He has written widely on the history of war, imperialism and medicine and more recently on the history of disease and globalization, some aspects of which are analyzed in his book *Contagion: How Commerce has Spread Disease* (Yale University Press, 2012). His previous books include *The Medical War: British Military Medicine in World War One* (Oxford University Press, 2010), *Medicine in an Age of Commerce and Empire* (Oxford University Press, 2010), *Medicine and Victory: British Military Medicine in World War Two* (Oxford University Press, 2004), *Disease and the Modern World: 1500 to the Present Day* (Polity, 2004) and *Climates and Constitutions: Health, Race, Environment and British Imperialism in India 1600-1850* (Oxford University Press, 1999), *Public Health in British India* (Cambridge University Press, 1994).

1A-Iijima/Tropical Medicine

14 Dec Session 1 (10.15-11.45)

Basic Information

Organizer: Wataru IIJIMA (Aoyama Gakuin University)

Chair: Kohei WAKIMURA

1) Ya-wen KU (Institute of Taiwan History, Academia Sinica)

Some Observations of Japanese Military Physicians on Malaria in Early Colonial Taiwan- Military Medicine and the Formation of Japanese Modern Malariology

2) In-sok YEO (Yonsei University)

Malaria Eradication Program in Korea 1959-1969

3) Wataru IIJIMA (Aoyama Gakuin University)

Temptation of Tropics: Reconstruction of the Japanese Association for Tropical Medicine in 1960s-80s

Abstracts

Paper 1

Some Observations of Japanese Military Physicians on Malaria in Early Colonial Taiwan- Military Medicine and the Formation of Japanese Modern Malariology

Ya-wen KU (Institute of Taiwan History, Academia Sinica)

The formation of modern malariology began with the detection of the malaria host-vector-parasite triangle in the late 19th century, and was closely related to western imperial military medicine in colonies. Also, Taiwan provided a laboratory for the Japanese military physicians to develop their form of malariology. However, the relationship had not been examined systematically. Thus this article will examine the clinical observations, environmental investigations, experiments of diagnosis, treatment and disease control conducted by the military physicians, who met with

malaria problems while being assigned to military posts in Taiwan. The purpose is to understand the role that military medicine played in the process of formation of Japanese modern malariology in early colonial Taiwan.

Paper 2

Malaria Eradication Program in Korea 1959-1969

YEO In-sok (Yonsei University)

Although it is not certain when malaria began to appear in Korea, malaria is believed to have been an endemic disease from ancient times. It was Dr. H. N. Allen (1858-1932) who made the first description and diagnosis of malaria in terms of Western medicine. In his first year report (1886) of Korean Government Hospital he mentioned malaria as the most prevalent disease in Korea. During the Japanese colonial period, the infectious diseases which were under special surveillance were cholera, typhoid fever, dysentery, typhus, scarlet fever, smallpox, and paratyphoid fever. Among chronic infectious diseases tuberculosis and leprosy were those under special control. Malaria, however, was not one of these specially controlled infectious diseases although it was widely spread throughout the peninsula. In spite of its high prevalence, malaria did not draw much attention from the colonial authorities and no serious measure was taken since tertian fever is a mild form of malaria caused by *Plasmodium vivax* and is not so much fatal as tropical malaria caused by *P. falciparum*. The Japanese Government General took measures to control malaria especially during the 1930s and the number of patients decreased. However, as Japan engaged in the World War II, the general hygienic state of the society worsened and the number of malarial patients increased. The worsened situation remains the same after Liberation (1945) and during the Korean war (1950-53). In order to ameliorate the situation, the Korean government, with the assistance of WHO, started anti-malaria works in 1959. An extensive malariometric survey was conducted throughout the country. A total of 73,859 malaria cases of *Plasmodium vivax* were confirmed out of 268,259 blood smears through passive and active case detection during 1960~1969 including chloroquine/pyrimethamine combined tablets for the presumptive treatment of all of fever cases. The majority of the positive cases occurred in Gyeongsang buk-do, revealing 62,859 cases as of 85.2%. The high endemic area was located in the north Gyeongsang buk-do and north east Gyeonggi-do. The malaria incidence was high in the age group under 14 in malaria foci, and that was low in non-malaria area. The control of malaria was carried out by residual DDT focal spray, mass drug administration, radical treatment of the positive cases, and mass blood survey in the heavy malarious area. The project was quite

successful and no indigenous case was reported after 1984. However, vivax malaria made a dramatic resurgence since 1993 in the demilitarized zone (DMZ) bordering North Korea. It would be another story.

Paper 3

Temptation of Tropics: Reconstruction of the Japanese Association for Tropical Medicine in 1960s-80s

IJIMA Wataru (Aoyama Gakuin University)

In October 1959, a small meeting was opened at Osaka for the reconstruction of the Japanese Association for Tropical Medicine. In this meeting, Morishita Kaoru, Prof. of the Bacteriology Disease Institute of Osaka University, was elected a president of this association. Morishita was famous malariologist and former professor of Taihoku Imperial University.

Actually, many Japanese scientists paid much attention and made contributions to the world of tropical medicine before 1945. In 1925, the International conference of Far Eastern Association of Tropical Medicine was organized in Tokyo, this kind of academic works and the institutional experiences had been accumulated in Taiwan and Micronesia under the Japanese rule. At the period of WW2, the Japanese tropical medicine played an important role at the several battlefields.

After 1945, many scientists who worked in Taiwan and Southeast Asia came back to Japan proper. And, they did not have research field in the tropical world such as Taiwan, Southeast Asia, and Micronesia. But a history of tropical medicine in Japan was not ended and scientists who had colonial backgrounds reconstructed the Japanese Association for Tropical Medicine.

During the Allied Occupation of Japan, many scientists had close tie with the GHQ and the US Army such as the 406th General Medical Laboratory to control regional diseases, malaria, schistosomiasis and other parasitic diseases under the experience of Japanese tropical medicine.

In 1960s to 80s, the Japanese government found out that providing international aid in the field of anti-infectious and parasitic disease programs was a good channel for expanding the Japanese non-military presence in Southeast Asia and the Pacific region including Micronesia after the economic development. For example, the Japanese government organized an anti-malaria program in the Solomon Islands. The JICA, the Japanese International Cooperative Association, researched malaria and established an anti-malaria training center at Honiara in the Guadalcanal islands.

In this paper, I want to try to examine the process of the reconstruction of the

Japanese Association for Tropical Medicine and discussed the issue, continue and discontinue of Japanese tropical medicine in the 20th century.

1B Kim/Modern Korea

14 Dec Session 1 (10.15-11.45)

Basic Information

Panel Title: Society and Medicine in Modern Korea

Organizer: Tae-Ho KIM (Seoul National University Hospital)

Chair: June-Key CHUNG (Seoul National University)

Discussant: Prof. Chang-Geon Shin (Tokyo University of Science)

1) June-Key CHUNG [*presenter*], Myung Chul LEE, So Won OH, and Dong Soo LEE (Seoul National University)

Taking Global Leadership in an Emerging Medical Field: History of Nuclear Medicine in Korea

2) Ock-Joo KIM (Seoul National University)

A Social History of Carbon Monoxide Poisoning in Korea in 1960s: from an Accident Caused by Carelessness to a Social Disease

3) Tae-Ho KIM (Seoul National University Hospital)

To Enrich the Nation: Reception and Consumption of Vitamin Supplements in Colonial and Post-colonial South Korea, from the 1930s to the 1960s

4) Eun Kyung CHOI (Seoul National University Hospital)

Tuberculosis in Korea as Imperial/Colonial Disease during Japanese-Colonial Period

Abstracts

History of modern Korea is often characterized by its dynamism and rapid changes. Accordingly, history of medicine in modern Korea is full of examples that vividly illustrate how medicine and society construct each other. This panel aims to shed light on the relationship between society and medicine with four case studies in modern Korea. June-Key Chung's paper illustrates how South Korea could take the initiative in nuclear medicine, a newly developing field after the Second World War. Chung argues that South Korea's unusual success as a newly industrialized country

owed much to the pioneers' efforts to make the most of their opportunities provided by the postwar international cooperation in medicine. Ock-Joo Kim's presentation deals with carbon monoxide poisoning, which from the 1960s became a new threat to South Korean urban dwellers who adopted coal briquettes in place of firewood. She points out that changing perception on the poisoning – from an accident by carelessness to a social disease – in turn changed the government's preventive measures. Tae-Ho Kim's study focuses on reception and consumption of vitamin supplements, as a window into Korean's changing perception on body and health amid incessant political and social upheavals. Lastly, Eun Kyung Choi's research shows how tuberculosis in Korea had been constructed as a "civilized disease" by Japanese colonial authorities. She illustrates entanglement of politics and medicine by showing the Japanese authorities' various racist discourses to make sense of higher prevalence rate in Japanese residents in Korean Peninsula, in comparison with people in mainland Japan. The four papers, albeit mainly dealing with Korean cases, collectively will provide critical insight into the history of medicine in modern East Asia in general.

Paper 1

Taking Global Leadership in an Emerging Medical Field: History of Nuclear Medicine in Korea

June-Key CHUNG [presenter], Myung Chul LEE, So Won OH, and Dong Soo LEE (Institute of Medical History and Culture / Department of Nuclear Medicine, College of Medicine, Seoul National University)

Nuclear medicine was introduced by Professor Munho Lee in 1959 after his returning from Freiburg University in Germany. Korea accomplished brilliant development in terms of both clinical practice and research activities. It was mainly due to the dedication of nuclear medicine specialists consisting of physicians, technicians, and scientists, and strong support from the Korean Government. Now, Korea has 160 medical institutes performing approximately 600,000 gamma imaging and 350,000 PET procedures, 11 million radioimmunoassay tests, and 30,000 radionuclide therapies per year. Korea ranked third or fourth in the number of articles presented at the Annual Meeting of the Society of Nuclear Medicine (SNM). The successful progress in this field has allowed Korea to focus on the international promotion of nuclear medicine, especially in the developing and under developed countries. In consequence, the Asian Regional Cooperative Council for Nuclear Medicine (ARCCNM) was established in 2001 by the initiation of Korea, and the World Federation of Nuclear Medicine and Biology (WFNMB) was managed by Korea in 2002-2006. Right now, Seoul National University

Hospital is running the International Collaboratory Center of International Atomic Energy Agency (IAEA). In the future, Korea will strive to sustain its rate of advancement in the field and make every effort to share its progress and promote the exchange of scientific information at the international level.

Paper 2

A Social History of Carbon Monoxide Poisoning in Korea in 1960s: from an Accident Caused by Carelessness to a Social Disease

KIM Ock-Joo (Seoul National University)

This paper deals with social history of carbon monoxide poisoning in Korea in 1960s. From the mid 1950s, Korean society began to use coal briquettes (煉炭, Yeontan) for fuel for cooking and heating in the winter, especially in urban area. As the use of coal briquettes replaced firewood, which had been used as fuel in traditional Korean society for centuries, incidence and deaths from carbon monoxide poisoning increased dramatically during the 1960s. It was a unique and very serious health hazard in 1960s Korea; no other place in the world has experienced such a high mortality and incidence from the briquettes gas as in Korea.

Employing newspaper articles and epidemiological papers, this paper analyzes how the Korean society experienced and perceived carbon monoxide poisoning (CO poisoning) in Korea in 1960s. In the early 1960s, the CO poisoning was perceived as an accident by carelessness of the people who did not fix the leakages of the Ondol (溫突, traditional Korean floor heating system) system or that of the people who built the Ondol improperly. Mostly CO poisoning was the casualty caused by carelessness and ignorance of the poor class. The prevention measure was mainly education which would enlighten the ignorant so that they care about CO poisoning and their lives. It was the victims who were to be blamed, for they caused their poisoning with their own carelessness. Since CO poisoning was perceived as preventable with a good care, people were optimistic about the prevention of the CO poisoning. In the late 1960s, however, the perception of CO poisoning changed as the epidemiological studies demonstrated that meteorological, social, economical, and cultural factors were related to the poisoning. As CO poisoning was regarded not as an accident by carelessness but as a social disease, the Korean government began to take various measures for its control including surveillance and punishment, education and certification of those who made Ondol, research for detoxification of the poisoning. In spite of the state's intervention, the number of CO poisoning cases drastically increased every year. At the end of 1960s, in contrast to the optimism of the early 1960s, the outlook of CO poisoning control was

grim. It was merely a beginning of huge epidemic of CO poisoning in 1970s and 1980s in Korea.

Paper 3

To Enrich the Nation: Reception and Consumption of Vitamin Supplements in Colonial and Post-colonial South Korea, from the 1930s to the 1960s

Tae-Ho KIM (Seoul National University Hospital)

This paper explores people's changing perception on body and health in modern Korea by tracing discourses and practices related to vitamins supplement from the 1930s to the early 1960s. From the last decade of Japanese colonial rule to independence, a civil war, and eventually to the early years of "Miracle on the Han River," Korean's perception on individual body had changed from an element comprising state's military power to an independent unit for competition within the society. In parallel, a new culture of maintaining health by consuming marketable products also had emerged, replacing old ideas emphasizing balanced diet.

In the mid-1930s, Koreans encountered a new word "vitamins." Very quickly it became widely and enthusiastically received, mainly for its practical value of preventing beriberi and other deficiencies. As the Second World War and subsequent food shortages made it even more important to provide vitamins naturally, the Japanese authorities promoted it as housewife's duty to provide brown rice and other vitamin-rich food for the family. After the independence of Korea in 1945 and the Korean War, new discourses and practices of consuming vitamins were introduced. Despite the war and economic hardship, a number of Koreans in the 1950s could afford vitamin pills mass-produced in Western countries, and adopted a new culture of buying vitamin supplements. In the 1960s, South Korean drug market expanded quickly with rapid economic growth, and multivitamin products led the expansion. The dominant image of vitamins also changed from a preventive measure to maintain the nation's collective physical strength to a modern tonic for hard-working citizens in a rapidly developing country. By exploring how vitamins – nutrients once entirely foreign and new – have been indispensably integrated into Koreans' everyday life, this paper could provide an example on the circulation of medical knowledge and artifacts.

Paper 4

Tuberculosis in Korea as Imperial/Colonial Disease during Japanese-Colonial Period

Eun Kyung CHOI (Seoul National University Hospital)

Tuberculosis is the important social disease in 19th-20th Century, connected

with industrialization and urbanization, referred as 'civilized disease' prevalent in 'civilized society.' In Japanese-Colonial Period, Japanese should confront double problem, one with high prevalence of tuberculosis in Japanese mainland, the other with high prevalence of tuberculosis among Japanese in Korea.

But it was unclear the statistical prevalence rate of tuberculosis in Korea during colonial Period, because of the incompleteness of death report including the difference of death report rate between Euisaeng (醫生, oriental doctors) and Euisa (醫師, doctors). Nonetheless, the prevalence of tuberculosis was gradually increased during colonial period, among not only Koreans, but also Japanese residents in Korea. The tuberculosis mortality of Japanese in Korea was two times higher than in Japan. A lot of discourse was enhanced to explain high prevalence rate of tuberculosis among Japanese in Korea. One of them was that Korean's nature as not civilized and more tuberculosis-prevalent circumstance, especially in climate, Ondol (traditional Korean floor heating system), and structure of house. The other was that Koreans are more resistant to tuberculosis according to the recently developed theory of immunity and resistance. Tuberculosis-epidemic among Japanese in colony became important problem especially in late 1930s and last colonial period, period of expansion of empire. Medicine focused on prevalence of tuberculosis and path of infection among Japanese in Korea later.

Short Bios

June-Key CHUNG, M.D., Ph.D., is a Professor in Department of Nuclear Medicine, Seoul National University College of Medicine, and Chief of Institute of Medical History and Culture, Seoul National University Hospital. After graduating College of Medicine, Seoul National University in 1977, Dr. Chung received Ph. D. degree in 1987 and conducted research for Nuclear Medicine Clinical Center, National Institute of Health, USA, from 1988 to 1989. While leading the nuclear medicine community in Korea as a professor of Department of Nuclear Medicine since 1985, Dr. Chung also served as the department chair from 1996 to 2005. Since 2011, he has been serving as the chief of the Institute of Medical History and Culture. He also published numerous essays related to the history of medicine.

Trained in history of science and history of medicine, Ock-Joo KIM, M.D.,Ph.D., is an Associate Professor and Department Chair in Medical History and Medical Humanities, Seoul National University College of Medicine. After graduating medical school,

Ock-Joo Kim received M.S. degree in Program in History and Philosophy of Science, Seoul National University in 1992, and Ph.D. degree in history of medicine and biological sciences in University of Minnesota in 1998. As a postdoctoral fellow at Harvard University from 1998 to 2001, Dr. Kim studied further in medical ethics as well as history of medicine sponsored by Professor Allan Brandt. Her research interest is history of medicine in Korean after the World War II. Currently she serves as the editor-in-chief of Korean Journal of Medical History.

Tae-Ho KIM is a Research Professor at Institute of Medical History and Culture, Seoul National University Hospital. Trained in history of science and technology at Seoul National University, he has been working on how the introduction of modern science, technology and medicine changed Korean people's everyday life. His dissertation to Seoul National University (2009) deals with the Green Revolution in South Korea in the 1970s. His research experiences abroad includes a visiting fellow at Johns Hopkins University (2008-2009), a visiting research fellow at Asia Research Institute, National University of Singapore (2009-2010), and D. Kim Foundation Postdoctoral Fellow for the History of Science and Technology in East Asia, of Weatherhead East Asian Institute, Columbia University (2010-2011). Currently he serves as an editorial board member of Korean Journal of Medical History and also an executive board member of Korean History of Science Society.

Eun Kyung CHOI is Research Professor at the Seoul National University Hospital. Her Ph.D. dissertation to Department of Medical History and Medical Humanities, Seoul National University College of Medicine, was entitled "Study of epidemic of tuberculosis and responses in Korea during Japanese-Colonial Period", which explores tuberculosis epidemic in colonial Korea as colonial/imperial disease. CHOI's current research interest is history of disease and hospital in Korea after modernization.

1C-Nakao/Pollution

14 Dec Session 1 (10.15-11.45)

Basic Information

Session Title: Pollution and Radiation

Organizer: Maika NAKAO (Keio University)

Chair: TBA

1) Maika NAKAO (Keio University)

Doctors, Patients, and Invisible Disease: Popular Medical Discourse on Radiation

Sickness in Occupied Hiroshima

2) Hiroshi NUNOKAWA (Hiroshima University)

The 'Atomic Plague' and the Low-dose Radiation Exposure

Abstracts

Paper 1

Doctors, Patients, and Invisible Disease: Popular Medical Discourse on Radiation

Sickness in Occupied Hiroshima

NAKAO Maika (Keio University)

This paper examines how unknown disease can be interpreted between doctors and patients. It took several years and even decades for the radiation sickness caused by atomic bomb to be understood. Several symptoms gradually emerged among the survivors of atomic bombing and the survivors lived with fear for the symptoms caused by the bomb. Besides, during the occupation era, U.S. policy restricted the dissemination of the information regarding radiation effects. This America's "cover-up" of information has been considered as a big problem regarding the medical history of atomic bomb. Nonetheless, there were pieces of information regarding the disease caused by atomic bombing. People speculated in many ways about the symptoms. So how did the people describe and imagine the disease caused by the atomic bomb? This paper focuses on the discourse regarding radiation sickness in Hiroshima's local newspapers during the period of U.S. occupation. Then tries to describe the dynamics behind the information circulation. The discourse regarding radiation sickness emerged

soon after the bombing and decreased overtime. However, the discourses started to vary in national and local newspapers. In the local publications, local doctors contributed to newspapers in response to atomic bomb survivors' (local clients') anxiety. They denied several rumors regarding the disease. It was not because of the "cover-up." But rather, it was due to the tense relationship within the local context. Discourse on radiation sickness in postwar Hiroshima sheds light on the doctor-patient relationship and the way we remember and forget the past.

Paper 2

The 'Atomic Plague' and the Low-dose Radiation Exposure

Hiroshi NUNOKAWA (Hiroshima University)

The problem that '3.11' brought forward included the subject in the perspective on the history of civilization. That is the problem of the low-dose radiation exposure. We could see the cases that the low-level radioactive substances are brought into the body through drinking water or eating food. That case is different from that the high-level radiation is exposed to when nuclear bomb exploded. It becomes very clear that the low-level radioactive substance brought into the body gives the serious damage to the cells and genes. The effect is called 'the Petkau effect'.

Few people in Japan have been interested in the Petkau effect. As a lot of detailed research results about the Chernobyl nuclear power plant disaster have been publicized, the serious effects have been explained. The low-level radiation exposure effects to not only the human body but also the ecosystem. Fukushima asked us how the balance of civilization and ecosystem could be preserved, and how the lives could be guarded in the worst situation of the radioactive contamination, from the standpoint shifting to ecology.

Sudden, severe nausea and diarrhea were the first signs, followed later by subcutaneous bleeding and gingivitis. Many of these seemingly unhurt survivors died in the days and weeks after the bombings, of an illness Australian journalist Wilfred Burchett called "atomic plague". The Japanese general staff office organized and sent the investigation team to research the 'new style bomb' immediately from the explosion on the Hiroshima city. The main members of the team were the army surgeons. The devastating power of the atomic bomb held terrors for people. But people admired the power as a gift of the most advanced science and technology. Japanese people didn't think the fear of the fission so much deeply. The 'peaceful' use has dazzled Japanese people. They have been interested in the high-dose radiation exposure when the experiment of the nuclear weapon had been carried out. They, however, didn't think

about the contamination of radiation underground or in the water even though the 'black rain' fallen out widely.

Short Bios

Maika NAKAO is postdoctoral research fellow at the Japan Society for the Promotion of Science (JSPS) and visiting scholar at the Keio University. She studied history of science at the University of Tokyo. She published a paper "The Image of the Atomic Bomb in Japan before Hiroshima" in *Historia Scientiarum*. She also made a documentary film entitled "Memories of the Kyoto Cyclotron." She is nearing completion of her dissertation on the cultural history of atomic bomb in Japan through Meiji, Taisho, and Showa eras.

Hiroshi NUNOKAWA is Professor at Hiroshima University, Graduate School of Integrated Arts and Sciences. He is the author of the books, *Heiwa no kizuna: Nitobe Inazo to Kagawa Toyohiko soshite Chugoku*, published by Maruzen in 2011, *Kindai Nihonshakaishi kenkyu josetsu*, published by Hiroshima Daigaku Shuppankai in 2009, and *Kobe ni okeru Toshi 'Kaso syakai' no Keisei to Kozo* [The Making and Structure of the Urban Lower Strata Society in Kobe], published by Hyogo Buraku Mondai Kenkyujo in 1993.

1D Oberlaender/German-Japanese

14 Dec Session 1 (10.15-11.45)

1E Yoshinaga/Psychiatry

14 Dec Session 1 (10.15-11.45)

Basic Information

Panel title: Practices of Kokoro: Psychotherapy and Religion in Modern Japan

Organizer: YOSHINAGA Shin'ichi (Maizuru National College of Technology)

Chair: TBA

Discussant: Hideaki Matsuoka (Shukutoku University)

1) YOSHINAGA Shin'ichi (Maizuru National College of Technology)

Two Propagators of Hypnotism in Meiji Japan: Inoue Enryō (1858-1919) and Kuwabara Toshio (1873-1906)

2) Sarah Terrail LORMEL (INALCO)

Interrogating the Scientific Drive and Religious Colouring of Morita therapy

3) Christopher HARDING (Edinburgh University)

'Doing Psychoanalysis in the Spirit of Shinran': The Relationship Between Therapy and Worldview in the Lives of Japan's First Psychoanalysts

Abstracts

The various sorts of relationships that exist between 'psychotherapy' and 'religion' can be understood in terms of practical and historical dynamics: in practical terms, some medical doctors have stood against religion while others have recognized the usefulness of religiosity in the context of care-giving; historically, most psychotherapies have come about through a secularizing of religious practices, with others taking on a religious dimension at some point in their development.

These four dynamics have been of great importance in modern Japan, in terms of the relationship between psychotherapy and religion – and Buddhism especially, whose growing closeness to psychology was a feature of modernization in Japan. The founding father of modern Japanese Buddhism, Hara Tanzan (1819-1892), talked about Buddhism as "mental philosophy", while Inoue Enryō (1858-1919) was active in the introduction of hypnotism and other elements of psychology into Japan, advocating the

practical application of therapeutic ideas and rational interpretations of what he regarded as superstition. Hara's legacy went via hypnotism to practical, private forms of therapy, while Inoue's work helped give rise to movements in psychology, psychiatry, psychoanalysis and other sciences of the mind.

However, research up until now has rarely considered these things as movements within a dynamically changing Buddhism. Therefore the aim of this panel will be to consider the introduction of hypnotism and the birth of two therapies with connections to religion – Morita therapy and Buddhism, and Kosawa Heisaku's Japanese psychoanalysis – explicitly within the framework of modernization movements in Japanese Buddhism in the post-Meiji period.

Paper 1:

Two Propagators of Hypnotism in Meiji Japan: Inoue Enryō (1858-1919) and Kuwabara Toshiro (1873-1906)

Shin'ichi YOSHINAGA

As the titles of Frank Podmore's classic work, *Mesmerism and Christian Science*(1909), and Adam Crabtree's *From Mesmer to Freud*(1993) indicate, hypnotism was ambiguous in that it implied both to a 'rational' system of psychotherapy and a 'religious' system of healing. The idea that the modernizing process of religion involved a simultaneous 'de-enchantment' and 're-enchantment' is borne out by the history of hypnotism. In Meiji era, hypnotism began to be practiced after 1885, when an entrepreneur Kawada Ryōkichi (1856-1951) gave a demonstration of hypnotism at his home.

Amongst a number of philosophers and medical doctors to show an interest in hypnotism was Inoue Enryō, a Buddhist philosopher who sought to reform Buddhism. He not only proposed to establish *Yokai-gaku* to clear up the superstitious elements by using the latest science including Edward Carpenter's psychology, but he also introduced hypnotism to Japanese intellectuals as a new way to cure illnesses – creating, in the process, the neologism 'shinri-ryōhō' (psychotherapy). Inoue wrote articles about hypnotism in academic journals of philosophy and conducted experiments in collaboration with a hypnotic healer. He rationalized the effect of magical rituals of prayers in terms of the concept of 'suggestion', and tried to make 'shinri-ryōhō' a substitute for prayer.

Despite Inoue's efforts, hypnotism's profile remained low, until in 1903 it suddenly came into vogue. It was Kuwabara Toshiro (1873-1906) who started a boom in the publication of hypnotism books. Kuwabara was not a charlatan but a teacher of

Chinese letters at Shizuoka normal school. He became a hypnotic practitioner simply by reading a popular guidebook, and claimed to be engaged in psychic healing. Contrary to Inoue, Kuwabara argued for the existence of supernatural phenomena, which he said he could produce with his power of mind. He developed a pan-psychic worldview, with religious overtones. For Inoue, hypnotism and abnormal psychology were a tool to interpret magical experience at the psychological level, while, for Kuwabara, hypnotism rebuilt religion anew as a kind of “Cosmic Psychology.” The type of healings Kuwabara began would be denounced by Nakamura Kokyō (1881-1952) and Morita Masatake, but would appeal to people with anguished “kokoro”.

Paper 2:

Interrogating the Scientific Drive and Religious Colouring of Morita therapy

Sarah Terrail LORMEL

The psychiatrist Morita Masatake (1874-1938) has left his name to posterity as the inventor of the Morita therapy. Considered to be the first Japanese modern psychotherapy, it was established around 1920 and designed specifically to address a group of neurotic disorders that Morita conceptualized as *shinkeishitsu* ('nervous constitution'). The strong influence of Zen Buddhist thought on Morita therapy has often been emphasized in Western literature. Certainly, the recurrence of Buddhist concepts – *satori*, *mushōjūshin*, *arugamama* – in Morita's writings is striking, and it perhaps not surprising that non-Japanese clinicians have viewed Morita therapy as a sort of Zen psychotherapy.

It is nevertheless evident that Morita firmly gives his theory and practice a scientific basis. Recent Japanese scholarship has further stressed Morita's resolute opposition to what he called 'superstitious cures', i.e. therapies and cures proposed by the new religions of the Meiji era. Moreover he was unambiguous about the fact that his psychological understanding differed greatly from that of the famous method of Naikan developed by Zen priest Hakuin Ekaku (1686 – 1768).

So, precisely what role can Zen Buddhism, as a philosophy and as a spiritual practice, be said to have played in Morita's theory and psychotherapy? Did it act as a structuring framework, a localized source of clinical inspiration, or a metaphorical means of explaining psychological mechanisms to a large lay audience? These are the questions which this paper seeks to address, taking Morita as one of the first Japanese psychiatrists to adopt a psychological approach to the etiology and therapy of mental disorders, and bearing in mind the scientific and religious effervescence of the Meiji, Taishō and early Shōwa periods.

Paper 3:

‘Doing Psychoanalysis in the Spirit of Shinran’: The Relationship Between Therapy and Worldview in the Lives of Japan’s First Psychoanalysts

Christopher HARDING

Scholarship on Japanese psychoanalysis has tended to focus on its modest but colourful place within Japanese and international psychiatry, telling a story of institutional development and highlighting ways in which – as with Kosawa Heisaku’s Buddhist-influenced ‘Ajase Complex’ – Japanese analysts sought to adapt Freud to Japanese cultural conditions.

Before cultural adaptation, however, there had to be a conviction that psychoanalysis had something worthwhile to offer in the first place – a conviction that has always been rare in Japanese psychiatry and society at large. This paper sets out to explore the reasons why two of Japan’s earliest psychoanalysts, Kosawa Heisaku (1897-1968) and Ohtsuki Kenji (1891-1977), fell for Freud in the way that they did. Pressures on Japanese psychoanalysis to portray itself as loyally Freudian and appropriately scientific have often occluded many of these, which only now come to light with the emergence of new source materials. These materials show how, as members of a transitional generation living in a period of extraordinary cultural flux in Taishō and early Shōwa Japan, Kosawa and Ohtsuki sought in Freud’s method a means of probing and reconciling conflicting contemporary claims – in philosophy, religion, science, and elsewhere – about the nature of the human person.

By seeking to understand what Kosawa meant when he claimed he was ‘doing psychoanalysis in the spirit of Shinran’ (an important figure in medieval Japanese Buddhism), this paper explores Kosawa’s and Ohtsuki’s hopes for psychoanalysis, setting them alongside new Japanese therapies and spiritual movements in this period. In this way, Kosawa’s Ajase Complex comes across less as ‘cultural adaptation’ and more as a symptom of Kosawa’s highly personal reasons for taking up psychoanalysis from the outset. In important ways, Kosawa in particular amongst Japanese psychoanalysts seemed to presage later movements in western and Japanese psychotherapy and spirituality that regarded therapeutic methods and ideas as having salvific potential – from Japan’s spiritual boom to New Age and contemplative revivals in western religions.

Short Bios

YOSHINAGA Shin'ichi is an associate professor at Maizuru National College of Technology, specializing in the history of modern Buddhism, alternative psychotherapies, and spiritual thought movements in the modern world. In the field of modern Buddhism, he has written about the relationship between Theosophists and Japanese Buddhists. His papers on “unorthodox” psychotherapy, or mind cure movements, in Japan include “Tairei to Kokka” ([Great Spirit and the Nation], *Jintai Kagaku*, vol.17 no.1). He has also edited 15 volumes of a reprinted series entitled “Nihonjin No Shin Shin Rei” [Body, Mind, and Spirit of the Japanese, (2004)]. Some of his articles are available on his web pages (<http://d.hatena.ne.jp/ma-tango/>) and he can be contacted by email at yosinaga@maizuru-ct.ac.jp.

Sarah Terrail LORMEL is Ph.D student at INALCO (Institut national des langues et civilisations orientales) in Paris. She is currently a Japan Foundation Fellow, based at Keio University. Her research field is the history of psychiatry in Japan: she explores the history of the emergence and development of diagnostic entities specific to Japanese psychiatry (*taijinkyofu* and *shinkeishitsu*) during the twentieth century. She has conducted previous research (maitrise and master's dissertations) on the introduction of psychoanalysis into Japan and on contemporary psychiatric issues.

Christopher HARDING is Lecturer in Asian History at the University of Edinburgh (UK), specializing in the modern circulation of ideas in religion and the psy disciplines between Europe, India, and Japan. His first book, *Religious Transformation in South Asia* (OUP, 2008), dealt with conversion movements amongst low caste groups in northern India to European forms of Protestant and Catholic Christianity, in the late nineteenth and early twentieth centuries. Since then he has been working on the co-evolution of religious and mental health ideas in India and Japan (www.religionandmentalhealth.co.uk), including his current project on early Japanese psychoanalysis.

MATSUOKA Hideaki studied psychiatry after graduating a medical school. Then switched to be an anthropologist by taking Ph.D. from the University of California at Berkeley. Currently he is a professor in International Communication at the Shukutoku University in Japan. Matsuoka has studied Japanese religions both in Japan and Brazil. In his book *Japanese Prayer under the Equator* (Lexington, 2007) Matsuoka examined why and how a Japanese new religion named *Sekai Kyūsei Kyō* or *The Church of World Messianity* has been accepted by non-ethnic Japanese Brazilians. Since 2009, he has

been carrying out fieldwork in a palliative care unit in a large hospital focusing on how medical staffs internalize the norm in the space which is hétérotopie in Foucauldian sense.

2A Shin

14 Dec Session 2 (15.30-16.45)

Basic Information

Panel Title: Formation of Traditional Medicine in Modern Asia

Organizer: Chang-Goen SHIN (Tokyo University of Science)

Chair: Chang-Goen SHIN (Tokyo University of Science)

1) Nara ODA (Kyoto University)

A self-portrait of Vietnam Traditional medicine during the modernization in Vietnam

2) SAIJIRAHU Buyanchugla (National Museum of Ethnology)

The Formation of Mongolian Medicine in Inner Mongolia

3) Toshiiro TOGO (Tokyo Ariake University)

Dialogue Between Eastern and Western Medicine in Modern China

4) Noriaki MATSUMURA (Teikyo Heisei University)

Traditional medicine in the local Japanese community during the Edo period

Abstracts

Formation of Traditional Medicine in Modern Asia: Vietnam, Mongolia, China, and Japan

Chang-Geon SHIN (Tokyo University of Science, the Organizer)

Over the past few decades a burgeoning new field of historical research has taken shape; one that draws our attention to the relationship between traditional medicine and modernization. Most historians of medicine agree that traditional medicine in Asia had been re-formed in confrontation with western medicine and science in the nineteenth and twentieth centuries, that is, in the age of imperialism. But, to date, there is little comparative research that explores how traditional medical practitioner's ideas and treatments and medical institutions functioned and changes in Asian countries. The purpose of this panel discussion is to clarify the history of reformation of traditional medicine in Vietnam, Mongolia, China, and Japan. This panel

discussion will include the following viewpoints; (1) colonization and decolonization (Nara Oda, Saijirahu Buyanchugla); (2) socialist ideology (Nara Oda, Saijirahu Buyanchugla, Toshiiro Togo); (3) the influence of modern Japan (Saijirahu Buyanchugla, Toshiiro Togo); (4) acupuncture and moxibustion (Toshiiro Togo, Noriaki Matsumura).

Paper 1

A self-portrait of Vietnam: Traditional medicine during the modernization in Vietnam
Nara ODA (Graduate School of Asian and African Area Studies, Kyoto University)

This presentation describes how traditional medicine was reorganized during the modernization of Vietnam in light of institutionalization.

Vietnamese traditional medicine comprises *Thuoc Nam*, that is, medicine derived from plants native to Vietnam, and *Thuoc Bac*, which is grounded in Chinese herbal medicine. The term *Thuoc Nam* emerged against the backdrop of Vietnam seeking sovereignty from China. However, both types of medicine were used mostly by medical personnel in the court or Confucianists, whose knowledge was passed down in the family.

It was during the French colonial era that traditional medical practices were faced with prospect of modernization by the west. While establishing modern medical institutions, the French colonial government only introduced their medicine. However, it should be noted that they were seeking to medicalize childbirth by both establishing schools to educate midwives and bringing rural Vietnamese midwives trained in traditional medicine under the purview of the new law.

The second phase of modernization was after 1955, when North Vietnam began to establish institutions like institutes, hospitals, and departments dedicated to teaching traditional medicine at universities. The aim was not only to make the most of traditional medicine but to combine traditional and western medicine. This method of revamping traditional medicine was necessary in order to overcome the lack of medicines during the war. However, this phase of modernization went no further than establishing medical institutions for traditional medicine itself. Since the unification of Vietnam in 1975, the new government established institutions in the former South Vietnam same as in the North, and began to regulate medical practitioners, as per the law, which resulted in the official differentiation between traditional medicine and other medical practices. By the time of *Doi Moi* (Renovation), Vietnamese traditional medicine had been reformed and was given the official name, *Y hoc dan toc*, the “national medicine.”

Paper 2

The Formation of Mongolian Medicine in Inner Mongolia

SAIJIRAHU Buyanchugla (National Museum of Ethnology)

There is a medical pluralism in Inner Mongolia in the 20th century, where traditional Mongolian medicine has paralleled with both Western medicine and traditional Chinese medicine. With the expansion of cultural colonialism how has domestic medicine in Inner Mongolia transformed to so called Mongolian medicine and coexisted with the exotic medicines? Why is it that traditional medicine has been enrolled into the official healing systems in PRC, despite being important as a part of the belief resources of Tibetan Buddhism and as a force of identity formation in the area of Inner Mongolia?

This paper discusses how the formation of traditional Mongolian medicine, within the cultural tension between native Mongolians and colonial powers, appeared in official state discourses and policies towards the Mongols. It also discusses how these interactions between traditional healers and modern practitioners have influenced state policies.

In part, this paper argues that this is due to complicated historical forces, such as the diffusion of Tibetan Buddhism during the Qing dynasty, the Japanese invasion of Inner Mongolia in the first half of the twentieth century, the CCP's rule since 1940s, when "land reform" and "socialist transformation" policies were implemented in Inner Mongolia, and the official recognition of "Mongolian medicine" as a national medicine in the 1960s. On the other hand, however, I also argue that there was no political role of Mongolian medicine without both the nationality identity and interaction with native clients in Inner Mongolia.

Paper 3

Traditional Medicine in 20th Century China

Toshihiro TOGO (Tokyo Ariake University of Medical and Health Sciences)

As was experienced in other countries of East Asia, 20th century was quite challenging era for traditional medicine in China.

The government of Republic of China, established in 1921, adopted in 1929 the policy abolishing traditional medicine as an authorized medicine. This policy was proposed and supported by medical doctors or medical students who had been in Japan to study modern medicine.

Not only medicines treatment, but practice of acupuncture was also in ruined situation since it had been abandoned in Qing dynasty court in 1823. In the beginning of

the 20th century, it was regarded among educated people not as a kind medical practice but even as somewhat superstition.

After the government's adoption of the policy, traditional medicine practitioners formed a party to make a united movement exploring retraction of the policy. In 1939, after many years of opposition movement, they finally won the legalization of Zhongyi (中医). But in their effort to preserve their 'conventional medicine', they were also required to reconstruct new logic and thesis for traditional medicine to deal with the criticism from western medicine practitioners. Many of them found medical texts published after Meiji restoration (1868) Japan in which old concepts like meridian or zang-fu were replaced by nerve system or western medicine physiology, attractive for revival of their medical practice. Many Japanese books on traditional medicine were translated and used for enlightening materials in 1930's. Cheng Tan-an (承淡庵), a Chinese acupuncturist made a visit to Japan to study 'scientific' acupuncture and played an important role in translation of Japanese acupuncture texts.

After establishment of Communist China in 1949, traditional medicine was given the level of authority comparable to western medicine. Especially under Chairman Mao Zedong administration, authority of traditional medicine was strengthened by introducing dialectical materialism as a basic language of traditional medicine.

Paper 4

Traditional medicine in the local Japanese community during the Edo period

Noriaki MATSUMURA (Teikyo Heisei University)

Though, Japanese medicine came under the overwhelming influence of Chinese medicine since ancient times, the Edo period saw many changes in Japanese medicine. One of the changes was the birth of Rampo (Netherlands medicine), and the other change was the birth of Japan Kampo Medicine. Most historians of medicine in Japan agree that the inflow of European medical knowledge through the trade with the Netherlands caused the greatest change. But the department of the Interior of the Meiji Government recorded that most of the physicians in the early Meiji period were Kampo-I (physician of Japan Kampo Medicine). In addition, many of the physicians who learned Rampo (Netherlands medicine) administered treatment with traditional medicine in the clinical setting. That is to say, Western medicine and the traditional medicine coexisted in the Edo period. As an example, we review The Nakashima family. The Nakashima family has been supporting the community

healthcare of the southern part of Okayama prefecture since the Edo Period. Some of the doctors in The Nakashima family learned Rampo in Nagasaki or Kyoto, and administered acupuncture and moxibustion treatment at the same time. We examine the content of the medical records of the acupuncture and moxibustion therapy.

Short Bios

Nara ODA is a doctoral student at Graduate School of Asian and African Area Studies, Kyoto University. Her research field is Southeast Asian area studies and Vietnamese modern history. She is now researching on the history of Vietnamese traditional medicine especially after the independence from France. Her main interest is the transformation of the concepts of Vietnamese traditional medicine through modernization of Vietnam. Her recent publication is “The Place of ‘Traditional Medicine’ in the Modern History of Vietnam: How National Medicine came into Being” (in: *Tohnan aja –rekishi to shakai-*, vol.40 (2011)).

SAIJIRAHU Buyanchugla is a Visiting Researcher at National Museum of Ethnology. His main research fields are medical anthropology and the history of traditional medicine in modern Inner Mongolia. His interests are as follows: 1, The history of Japanese colonial medicine in Inner Mongolia; 2, The interaction between ethnicity and traditional medicine in Inner Mongolia under the China’s policies toward ethnic Mongols; 3, Folk medicine as an alternative medicine in Inner Mongolian pluralistic medical system.

Toshihiro TOGO is Associate Professor at Tokyo Ariake University of Medical and Health Sciences. His main research field is medical history in East Asia and public health. Since 2005, he also has been involved in several international standardization projects of traditional medicine in WHO and International Standard Organization (ISO). His recent publication is “Demand for CAM Practice at Hospitals in Japan: A Population Survey in Mie Prefecture” (*Evidence-Based Complementary and Alternative Medicine*, doi:10.1093, 2010).

Noriaki MATSUMURA is Assistant Professor of the Department of Nursing at Teikyo Heisei University. His main research field is Japanese medical history. His recent publications are "Research on Chikushi-Kou Zakki: The Travel Diary for Nagasaki of Sosen Nakashima." (in: *Nihon ishigaku zasshi*, Vol.54 (2008), No.4), "Research on the

Medical concept in Koiho (Classicist Medical School) -The formation of understanding of the human and the world in the Edo period" (in: *UTCP Review*, vol.5 (2006)), "Rhetoric of Koiho (Classicist Medical School) -In the light of the Tomon Zuihitsu-" (in: *UTCP Review*, vol.3 (2005)), "The similarity between two medicines: oriental medical thought of meridian and Western medical knowledge of nerve." (in: *Historia scientiarum: International Journal of the History of Science Society of Japan*, Vol. 13, No. 3 (2004)). He is now interested in the history of community medicine and the interaction of medicine and local community.

Chang-Geon SHIN is Associate Professor at Tokyo University of Science, Faculty of Engineering. His research field is history of traditional medicine in modern Korea and Japan. His interests are as follows: (1) self-portrait of Korean traditional medicine; (2) intellectual conflict (and corporation) between Korean and Japanese traditional doctors; (3) network of medical researches on traditional medicine in the Japanese Empire; (4) social history of medical treatments in colonial Korea. He is also interested in history of rehabilitation from the point of view of the boundary between social inclusion and exclusion.

2B-Hirokawa

14 Dec Session 2 (15.30-16.45)

Basic Information

Panel title: Changing Perceptions of Hansen's Disease: Medicine, Politics, and Society

Organizer: Waka HIROKAWA (Osaka University)

Chair: TBA

Discussant: Susan BURNS (University of Chicago)

(1) Waka HIROKAWA (Osaka University)

Seeking the Linkage of Hansen's Disease between Pre-modern and Modern, Inside and Outside Japan

(2) Jo ROBERTSON (University of Queensland)

The Late Nineteenth Perception of Leprosy in the Colony of Queensland: Race, Class, Politics, and Nation viewed through the Lens of Leprosy

(3) Kathryn TANAKA (University of Chicago)

Representations of Hansen's Disease in Ghostly Tales

(4) Sigurd SANDMO (Bergen City Museum/The Leprosy Museum, Norway)

The Ambiguous Language of Exhibitions: Hansen's Disease Museums in the Era of Reconciliation

Abstracts

From the late nineteenth century to the beginning of the twentieth century, perceptions of Hansen's disease (leprosy) entered a new phase all over the world. A series of incidents, such as the prevalence of Hansen's disease in Hawai'i in the 1860s, Gerhard Henrik Armauer Hansen's discovery of *Mycobacterium leprae* in 1873, and the renewed medical interest in Hansen's Disease as an illness associated with colonized populations--- had a great impact on how imperialist nations approached the disease. Indeed, some scholars have argued that Hansen's disease was newly stigmatized as a savage, uncivilized disease in undeveloped countries that had been subjected to

colonialism. The international policies and medical approaches to Hansen's disease, which started under the initiative of Western countries, continues to both transform and interact with the various developing social, economic and political circumstances surrounding the disease in Asia.

In this panel, we collectively compare and discuss how individuals, nations, and local communities continue to change their perceptions of Hansen's disease and elucidate the broader social and political implications of shifting senses of illness. In doing so, we also seek to highlight the commonalities and differences in continuing problems related to the illness in several countries.

Paper 1

Seeking the Linkage of Hansen's Disease between Pre-modern and Modern, Inside and Outside Japan

Waka HIROKAWA (Osaka University)

The turning points in the history of Hansen's disease in Japan were often part of important historical transitions. One such point was the introduction of western medicine in the revolutionary period of the Meiji Restoration of the 1870s. In Japanese pre-modern society, some Hansen's disease sufferers were located at the bottom of the class system and therefore faced discrimination. According to the dramatic change in the social order, however, the social status of Hansen's disease sufferers' also transformed during this process of the modernization.

Research done up to this point, however, does not offer a satisfactory explanation as to how and what was changed in terms of the sufferers' status between pre-modern and modern society. A proper examination should consider how the treatment of the sufferers as well as the people's perceptions of Hansen's disease changed with the modernization process, including medical innovations.

At the same time, these conditions surrounding Hansen's disease in Japan affected the international discussion about the policy and treatment of Hansen's disease. Through the eyes of western doctors who visited Japan, Hansen's disease in the beginning of Japan's modern period was recorded both as a social problem and as a medical issue. The later publication of this kind of information about Japanese Hansen's disease had a great impact among the international policy makers who organized the International Leprosy Conference in 1897.

In this paper, I discuss the influence of the changes of social order on the Hansen's disease sufferers and the interactions between Japanese policies and the international medical and political trends. In doing so, it will become possible to

understand that the history of Hansen's disease in Japan did not result from a one-way influence from Western countries: rather it had a mutual and comparative influence with the international medical and political environment.

Paper 2

The Late Nineteenth Perception of Leprosy in the Colony of Queensland: Race, Class, Politics, and Nation viewed through the Lens of Leprosy

Jo ROBERTSON (University of Queensland)

This paper explores the reasons for the official measures taken against leprosy in the colony of Queensland in the late nineteenth century. I will argue that these initiatives were both a response to Imperial concerns about the disease "returning" from the colonies to the Imperial centre, as well as a response to local concerns about immigration, labour, politics, and nation. Medical uncertainties about the disease, leprosy's longstanding accumulated history of representation, widespread alarm anxiety about degeneration, and finally the international initiatives that emerged from the first two international conferences on leprosy contributed to a discursive formation that would converge on the few people in the colony diagnosed with the disease. In the short term, fear of the disease became a tool for the newly federated labour force to be used against the conservative politicians in debates about the importation of "disease-bearing" indentured labour. In the long term, these debates were underpinned by fears of miscegenation and culminated in the white Australia policy.

Paper 3

Representations of Hansen's Disease in Ghostly Tales

Kathryn TANAKA (University of Chicago)

At the turn of the twentieth century, Hansen's Disease was a recurring motif in ghostly tales or adventure narratives written in Japan, the United States, and England. These tales are often presented as classical story types, such as an illicit liaison with a partner who turns out to harbor a deadly secret, or a house haunted by a spirit too angry to leave. The portrayal of Hansen's Disease as the cause of tension in such stories, however, was a distinctly modern twist. The proliferation of such tales at the turn of the twentieth century, both in English and Japanese, reflects a new and international preoccupation with the medicalization and categorization of Hansen's Disease and its sufferers. Furthermore, the depiction of Hansen's Disease in such stories reveals a changing notion of Hansen's Disease as a highly stigmatized, highly contagious disease. Through an examination of works by Ozaki Kōyō (1867-1903), Kōda Rohan (1867-1947),

Algernon Blackwood (1869-1951), Arthur Conan Doyle (1859-1930), and Hesketh V. Pritchard (1876-1922), among others, I examine the ways in which turn of the century ghostly or adventure stories reflect changing perceptions of Hansen's Disease that formed as the disease was targeted by modern medical and colonial policies. The depiction of Hansen's Disease in these ghostly tales as something to be feared contributed to a rising social prejudice against sufferers of the illness both in Europe and Japan. By reading these tales in both English and Japan, I seek to highlight commonalities as well as differences between Japanese and Western literary responses to Hansen's Disease and to compare the modern anxieties about illness and nation that each set of texts reveals.

Paper 4

The Ambiguous Language of Exhibitions: Hansen's Disease Museums in the Era of Reconciliation

Sigurd SANDMO (Bergen City Museum/The Leprosy Museum, Norway)

In recent decades, a number of museums related to Hansen's Disease have been established. In spite of the variation in size, professional curating and funding, they still have in common the historical artefacts, the concept of an exhibition, and are often built upon the historical grounds of a heritage site. In general they also relate to a process of reconciliation in some sense: they represent rooms for reflection where one can look back on Hansen's Disease as a personal and collective experience, and they are public spaces where different groups can meet, discuss and reflect upon the silencing, the stigma and the wrongs of the past. Hence, their exhibitions are closely linked to the changing notions of the disease in general, and usually to the developing discourse of Hansen's Disease, dignity and human rights issues in particular.

This paper discusses aspects of the exhibitions found in Hansen's Disease museums in Japan, Taiwan and Norway. The paper argues that the language of exhibitions is an ambiguous language, where different aspects of the history of Hansen's Disease, modern welfare policies, as well as the often complex self-understanding of Hansen's Disease communities, sometimes collide. Furthermore, it points at how the Hansen's Disease museums make use of narrative strategies known from several different exhibition genres, such as museums on certain minority cultures, as well as from museums of war crimes, discrimination and of other so-called "negative heritage" themes. By examining how Hansen's Disease museums interact with established conventions within the world of museums, we can also broaden our understanding of the ever changing and ambiguous perceptions of Hansen's Disease itself, as a medical,

social and political phenomenon.

Short Bios

Waka HIROKAWA is an Associate Professor in History at the Tekijuku Commemoration Center, Osaka University. Her work is focused on community responses to state policies targeting Hansen's Disease in the first half of the twentieth century. She is the author of *Kindai Nihon no Hansen-byo Mondai to Chiiki Shakai* (The Problems of Hansen's Disease and Regional Communities in Modern Japan, 2011). She also studies the archival science theory based on medical materials.

After completing her doctorate on the representation of leprosy in colonial Queensland, Jo ROBERTSON took a position as a researcher, at the Wellcome Unit for the History of Medicine, at the University of Oxford, as coordinator of the International Leprosy Association's Global Project for the History of Leprosy, with a steering committee of international experts. Drawing upon the considerable research base that this project established, she has been commissioned to write a monograph on the recent history of leprosy, while based at the Institut d'Histoire de la Médecine et de la Santé, Centre Médicale Universitaire (CMU), at the University of Geneva, in Switzerland, which is a WHO collaborating centre. She is currently a lecturer in writing in the School of English, Media Studies and Art History at the University of Queensland, in Australia.

Kathryn M. TANAKA is a Japanese Society for the Promotion of Science Postdoctoral Fellow at Osaka University in Japanese literature. She is currently revising her dissertation for publication under the working title of *Through the Hospital Gates: Hansen's Disease and Modern Japanese Literature*.

Sigurd SANDMO is the Head of Exhibitions at the Bergen City Museum, Norway, which includes The Leprosy Museum. He has published various works on the history of leprosy, and he has been involved in research projects related to missions and museology. He is a member of the steering committee of the Bergen Leprosy Archives, which are listed on UNESCO's Memory of the World Project. He is also Norway's representative in IDEA International, an NGO which focuses on dignity and human rights for people affected by Hansen's Disease.

Susan L. BURNS is Associate Professor of History and East Asian Languages and

Civilizations at the University of Chicago. Her research interests include the history of medicine, the body, and gender in early modern and modern Japanese history. Her recent publications in the field of history of medicine include "Rethinking 'Leprosy Prevention': Entrepreneurial Doctors, the Meiji Press, and the Civic Origins of Biopolitics." *Journal of Japanese Studies* 38, no. 2 (Summer 2012); "Marketing 'Women's Medicines': Gender, OTC Herbal Medicines, and Medical Culture in Modern Japan," *Asian Medicine* vol. 7, no.1 (2009); and "Nanayama Jundō at Work: A Village Doctor and Medical Knowledge in Nineteenth Century Japan." *East Asian Science, Medicine, and Technology* no. 29 (Autumn 2008): 61-82. She is currently completing a monograph on the history of psychiatry in Japan.

2C Yongue/Business

Basic Information

Panel Title: Making Medicine a Business in Japan: Adaptation, Confrontation and Opportunity in the Transition to Modernity

Organizer: Julia YONGUE (Hosei University)

Chair: TBA

1) Pierre-Yves DONZÉ (Kyoto University)

The Beginnings of the Japanese Medical Instruments Industry and the Westernization of Medicine in East Asia (1880-1930),

2) Julia YONGUE (Hosei University)

A History of Japan's Vaccine Policies and Production: Lessons from Merck in the 1980s and Beyond

3) Wen-hua KUO (National Yang-Ming University)

Kampo: a "Racial" Science/Business?

Abstracts

Modernization, one of the themes of the conference, is also a central focus in the study of the development of medicine as a business in Japan. This panel will examine three aspects of the modernization process: (1) import substitution or the transition from importation to domestic production, (2) standardization of the products manufactured and (3) the implementation of a regulatory framework by the state. These three elements helped to shape the history of Japan's medical businesses and their distinctive characteristics.

This panel comprised of the following three papers will examine the three aspects mentioned above in a variety of contexts and time periods in order to consider some of their implications in the modernization of medicine as a business in Japan.

Paper 1

The Beginnings of the Japanese Medical Instruments Industry and the Westernization of Medicine in East Asia (1880-1930)

Pierre-Yves DONZÉ (Kyoto University)

The shift from traditional medicine to Western medicine in Japan is usually approached as the result of a top-down policy (decision of Meiji authorities to adopt Western medicine) and a well-organized transfer of knowledge from Germany to Japan (employment of professors, training of Japanese doctors in German speaking countries, etc.). However, such literature has given until now only little attention to the material basis of this mutation towards Western medicine. The objective of this paper is to contribute, through a business history approach, to a better understanding of the way medical instruments and equipment were introduced, diffused and produced, as well as how they supported the development of Western medicine in East Asia between 1880 and 1930.

During the early Meiji period, some of the largest kampo distributors of Osaka and Tokyo began to import Western medical instruments and equipment. They soon specialized in this activity and set up facilities to launch into production. At first, they simply copied these Western goods, then adapted them to the Japanese environment (e.g. reducing their size) and developed their own products. This paper will especially focus on the technological development and marketing strategies of these small- and medium-sized firms. During the 1920s and the 1930s, their cooperation to improve their R&D capabilities, for example by creating the Japanese Society of Medical Instrumentation (Nihon iryo kikai gakkai), as well as sales implementing shared distribution networks, enabled the transition from imports to domestic production. The standardization of products resulting from cooperation supported the growth of medicine as a profitable business in pre-WWII Japan. It had also a significant impact on the modernization of medical infrastructure in East Asia more broadly (notably Korea, China and Taiwan) due to Japanese exports and imperialism.

Paper 2

A History of Japan's Vaccine Policies and Production: Lessons from Merck in the 1980s and Beyond

Julia YONGUE (Hosei University)

This paper will focus on the introduction of two of Merck's most novel products, Heptavax II and a combination vaccine, MMR. Approved for use in Japan in 1988, Heptavax II, administered to prevent hepatitis B, was the world's first vaccine to utilize

recombinant technology, thus greatly enhancing product safety. Clinical trials took four years in Japan, and the approval of Heptavax II coincided with that of another recombinant technology-based hepatitis B vaccine by a rival domestic manufacturer the same year. The introduction of this vaccine marked a shift from importation to domestic production as in the paper on medical instruments; however, the state's motive for promoting import substitution was not to modernize industry. The MMR (measles, mumps, rubella) sparked great controversy in Japan due in part to adverse reactions most often associated with the mumps vaccine. MMR was modified to become MR (measles, rubella) and remains on Japan's routine vaccine schedule, even though the standard in most other countries is MMR.

Merck, then the world's largest and one of the most innovative pharmaceutical manufacturers provided domestic pharmaceutical companies with one clear illustration of the potential of recombinant technology in the development of new drugs. However, the most indelible "lesson" that Merck would leave them was that the launch of even the most innovative vaccines in Japan would be risky and largely unprofitable. Merck's vaccine launches in the 1980s also provided government regulators with a learning opportunity that would shape Japan's preventive health policy-making vis-à-vis vaccines for more than a decade to follow. Through the analysis of the launches of Heptavax II and MMR, this paper will shed light on some of the obstacles to harmonizing global standards for preventive healthcare via vaccination while also providing readers with a deeper understanding of the current features of Japan's regulatory framework for vaccines, the circumstances under which these regulations were formulated as well as why so few pharmaceutical manufacturers—foreign or domestic—have opted to invest in the business of vaccine production in Japan.

Paper 3

Kampo: a "Racial" Science/Business?, Wen-hua Kuo, Institute of Science, Technology and Society

Wen-hua KUO (National Yang-Ming University)

This paper will consider the various perceptions of kampo, a generic term used in Japan to signify traditional medicine. For Japanese, kampo is usually considered to be an insignificant deviation from Chinese medical thought or an Edo legacy that has waned and been replaced by synthetic pharmaceuticals. Yet, these statements fail to explain why kampo remedies are still welcomed and popular today, even without the state's sanction. While only a limited number of kampo drugs are available in Japan by

prescription, the market for over-the-counter (OTC) drugs, many of which claim to contain kampo, is quite large.

This paper will look at the role the state played in shaping what STS literature calls “regulatory culture,” and hopes to offer readers a better understanding of regulations regarding kampo during the period of Japan’s modernization. Specifically, It will investigate what the Japanese state did to help form this medical tradition and what became of other traditions that did not benefit from its support. Complicating our understanding of these issues is the fact that some literature considers kampo simply as a racial science or business. This study, however, will question this seemingly perfect marriage between the Japanese race and kampo, while also considering the implications of kampo on science and business.

Short Bios

Pierre-Yves DONZÉ is an associate professor and hakubi scholar at Kyoto University. He was born in Switzerland and completed his PhD on an economic history of Swiss hospitals between 1840 and 1960 at the University of Neuchâtel (2005). Pierre-Yves' current research focuses on the way medicine became a profitable business and the role of technology in this process. His recent publications include “Studies Abroad by Japanese Doctors: A Prosopographic Analysis of the Nameless Practitioners, 1862-1912”, *Social history of medicine* (2010) and “Global technological advantage and local marketing strategy shortcomings: Siemens and the business of medicine in Japan (1900–1945)”, *Business History Review*, (forthcoming in 2013).

Julia YONGUE is a professor in the faculty of economics of Hosei University, Tokyo, Japan. After completing her undergraduate studies in the United States (international relations) and France (Japanese studies), she moved to Japan where she received MA and PhD degrees from the University of Tokyo in international relations. Her research has focused on the history of the Japanese pharmaceutical industry from the time of its modernization in the Meiji period to its rise as a global business. Currently, she is on sabbatical where she is comparing the history of Japan’s vaccine industry with those of France and the United States. Major themes in her research include the history of both business and medicine as well as the impact of healthcare policies on the development of the pharmaceutical industry.

Wen-Hua KUO is an associate professor at National Yang-Ming University, Taiwan, where he teaches social studies of medicine and public health. He studied the history of science at Taiwan's Tsing-Hua University and science studies at MIT, where he completed his PhD in 2005. Over the past ten years he has been working on pharmaceutical regulation and its social impacts in an East Asian context. Arguing the meaning of ethnicity and statehood in the era of global pharmaceuticals, his on-going book project examines the evolution of clinical trial regulations in East Asia and the initiatives to harmonize them. In addition to pharmaceuticals, his research topics revolve round disease control policy and practices in Cold War Asia. In fall 2012 he initiated a new project on the regulatory aspect of oriental medicines, with a focus on the frictions and efforts to implement strategies to harmonize them.

2D Li/Tropical Diseases

14 Dec Session 2 (15.30-16.45)

Basic Information

Panel title: Tropical Diseases

Organizer: Shang-Jen LI (Academia Sinica)

Chair: TBA

1) Meaghan MARIAN (University of Toronto)

Malaria and the Cultivation of Hong Kong

2) Yen LE (The Australian National University)

Living with leprosy: illness, care and community in a former leper colony in Vietnam

3) Shang-Jen LI (Academia Sinica)

From Miasma to Parasites: Medical Images in British Research on Malaria, 1880-1939

Abstracts

Paper 1

Malaria and the Cultivation of Hong Kong

Meaghan MARIAN (University of Toronto)

The history of Hong Kong is most often positioned in the terms of economic or political history, its strong free market eclipsing the other dimensions of this history. While the economic successes of Hong Kong's 19th and 20th centuries can little be underestimated and the contemporary complexity of its political life should not be undermined, health and disease have played equally defining roles in the unfolding logic of life in Hong Kong. Indeed, through the 1840s to 1860s, fever shaped not only the practices of medicine in the new colony but further environmental management, architecture, and subjectivity. As fevers tore through the small population, later understood to be outbreaks of malaria, the colonial regime struggled to manage a tropical environment and disease factors they scarcely understood. This included implementing tried and true practices tested in Britain's other colonies, but also a process of reforestation designed to transform Hong Kong's humid, marsh landscape

into a reflection of the thickly forested terrain of Scotland. As such, the processes of subject formation and colonial design in Hong Kong are part of a broader narrative on tropical and imperial medicine: the experience of the remote colonies defining the course of Victorian medicine, and the medical science of the metropole struggling to define and contain the mysterious diseases of the tropical colonies. Drawing on accounts of febrile disease episodes in the first decades on colonial rule, this paper demonstrates the centrality of fever in deciding the design of the nascent British colony, and of the subjectivity of the metropolitan British, the colonial agents, and of the Chinese subjects of young Hong Kong.

Paper 2

Living with leprosy: illness, care and community in a former leper colony in Vietnam
Yen LE (The Australian National University)

Drawing on oral histories collected through a long-term ethnographic fieldwork in Quy Hoa village, an exclusive community of leprosy-affected people located nearby the Quy Hoa National Leprosy Hospital in Central Vietnam, the paper elucidates the history of leprosy treatment and care in Vietnam from early 20th century to 1975, when the country was reunified and the Communist state took over leprosy work, and from after 1975 to the present. It enunciates leprosy patients' lived realities through different models of leprosy care, from the Christian-run segregated leper colony, which was the prevalent model of leprosy care in Vietnam before 1975 to leprosy villages controlled by the state leprosy hospital and social reintegration policies after 1975. The paper shows that despite its isolation, the lived history of this exclusive community of leprosy patients is always entwined in and in sync with the history of the nation at large.

The discussion contends that based on Christian compassion and mercy, the religious model offered medical care and mental support for leprosy-afflicted people but on the other hand, also infantilised and objectified 'lepers' as objects to be enacted upon by Christian care-takers towards realisation of religious ideology. Subsequently, the paper examines the dramatic shifts in leprosy care following the regime change in 1975 which also led to the end of the Christian model. This period saw turbulences in the lived realities of Quy Hoa villagers – post-war hardship and grim survival, leading to heavy physical labour and further deformities. Meanwhile, post-1975 policies also witnessed state effort to de-stigmatise leprosy, disseminate knowledge about leprosy and socially re-integrate leprosy patients. However, for most patients who have taken shelter in the leprosy village for many years, returning to the outside society seems extremely difficult due to both deep-seated social stigma and internalised self-stigma.

Paper 3

From Miasma to Parasites: Medical Images in British Research on Malaria, 1880-1939

Shang-Jen LI (Academia Sinica)

Malaria has been one of the most important diseases in human history. Between the late nineteenth century and the early twentieth century, a series of important discoveries changed Western medical understanding of malaria. Traditional medical theories considered malaria as vapor emanated from the earth under intensive sunray that can caused intermittent fever. The research conducted by European medical men such as C.L.A. Laveran, Patrick Manson, Ronald Ross and Giovanni Battista Grassi, which argued that malaria was a parasitic disease transmitted by the mosquito, has profoundly changed the etiological, pathological and epidemiological knowledge of malaria. Their studies laid the foundation of modern malariology.

Visual image and visual technology played a key role in malaria research. Microscopic photography, techniques of preparing slide and staining specimen enabled researchers to observe malarial parasite more effectively. They also made possible the production of more accurate malarial charts representing forms of the plasmodium during various stages its lifecycle. The charts were use as research tool, diagnostic aid and pedagogical device. Noso-geographical maps and the illustrations of the species of mosquitoes which were capable of transmitting malaria could greatly facilitate epidemiological investigations of malaria. Many breakthroughs in malariology were made thanks to the production, collection and use of medical images. The visual technology of malarial research, however, has not been sufficiently explored by historians. This paper will analyzed the importance of visual images in the making of modern malariology. It will also investigate the relation between the use of visual image and the development of modern medicine.

Short Bios

Meaghan MARIAN

Yen LE is currently a PhD Candidate at the Department of Anthropology, College of Asia Pacific, the Australian National University in Canberra, Australia, where she is writing up her doctoral dissertation on leprosy in Vietnam based on a long-term ethnographic fieldwork conducted at Quy Hoa leprosy village in Central Vietnam. Before her PhD studies, she was a lecturer at the Vietnam National University –

Hochiminh city. Yen obtained both her Bachelor and Master's degree in Asia Pacific studies from the Ritsumeikan Asia Pacific University in Japan. Her current research interests include illness, stigma, lived realities of people living with stigmatised diseases and disabilities.

Shang-Jen LI works on the history of Western medicine in nineteenth-century China and the history of British tropical medicine. He completed a joint Msc. programme in the history of science and medicine at the Centre for the History of Science, Technology and Medicine at Imperial College and the Wellcome Institute for the History of Medicine in London. He received his PhD in the history of medicine from the University of London. He was also a post-doctoral research fellow at the Wellcome Trust Centre for the History of Medicine at University College London. Shang-Jen Li is currently an associate research fellow at the Institute of History and Philology, Academia Sinica. He has published articles both in Chinese and in English in *Isis*, *Journal of the History of Biology*, *Social History of Medicine*, and *the Bulletin of the Institute of History and Philology* as well as in several edited volumes. He is currently working on a book about British medicine in nineteenth-century China. Starting in September 2012, Shang-Jen Li has been an associate editor of *East Asian Science, Technology, and Medicine*, a quarterly journal published by Duke University Press.

2E Chua/Medicine in the Philippines 1

14 Dec Session 2 (15.30-16.45)

Basic Information

Panel title: Disease, Policy and Responses in the Philippines, 16th to the 20th Centuries

I

Organizer: Karl Ian Uy Cheng CHUA (Ateneo de Manila University)

Chair: TBA

1) Patricia Ysabel WONG (MA Candidate, Ateneo de Manila University)

"The Child Must Learn To Be Clean": The Gendering of Hygiene and Sanitation Education in Manila, 1900-1920

2) Michael D. PANTE (Ph.D Candidate, Ateneo de Manila University)

Convergence and contradiction in the policies of Manila's Department of Transportation and Sanitation

3) Arnel E. JOVEN (Ph.D, University of Asia and the Pacific)

Imperial Medicine and Indigenous Adaptation: Public Health Campaigns and Disease Control in the Philippines During the Japanese Occupation Period

Abstracts

The Philippines has a long colonial history, having been occupied by three colonial powers for nearly 400 years, beginning in the sixteenth to the first half of the twentieth century. The different and competing influences that were brought about by colonialism offer a unique perspective for the study of the history of medicine.

This is a proposal for two panels, both of which aim to show the diverse influence of these colonizers (European, American, and Asian) and the particular responses of the Filipinos not only to imperial and colonial medicine and medical policy but also to their own medical tradition during the periods under consideration. The first panel consists of papers that deal with complexities of American imperial policies at the turn of the twentieth century to the early 1900s and the Japanese towards the end of the first half of the twentieth century. The second panel comprises papers that explore

the reactions, responses, and negotiations to these policies not only from Filipinos but also from the colonizers themselves. Both panels present important but largely obscure(d) insights into the landscape of Philippine colonial medical and public health history from the colonial period to the period of independence.

Paper 1

"The Child Must Learn To Be Clean": The Gendering of Hygiene and Sanitation Education in Manila, 1900-1920

Patricia Ysabel WONG (Ateneo de Manila University)

The arrival en masse of the American colonizers in 1899 was a pivotal event in the landscape of Philippine history, ushering in a period of unprecedented change in a relatively short period of time. Operating on the twin doctrines of benevolent assimilation and the white man's burden, the Americans greatly transformed the landscape of Philippine society, from its government, to its popular culture, to two of the things that the American colonizers were (and still are) most remembered for—education and sanitation.

Though both the education and sanitation initiatives during the American colonial period in Manila were headed by men, the apparent target of the American colonial health and sanitation education campaign were girls and women. Hygiene and sanitation were deeply intertwined in the American colonial education system, becoming compulsory subjects for primary and secondary school students, though more emphasized for girls than for boys.

Beyond the education system, discussions on hygiene and sanitation bled into what are traditionally considered female spheres of activity, such as cookbooks and housekeeping manuals. Advertisements for goods relating to hygiene and sanitation in Manila newspapers and magazines emphasized the housewife's role in maintaining the status quo—a clean, healthy home was a happy home. I will be examining these, alongside official papers from the Department of Public Instruction and the Bureau of Health, to understand the extent of the pervasiveness of the American colonial sanitation education in the everyday lives of girls and women in Manila.

This paper aims to locate the space women occupied—often overlooked—in the scheme of the masculine realm of health and sanitation education in Manila between the years 1900 to 1920, both as empty vessels for, reactors to, and transmitters of colonial knowledge. More importantly, it aims to examine the complex relationships and interactions between hygiene, sanitation, education, colonialism, and women during an indubitably exciting time in Philippine history.

Paper 2

Convergence and contradiction in the policies of Manila's Department of Transportation and Sanitation

Michael D. PANTE (Ateneo de Manila University)

The Department of Transportation and Sanitation was established on 1 July 1906 as an executive arm of the municipal government of the city of Manila. Initially a division of the Department of Engineering and Public Works, it became a separate entity that reflected the American colonial government's increasing preoccupation with the issues of public health and urban mobility. The powers and responsibilities of the new department covered a diverse set of tasks pertaining to urban living: from street sprinkling to city transportation to the maintenance of public slaughterhouses. This wide-ranging scope of tasks revealed the colonial state's philosophy toward urban sanitation: a healthy city is a mobile city. The Americans believed that a speedier movement of passengers, products, and even wastes was essential to keep the city in a sanitary condition. Nonetheless, such a belief was contested from many fronts. Cynical Manila residents and even American colonial officials saw contradictions in this trumpeted convergence between mobility and salubrity.

Paper 3

Imperial Medicine and Indigenous Adaptation: Public Health Campaigns and Disease Control in the Philippines During the Japanese Occupation Period

Arnel E. JOVEN (University of Asia and the Pacific)

When the Imperial Japanese Army arrived in Manila in 1942, their first priority was the optimum protection of their soldiers. The Philippines has by then undergone forty years of American colonial tropical medicine – a critical period when public health and sanitary policies were introduced with a proliferation of public hospitals and western-trained doctors. Realities presented by the Pacific War created widespread shortages and dislocations, in which the Japanese themselves stepped in to stem the tide of diseases and malnutrition. It was at this point that the Japanese introduced what Michael Shiyung Liu (2009) referred as “southern medicine” – a revised version of colonial state medicine introduced in Taiwan. This paper looks at the tell-tale policies and programs enacted by the Japanese Military Administration in the Philippines that followed the patterns of state medicine introduced decades before in Japan and in colonial Taiwan.

Through Filipino government health officials and medical professionals, the

Japanese introduced programs and policies that: introduced the Japanese Army as the sponsor of health policies, centralised all medical programs and the government, incorporated all civilian health institutions under government control or influence, prioritised university-based laboratory research over hospital-based clinical practice, enacted endless malaria eradication programs, and promoted Japanese superiority in medical science. However, it was through the efforts of Filipino officials that health campaigns were enacted in the form of executive orders, newspaper campaigns, hospital policies, callisthenic exercises, and nutrition programs. In late 1943, the Philippine government vigorously emphasised adaptation, i.e. the promotion of research and usage of indigenous medicine in the absence of western pharmaceuticals. In the midst of active resistance against the Japanese within a period of widespread shortages that brought about malnutrition and disease, Filipinos regardless of political loyalty strove to push for the well-being of the public-at-large. In discussing the various health policies promoted from 1942 to 1944, this research employs 'health-seeking behaviour' – a term borrowed from medical anthropology. Primary sources include archival records, official reports, newspaper articles, published memoirs/diaries, and oral interviews.

Short Bios

Karl Ian Uy Cheng CHUA received his Master in Japanese Studies from the National University of Singapore writing a thesis on komik strips during the Japanese Occupation period of the Philippines. He received his Doctorate in Social Sciences from Hitotsubashi University with a dissertation on representations of foreigners in Japanese children's magazines from 1930 - 1950. He is currently an Assistant Professor of the Department of History and Japanese Studies Program of the Ateneo de Manila University.

Patricia Ysabel WONG is a part-time lecturer at the Department of History at the Ateneo de Manila University. She is currently an M.A. Candidate at the same university, and has been involved in projects ranging from research, to teaching, and translation. Women, hygiene, sanitation, disease, and food during the American colonial period in the Philippines number among her research interests, and are fields that she wishes to specialize in.

Michael D. PANTE is an instructor at the Department of History, Ateneo de Manila University, Philippines, where he teaches undergraduate courses on Philippine history.

He finished his MA History from the same university and is currently pursuing a PhD Philippine Studies at the University of the Philippines. He is also the assistant editor of the journal *Philippine Studies: Historical and Ethnographic Viewpoints*.

Arnel E. JOVEN is Assistant Professor in the History Department of the University of Asia and the Pacific. He has recently finished his doctorate in History from the University of the Philippines, specialising in the history of medicine and health care in the Philippines during the Japanese Occupation Period. Since 2010, he has presented relevant papers on the health during the occupation period, in various international conferences. He is also specialising in medical anthropology focusing on health phenomenology and political economy. He is currently undertaking a research project on health perceptions in urban Japan.

3A Ichikawa/Treaty Ports

14 Dec Session 3 (17.00-18.30)

Basic Information

Panel title: Varieties of public health at the colonial cities and treaty-ports in East Asia

Organizer: Tomo ICHIKAWA (Shanghai Jiaotong University)

Chair: Takeshi NAGASHIMA (Senshu University)

Discussant: Mark HARRISON (Oxford University)

1) Yuki FUKUSHI (Research Institute for Humanity and Nature)

Hygienic Behavior in Modern Shanghai: Sanitary Rules in the Early 20th Century

2) Tomo ICHIKAWA (Shanghai Jiaotong University)

Japanese informal sanitation: cholera epidemics and municipality in the Kobe foreign settlement, 1868-1899

3) Yuen Han LAW (Hong Kong Baptist University)

Vaccination Campaigns and Colonial Rule: Anti-Smallpox Policy in Colonial Hong Kong (1842-1941)

4) Hideharu UMEHARA and Jörg VÖGELE (Düsseldorf University)

The "healthiest colony" in China: Public health in the colonial port city Qingdao (Tsingtau) in the early 20th century

Abstracts

This panel focuses on the variety of the public health establishments with a focus on the port cities in East Asia. There are three topics we focus on. The first is "Area". We recognize that different medical and public health regimes depended on location; whether in colonial enclaves or treaty ports controlled by Western countries. The second is "Age". It is well-known that from late the 19th century to early 20th century, medical technologies of bacteriology made very rapid progress. The public

health policy in a city was likely to change after medical and scientific advances were recognized. The third point is "Disease". East Asia was pestered by Asiatic Cholera in late 19th century and bubonic plague around the turn of the century as well as smallpox throughout the period in question. We argue that the variety of these diseases impacted the performance of the public health at each area. Every speaker examines different areas, ages and diseases. Fukushi focuses on the establishment of the sanitary regulation in the Shanghai international settlement and the city authority consisted of western people who controlled the Chinese residents in this city. Focusing on the relationship between Western and Japanese society, Ichikawa examines the preventive measures taken against infectious diseases by the Hiogo (Kobe) municipal council in this treaty port. Law looks at vaccination against the smallpox epidemics in Honking and demonstrates how British officials institutionalized this measure among the Chinese natives. Umehara traces the changed and unchanged policies of the public health between the German colony and Japanese occupation in Qingdao. The goal of our panel is to examine and compare the diversity of public health establishments in the port cities in East Asia.

Paper 1

Hygienic Behavior in Modern Shanghai: Sanitary Rules in the Early 20th Century

Yuki FUKUSHI (Research Institute for Humanity and Nature)

Since the open port in 1840s, modern urban construction progressed in Shanghai foreign settlements. In the foreign settlements, sudden Chinese population inflow occurred with the development of commerce and industry. And there were everyday conflicts concerning the behavior on health and cleanliness matter between foreign and Chinese society. Foreign settlement authority settled various sanitary rules to regulate the Chinese behavior for maintain cleanliness of the city. This presentation will explore the diversity of health and cleanliness notion in early 20th century Shanghai society through analyzing prosecution cases of sanitary rules.

Paper 2

Japanese informal sanitation: cholera epidemics and municipality in the Kobe foreign settlement, 1868-1899

Tomo ICHIKAWA (Shanghai Jiaotong University)

In this paper, I examine the establishment of the public health in late 19th Kobe. It is well-known that acute infectious diseases such as Asiatic cholera and bubonic plague broke out almost every year in this period. The background of this was

the increase of shipping traffic within the Japanese treaty ports such as Yokohama, Nagasaki and Kobe. Therefore, to control the infectious diseases was very urgent problem in the Japanese port cities.

Kobe had a specific system as the Japanese treaty ports. From 1869, the opening of this port, to 1899, this city had maintained its autonomy from the western diplomats and the staffs of western companies. This form of self-government in the foreign settlement did not exist in other Japanese treaty ports except for the very early stage of Yokohama and Nagasaki. Because of this autonomy, in order to take preventive measures against acute infectious diseases, the Japanese side and the foreign settlement had to adjust their measures. In addition to this, the variety of the adjustments were aimed at not only on the medical and hygienic problems but also the border of the law when isolation was necessary, the expense division of disinfection and inoculation and the land ownership if hospitals and cemeteries need to be built.

As a result, this paper demonstrates that the overwhelming influence of the foreign society was gradually absorbed by the Japanese side in Kobe. The key point of this phenomenon was not the administrative system in the treaty port but the high standard of the Japanese medical doctors. In this way, the superiority of the public health in the foreign society lapsed before the treaty revision and the abolition of the foreign settlement in 1899.

Paper 3

Vaccination Campaigns and Colonial Rule: Anti-Smallpox Policy in Colonial Hong Kong (1842-1941)

LAW Yuen Han (Hong Kong Baptist University)

Smallpox, being one of the most common diseases in colonies around the world, was no doubt an infectious and fatal disease. In general reaction, colonizers everywhere attempted to come down with the best solution to controlling smallpox, aimed not only at protecting the economic benefits extracted from their colonies, but also to defend the health of their troops and administrative personnel.

In Hong Kong, smallpox came to be the leading cause of deaths during the 19th and early 20th centuries. The practice of variolisation, to which a pledget of smallpox crust was inserted into one's nostrils to produce lasting immunity to the disease, had long been a Chinese practice. However, the vaccine proved to be expensive and barely affordable to the poor who comprised a considerable portion of the colony's population. Dr. Morrison, the Colonial Surgeon in 1851 pin-pointed the unsanitary habits of the Chinese community as the main factor contributing to the prevalence of the problem.

Thus, the British government enforced a number of anti-smallpox measures, including the establishment of a smallpox hospital to isolate diagnosed patients; imported steamers and ships were also quarantined. Later, an English doctor, Edward Jenner successfully discovered that cowpox lesion could be used as inoculation to smallpox and it proved to be the most effective yet least expensive method to eliminate the deadly disease. To step up the campaign, the government further established a vaccine institute to produce lymph vaccine in order to meet colonial needs. Vaccination campaigns were introduced to hospitals, both Western and Chinese like Tung Wah Hospital and Kwong Wah Hospital.

In terms of vaccination acceptance, the reaction amongst the Chinese community was better than the foreign community. Some scholars' rooted this to the possibility that the Chinese perceived the new vaccination as similar to traditional variolisation, and the same vaccination campaign was prompted in South China. Although vaccination became more common, smallpox was still widespread, though occasionally, in the 1930s. Some countries then restricted the entrance of Hong Kong immigrants; Hong Kong's economy, reputation and sound image all came to be affected in turn. In response, the government took to educating the mass the advantages of vaccination, enacting compulsory vaccination on new born babies and inspecting strictly cases of imported smallpox. In light of the above developments, this paper examines the enforcement of the government's vaccination campaign, further demonstrating how the vaccination came to be accepted in the Chinese Community, thus shedding light on the reaction of the Chinese on the campaign.

Paper 4

The healthiest colony in China: Public health in the colonial port city Qingdao (Tsingtau) in the early 20th century

Hideharu UMEHARA and Jörg VÖGELE (Düsseldorf University)

The port cities were central hubs of national and international trade and transport networks around 1900, which developed in the 19th century. At the same time they were gateways for disease and epidemics. In (East) Asia, port cities played an even more pronounced role. They often were the main, and in Japan even the single inlet into the country and its hinterland. In China, Japan and Korea the so-called "treaty-ports" served as bridgeholds for European colonialism.

This paper focuses on the port city of Qingdao (Tsingtao) in the early 20th century, which was initially an East Asian model colony and seaport of the German Empire, subsequently occupied by Japan and extended to an Japanese colony and

finally passed into Chinese hands. The paper will outline the changes in healthcare in Qingdao in a longitudinal analysis from the German to the Japanese period. In this example, the following key aspects of medical history in East Asia during the investigation period of the early 20th century are analyzed:

- Measures to control epidemics,
- transfer of knowledge between indigenous and foreign physicians,
- establishing national and international health care.

Through this session the paper will contribute to comparative studies about public health in East Asian port cities in this period. At the same time we will discuss also the historical background regarding questions on international and intercultural transfer of medical knowledge.

Short Bios

Yuki FUKUSHI is a researcher of Initiative for Chinese Environmental Issues, Research Institute for Humanity and Nature, Japan. She holds a Ph.D in Sociology in Hitotsubashi University. She is an author of *Public Health and Modern Shanghai: social history of preventive medicine*. Her current interest is public health history of modern and contemporary China, especially in rural area.

Tomo ICHIKAWA is a lecturer of history at the school of humanity of Shanghai Jiaotong University. His research field is the public health history in Japanese treaty ports such as Yokohama, Nagasaki and Kobe focusing on the relationship between the Japanese society and foreign society in these cities. He is also started to research on the history of parasite diseases in pre war/after war Japan.

Since the completion of PhD degree in 2007, LAW Yuen Han has been working in the Department of History at Hong Kong Baptist University in different capacities. Her teaching courses include: “History of public health and diseases in modern China,” “Medical culture in modern China (1800- 1945),” and “Twentieth century Hong Kong history.” Her major publications include: “Public Health in Pre-war Singapore: The Development of Hospital Services and Medical Education,” and “Tropical Medicine and Colonial Rule: Anti-Malaria Policy in Colonial Singapore as a Case Study.”

Dr. Phil. Hideharu UMEHARA works at the Heinrich-Heine-University Düsseldorf Institute for History of Medicine as a freier Mitarbeiter. In 2010 Umehara completed his

doctoral study on school hygiene in Düsseldorf from 1880 to 1933. This study will be published in 2013 by Klartext-Verlag. Since 2010 he works for the project of his institute “Multiple Modernities in Medicine, the Case of Qingdao under German, Japanese and Chinese Rule”. He has already presented a few results of his researches for this project in some international conferences and workshops.

Dr. Phil. Jörg VÖGELE is Professor of medical history at the Heinrich-Heine-University Düsseldorf Institute for History of Medicine, Germany. Main research areas include historical epidemiology (England and Germany), infant mortality in Germany during the 19th and 20th centuries and the role of infant nutrition, epidemics, public health and the role of port cities in the epidemiological transition.

3B Kubo/Traditional Medicine 1

14 Dec Session 3 (17.00-18.30)

Basic Information

Panel title: Traditional Chinese Medicine

Organizer: Teruyuki KUBO (Ibaraki University)

Chair: TBA

1) Chen HAO (Renmin University of China)

A Canon without Readers and the World of Medical Canon in 7th Century China: Yang Shangshan and His Grand Basis of Yellow Emperor's Inner Canon

2) Pingyi CHU (Academia Sinica)

Reconceptualizing the Mental Organ in China before the Nineteenth Century

3) Teruyuki KUBO (Ibaraki University)

An Etymological Approach to Medical Plants in Chinese Herbal Texts

4) Iori TADA (Nichibunken)

The Sorrows of Young Shōkei, in the transition from Kampō medicine to modern science

Abstracts

Paper 1

A Canon without Readers and the World of Medical Canon in 7th Century China: Yang Shangshan and His Grand Basis of Yellow Emperor's Inner Canon

Chen HAO (Renmin University of China)

This paper discusses a book, Plain Questions to the Inner Canon of Yellow Emperor 黃帝內經太素, in the genealogy of passing down the Inner Canon of Yellow Emperor 黃帝內經, which was the most important and well-known medical canon in Chinese and even Asian medical history. The paper tells two twisted but distinct stories, one about a medical canon, and the other about the grand context of the reading and using medical canons in the same period. This canon, which gained magnificent authority in the woodblock print period and the modern world in Chinese history, was at

the margin in the period it was compiled. It was a marginal part of an enormous cultural project sponsored by imperial government, and hidden in court library with other thousands of volumes. However, it reflected the bigger picture as a mirror at the margin: why was a medical canon included in the imperial cultural project? How did cultural trends in imperial court and bureaucratic system effect on the medical canon making and medical knowledge? These questions intrigued the other story. The medical knowledge and its canons were in the intersection. Canonicity from medical master community and book giving-gaining ritual was replaced by textual characters and teaching methods imitating Confucian classics in imperial court and school system. Some social groups were excluded from the process of rebuilding canonicity, for their social status or gender.

Paper 2

Reconceptualizing the Mental Organ in China before the Nineteenth Century

Pingyi CHU (Academia Sinica)

This paper studies Yuan Hau's family instruction. Yuan was a physician in the early Ming. He chose medicine as his family occupation and asked his descendents to retain it. Although his choice was largely out of political considerations, he discusses medicine as a career in some details, which was also commonplace advices regarding medicine that could be found at that time. However, I would like to use this text to understand the self perceptions of scholarly physician, which is often labeled as Confucian physician (ruiyi). In my previous studies, I treat Confucian physician as an empty social category which is used for a physician to distinct himself from other healers. Yuan Hau's family instruction serves a good case to test my observations and see how a highbrow literatus reflects upon his own occupation and his social status as a physician.

Paper 3

An Etymological Approach to Medical Plants in Chinese Herbal Texts

Teruyuki KUBO (Ibaraki University)

A single Chinese herb name is connected to a unique Latin name. This significantly effective system established after the pharmacopoeias along modern plant taxonomy, but before modern pharmacopoeias, one name possibly referred to a few species beyond different families on taxonomy. Today, for instance, the tree peony or *Paeonia suffruticosa* Andrews is called M ŭ dān 牡丹 in China. However, several etymological evidences suggest that M ŭ dān before the Xuánzōng 玄宗 region (712-756) referred to *Ardisia* species. Xuánzōng is the first person who highly valued the tree

peony ever, but he called it Mùsháoyào 木芍藥. Later, the name was replaced with Mǔ dān, and instead the genuine Mǔ dān was called Bǎiliàngjīn 百兩金 or Zǐjīnniǔ 紫金牛 which is now the contemporary Chinese names of Ardisia species. As the tree peony has a totally different outward form from the one of Ardisia, this name switching raised questions such as why this could have happened. Further investigations show that Mǔ dān's yaoxing 藥性 (properties) and taste described in the early herbal texts (i.e. Shénnóng Běncǎo Jīng 神農本草經) equals those of Bǎiliàngjīn and Zǐjīnniǔ in Tújīng Běncǎo 圖經本草 (1062). In addition, the most Mǔ dān-containing formulas before the Xuánzōng region appeared in gynecological treatments; Zǐjīnniǔ was also the main component in a gynecological formula Zǐjīnsàn 紫金散 in Nǚkè Bǎiwèn 女科百問 (1220) by Qí Zhōngfǔ 齊仲甫. These similarities could evince that the tree peony was substituted in the place of Mǔ dān or Ardisia, but later the tree peony switched places with Ardisia. That is to say Ardisia was very likely blended as Mǔ dān in the prescriptions like Dàhuáng Mǔ dānpí Tāng 大黃牡丹皮湯 in the early days. Likewise, there are presumably many latent replacements of plants under the same names in Chinese herbal texts. Identifying the plant in old medical texts enables us to restore original formulas more precisely. Etymological works have possibility to help us finding new medical benefits from plants or new usages of plants.

Paper 4

The Sorrows of Young Shōkei, in the transition from Kampō medicine to modern science
Iori TADA (Nichibunken)

Kojima Shōkei (1839-1880) was a medical officer of the Tokugawa shogunate, and the pioneer of modern geography in the early Meiji era. In his school days, from Feb. 1 1856 to the end of 1858, he wrote a diary in traditional Chinese, later named "Nisshinroku" [Diary for Making Each Day Anew].

To decipher "Nisshinroku" is a clue to drastic changes in society and science by opening Japan to the world.

This diary contains plenty of valuable pieces of information about the Tokugawa shogunate medical school and court physician system, Consul General Townsend Harris' visit to Japan, 1855 Ansei Edo earthquake and a life of those days. This diary existed only as the manuscripts in Kojima Shōkei's own handwriting, in the Keio University Library. In Taishō era, Mori Ōgai referred to a few part of this for his biographical works of late Edo period doctors. Except this occasion, for a long time few people paid an attention to his diary.

Now I made a transcription from his manuscript, annotated in minute detail

for foreign scholars, and published as a part of "Documents and library catalogues related to Kojima Hosō's family" from the Institute for Research in Humanities of Kyoto University in 2012.

I hope this transcription and my annotations will give a new viewpoint to the Tokugawa shogunate medical school and court physician system and be useful in understanding the influence of the Meiji Restoration to outdated feudal intellectuals.

Short Bios

Chen HAO is Assistant Professor in Department of History at Renmin University of China. He was educated at Peking University (A.B., 2005. D. Phil., 2011). He spent the year between August, 2009 and July, 2010 in Cambridge as a visiting fellow in the Dept. of EALC at Harvard University. He has taught in Department of History at Renmin University of China since 2011, and his research and teaching is centered around the medical and cultural history of ancient China with special interests in healing and belief, bodily sensations and expressions, books and reading in manuscript culture.

Chu PINGYU is a Research Fellow at the Institute of History and Philology, Academia Sinica, Taiwan. He has published widely on appropriations of Jesuit science and natural philosophy by their Chinese readers in seventeenth- and-eighteenth-century China.

Teruyuki Kubo is currently teaching Chinese in the Ibaraki University as well as biology and chemistry in Meisei High School in Japan. His work was awarded Taniguchi Medal Award 2008 Honorable mention, and 5th Young Investigator Award from the Japanese Society of History of Science in 2010. He stayed in the Needham Research Institute as a fellowship scholar between 2007 and 2008. Later, he received his Ph. D. from the Chinese Academy of Sciences in 2010, with his dissertation "A Comprehensive Study on Plants Treatises in the Song Dynasty." His research interest is history of Chinese botany, medicine and horticulture.

Iori TADA

3C Chua II/Medicine in the Philippines 2

14 Dec Session 3 (17.00-18.30)

Basic Information

Panel title: Disease, Policy and Responses in the Philippines, 16th to the 20th Centuries

II:

Organizer: Karl Ian Uy Cheng CHUA (Ateneo de Manila University)

Chair: TBA

1) Ma. Mercedes G. PLANTA (University of the Philippines, Diliman)

Spanish Enlightenment, Science and Traditional Medicine in the Philippines, 18th and 19th Centuries

2) Ma. Louise D. PANTE (Ateneo de Manila University)

Resistance in the time of Cholera: Filipino Responses to American Health Measures

3) Nicolo Paolo P. LUDOVICE (Ateneo de Manila University)

In the Name of Cholera: Murder and Criminality at the Height of an Epidemic in the Philippines, 1901-1904

4) Karl Ian Uy Cheng CHUA (Ateneo de Manila University)

Feed Us Food: Food Substitution and Food Production in Komiks during the Japanese Occupation Period in the Philippines

Abstracts

The Philippines has a long colonial history, having been occupied by three colonial powers for nearly 400 years, beginning in the sixteenth to the first half of the twentieth century. The different and competing influences that were brought about by colonialism offer a unique perspective for the study of the history of medicine.

This is a proposal for two panels, both of which aim to show the diverse influence of these colonizers (European, American, and Asian) and the particular responses of the Filipinos not only to imperial and colonial medicine and medical policy

but also to their own medical tradition during the periods under consideration. The first panel consists of papers that deal with complexities of American imperial policies at the turn of the twentieth century to the early 1900s and the Japanese towards the end of the first half of the twentieth century. The second panel comprises papers that explore the reactions, responses, and negotiations to these policies not only from Filipinos but also from the colonizers themselves. Both panels present important but largely obscure(d) insights into the landscape of Philippine colonial medical and public health history from the colonial period to the period of independence.

Paper 1

Spanish Enlightenment, Science and Traditional Medicine in the Philippines, 18th and 19th Centuries

Ma. Mercedes G. PLANTA (University of the Philippines, Diliman)

The period of Spanish Enlightenment saw a movement to stimulate economic and intellectual development not only in Spain but also in the Spanish colonies, including the Philippines. These economic and intellectual endeavors in the case of the Philippines were all intended for the concrete and long-term plan of fully exploiting Philippine natural resources, particularly Philippine botany, to prepare the Philippines for world commerce as a first step in its transformation into a trading hub between Asia and Spanish America. My paper argues that while Spanish efforts to study and develop Philippine botany did not necessarily focus on the development of Filipino traditional medicinal plants and herbs, these endeavors were actually one of the fundamental efforts that strengthened Filipino traditional medicine from the sixteenth to the nineteenth centuries.

Paper 2

Resistance in the time of Cholera: Filipino Responses to American Health Measures

Ma. Louise D. Pante (Ateneo de Manila University)

Upon the arrival of the American colonizers in the Philippines, they were welcomed into a country they perceived to have an underdeveloped public health system, and three centuries of resentment towards foreign intrusion due to their experience with the Spanish colonization. This made it difficult for the Americans to find a solution to completely impede the mortality rate among the Filipinos dying from diseases such as cholera. The outbreak of the disease was one of the main causes for the high death rate, and would terrorize the archipelago thrice (1902, 1904–1905, 1918). This resulted in the imposition of a series of public health and educational policies which were

implements by the Board of Health. However, despite the lowering the mortality rate related cholera due to the successes of programs instituted by the government, these and their implementation became venues for active Filipino resistance towards American policies. This paper aims to look at how and why Filipinos resisted American efforts to save them from the deadly grasp of cholera.

Paper 3

In the Name of Cholera: Murder and Criminality at the Height of an Epidemic in the Philippines, 1901-1904

Nicolo Paolo P. LUDOVICE (Ateneo de Manila University)

During the years 1901 to 1904, there were cases of theft and murder that were claimed by newspapers to be as a result of the cholera outbreak in the Philippines. Usually disregarded in the dailies, their cases were not given ample notice as it came with the deaths of the multitude, thus, the occurrence of theft and murder was simply viewed as a result of the “insane atmosphere” of the time. However, a closer look into the legal decisions by the courts would reveal that at certain instances the cholera epidemic was used as an adequate excuse to perform these crimes, but not necessarily its direct cause. Through Supreme Court cases, namely, the murder of a health sanitation official, the murder of a land owner, and the murder by a police officer, these criminal activities would display a certain level of opportunism at a time of an epidemic, but it would also reveal that there were underlying socio-economic issues that these people had to contend with a most auspicious time, particularly concerns of the everyday life at a time of health crisis. This paper would also argue that health-related concerns in the environment provide for opportunities for some to cover up their wrong doings to others, but it also reveals particular socio-economic conditions as well through a microhistoric standpoint, which possibly made way to build a more democratic and beneficent judicial system and more strict measures.

Paper 4

Feed Us Food: Food Substitution and Food Production in Komiks during the Japanese Occupation Period in the Philippines

Karl Ian Uy Cheng CHUA (Ateneo de Manila University)

When the Japanese invaded the Philippines in World War II, they not only inherited a territory with a number of public health issues from its previous colonizers, but they also introduced new ones, due to the special circumstances of the war. Nutrition was a means identified in solving these health issues, and solving them

created rapport with the Filipinos who were suffering. Thus, the Occupation forces, together with the Philippine puppet government, implemented policies that involved the implementation of policies related to the supply, distribution, and proper consumption of food.

The Propaganda Corps used every possible media outlet that was available to them to push their policies, including the innovative use of popular media such as komiks in order to get their message across. This paper will look at the Manila Tribune, a Japanese-controlled newspaper during the occupation period, and study komik strips such as “The Kalibapi Family” by Tony Velasquez, “The Philosopher of the Sidewalk” by Liborio Gatbonton, and “Now I’ve Seen Everything” by Ros, which should not be seen as mouthpieces of propaganda policies, but Filipino perspectives regarding the problem of food in wartime Philippines.

Short Bios

Mercedes G. PLANTA

Louise PANTE has been a Secondary Education teacher for five years already. She taught Philippine History and Government in Immaculate Conception Academy and presently teaching World History in Miriam College High School both in the Philippines. Currently, she is taking up her Master’s degree in History in the Ateneo de Manila University. Her research interests are on the different epidemics that struck the Philippines throughout its history and traditional medical practices and beliefs of Filipinos.

Nicolo Paolo P. LUDOVICE

Karl Ian Uy Cheng CHUA received his Master in Japanese Studies from the National University of Singapore writing a thesis on komik strips during the Japanese Occupation period of the Philippines. He received his Doctorate in Social Sciences from Hitotsubashi University with a dissertation on representations of foreigners in Japanese children's magazines from 1930-1950. He is currently an Assistant Professor of the Department of History and Japanese Studies Program of the Ateneo de Manila University.

3D Kim/Colonial Korea

14 Dec Session 3 (17.00-18.30)

Basic Information

Panel title: Policies and Plans on Infectious Diseases in Colonial Korea

Organizer: Youngsoo KIM (Yonsei University)

Chair: Yunjae PARK (Kyunghee University)

Discussant: Kyuhwan SIHN (Yonsei University)

1) Yunjae PARK (Kyunghee University)

The Anti-smallpox Policy of Colonial Government in Korea

2) Youngsoo KIM (Yonsei University)

Preventive Measures against Cholera and its Alteration in Colonial Korea

3) Sunho LEE (Yonsei University)

A Research on Oliver R. Avison's Fletcher Plan

Abstracts

The Joseon Government-General implemented preventive measures against epidemics and the long-term outcome indicators mostly showed positive results during the colonial era. However, measures against infectious diseases were not always successful and sometimes were inadequate to meet the needs.

The Government-General officially designated eight kinds of epidemics in 1915 and strengthened the control of diseases. Smallpox which was still at issue and the chronic infectious diseases such as leprosy were also considered targets to be controlled. The incidence of smallpox decreased once however, it began to increase after 1919. Also, cholera occurred in 1919 and 1920 was the most prevalent one during the colonial era. Although the Government-General continuously conducted preventive measures against epidemics, it was never easy to control epidemics.

At the same time, the chronic infectious diseases such as leprosy became an issue and it started to isolate and to treat patients. There was a charity leper house built by the Government-General in 1916, however its capacity was overly insufficient.

The Government-General still focused on managing acute infectious diseases and was not fully interested in controlling chronic infectious diseases. There was an attempt that a private medical institution planned to take part in its management for treating more lepers and also to make a department for leprosy.

This panel suggests policies and plans on infectious diseases, especially about smallpox, cholera and leprosy in colonial Korea. It is expected to see various aspects of medical and preventive measures for the colonial Korea, especially about its 1920s'. First two topics can be connected to evaluate the Government-General's policies as a result and the last topic shows that medical missions filled the vacuum of the Government-General's policies.

Paper 1

The Anti-smallpox Policy of Colonial Government in Korea

Yunjae PARK (Kyunghee University)

In the beginning of the colonial era, the Joseon Government-General's most important medical policy was related to the disease of smallpox. The Government-General reused some of policies established by the Great Han Empire. They also made an effort to improve the shortcomings in that anti-smallpox policy by phasing out technically insufficient vaccinators and by incubating female vaccinators. However, compulsory vaccination was the major component of the Government-General's anti-smallpox policy. The vaccination effort was lead by police officers and the frequency of vaccinations was increased two-fold. When the anti-smallpox policy became effective in 1910, the incidence of smallpox decreased.

However, after 1919, the incidence of smallpox began to increase once more. According to the Government-General, this increase was the result of a decrease in the frequency of vaccinations. Therefore, in 1923, the Government-General increased the frequency of vaccinations from twice to three times by implementing the Joseon Cowpox Ordinance. Under this policy adults were also vaccinated. Interventions by local organizations were also expanded. However, through the end of the colonial era, smallpox never fully disappeared in Joseon. The lower-than-expected rate of vaccination has been identified as one of important reasons for the constant presence of this pathogenesis. Incomplete census registration was identified as the major reason for the decrease in the vaccination rate. Insufficient technologies for disseminating the smallpox vaccine and ambiguity with regard to the vaccine's effectiveness also prevented the people of Joseon from voluntarily obtaining their vaccinations.

To increase the rate of vaccination, it was necessary to secure the cooperation of

Koreans. However, that cooperation has never been harmonious. No records exist of any discussions related to the problem of smallpox or the effect of the anti-smallpox vaccination, which was a reasonable expectation for the citizens of Joseon. Moreover, the Government-General kept insisting that the Joseon citizens' ideas about the need for sanitary and effective vaccinations were insufficient. The sought-after cooperation was never easy, and this resulted in the extensive duration of outbreaks of smallpox.

Paper 2

Preventive Measures against Cholera and its Alteration in Colonial Korea

Youngsoo KIM (Yonsei University)

There were eight epidemics which were officially designated in colonial Korea. One of them was cholera and it was comparatively prevalent in 1909 and 1916 in Korea. Although the Government-General continuously conducted a campaign for preventing cholera, it broke out again on a large scale in 1919 and 1920. Cholera spread in 1919 and 1920 was exceptionally widespread and the Government-General took this situation exceedingly serious. It would be an appropriate example to examine the influence of epidemic upon a society and a policy by looking into the Government-General's preventive measures against cholera.

After the first morbidity and mortality case reported, a close investigation of the influx route was conducted, and then it became obvious that immediate omnidirectional prevention was needed. The most effective way to find out cholera patients and deaths was door-to-door inspection by health officials and anti-cholera vaccination followed after. As the epidemic became prevalent, the anti-cholera injection was compelled. Koreans agreed to have anti-cholera injection for being saved from death. The anti-cholera injection was appraised efficacious by the Government-General.

Besides implementing preventive measures, there was a change of a policy. The role of the Government-General was changed in 1920. There was an announcement that the Government-General would not be involved in the substantive prevention of cholera itself and its authority should be remained only to supervise the works. And groups which was called jieidan(自衛團), boekidan(防疫團), also boeki-jieidan(防疫自衛團) were organized in 1919. The Government-General planned to organize these groups for helping investigations, anti-cholera injection and improvement of sanitary ideas. And also there was a movement to improve their medical and sanitary conditions among the Koreans. They played a leading role in this organization. The groups performed a significant role to prevent cholera in 1920. Preventive measures against cholera in 1919 and 1920 achieved a positive result. It resulted from not only effectiveness of

compulsory preventive measures but also the appearance and the activity of the organization at a local level.

Paper 3

A Research on Oliver R. Avison's Fletcher Plan

Sunho LEE (Yonsei University)

The purpose of this dissertation is to research and evaluate Oliver R Avison's "Fletcher Plan" with an ecumenical angle. There have been only a few researches about this plan so far. And this dissertation newly covers several themes about Fletcher Plan with the documents of Presbyterian Historical Society, Philadelphia, USA.

Avison tried to make departments for leper and tuberculosis at Severance Union Medical College and Severance Hospital through the "Fletcher Plan" between 1919 and 1921. Especially, Avison wanted to take over the Government Leper Hospital of Japan on Sorok-do to accommodate and cure all the leper patients in Korea. At that time this plan was epoch-making.

Avison's "Fletcher Plan" was influenced by his experience of running the Jejoongwon with Joseon Government, and his experience of developing Jejoongwon as Severance Hospital. In fact Avison had done his mission works focusing on Ecumenism, so he also hoped to do leper works, like Severance Union Medical College and Severance Hospital, with the union of other hospitals managed by several denominations. Pursuing the "Fletcher Plan", the Leper Committee of Chosen was organized over denominations at June 5th, 1921. But the Japanese Government General of Korea refused to accept the Avison's "Fletcher Plan" not only the self proud of Government but also the negative policy of Christian Religion.

Avison's "Fletcher Plan", however, has shown his ecumenical angle, and his efforts through this plan has influenced on the union of Severance Hospital, Severance Union Medical College, and Chosen Christian College. At the same time, CPE that Avison tried to realize at the Government Leper Hospital of Japan on Sorok-do has been developed between the hospitals based on Christian Religion.

Short Bios

Yunjae PARK is Associate Professor in the Department of History at Kyung Hee University College of Humanities. He got his Ph. D. in 2002 at Dept. of History Yonsei University with title of "Hanmal Ilje Cho Geundaejeok Euihakchegeeu Hyeongseonggwa Sikmin Jibae (The Formation and Reorganization of the Modern

Medical System in Late Great Han Empire and Early Japanese Colonial Period (1876-1919))". In 2005 he published a book named *Hanguk Geundaeuihakeui Giwon* (The Origin of Korean Modern Medical System).

LEE Sun Ho works at Yonsei University as a lecturer and a researcher. He received his Ph. D. from Yonsei University, especially about church history. His main research field is the history of mission schools, mission hospitals and missionaries. Recently he focuses on the Severance Hospital and its missionaries such as Horace N. Allen (安連, 1858-1932), John W. Heron (惠論, 1856-1890) and Oliver R. Avison (魚丕信, 1860-1956).

Kyuhwan SIHN is Assistant Research Professor of the Department of Medical History at the Yonsei University College of Medicine in Korea. He is the author of *The Social History of Disease in East Asia* in 2006. His second book is *State, City and Health: The Health Administration and State Medicine of Beiping Municipality in 1930s* in 2008. His third book, *The Nightsoil Worker in Beijing: A Chinese Worker's Daily Life and Revolution in Republican China* is forthcoming in Korea. His main concern is about disease and modern health system in East Asia.

Youngsoo KIM works at the Department of Medical History of Yonsei University College of Medicine and the Institute for History of Medicine in Seoul, Korea as a Research Assistant. She focuses on the policies of the Government-General on medicine and sanitation and also the sanitation of treaty ports in Korea. Current research interests include the outbreak of infectious diseases and the society's response.

3E Chen/ Diplomacy

14 Dec Session 3 (17.00-18.30)

Basic Information

Panel title: Medicine and Diplomacy

Organizer: Wei-ti CHEN (University of Chicago)

Chair: TBA

1) Yuriko AKIYAMA (Ministry of Foreign Affairs, Japan)

A History Researcher's Work Experience in the field of International Cooperation

2) Meta Sekar Puji ASTUTI (Keio University)

The Symbols of Colonialism and Modernization: Morishita Jintan Business in Pre-War Indonesia (1900s-1942)

3) Wei-ti CHEN (University of Chicago)

Cosmopolitan Medicine, National Medical Profession: the Evaluation of Foreign Medical Credentials and Qualifications in Meiji Japan

4) Dusty Lynn CLARK (University of Kansas & Nihon University)

Herbal Protection: Cultural Diplomacy and Protectionism in the Context of the Growing International Commercial Interest in Traditional Chinese Medicine

Abstracts

Paper 1

A History Researcher's Work Experience in the field of International Cooperation

Yuriko AKIYAMA (Ministry of Foreign Affairs, Japan)

Many problems related to public health remain unsolved today all over the world and in some ways this has not changed from conditions apparent in the nineteenth century. Health and education are part of the Millennium Developing Goals (MDGs) set up by the United Nations in 2000 which global society is trying to achieve by 2015. With my research background as a historian and working now in the diplomatic service, I would like to introduce some of my experience when working in the

field of international cooperation at the Ministry of Foreign Affairs.

From the historical perspective, in the book based on my Ph.D. thesis, *Feeding the Nation: Nutrition and Health in Britain before World War One* (London, 2008), I examined how scientific knowledge about nutrition and healthcare was delivered to the British public in the nineteenth and early twentieth centuries. In this period, cookery became influential as an aspect of practical preventive medicine and as an important part of medical care because it required a basic understanding of hygiene and food handling. Such knowledge was delivered in schools by teachers, in hospitals through nursing, and in the armed services by medical officers and hospital staff. The establishment of the National Training School of Cookery in London in 1873 encouraged reform and trained cookery teachers to be instructors for elementary schools, hospitals and for the British Army and Royal Navy. The practical impact of this sanitary education and its long-term contribution to the health of the population has not been highlighted enough in historical study, even though its effectiveness was recognized by contemporary doctors, scientists and women educationalists.

Obviously, one major difference between today and such conditions as could be found in nineteenth-century Britain is that in the past no international organization, such as the UN, was available to undertake development projects and humanitarian aid, even in emergency cases where public health became a priority. Likewise, not only governmental organizations but also grass-roots level activities, led from within civil society, are both effective today to maintain better sanitation. Nevertheless, sharing knowledge, experience and successes between these various organizations is still important to improve awareness of public health issues across the globe.

Paper 2

The Symbols of Colonialism and Modernization: Morishita Jintan Business in Pre-War Indonesia (1900s-1942)

Meta Sekar Puji ASTUTI (Graduate School of Human Relations, Keio University)

The marketing of patent medicines was one of the most important activities of the Japanese commercial community in pre-war Indonesia (Netherlands East Indies/NEI), from both political and historical standpoints (Astuti, 2011). Colonial government records show that at the turn of the twentieth century (1900-1910s), the pioneers in the sales and peddling of medicines were Rihachiro Ogawa, Shintaro Otomo and Tsutsumibayashi Kazue. Subsequently, Japanese patent medicines, or obat Jepang (Japanese drugs) were distributed to local people by Japanese migrants through toko Jepang (Japanese shops) across the archipelago. The study of Japanese pharmaceutical

expansion in NEI, however, has not yet attracted the attention of many historians.

In this study I intend to analyze the Japanese pharmaceutical industry's expansion into NEI, with a focus on the marketing of patented medicine, and particularly the phenomenon of Jintan's marketing strategy, which used new approaches to local Indonesian marketing previously dominated by Chinese and Dutch traders. The aim of this study is also to uncover the question of how Morishita Jintan used its marketing strategy to gain local Indonesian customers. On the other hand, did Jintan's strategy constitute a special or significant role for the business of the Japanese commercial community? What was the colonial government's reaction to the business activities of migrant Japanese medicine merchants?

In the analysis of this study, I consulted original sources from the National Archives. These were mainly sources from the Netherlands, although some sources were from Japan and Indonesia. Other important sources for this study include original printed advertisements from Japanese newspapers published in NEI, and a collection of photographs from the association of Japanese in pre-war Indonesia (Jagatara Tomo no Kai).

Keywords: pre-war Indonesia, Morishita Jintan, Jintan, Netherlands Indies, patented medicine, obat Jepang, toko Jepang, Japanese pharmaceutical

Paper 3

Cosmopolitan Medicine, National Medical Profession: the Evaluation of Foreign Medical Credentials and Qualifications in Meiji Japan

Wei-ti Chen (University of Chicago)

In the late nineteenth and early twentieth century, a wave of medical legislation took place in Japan and many parts of the world simultaneously. One of the key steps of the movement was the establishment of a mandatory licensing system for medical doctors. This paper will examine the "border-crossing" phenomena of medical qualifications in Meiji Japan, that is, how medical certificates granted by foreign countries were verified and evaluated by the Japanese government and vice versa. I seek to use the problems and issues raised by the acknowledgment of foreign medical certificates as a confronting area of two essential developments in modern medicine. The first development is a global spread of Western medicine as a universal knowledge and the consequent transnational migration of medical practitioners. The second development is the formation of a state-sanctioned medical profession and a state-monopolized system to grant medical diploma and certificate, which has an exclusive character. If the first trend suggests a "border-opening" or "border-crossing"

trait of modern medicine, then the second development indicates an effort at building national boundary to define who is qualified to practice medicine. While the newly enforced national medical regulation tried to distinguish trustworthy doctors from quacks for citizens, it was also influenced by the prevailing prejudices of race and gender, and the distrust of traditional and alternative medicine. Through a study of series of debates on the evaluation of U.S. medical degrees in Japan and Japanese degrees in Britain, Australia and the Southeast Asia, this research aims to demonstrate the symbiosis and the tension between the two ambivalent developments, and how the hardening national borders and the mentality behind the institutional designs, shaped the trajectory of the Japanese modern medicine.

Paper 4

Herbal Protection: Cultural Diplomacy and Protectionism in the Context of the Growing International Commercial Interest in Traditional Chinese Medicine

Dusty Lynn CLARK (University of Kansas & Nihon University)

Today, people around the world are using products derived from research on the East Asian pharmacological tradition, even though they may not realize it. Major international pharmaceutical and cosmetics corporations, such as Kosé, Shiseido, Amore Pacific, L'Oréal, Proctor and Gamble, and Merck have been actively researching the potential of East Asian pharmacopoeia for their products for years and, in some cases, decades. An ever growing number of global skincare and pharmaceutical products contain elements derived from East Asian medicine. Within Sinophone East Asia, skincare lines based on traditional Chinese medicine (TCM) components have rapidly gained market share and begun expanding internationally. Demand for TCM herbs and over-the-counter (OTC) medicines within the East Asian market is increasing every year. As demand for and foreign interest in TCM has risen, elements within the ruling Communist Party of China have become increasingly concerned about the potential negative effects on TCM in regard to patent legislation, supply restriction, etc., perceiving it as a uniquely Chinese cultural tradition worthy of protection. The question is has increased international commercial interest in TCM over the last four decades resulted in protectionist measures by the government of the People's Republic of China to maintain custodianship and proprietary control of TCM?

Evidence suggests that the Chinese government is responding to international interest in TCM by trying to rapidly expand its own TCM market share, engage in cultural diplomacy to establish its legitimacy as the arbiter of TCM, and solidify its control over TCM through reformation of existing intellectual protection regimes. While

these do constitute protectionist actions, they are being carried out in response to Western anti-TCM protectionist measures abroad and uncompensated foreign poaching of TCM formulas.

This paper will begin by reviewing the history of foreign commercial interest in TCM in China since the 1970s, before proceeding to a discussion of the current Chinese domestic market for TCM and review of policy actions taken by the government of the People's Republic of China over the past decade in regard to TCM. These policies will then be evaluated to discuss the motives of the Chinese government in taking such actions.

Short Bios

Yuriko AKIYAMA took her PhD at King's College London in 2006 after BA and MA degrees in Japan. Her first book, *Feeding the Nation: Nutrition and Health in Britain before World War One* was published by I. B. Tauris in 2008. She joined the Ministry of Foreign Affairs in April 2009, started her career in the diplomatic service as a desk officer for UNFPA/IPPF at the International Cooperation Bureau and worked as Chief for Education Aid Policy and Gender Issues from September 2010. She is now in the Oceania Division, Asian and Oceanian Affairs Bureau.

Meta S. P. ASTUTI is lecturer of Japanese Studies at Faculty of Letters, Hasanuddin University, Makassar, Indonesia. Her research field is Japanese commercial community in pre-war Indonesia. In 2008-2009 she was a fellow research of Japan Studies of Japan Foundation who worked at Keio University with researched on Japan-Indonesia Relations During Pre-War Period (1868-1942). She is currently Ph.D candidate of Graduate School of Human Relations, Keio University. Her dissertation is entitled "The Japanese Commercial Community in the Netherlands East Indies: Focusing on Medicine Traders' Business Activities, 1890s-1940s".

Wei-ti CHEN is a PhD candidate of East Asian Languages and Civilizations at the University of Chicago. She is currently writing her dissertation under the working title of *Japanese Practitioners Abroad: An Imperial History of Transnational Medicine and National Medical Profession*, which explores the migration of Japanese (including colonial Taiwanese and Korean) medical doctors during the Japanese Empire.

Dusty Lynn CLARK is a doctoral candidate at the University of Kansas in the United

States. He is in the process of researching his dissertation titled, “Consumers, Corporations, and Kanpō: The Evolution of Traditional Medicine in Modern Japan” with support from the Japan Society for the Promotion of Science under the guidance of Professor Tatenō Masami of Nihon University. Prior to beginning his doctoral research, Dusty studied Japanese language intensively at Waseda University in 2010-2011 under the auspices of a David L. Boren Fellowship. His current research interests focus on the histories of traditional Chinese medicine and kanpō medicine in the twentieth century as they relate to issues of consumption, medical pluralism, and cultural diplomacy.

4-A Yamashita/Nursing

15 Dec Session 4 (9.00-10.35)

Basic Information

Panel Title: Who Cared for Whom?: The Nursing History of the UK, Australia, the Philippines, and Japan

Organizer: Mai YAMASHITA (Kyoto Sangyo University,)

Chair: TBA

1) Anne Marie RAFFERTY (King's College London)

Nursing and decolonisation: the role of nursing during the 'second colonial occupation' in Malaya, 1946-55

2) Mayumi KAKO (The Flinders University)

The history of overseas nurses in Australia

3) Catherine Ceniza CHOY (University of California, Berkeley)

Filipino Nurse Migration: Histories, Geographies, and Ethics

4) Mai YAMASHITA (Kyoto Sangyo University) The Management History of Japanese Domiciliary Nurses in Tokyo Before WW II

5) Tetsuya FUJIWARA (University of Fukui)

Care Aspect of Japanese Disabled War Veterans in the post-Pacific War Period

Abstracts

In recent years, many researchers have analyzed nursing history, mainly from the perspectives of the theories in medical, feminist, women's, labor, and the colonial history. The focus of research on nursing history is also widening to include not only their professionalization but also various aspects related to their relocation such as colonization, migration, and citizenships. This panel discussion is based on the previous studies on topics, such as those mentioned above, and it will consist of two parts: one is

from the perspective of colonization and modern nursing history (Ms. Anne Marie Rafferty, Ms. Mayumi Kako, and Ms. Catherine Ceniza Choy) and the other is from that of modernization and the history of the nursing labor force in Japan (Ms. Mai Yamashita and Mr. Tetsuya Fujiwara). The purpose of this panel discussion is to clarify the history of nursing supply and demand in the UK, Australia, the Philippines, and Japan, connecting in relation with Asian countries. We will discuss the differences in the work force among these countries.

Paper 1

Nursing and decolonisation: the role of nursing during the ‘second colonial occupation’ in Malaya, 1946-55

Anne Marie RAFFERTY (King’s College London)

When Britain handed over the remnants of its colonial rule to Hong Kong in 1997 it seemed that the sun had set on the British Empire. Yet the process of decolonisation was subtle and intricate revealing many nuances in different places. This paper considers the role of nursing within the decolonisation process of Malaya, focusing specifically upon the political role that nursing played as part of the bulwark against the spread of communism during the Malayan insurgency. It builds on research with Dr Rosemary Wall and reflects upon the wider use of nursing as a political tool by western healthcare agencies. The “second colonial occupation” refers to the return of British rule after the Second World War with a goal to provide the mother country with much needed raw materials and foodstuffs. British government nurses were sent into the Empire in unprecedented numbers during the late 1940s. Between 1896 and 1966 the Colonial Nursing Association recruited and sent 8,450 nurses to areas overseas. Malaya is clearly shown to have hosted the most nurses. The colonies of East and South-East Asia were the richest in the British Empire. Yet in contrast to India and Africa, British healthcare practices in Southeast Asia though have been relatively neglected by historians. Because Malaya was the single most common destination for British colonial nurses and most important in terms of export trade this paper argues the importance of examining both nurses and Malaya for a fuller understanding of healthcare practice and international politics and health.

Paper 2

The history of overseas nurses in Australia

Mayumi KAKO (The Flinders University Disaster Research Centre in South Australia)
Systematised nursing did not exist in Australia before 1868 and nurses working at the

time had no qualifications. To develop a nursing system, Henry Parks, who was colonial secretary of New South Wales, contacted Nightingale in England in 1866 to request nurses come to Sydney. These nurses introduced the Nightingale nursing system to improve care standards. It was over 30 years later that the Australasian Trained Nurses' Association was formed in New South Wales, Australia. The vast majority of migrant nurses came from Great Britain. After the Second World War, there was a large influx of non-English speaking migrants from European countries. In the 1970s, the White Australia Policy ended and the migrant demographics changed dramatically. The number of migrants from Asia especially increased. However, it was still not a common choice for migrants to enter nursing school due to the lack of English language proficiency. Since the early 1990s several factors contributed to increasing the number of international nurses and nursing students markedly. Overseas nursing qualifications gained more recognition and nursing education moved to the tertiary level. Also supplementary nursing qualifications and English language courses arose to assist transition into the Australian system. Many of these international graduates saw their future in nursing jobs in Australia and this remains the case for current graduates. However, Australia's demand for nurses has varied over time and this has affected those graduates and others who wish to work as a nurse in Australia. Currently migrant nurses remain a vital part of the workforce that supports the Australian health care system.

Paper 3

Filipino Nurse Migration: Histories, Geographies, and Ethics

Catherine Ceniza CHOY (University of California, Berkeley)

This lecture gives an overview of the tremendous geographical diversity in international nurse and other health worker migration, and then focus on developments in the international migration of Filipino nurses, a major component of health worker migration in the world. Recent developments such as the active recruitment of Filipino nurses to work in health care institutions in the United Kingdom and Japan, the persistence of Filipino nurse migrants' desire to work in the United States, the emergence of Filipino immigrant nurse leadership in American hospitals and nursing organizations, and new case studies of exploitation of Filipino nurses' labor and immigrant status speak to the uneven integration of Filipino nurse migrants in the United States and other parts of the world. This lecture will emphasize the continuing importance of transnational research methods and policies for the study of the political economy of international migration and its ethical dilemmas. However, it will also

argue for the need to acknowledge the contributions of health worker migrants and immigrants in the receiving country.

Paper 4

The Management History of Japanese Domiciliary Nurses in Tokyo Before WWII

Mai YAMASHITA (Kyoto Sangyo University)

In Japan, the nursing immigration quota was almost zero until 2008. It was a rare situation, especially as Japan is one of the advanced countries. However, this fact does not imply that the nursing workforce is sufficient. In the modern era, the shortage in the nursing workforce has been a big problem in the Japanese health care system, and those concerned with formulating nursing policy have discussed whether the priority of the nursing workforce should be the number or the quality? Particularly before WWII, there were mainly two different types of nurses in Japan: the hospital nurse and the domiciliary nurse. One of the most important studies on domiciliary nursing history is that conducted by Emiko Endo (1983). She emphasized on the limit of the domiciliary nurse's ability as a professional. Additionally, she highlighted their important rules of their bedside care. Aya Takahashi (2004) also emphasized on the negative side of the professional character of the domiciliary nurses from the perspective of the feminist history. The common perspective of them is that they tried to point out the problems with the quality about of domiciliary nursing care in Japan. I am certain that this is one of the primary reasons for the increased interest in the nursing history of modern Japan; however, I would like to discuss from a different perspective. In this presentation, I will speak about the management history of domiciliary nursing societies from the 1900's to the 1930's. This includes information on who managed them and how the management was done. Moreover, I will discuss the actors that influenced of the supply and demand of the domiciliary nursing workforce during this era.

Paper 5

Care Aspect of Japanese Disabled War Veterans in the post-Pacific War Period

Tetsuya FUJIWARA (University of Fukui)

This paper examines care aspect of Japanese disabled war veterans in the post-Pacific War period. During the occupation from 1945 to 1952, the Allied powers led by the U.S. abolished preferential treatment for disabled war veterans. After the termination of the Allied occupation, however, the disabled veterans engaged in organized efforts in quest of life security and recovery of honor. As a consequence, they regained the privileges such as military pension and medical care. Restoration of body functions was prime

concern of Japanese disabled war veterans who struggled to be reintegrated into society. A large number of disabled veterans led marriage lives in the postwar period. At first glance it may appear surprising that nearly all wives were able-bodied women. These women became talented multitasking homemakers, care givers, and in some cases, primary breadwinners. The daily interweaving of these couples' lives unveiled to the wives the shocking extent of the war scars borne home by their husbands. Disabled veterans' wives bore primarily responsible for providing whatever husbands required in the way of personal care. While this paper traces the development of medical care for disabled war veterans in the postwar period, it explores why wives became main care providers for their husbands. Moreover, examination of wives' perspectives on their care to husbands will enable us to gain insight into gender identities and roles in the context of the postwar Japan. This paper will also serve to remind us of the meaning of care in Japan in the aftermath of defeat that was one legacy of the war.

Short Bios

Anne Marie RAFFERTY is Professor of Nursing Policy at the Florence Nightingale School of Nursing and Midwifery, King's College London having completed her term as Dean in 2011. She holds a DPhil in Modern History from the University of Oxford where the book from her thesis was published as *The Politics of Nursing Knowledge* by Routledge in 1996. Her research interests span health services research, health policy and history. She is currently Principal Investigator of the nursing strand of the Wellcome Trust's Centre for Humanities and Healthcare and completing a major FP7 funded European study of nursing and patient outcomes. She was made Commander of the British Empire in 2008 for services to healthcare by Her Majesty the Queen and a member of the Prime Minister's Commission on the Future of Nursing and Midwifery.

Catherine Ceniza CHOY is Associate Professor and Chair of the Department of Ethnic Studies at the University of California, Berkeley. She is the author of the award-winning book, *Empire of Care: Nursing and Migration in Filipino American History*, published by Duke University Press and co-published by Ateneo de Manila University Press in 2003. Her second book, *Global Families: A History of Asian International Adoption in the United States*, is forthcoming from New York University Press. Catherine was an Organization of American Historians/Japanese Association for American Studies scholar-in-residence at Hitotsubashi University in June 2012.

Mayumi KAKO works at the Flinders University Disaster Research Centre in South Australia as a Research Assistant. Mayumi has completed her doctoral study on discourse analysis of nursing professionalization in South Australia since the 1950s. She has been involved in disaster health research and her current research interest is to look up the nurses' role in disasters historically, especially the 1918-1919 Spanish influenza case in South Australia.

Mai YAMASHITA is Associate Professor at Kyoto Sangyo University, Faculty of Business Administration. Her research field is nursing history in modern Japan. She mainly uses the framework of social and economic history. She focuses on the transition of the nursing profession and the economic position of these nurses since 19th century while studying nursing history. She is also researching the disability history in modern Japan.

Tetsuya FUJIWARA is Professor at the University of Fukui, School of Medicine. He is a contributor to *Rekishi no naka no shōgaisha* [The Disabled in History], which will be published by Hōsei University Press in 2012. His Ph.D. dissertation, entitled "Japanese Pacific War Disabled War Veterans from 1945 to 1963," explores the lives of Japanese disabled war veterans during the difficult years of re-integration that followed in the wake of the Second World War. Fujiwara's current research interests include comparative histories of disabled veterans' experiences in the United States and Japan.

4B Kim/Space

15 Dec Session 4 (9.00-10.30)

Basic Information

Panel title: Space and Medicine

Organizer: Jeong-Ran KIM (University of Oxford)

Chair: TBA

1) Jeong-Ran KIM (University of Oxford)

Making a Sanitary Metropolis: A Comparative Study of two Imperial Ports - Busan and Bombay

2) Chester PROSHAN (Toyo University)

“[An] indictment for manslaughter against the society in which it occurs....”: Suicide in the Yokohama Treaty Port

Abstracts

Paper 1

Making a Sanitary Metropolis: A Comparative Study of two Imperial Ports - Busan and Bombay

Jeong-Ran KIM (University of Oxford)

This paper illuminates some of the singular aspects of Japanese imperialism through an investigation of sanitary policies in Busan, where the first treaty port of Korea opened by Japan in 1876. It compares Busan with Bombay, through which was shipped much of India's trade with European countries and which was a departure point for pilgrims going to Mecca and Medina. The paper focuses on a transformative period in the sanitary administration of both cities during the late the nineteenth century and the early the twentieth century.

Facing Western influences which threatened not only Japan's economic independence but its political sovereignty, the Japanese government began to rebuild its sovereign power, its goal being to become “A rich country with a strong army”. To achieve this aim, the Japanese government found the answer in a simultaneous process of internal modernization and external expansion. Through the establishment of ‘informal’ and, later ‘formal’ colonies, Japan attempted to build up wealth and power in eastern Asia. To open Korea forcibly and build the Japanese settlement in Busan was the first step in this process. Busan was the nearest major port to Japan and a place with which it had a strong connection extending back to the time of the Shogunate. In 1876, Japan forced Korea to make unequal treaty which was very unfavourable to Korea; a treaty which fully opened the ports of Busan, Wonsan (opened in 1880) and Incheon (opened in 1883) to Japanese trade. The following year, a Japanese settlement (hereafter, ‘the settlement’) was built on Busan; this settlement became not only the centre of the trade between Korea and Japan but also a bridgehead for Japanese expansion into continental Asia even before Korea became the Japanese colony in 1910.

After the opening of the port, however, Busan was seen as the main route for the movement of diseases such as cholera and rinderpest. As one Japanese doctor pointed out, cholera generally spread from Japan to Busan and then to Seoul, whereas rinderpest spread from Busan with imported cows to Japan. Cholera and rinderpest pandemics were a consequence of the movement of troops and the expansion of trade during nineteenth century. These infectious diseases caused extensive damage to Korea as well as to Japan.

In addition, when Japan tried to expand its influence into neighbouring countries, it emphasized the social superiority of its people as a way of justifying imperial rule. One of the means by which it did so was to display its hygienic modernity, incorporating the laboratory-oriented medicine of imperial Germany. Thus, in the same year in which the settlement was built, the Ministry of Foreign Affairs built the state hospital (the so called 'Saisei Iing') in at the settlement, not only to treat settlers and foreigners, including Koreans but to display Japan's medical achievements.

The year 1905 saw the opening of a railway between Busan and Seoul and a large ferry began to ply between Busan and Shimonoseki. This modern transportation network helped Japan to expand its power into the Asian continent. In other words, Busan became a bridgehead between Japan and Asia, even before Japan had become a colonial power in a formal sense. Busan therefore needed to be transformed into an imperial port city and the sanitary implications of this had to be recognized if it was to function effectively.

In the meantime, Bombay was becoming the centre of British political power in western India and gained an extensive hinterland. After 1819, Bombay developed rapidly as a port trading with Europe and became the main point of departure for pilgrims on the Hadj. Accordingly, British sanitary policies in Bombay correlated with colonial policy and commercial interests, as well as the diplomatic relations. As a result of the Indian mutiny and rebellion of 1857, the British East India Company was abolished and, in the following year, the administration of India was transferred to the Crown. The number of British military and settlers increased and sanitary measures, including water supply, housing and reforming medical system became a matter of great urgency. The need for better urban infrastructure became even more apparent as Bombay grew more rapidly from the 1860s and after the opening of the Suez Canal in 1869. Bombay became India's principal trading port and the main point of entry and departure for mail and troops. However, it was through the port of Bombay that cholera generally spread from India and that plague was later to enter India from Hong Kong, threatening other parts of Asia. Sanitary reform thus became one of the most

important issues for the colonial government in Bombay, for disease threatened to jeopardize its status as a port.

Although Busan and Bombay occupied similarly important positions within Japanese and British spheres of influence, there were of course many differences between them, as well as in the nature of British and Japanese imperialism. When Japan recovered control over its tariffs from foreign powers in 1911 it finally achieved full sovereignty and up to that point it exercised control over neighbouring countries indirectly. That is to say, Japan was an 'informal empire', unlike Britain which had already built powerful and enormous empire. For example, Japanese influence extended over Busan before it annexed Korea in 1910, even though Korea was officially an independent country. Thus, when the settlers and the Japanese authorities in the settlement tried to carry out sanitary work and other activities, they had to negotiate with Korean counterparts and sometimes with foreign officials, too. Moreover, there is another big difference between the relationship of Busan to Japan and Bombay to Britain: distance. In view of its proximity to Japan, there was more danger of direct infection of homeland from Busan, or a perceived danger at least. Bombay was too far distant from Britain to arouse such fears but other countries were very much concerned about infection from that port and their actions impeded connections between Britain and India and between Bombay and other parts of the world.

This comparative study illuminates the dynamics of urban change of Busan and Bombay, but within the broader framework of global and imperial history. In doing so, it reveals the unique features of Japanese imperialism as well as peculiar aspects of modern port cities. And I hope that, through this research, I will make a new contribution to maritime historiography.

Paper 2

“an indictment for manslaughter against the society in which it occurs...”: Suicide in the Yokohama Treaty Port

Chester PROSHAN (Toyo University)

The Yokohama Treaty Port (1859-1899) was the main site for international trade in Japan in the second half of the nineteenth century. The treaty port was quasi-colonial, forced on Japan by Western Powers, and polyglot, drawing migrants globally. The port was a setting for intense economic competition, nation-state rivalry, and ethnocultural conflict. As one migrant wrote, “There are too many kinds of us.... You can't do much uniting in a community that is Chinese, English, American, German...Dutch, Indian, Parsee....” As a Japanese newspaper editorialized, the

international migrant “regards the Japanese much as he would regard dirt or a savage.” A main arena in which the striking contestation made itself evident in everyday life in Yokohama was public health.

The paper examines suicide in the treaty port in the context of the socioeconomic and cultural factors which prevailed in daily life. What is known about the demography of suicide in the port? What were causes of suicide? How did the local population—Japanese and international migrants—respond to the deaths? In an environment of marked contestation and difference, how did people make sense of and come to terms with suicide in their daily affairs?

The paper draws on surviving primary sources, including government records, personal papers, the medical literature, and newspaper coverage.

Short Bios

Jeong-Ran KIM is now a Postdoctoral research assistant of Wellcome Unit for the History of Medicine. Her doctoral thesis focuses on Japanese sanitary policies in Busan during the opening port period, particularly the sanitary administration led by the Japanese settlers. She is now working on the project “The Challenge of Urbanization: Health and the Global City (India and South Korea)” at University of Oxford. Particularly, her research examines health issues related to economic migration into Korea from an historical perspective.

Chester PROSHAN retired in spring 2012 from Bunka Gakuen University, where he was Professor of American Studies and former Director of the Program in European and American Studies. Currently he is a lecturer, American Studies, at Toyo University. His areas of interest include immigration history and modern Jewish history. He is currently researching intergroup contact and the Yokohama Treaty Port. Work he has done on the topic includes “‘Though we live in a heathen land’: Francis Hall’s Encounter with ‘Sacred Time’ in Newly-Opened Japan, 1859-1866,” *Journal of Tsuda College*, 44 (2012) and “Where Everyone was Other”: Jews in the Yokohama Treaty Port, 1859-1899,” Proceedings of the 1st Asian Conference on Asian Studies, International Academic Forum, Osaka, 2011.

4C Daidoji/Traditional Medicine

15 Dec Session 4 (9.00-10.30)

Basic Information

Panel title: Transmission of Bodily Techniques in the History of China and Japan

Organizer: Keio DAIDOJI

Chair: TBA

Discussant: Shinji KAJITANI (University of Tokyo)

1) Hsiu-fen CHEN (National Chengchi University, Taiwan)

Massage: The Oral and Written Transmission of a Healing Art in China, 1600-1900

2) Sumiyo UMEKAWA (Nihon University, Japan)

From the First Love: The Japanese Understandings of Chinese Art of the Bedchamber

3) Keiko DAIDOJI (Keio University, Japan)

Palpating Emotions: Transmission of abdominal diagnosis during the Edo period

Abstracts

The difficulty of transmitting bodily techniques lies in the diversity of medical culture itself. In the East Asian medical tradition, the study of physical touch was developed in various forms, from therapeutic methods to sexual arts. This panel will look at how bodily techniques were used and transmitted in pre-modern China and Japan. The survey of the variety of texts on the subject tells us that profound ambiguities are inherent in the writing and reading of bodily techniques. Some knowledge was marginalized in the landscape of medical orthodoxy, while some was secretly transmitted among those who were specifically concerned. This was partly due to the difficulty of translating physical sensation into language either in oral or written form, and partly due to the particular cultural representations of these techniques within the distinctive locales. Instead of simply introducing the application of bodily techniques in China and Japan, this panel will further highlight the need for an insight that draws attention to the interaction between texts as informant and readers as recipient in order to map out the history of these transmissions. How and by whom were

the texts read and applied?

When unraveled, the complex history of bodily diagnosis, treatment and sensation, the gap between learned and popular medicine, the issues of translation and interpretation, the imagination of the body, and medical commercialization reveals the hidden struggle of the practitioners for both professional and popular esteem in different local, social, and historical settings. By jointly discussing these diverse facets of vernacularization in the medical domain, the papers will elucidate how the application of physical techniques was tied into the specific context of society in which they were practiced.

Paper 1

Massage: The Oral and Written Transmission of a Healing Art in China, 1600-1900
Hsiu-fen CHEN (National Chengchi University, Taiwan)

Massage is a popular healing art for treating diseases and preserving health in both traditional and modern China. By analyzing various manuscripts and printed books, this paper is aimed at a survey of massage involved in medical therapies, bodily techniques and secretly transmitted knowledge in Ming-Qing China. It will be especially focused on the period from the seventeenth to the nineteenth century when massage was gradually despised by scholarly doctors and marginalized from the learned medical landscape. On the one hand, its application was often restricted to the treatment of children's diseases and bone dislocation. On the other hand, it was rather popularized by itinerant doctors, religious practitioners, female healers and even barbers. For explanations of such transition, I suggest that the competition among different types of healers, the differentiation of medical knowledge, the transformation of oral transmission into written and visual forms, and not least, the Confucian gender segregation, all help to enlarge the gap between learned and popular medicine. In so doing I hope this paper will contribute to better understandings about how massage was circulated in pre-modern Chinese society, and to show how secret medical knowledge became public owing to its printed genres and book marketing.

Paper 2

From the First Love: The Japanese Understandings of Chinese Art of the Bedchamber
Sumiyo UMEKAWA (Nihon University, Japan)

Japanese had long received certain amount of influence from China even in the field of sexual activities, as one can well observe in *Ishinpo* 医心方 of Heian period. Later in Edo period, Japanese were still reflecting Chinese ideas of sex. One of

the instances should be *Fanhua Liqin* 繁華麗錦. It was a Chinese sex manual of the period roughly around the Ming and the Qing. Although the original Chinese version was seemingly lost, R.H. van Gulik has reported the existence of a copy or copies of this particular manual in Japan. Indeed, an edition with Japanese commentary comes down to us, by the name of *Hanka Reikin Wakai* 繁華麗錦和解; Japanese Commentary for *Fanhua Liqin*.

As it was the late imperial compilation, *Fanhua Liqin* has several features different from earlier sex manuals, for instance, those which were quoted in *Ishinpo*. Those features were apparently quite new to Edo people and indeed several of these features were rather “esoteric” which one would not decipher without knowing codes. Therefore, no matter how hard Edo Japanese tried to understand and no matter how well they could read Chinese, they were unable to achieve the full understandings of this later sex manual, without codes apparently transmitted orally. Consequently, they seemingly needed to do certain amount of guess work, which should surely reflect their own ideas of sexual affairs and thus disagree with original Chinese concept. The Japanese Commentary for *Fanhua Liqing* shows such “diversions” in Japanese understandings of Chinese sex manuals.

Taking the Japanese Commentary for *Fanhua Liqin* as an instance, this paper will survey how Edo Japanese understood Chinese later sex manuals by comparing and contrasting the original Chinese parts and Japanese commentaries. By so doing, it will show how greatly Edo Japanese had been put under the influence of earlier Chinese sex manuals, as well as how cultural factors affect the ideas of people sharing the same/similar ideology of sex.

Paper 3

Palpating Emotions: Transmission of abdominal diagnosis during the Edo period

Keiko DAIDOJI (Keio University, Japan)

Abdominal diagnosis is a method developed in Japanese traditional medicine (*Kampo*) to palpate the patient’s abdomen in order to locate pathogenic causes in Japan since pre-modern times. Although the techniques of abdominal palpation were often considered esoteric to the point of being of ‘inexpressible’, the fact remains that a number of texts on the subject were written between the 17-19th centuries. In order to elucidate how the sensation of bodily touch was talked about, written about or kept secret in the context of Edo-period medical culture, this paper will focus on an Edo-period doctor, Yoshimasu Todo 吉益東洞 (1702-1773) who is known for his adherence to *Shanghanlun*, a great medical classic of Han China, and his extensive use

of abdominal palpation in diagnosis. By analysing the onomatopoeias and metaphors used in Yoshimasu's abdominal diagnosis for emotion-related disorders, it will not only shed light on the interpretation of a Chinese text by an Edo Japanese doctor, but also reveal a form of empiricism which permeates Yoshimasu's adherence to this particular text and diagnostic method. How are emotional problems which mostly found in Shanghanlun recognised as tangible objects in the abdomen, and reconstructed with verbal expressions? Showing the complexity of the development of this diagnostic method, the Japanese translation of Chinese medical texts, the expressiveness of phonetic sounds in oral transmission, as well as the Japanized vision of empiricism which was generated from transnational exchanges of knowledge, can all help underscore how Edo-period doctors' approach to emotional disorders was differentiated from other East Asian areas where abdominal diagnosis rarely gained attention.

Short Bios

Hsiu-fen CHEN is Associate Professor of History at National Chengchi University, Taiwan. She has published several articles on the topics of madness, emotions and regimen in late imperial China. Her first book *Nourishing Life and Cultivating the Body: Writing the Literati's Body and Techniques for Preserving Health in the Late Ming* (2009) was awarded as one of the best books of humanities by the National Science Council (Taiwan) in 2010. Now she is writing her second book entitled as *Empire of the Mind: Emotions, Madness and Mental Healings in Ming-Qing China*, partly based on her doctoral thesis at SOAS, University of London. In addition to the history of body and mind, Chen is also interested in medical images and visual representation in Ming-Qing China.

Sumiyo UMEKAWA is Part-Time Lecturer at Nihon University, Meiji Pharmaceutical University, and Otsuma Women's Junior College. She is the author of the book in collaboration with Professor Yoshinobu Skade, *Ki no Shiso kara Miru Dokyo no Bochujiyutsu* [The Daoist Art of the Bedchamber in the Light of Ideas of Qi]. Her Ph.D. dissertation, entitled as "Sex and Immortality", investigated Chinese sexual art from medical and religious perspectives. She is also researching the alliance of ideas and techniques of sexual affairs between China and Japan, which includes comparative studies.

Keiko DAIDOJI is affiliated with Keio University as a postgraduate research fellow of

the Japan Society for the Promotion of Science. She graduated the School of Oriental and African Studies, University of London in 2009 with a thesis considered the complexity of transmission of medical knowledge in relation to the local experience of illnesses in pre-modern Japan. Her recent research is to analyse the history of treating emotion-related disorders in Japanese Kampo medicine, from the perspectives of the transnational flows of medical knowledge. She is also interested in the relationship between the expressiveness of local language and its effect on the translation of foreign medical ideas.

Shinji KAJITANI is Associate Professor of Philosophy and Intercultural Studies at the University of Tokyo. His main research field is phenomenology, cultural studies and medical history. His recent publications are “Leib und Seele vor und nach der Modernisierung der japanischen Medizin – an Hand von Büchern zur Kinderpflege” (in: *Neue Phänomenologie zwischen Praxis und Theorie*, Karl Alber: Freiburg/München, 2008), “ Die Fremdheit der Natur und die Funktion des Fests in der volkstümlichen Religion Japans” (in: *Was bleibt von Gott? Beiträge zur Phänomenologie des Heiligen und der Religion*, Neue Phänomenologie Bd. 9, Karl Alber: Freiburg/München, 2006), “ The Change in Understanding of the Body in the Edo-Period, and its Philosophical Connotations - Research into Japanese Childcare Books before and after the Introduction of European Medicine” (in: *Annals of Existential Thought*, vol. 23, 2008). *Basic Problems of the Phenomenology of Hermann Schmitz* (Kyoto: Kyoto University Press, 2002). He is now interested in the change of understanding of the human and the world in the process of modernization.

4D Lee/Women

15 Dec Session 4 (9.00-10.30)

Basic Information

Panel title: Women and Medicine

Organizer: Jen-der LEE (Academia Sinica)

Chair: TBA

1) Jen-der LEE (Academia Sinica)

Sex and Reproduction in “Physiology and Hygiene” Textbooks in Post-War Taiwan

2) Tomoko ONABE (Ritsumeikan University)

Eyes of the modern state: women's health

3) Hanna UCHINO (Osaka University)

The Herbs called ‘the herbs for Joro’ and the Culture of Women in the Yedo Era

Abstracts

Paper 1

Sex and Reproduction in “Physiology and Hygiene” Textbooks in Post-War Taiwan

Jen-der LEE (Academia Sinica)

A preliminary search through the “Physiology and Hygiene” textbooks of 20th century Taiwan suggests that students may have encountered sex and reproductive knowledge in formal education for the first time when the nationalist government of China moved to Taiwan and implanted its system there. Textbooks for teenagers throughout the Japanese colonial period provided limited information on the reproductive system, although the emphasis on motherhood and female virtues was explicit since primary schooling. After 1949, however, sex related information was regularly included in the textbooks and publicly delivered to the junior highs. Before government took over the printing of textbooks and distributed its standard versions in 1968, different commercial book companies invited scholars and specialists to write a variety of textbooks based on the curriculum guidelines issued by the Ministry of Education. These textbooks all had a chapter on the reproductive system and

introduced to teenagers the development, functions and protection of the sex organs.

After tracing its two possible origins in colonial Japan and Republican China, one finds the textbooks in post-war Taiwan the gradual loss of personal characters that echoed the strengthening of official directives. In the process of standardization, textbooks shared some common features. They dealt with anatomy before functions, and introduced sexual organs with more elaborations on the internal and female ones than the external and male ones. In addition, the emphasis on female fertility was obvious. A woman's life was presented as passing from puberty to menopause, with a focus on pregnancy and delivery. The meaning of menstruation shifted from confirmation of maturity in earlier textbooks to failure to conceive. With regard to the protection of sexual organs, post-war textbooks, like their predecessors in the Republican era, emphasized asceticism for boys and cleanliness for girls, but unlike the anxiety unreservedly expressed in earlier textbooks, the tone subsided gradually.

The gradual convergence of textbooks led commercial publishers to compete for sales through boasting the supremacy of their illustrations. Although most textbooks used similar images copied from foreign anatomy texts without providing references, many claimed better quality or the most up-to-date information. Nevertheless, pictures on reproductive purposes and social division of gender roles showed that these illustrations were very much culturally bounded just like the text.

Keywords: Physiology and Hygiene, junior high, textbook, Taiwan, illustration

Paper 2

Eyes of the modern state: women's health

Tomoko ONABE (Ritsumeikan University)

How Western medicine and its notion of hygiene affected the modernization of Japan has long been a topic of special interest to historians of early modern Japanese medicine. The research that involves new hygiene as that of the nation as a whole, however, usually focuses on serious diseases such as infectious diseases or fatal ones. Less serious diseases such as eye infections have been overlooked.

This paper examines how the notion of the healthy eye, especially for women, evolved in the midst of the modernization and militarization of Japan. Women as mothers, midwives, and prostitutes were all supposed to serve for the hygiene of other members of the family or of the nation.

Using a number of popular eye medicine books for general readers published during the early 20th century in Japan as data, the various tropes regarding the health in female eyes are examined for the nationalist, modernist discursive space they

created.

My results indicate that the truly peripheral nature of feminine hygiene was encouraged and advocated by eye doctors and the nation as a whole in order to develop a strong military with healthy citizenry. The extent of the frivolous treatment of feminine eye hygiene, at the same time fulfilling the requirement for versatile feminine service to keep the health of other more valuable members of the state, will be witnessed.

This finding advances our understanding of how strong determination of the state to develop strong military with healthy citizens shapes the popular discourse of eye medicine health for all classes of females.

Paper 3

The Herbs called 'the herbs for Joro' and the Culture of Women in the Yedo Era
Hanna UCHINO (Osaka University)

'Joro-bana (which means 'the flower for Joro)', 'Oiran-bana', 'Joro-gusa ('the plant for Joro')', and 'Joro-no shirinugui ('the plant which can clean up for Joro')'. With these given names, some plants have many different names relating to Joro or Oiran; for example, the cluster amaryllis, the stinking medical herb, the evening primrose, and so forth. These plants grow in all the places of Japan and were known as medical herbs in the traditional and the folk medicine. The medical virtues of those are for example detoxification, anti inflammation, diuresis, disinfection, and promotion of blood circulation. Therefore, we can estimate that the people often used these herbs by themselves. In fact, in the obstetrical text it shows that women sometimes had an abortion with the herbs or in other ways.

Joro is the general term for courtesans, and Oiran or Tayu is which for Joro in the highest position. In the Yedo era there were many red light districts all over, and many Joro set new styles in fashion one after another. Therefore, the trait of being womanly had undergone to change from moderate and genteel to luxury and gorgeous. And Joro was not only the dispatchers of the fashion but blessed with both intelligence and general knowingness. Japan's official documents and poems of those days were commonly written in Chinese characters so that every intellectual could read Chinese, there were a lot of Terakoya (a kind of elementary school) and even peasants could read and write. Hence, especially Oiran or Tayu who had an upper class clientele like a feudal lord, a high government official, and an intellectual had a profound knowledge not only of Sinology but of other learnings and arts.

Joro's business often brought them an unwanted pregnancy, and it obstructed their business. In those days, it was said the fertile period was only 10 days after the

menstruation. It could lead to an unwanted pregnancy for women including Joro, and women got to have thorough knowledge of herbs. It considered that people added the term of Joro which implies an abortion in some herbal names in consequence.

Short Bios

Jen-der LEE is a research fellow at the Institute of History and Philology, Academia Sinica, Taiwan. She examines legal and medical history from a gender perspective and teaches at several universities, including National Taiwan University and National Tsinghua University. Most of her work focuses on early imperial China, but she has recently extended her interest to women's encounters with law and medicine in modern Taiwan. Her publications include two books, three edited volumes and many articles.

Tomoko ONABE is a full-time lecturer at Ritsumeikan University. Trained in history of science at Harvard University (M.A.), and Japanese studies at The Graduate University for Advanced Studies, she has taught bioethics, science in literature, and history of science and technology at Kyoto area colleges since 2002, and Franklin and Marshall College in the USA. Her research field includes history of science, medicine, and visual culture. Her 2006 book *Zettai tomei no tankyu [The quest for absolute transparency]*, concerning late-Edo period optics, Dutch learning and the adaptation of Western theories of perspective, was published by Shibunkaku Publishing.

Hanna UCHINO is Lecturer at Centre for the Study of Communication-Design (CSCD), Osaka University. Her research interest is the histoire of obstetrics and the transition of the Life concept in the early modern times Japan (the Yedo period). She mainly focuses on the relationship between medicine and female culture in the beauty and the flower. She is also researching the histoire of fragrance in the Yedo period from the perspective of medicine.

5A Hashimoto/Psychiatry

15 Dec Session 5 (14.15-15.45)

Basic Information

Panel title: History of Psychiatry

Organizer: Akira HASHIMOTO (Aichi Prefectural University)

Chair: TBA

1) Akira HASHIMOTO (Aichi Prefectural University)

Waterfalls and Hot Springs: The Genealogy and Development of Traditional Japanese Remedies for the Mentally Ill

2) Wen-Ji WANG (National Yang-Ming University)

A Project of Readjustment: Neurasthenia and Psy Disciplines in late Republican China

3) Theodore Jun YOO (University of Hawai'i at Manoa)

"The Suicidal Person:" The Medicalization and Gendering of Suicide in Colonial Korea

4) Naofumi YOSHIDA (Toho University School of Medicine & Waseda University)

French Psychiatry in Cambodia: Madness and Confinement

Abstracts

Paper 1

Waterfalls and Hot Springs: The Genealogy and Development of Traditional Japanese Remedies for the Mentally Ill

Akira HASHIMOTO (Aichi Prefectural University)

Paper 2

A Project of Readjustment: Neurasthenia and Psy Disciplines in late Republican China

Wen-Ji WANG (National Yang-Ming University)

Paper 3

"The Suicidal Person:" The Medicalization and Gendering of Suicide in Colonial Korea

Theodore Jun YOO (University of Hawai'i at Manoa)

This paper examines the changing popular attitudes toward chasal (suicide) under Japanese colonial rule. Between 1910 and 1942, the Government-General of Chōsen reported a total of 54,053 completed suicides among Koreans. It seeks to examine the reactions towards suicide, especially the cultural, politico-legal, medical and socio-economic reasons offered to explain why people killed themselves. More than the collation of raw numbers, urban interlocutors sought to explain how mental or emotional distress could be caused by physical and moral factors, challenging traditional interpretations, which insisted that suicide was a voluntary act. In particular, it will explore gendered explanations and societal stressors such as early marriage, male infidelity, financial losses, unrequited love, physical illness, and the likes, which was said to trigger suicidal tendencies in people. At the same time, the pathologization of deviant behavior as a neurological disorder, contributed to a broader discourse on suicide as a measure of social health, which placed people's lives under increasing scrutiny. This paper shows how these discursive colonial representations of suicide came to shape understandings and practices of suicidal behavior in colonial Korea.

Paper 4

French Psychiatry in Cambodia: Madness and Confinement

Naofumi YOSHIDA (Toho University School of Medicine & Waseda University)

This paper describes French psychiatry in Cambodia. The purpose of this research is to clarify the reason and process for the establishment of Takhmau Psychiatric Hospital in Cambodia's Kandal province in the French colonial era. It was the first psychiatric hospital in Cambodia, and it is well-known among the Cambodian population. In fact, it has acquired the nickname Pet Chhkhout (Hospital of Madness). The 1838 psychiatric hospitalization law establishing asylum psychiatry as the sole legal model for cases of insanity in France was applied in Indochina in 1930. The law permits the administrative authority to confine a psychotic patient to a psychiatric hospital.

A few books about French colonial medicine have been published (Guillou 2009, Oversen and Trankell 2010, Au 2011), but no research is available on the psychiatric field in French colonial Cambodia. Generally, French colonialism was publicized as *une mission civilisatrice*—a self-imposed assignment to bring the colonial populations within the orbit of French civilization. The notion of *la mission civilisatrice* was promoted during the 1880s, and it introduced medical and educational programs for the

native populations of the colonies. In the early twentieth century, although there were provincial hospitals in several provinces, the Mixed Hospital in Phnom Penh was the only fully equipped hospital in Cambodia. If a case of alienation mentale came to the hospital, a medical doctor or medical assistant would examine the patient. However, there was no psychiatrist and no psychiatric hospital, and the act of confinement was not legally authorized at that time.

Archival sources, such as Fonds de la Résidence supérieure du Cambodge, Journal officiel du Cambodge, and Journal officiel de l'Indochine Française, are available at the Archives National du Cambodge in Phnom Penh. From the 1900s to the 1920s, several alienation mentale cases were reported in Fonds de la Résidence supérieure du Cambodge. After Cambodian criminal law was amended in the early 1930s, mental examinations were performed to distinguish psychiatric patients from rational men. Eventually, Takhmau Psychiatric Hospital was established in 1940; subsequently, the administrative authority began to confine psychiatric patients in this psychiatric hospital.

Short Bios

Akira HASHIMOTO is Professor at the Department of Social Welfare, Aichi Prefectural University, Japan. He received his PhD (Doctor of Health Sciences) from the University of Tokyo in 1992 and studied on a German Exchange Service scholarship at the University of Düsseldorf, Germany (1992-94). He is currently researching the comparative history of psychiatry in Asia and Europe between the 19th and the 20th century. Recent books include: *The place of treatment and the history of psychiatry* (Tokyo, 2011), *The mentally ill and the home custody in modern Japan* (Tokyo, 2012).

Wen-Ji WANG is Associate Professor and Director of the Institute of Science, Technology and Society at National Yang-Ming University, Taiwan. After doctoral work in history of psychoanalysis at the University of Cambridge, he published several articles on leprosy in colonial Taiwan. His current research project is on the development of mental hygiene and psychiatry in Republican China.

Theodore Jun Yoo is an Associate Professor of History at the University of Hawai'i at Manoa. He is the author of *The Politics of Gender in Colonial Korea: Education, Labor, and Health, 1910–1945* (University of California Press, 2008). He is currently completing a manuscript entitled *Gender and Madness: The Politics of Care in Korea*

which looks at the social and cultural construction of madness from the premodern up to the postwar period.

Naofumi Yoshida is an assistant professor at the Toho University School of Medicine's Department of Neuropsychiatry and a PhD candidate in cultural anthropology at Waseda University's Graduate School of Letters, Arts and Sciences. His research field is medical anthropology and cultural psychiatry. His research theme is the transition of the concept of mental illness in Cambodia. He carried out fieldwork in Cambodia for one year, ending in September 2011. He is a medical doctor and currently works as the head of the Acute Care Psychiatric Ward at Tokyo Adachi Hospital. In this paper he focuses on the process of establishing the institutional psychiatry in the Cambodian French Colonial Era.

5B Liu/Epidemics

15 Dec Session 5 (14.15-15.45)

Basic Information

Session Title: Epidemics and Society

Session Organizer: Michael LIU (Academia Sinica)

Chair: TBA

1) Michael Shiyung LIU (Academia Sinica)

Epidemics, natural disasters, and medical salvation in Sino-Japanese war China (1937-1945)

2) Michael Shiyung LIU and Chia San SHEN ((Academia Sinica and National Chengchi University)

The re-examination of the disease preventive policy in Taiwan under Japanese administration (1916-1930)

3) Kenichi OHMI (National Institute of Public Health, Japan)

Quantitative analysis about the impact of “Spanish flu” pandemic on Imperial Japan: Japanese main islands, Korea and Taiwan

Abstracts

Paper 1

Epidemics, natural disasters, and medical salvation in Sino-Japanese war China (1937-1945)

Michael Shiyung LIU (Academia Sinica)

During the Sino-Japanese war (1937-1949), Mainland China has suffered devastating damages not only by brutal battles but also by microorganisms and natural disasters. For instance, the invasion of Japanese troop in 1937 might destroy the bio-ecological balance on North China Plain. Endemic plague surged and soon transmitted to epidemic costing greater casualty. More life lost in 1938 when a flooding of Yellow River was strategically made by Chinese army for defense. The situations resulted in countless loss of human being and years of epidemics as well as

uncontrollable disasters. While the Nationalist government retreated to its southwestern boards, more epidemics and natural disasters occurred. Similar scenario, natural and artificial damages replayed during the period of Sino-Japanese war (1917-1945). While the government failed to maintain its functions for medical care and disaster relief, doctors from Peking Union Medical College became an important resource of medical salvation during the epidemic and flooding in North China. Among them, a physiologist, Dr. Robert Lim (林可勝) organized the first medical crops to the field and continuously secured the relief from International Red-Cross to victims. During the Sino-Japanese war, Dr. Lim was appointed to the Director of Military Surgeon Bureau and brought China's military medicine as well as emergency medicine to a new stage.

To the cases in 1937 and 38, despite the Chinese traditionally saw diseases and natural disasters parts of regular life style, the surgeon blamed plagues and flooding to Japanese invasion. By doing so, defeating epidemics and disasters would be as important as military victory in battlefield. Such emotion in fact might lay a psychological foundation to the Patriotic Health Movement (愛國衛生運動) in the 50s. Compared with more studies focusing on war itself, the author would like to pay attention to explanation to patient/ refugees' physical pain and loss to the war. The suffering experience of Chinese during the wartime would obviously need more study than simply settled in physical compensation. Generally speaking, this study will take personal records of Robert Lim and reports from his military surgeons in account the angle of body suffering in the wartime. The paper will portray how the war brought suffering and salvation simultaneously to Chinese society.

Paper 2

The re-examination of the disease preventive policy in Taiwan under Japanese administration (1916-1930)

沈佳姍 / SHEN Chia san, 劉士永 / LIU Shiyung (Academia Sinica)

Immunology has developed rapidly in the late 19th century and brought significant changes to the prevention and medical treatment of epidemic in the world.

In Japan, the modern immunology study began in 1892 when the Institute of Infectious Diseases (伝染病研究所) has been established. After Japan began to govern Taiwan, it established the "Institute of Taiwan Governor" (台湾総督府研究所) to study the bacteriology and blood tests. In 1916, the Institute added as its works the manufacturing and selling of serum and microbiological goods (This did not happen in Koera). Then, the health policy based on immunization medicine had been emphasized

and enforced in Taiwan.

Behind this phenomenon, were the questions of status and function assigned to the Institute of Taiwan Governor and the expected function of the immunization medicine. To answer those questions, this paper focuses on the Institute of Taiwan Governor which conducted the research of the human serum in Taiwan, especially during the period from 1916 to 1930, and studies how and why the manufacture and formulation of serum were carried out in Taiwan.

This study shows that, in the past, the studies of the medical history in Taiwan under the Japanese era only emphasized the management of environmental sanitation, such as disinfection and quarantine, but in fact, the government of the time took initiative to prevent and control diseases. The change of public conception of health not only brought change to the interaction of public health administrations between Japan and Taiwan, but also showed the change of preventive measures and health environment in Taiwan, and even of the Japanese colonial policy.

Quantitative analysis about the impact of “Spanish flu” pandemic on Imperial Japan: Japanese main islands, Korea and Taiwan

Paper 3

Quantitative analysis about the impact of “Spanish flu” pandemic on Imperial Japan: Japanese main islands, Korea and Taiwan

Kenichi OHMI (National Institute of Public Health, Japan)

Objective: To assess the health impacts of 1918-20 influenza (“Spanish flu”) pandemic on Imperial Japan including Korea and Taiwan.

Methods: We calculated the number of additional deaths (excess mortality) using the data of “Japanese Empire Vital Statistics”, “Korean Governor-General Annual Statistical Reports” and “Taiwan Vital Statistics”.

Results: The total number of excess deaths from 1918-20 “Spanish flu” pandemic in Imperial Japan was almost 670,000 (Japanese main islands: almost 470,000). The standardized mortality ratio (SMR) during the period was calculated with the Japanese in Japan as standard populations. However, excess mortality in infant and child for both Japanese and the Korean in Korea are seemed to be underestimated after 1919 March First (Samil) Movement, we have calculated SMR for 5-49 years old population, eliminating the effect of infant, child and old ages. Then, SMR for 5-49 years old among the Japanese in Korea was almost alike with that of the Japanese in Japan, which among the Korean in Korea was 60% higher compared to those of Japanese in Japan. Similarly, the level of excess mortality between the Japanese in Japan and those

in Taiwan was alike, in contrast with those for the Taiwanese in Taiwan was higher by at least 60%. Finally, the relationship between excess mortality and GDE per head in 1920, was assessed. After adjusting the effect of the 1919 March First (Samil) Movement, SMR was highest and GDE per head was lowest for Korea.

Conclusions: It is suspected that native people (the Korean in Korea and the Taiwanese in Taiwan) were vulnerable to “Spanish flu” pandemic compared with the Japanese in Korea, Taiwan and Japan. And we may suspect that, as Christopher Murray et al. has pointed out, there would be a proportional relationship between health damage and poverty in Japan, Korea and Taiwan during the “Spanish flu” period.

Short Bios

Shiyung Michael LIU, is Associate Research Fellow at the Institute of Taiwan History, Academia Sinica. He holds Ph.D. degree from the University of Pittsburgh and has served as a visiting scholar in Japan, the U.S. and Europe. Dr. Liu had disorder fellowship (EU), and Senior Research Fellow at Ohio State University. He is the author of the books *Prescribing Colonization* (2009) and *Katana and Lancet* (2012). His research interests are Japanese colonial medicine, environmental history, and modern history of public health. He is now working on the project "Epidemics and the re-establishment of quarantine system in post-WWII East Asia."

Chia-san SHEN is a Ph.D. student in Taiwan History at National Chengchi University. Her academic interests include Taiwan's life history and hygiene history from Ching Dynasty to Japanese Administration. She is currently working on her dissertation focusing on the preventive medicine under the Japanese era, especially how the vaccination was an important means to prevent the infectious diseases. Now she holds of the doctorate fellowship awarded by the Hygienic Program, Research Center for Humanities and Social Sciences, Academia Sinica. You are welcome to contact her at: 527433@gmail.com.

Kenichi OHMI is Senior Researcher of Department of Health Promotion at National Institute of Public Health, Japan. He wrote the paper, “Estimation of the excess death associated with influenza pandemics and epidemics in Japan after World War II: relation with the pandemics and vaccination system” (*Japanese Journal of Public Health* 2011;58(10):867-878), “Public health intervention and social defense: From 19th and

21st century influenza pandemics and “non-pandemics” (*Journal of the National Institute of Public Health* 2009;58:236-247). His research intends to examine public health policy from historical perspective with statistical method.

5C Nakamura/Different Systems

15 Dec Session 5 (14.15-15.45)

Basic Information

Session Title: Different Medical Systems

Organizer: Ellen Nakamura (University of Auckland)

Chair: TBA

1) Ellen NAKAMURA (University of Auckland)

Transforming Medical Lives in Bakumatsu Japan

2) Jayanta BHATTACHARYA (Indian National Science Academy)

The Impact of Western Medicine on Ayurveda in Colonial India: Encounters in Anatomical Knowledge

3) Taehyung LEE (Kyung-Hee University)

The medical dispute between Korean and Western Medicine examined through “EE LIM”

4) Chia-hui LU (University of Pennsylvania)

The Transmission of Medical Knowledge in Medieval China: The Case from Bian Que to “Bian Que Fa”

Abstracts

Paper 1

Transforming Medical Lives in Bakumatsu Japan

Ellen NAKAMURA (University of Auckland)

What happened to doctors of Tokugawa era ranpō medicine who were knowledgeable about aspects of western medicine but lacked a modern medical education? How did they experience the transition from Tokugawa to Meiji medicine? This paper is part of a project that seeks to understand how ordinary doctors of Dutch-style medicine lived out the transition to modern western medicine in the bakumatsu and early Meiji periods, both as individuals and as interconnected

communities of practitioners. Influential ranpō physicians such as Matsumoto Jun (1832-1907) and Nagayo Sensai (1838-1904) are well known for their contributions to medical policy and the way in which they helped to shape the future of Japanese medicine. Histories of this era have tended to focus on their successes and on the gradual nationalization and institutionalization of western medicine.

The recognition and promotion of western medicine as orthodox by the Meiji government was in one sense a victory for the ranpō physicians who had long touted its benefits. The ranpō physicians ensured the dominance of western medicine and initially enjoyed a period of considerable prestige. On the other hand, the commitment to modern western medicine also ensured the eventual demotion of the ranpō physicians themselves. By focusing on the activities of ordinary practitioners we can gain a more complete understanding of Japan's medical transformation. Indeed, it was not only the legislators who changed Japanese medical culture, but those local physicians who were forced to re-construct their identities and sometimes their daily work itself. In this study I am concerned with the careers of transitional physicians who did not re-train and who used their background in ranpō medicine as the foundation for their claim to professional expertise. I will use as examples the biographies of Mise Shūzō (1839-1877) and Ishii Kendō (1840-1882) to explore how they responded to the challenges of the Meiji era.

Paper 2

The Impact of Western Medicine on Ayurveda in Colonial India: Encounters in Anatomical Knowledge

Jayanta BHATTACHARYA (Indian National Science Academy)

I shall argue that Western medicine has passed through epistemological and paradigmatic shifts from Bedside medicine to Hospital medicine to Laboratory medicine (and, now, Techno-medicine). The modern anatomical knowledge, instead of previous two-dimensional perception of the body, disease began to be perceived to being located within a three-dimensional body in modern medicine. The singular act of post-mortem dissection differentiated Hospital medicine from Bedside medicine and established its unquestionable authority over Indian medical knowledge systems. Throughout the entire period following European renaissance and industrial revolution there emerged capital, competitive market economy, working class and predominance of technology in social life which lead to an objective mode of learning in social life and psyche. It was altogether different from the Indian mode of learning. These specific phenomena prepared the canvas over which the new knowledge of knowing the body and health

could be written for the first time and for ever in human history. The history of Calcutta Medical College (CMC) is intertwined with the rise of Hospital medicine in India. Hospital medicine is a unique phase in the evolution of medicine. A utilitarian approach and military need to provide trained medical personnel in different detachments and hospitals prompted the earliest official involvement with medical education in India. The singular act dissection-based anatomical knowledge brought in some indelible changes in the perception of body, disease, and self of Indian population. Medicine ushered in a new paradigm of knowing the body. CMC had embraced within its matrix an ensemble of different medical practices at the same time – medical teaching at UCL, long-drawn surgical practices of the Company’s surgeons and the discriminatory colonial practices. Emphasis was placed on producing ‘capable practitioners’, rather than ‘capable enquirers and practitioners’. Ayurveda had to face the most formidable encounter in its history of more than a millennium. In an act of mimicry, Ayurvedics had to abandon the basic mode of traditional learning of Ayurveda. They had to negotiate their position between being ‘modern’ and ‘original’ at the same time. Modern medical terms reconstituted Ayurvedic terminologies. Epistemological struggle between hospital medicine and empirical knowledge still goes on in India.

Paper 3

The medical dispute between Korean and Western Medicine examined through 『EE LIM』

Taehyung LEE (Kyung-Hee University)

Objective: On September 6, 1951, the National Assembly passed the Medical Services Law which included Korean Medical doctors in a dual system. Although the government acknowledged Korean Medical Doctors as official health care providers, criticism regarding its modernity persisted. This paper focuses on the medical dispute between Korean and Western Medicine after the year 1951 risen from the problem of modernization of Korean Medicine.

Methods: This paper looked into the medical dispute between Korean and Western Medicine in through 『EE LIM』 . 『EE LIM』 is a scholarly journal published by Korean Medical doctor Bae Won-Sik. Articles regarding the medical dispute between Korean and Western Medicine were selected, categorized and analyzed.

Results: The main questions against Korean Medicine were: whether it was scientific or not, and whether there was a possibility of systematization. Several opinions were brought up on these issues. 1) Some people criticized Korean Medicine as being unscientific based on modern science; 2) Others emphasized the identity of

Korean Medicine against the critics; 3) Another group of people wanted to study Korean Medicine using modern methods and obtain merits from both sides.

Conclusion: The different understanding of the term 'science' led to diverse discussions on the direction of Korean Medicine's progression. The narrow meaning of science only considers Korean Medicine as an object of modern scientific and medical study. But if the meaning is broadened, containing empirical aspects, Korean Medicine can be included as a category of science based on its clinical utility. If we wish to increase the clinical utility of Korean Medicine in the future, a more open-minded study on its value needs to be performed.

Key words: EE LIM, Medical dispute between Korean and Western Medicine, scientification, systematization, modernization,

Paper 4

The Transmission of Medical Knowledge in Medieval China: The Case from Bian Que to "Bian Que Fa"

Chia-hui LU (University of Pennsylvania)

Short Bios

Ellen NAKAMURA is Senior Lecturer in Japanese and History at the University of Auckland, New Zealand. She is the author of *Practical Pursuits: Takano Chōei, Takahashi Keisaku, and Western Medicine in Nineteenth-Century Japan* (Cambridge, Mass.: Harvard University Asia Center, 2005), and a number of journal articles. Ellen is interested broadly in the social and medical history of Edo period Japan. Her current research focuses on the Japanese physicians of western medicine who lived through the transition from Tokugawa to Meiji.

Jayanta BHATTACHARYA is an independent scholar, physician and PhD. Currently Research Associate of Indian National Science Academy. Awarded Special Certificate of Honor by ASHM in 2006. Some of the publications - "The Body: Epistemological Encounters in Colonial India" in *Making Sense of Health, Illness, and Disease*, (Rodopi, 2004); "Encounter in Anatomical Knowledge: East and West," *IJHS*, 43.2 (2008) 163-210; "The knowledge of anatomy and health in Āyurveda and modern medicine: colonial confrontation and its outcome," *Eā - Revista de humanidades médicas*, 1:1 (2009): 1-51. Edited *Bharatiya Patabhumite Chikitsa Bijnaner Itihas: Ekti Samkshipta*

Pryalochana (History of Medicine in Indian Perspective: A Brief Review), Kolkata, 2010. Contributor to *Health and Medicine in Colonial India: Diffusion and Contestation*, ed. Deepak Kumar, OUP, Delhi (forthcoming 2012).

Taehyung Stephan LEE is Ph.D. Candidate at the Dept. of Medical History, College of Korean Medicine, KyungHee University. His research field is medical dispute between Korean and Western medical doctors in the modern era. He focuses how Korean Medical doctors have strived to keep the tradition of Korean Medicine, and adapted in the modern society. He is also researching the meaning of CAM (complementary and alternative medicine) and Integrative Medicine in the present.

Chia-hui LU pursued her master's degree in performance studies at New York University, now she is a Ph.D student in both Folklore Program and East Asian Languages and Civilizations Program of University of Pennsylvania. Her academic interests include folklore and bodylore, magical healing and medicine in medieval China, mythology and religion in pre-modern society.

5D Chen/Health

15 Dec Session 5 (14.15-15.45)

Basic Information

Session Title: Health and Hygiene

Session Organizer: Hsiu-Jane CHEN (Academia Sinica)

Chair: TBA

1) Hsiu-Jane CHEN (Academia Sinica)

Networks of Japanese bacteriological hygiene: colonialism and the forming of Kitasato's anti-plague agents, 1890-1920

2) Miki Kawabata (Ritsumeikan University)

Introduction of Bathing as a Health Method in Modern Japan

3) Guan-Chun LIN (University of Freiburg)

Ill Body or Ill Society?: The Modern Chinese Body Concept and Its Interactions with the Society in the Republic of China

Abstracts

Networks of Japanese bacteriological hygiene: colonialism and the forming of Kitasato's anti-plague agents, 1890-1920

Hsiu-Jane Chen (Academia Sinica)

Within the growing interest in studying the role of intercultural intersection for the forming of knowledge, historians of recent days highlight how the experiences of physicians and scientist in the colonial “contact zone” have led to scientific knowledge and practices emerged or transformed on both sides of the encounters. Following the approach, this study will explore the experiences of Japanese colonial physicians in Taiwan since the outbreak of plague in 1896 and shed light on how these have contributed to forming scientific knowledge and practices of the Institute for Infectious Disease (Densenbyô kenkyûjo, it became known as the Kitasato Institute) in Tokyo in developing anti-plague vaccines and sera between 1896 and 1914.

The process of developing anti-plague agents at the Kitasato Institute is

regarded to be located in international professional networks, consisting of relevant research institutes in Germany, the Pasteur Institute in the British colony India, and Japanese physicians in Japan and in the Japanese colony Taiwan. It took shape through the transnational exchange of knowledge, practices and materials in these networks.

On the basis of archival materials available in Taiwan and in Japan, this study will approach the organization of scientific researches and therapeutic trials of Japanese physicians in Taiwan and these networks of transferring knowledge, practices and materials between Japan and Taiwan. Objects of this study are the processes of developing credible diagnoses of the plague disease and the human trials to evaluating therapeutic effect of the anti-plague agents. A central figure in the network between Japan and Taiwan is the Japanese physician Horiuchi Tsuguo, the first director of the Taipei Hospital, whose research in the field of anti-plague agents has initiated the research tradition on anti-bacterial agents in Taiwan.

Paper 2

Introduction of Bathing as a Health Method in Modern Japan

Miki Kawabata (Ritsumeikan University)

This paper examines when and how bathing as a health method was introduced in modern Japan. The paper is based on journals and books written by hygienists and medical doctors during the Meiji era and the Taisho era. One of the journals examined is *Dainihon Shiritsu Eiseikai Zasshi*, a journal published by *Dainihon Shiritsu Eiseikai*, an association of hygienists established to promote cooperation between government and the general populace in order to improve public health.

I collected all reports relevant to the act of being under hot water or cold water from among all issues of *Dainihon Shiritsu Eiseikai Zasshi*, from issue No.1 in 1883 to No.460 in 1922. There were 13 reports about public baths, 38 about hot springs, 15 about sea bathing, and 15 about therapy (hydropathic treatments or health regimens). The first mention of bathing is in an article, in No.14 from 1884, that refers to yokujo (bathing places) as an example of the relation between water and people. An article describing the physical and mental health benefits of a cold water regimen appears in No.60 from 1888. A report examines the equipment and facilities of mineral springs for the purpose of medical treatments in No.128 from 1894. A report discusses healthy times for sea bathing in No.153 from 1896. A report focuses cold water bathing in No. 355 from 1903.

Later, in the Taisho era, reports about bathing as a health method increased.

Many articles about bathing, especially during the Meiji era, described hot springs in the West. Articles about hot springs or mineral springs in Japan often focused on regulations or investigated them as medical treatments.

Notably, from the Taisho era, articles about hot springs and summer resorts in Japan and bathing as a health method increased, reflecting a general increase of interest in these topics, compared with during the Meiji era. From these results, we can see that the idea of bathing as a health method was introduced in the Meiji era and became firmly established in the Taisho era.

Paper 3

Ill Body or Ill Society?: The Modern Chinese Body Concept and Its Interactions with the Society in the Republic of China

LIN, Guan-Chun / 林冠群 (University of Freiburg)

Due to the transition of the economic structure, Taiwan has become an island with the post-modernity consumerism. This circumstance makes Taiwan looking like a joyful and thronged country with a lot of energy. But actually, many people in Taiwan are unhappy^{[1][2]} and unhealthy. According to the statistics, about 60% Taiwanese are exposed to great pressure in their daily life^{[3][4]} and about one-fifth population aged from 20 to 65 suffers in mental illness, psychosis or chronic pain syndrome^[5]. Why accepts Taiwan's society the present lifestyle and it builds a real society, in which we live, but our mind and body are truly unsatisfied with it? How can Taiwanese practice the current lifestyle, if they are not really convinced to accept it? In order to clarify this contradictory situation, the following questions would be discussed based on the transition and modernization of Chinese body concepts as well as the change of Taiwan's economical, political and medical values in this dissertation: what are the modern body concepts in Taiwan and what kind role our body plays under the present social and economic values? How do we estimate the culture, social norms, social systems, economic values and the capitalized society, which discipline and restrict our body? How, and could we shape our values and lifestyle, what we really want and actually need, in virtue of Chinese traditional notions, body concepts and current life conditions?

Nowadays, either western body sociology or eastern philosophical body concepts all converge on the same viewpoint: our body could decide what kind society we have actively; but on the other side, each body could also be voluntary or constrained changed, regulated and disciplined by our society, in which our bodies exist^{[6][7]}.

Besides, the current culture and values in Taiwan have merged the essences of western and eastern culture. Thus, the literature about classic Chinese philosophy and body concepts, western theories of body sociology and Taiwan's social, economical and political transition will be reviewed to refine, which factors have shaped the modern body concepts of Taiwanese. After literature reviews, the traditional Chinese medicine Doctors and professors, who are well acquainted with Chinese body concepts, as well as the people, who are dissatisfied with the current lifestyle in Taiwan, would be interviewed to examine the research questions.

Keywords: Modernization of the body concept, traditional Chinese philosophy and medicine, Taiwan's social phenomenon

Literature:

- [1] The New Economics Foundation. (2010). *The Unhappy Planet Index - An Index of Human Well-being and Environmental Impact*. Retrievable under: <http://www.happyplanetindex.org/learn/download-report.html> (Retrieved on Dec. 10, 2010)
- [2] Department of Health R.O.C. (Taiwan). (2011). *2010 Taiwan Public Health Report*. Taipei: Department of Health.
- [3] The Philips Center for Health and Well-being. (2010). *Philips Index for Health and Well-being: A global Perspective*. Retrievable under: <http://www.philips-thecenter.org/insight> Retrieved on Nov. 10, 2010)
- [4] Long, Z.Y. (2011). Working Overtime - nearly 60 percent of office workers' brain are exhausted. Retrievable under: <http://tw.news.yahoo.com/超時工作-近6成上班族腦過勞-112436275.html> (Retrieved on Oct. 18, 2011)
- [5] Department of Health R.O.C. (Taiwan). (2011). The Number of Outpatients in 2009 (Categorized by Gender and Age). Retrievable under: www.doh.gov.tw/CHT2006/DisplayStatisticFile.aspx?d=79141 (Retrieved on Mar. 5, 2011)
- [6] Shilling, C. (2005): *The Body in Culture, Technology and Society*. London et al.: Sage.
- [7] Zhang, Y.Y. (2007). *The Body Concepts of Confucianism and Daoism in the Qin Dynasty and Their Aesthetic meanings*. Shanghai: Shanghai Gu Ji Publisher

Short Bios

Hsiu-Jane Chen is now a postdoc of the research program for History of Health at Academia Sinica Taipei. She holds a Dphl in the History of Medicine from Charit'e of

the University of Berlin and her thesis titled „*Eine strenge Prüfung deutscher Art*“ – *Der Alltag der japanischen Medizinausbildung im Zeitalter der Reform von 1868 bis 1914* has been published by Matthiesen Verlag at Germany in 2011. In this book, she explores the daily life of the Japanese physicians in the German universities as they made a tour of professional improvement in the Western medicine to Europe before the World War I. Her current research project is concerned with the international knowledge networks of the Japanese bacteriological hygiene before 1914, with focus on the Japanese colonial medicine in Taiwan.

Miki Kawabata is a Postdoctoral Fellow at Research Center for Ars-vivendi, in Ritsumeikan University. She researches the history of Public Health and Hygiene in Japan and focuses on the history of Public Bath. Her doctoral thesis is Public Health Historical Research on the Public Baths in Modern Japan. She completed her doctoral study. She recently researches social welfare in Japan since 1920s and discourse about bathing in modern Japan.

Guan-Chun Lin is from Taiwan and currently the postgraduate of the Institute of Sociology, University of Freiburg in Germany. He is interested in body and medical sociology, healthcare management (patient-physician relationship) as well as qualitative social research. The title of his unpublished doctoral dissertation is: “Ill Body or Ill Society? The Modern Chinese Body Concept and Its Interactions with the Society in Taiwan”.

6A Nagashima/Public Health

15 Dec Session 6 (16.00-17.30)

Basic Information

Panel title: Public health sciences and daily life in modern Japan

Organizer: Takeshi NAGASHIMA (Senshu University)

Chair: Takeshi NAGASHIMA (Senshu University)

1) Takeshi NAGASHIMA (Senshu University)

Public health sciences and daily life in modern Japan: Introductory remarks

2) Yoko YOKOTA (Ritsumeikan University)

The Osaka Municipal Hygienic Laboratory and nutritional science in the 1920s-1930s

3) Akihisa SETOGUCHI (Osaka City University)

Exterminating Flies: Entomology, Public Health, and Daily Life in Interwar Japan

4) Alexander R BAY (Chapman University)

Re-centering Public Health in Pre/Postwar Japan: Periphery as the Center

Abstracts

Studies on the social history of public health in Japan tended to concentrate on the heyday of cholera epidemics in the Meiji period. The cholera epidemics urged Meiji medical officials like Nagayo Sensai and Goto Shimpei to issue important public health laws, including the Ordinance for Prevention of Cholera of 1877 and the Infectious Disease Act of 1897. Administrative developments and their influence on society under the provisions of these laws have been fairly well documented by historians. It should be noted, however, that cholera was not exactly a 'routine' disease in Japan throughout the modern era, as it was basically a disease imported from time to time from outside and receded by the early twentieth century.

Cholera prompted scientific medical research in modern Japan, too. Nagayo sent Kitasato Shibasaburo, then an officer of the Sanitary Bureau, to Berlin in 1885, to study under Robert Koch, the discoverer of the cholera bacillus. After his return to

Tokyo in 1892, Kitasato established the Institute for Infectious Disease (IID), which produced internationally renowned bacteriologists like Shiga Kiyoshi, Hata Sahachiro, and Noguchi Hideyo. Thus the late Meiji period witnessed a heroic age of bacteriology, which has been a major theme in the medical historiography in Japan.

But, of course, preventive medicine was not just about establishment of administrative machinery for cholera control or about researches in the IID's laboratory, but about day-to-day practice for people's health at the local level. And bacteriology was not the only scientific expertise concerned with public health. This panel aims to discuss how we can extend the scope of research on social history of public health beyond the cholera-bacteriology oriented historiography. In doing so, we direct attention to the period after the cholera epidemics (mainly Taisho and Showa), and explore how modern public health knowledge such as epidemiology, dietetics, entomology, and parasitology, mattered (or did not matter) to people's daily life.

Paper 1

Public health sciences and daily life in modern Japan: Introductory remarks

Takeshi NAGASHIMA (Senshu University)

This paper explains aims of the panel, and serves as a background to the other three papers in this panel dealing with specific topics. It provides an overview of public health history in modern Japan by showing some disease statistics. It also touches upon the development of public health statistics itself. Epidemiology of disease prevalence, based on statistical evidence, formed an important part of public health expertise in modern Japan. Statistics were not just for professional epidemiologic studies. From around the 1920s, colourful graphs of health data began to appear frequently in public health reports, which seem to have been not only for experts but also for the public. This might illustrate how 'scientific' knowledge of public health permeated into people's daily life.

Paper 2

The Osaka Municipal Hygienic Laboratory and nutritional science in the 1920s-1930s

Yoko YOKOTA (Ritsumeikan University)

The purpose of the establishment of the Osaka Municipal Hygienic Laboratory in 1906 was twofold: to conduct scientific investigations for urban sanitary improvement and to provide scientific knowledge to citizens. Its staff members were engaged daily in experiments with regard to water quality, food additives, drug substances, infectious agents, and so on. Since, among other things, air pollution was a

serious problem in Osaka in the midst of industrialization, monitoring of air was also an important task for the Municipal Laboratory. After the 1920s, the scope of its work extended to dietetics. Its experiments were concerned mainly with nutritional values of foods. In particular, the relationship between the nutritional value of rice and rice polishing became one of its main themes. It also carried out statistical investigations of dietary of school children, factory workers and so on. By organizing public lectures on nutrition and cooking, the Laboratory tried to enlighten women and children on the basis of the knowledge thus accumulated. Thus the Laboratory became an important mediator delivering laboratory sciences to people's kitchens.

Paper 3

Exterminating Flies: Entomology, Public Health, and Daily Life in Interwar Japan
Akihisa SETOYUCHI (Osaka City University)

This paper discusses how public health has changed the relationship between humans and insects in modern Japan. Before the late nineteenth century, foreign visitors often complained about flies, fleas, and mosquitoes, which were prevalent in Japan. In those days, although these insects were annoying, people never tried to exterminate them. However, in the 1920s, metropolitan governments began "Get Rid of Flies Day" campaigns to exterminate harmful insects. This paper analyzes this campaign from three perspectives: the rise of medical entomology, the development of metropolitan public health policy, and the mobilization of citizens. It was a complex collaboration among science, government, and citizens that changed people's daily life, and banished flies from metropolises.

Paper 4

Re-centering Public Health in Pre/Postwar Japan: Periphery as the Center
Alexander R BAY (Chapman University)

Japanese medical history has usually been told using the stories of central players such as bacteriologists or tropical medicine experts who, while work in colonial settings, inevitably return to the center. There, they make their mark on the medical record. While peripheral experience of course informed their work, their stories and arenas of influence were based out of laboratories in Tokyo universities. Focusing on public health challenges related to the disposal of human waste, and through a history of toilet reform and parasite disease prevention, I want to challenge the hierarchy between center and periphery as well as the implicit division between the laboratory and the field. The history of local diseases such as dysentery and schistosomiasis

reveals an unexplored area of public health knowledge and practice that was made in the field. Researchers discovered disease vectors as well as carried out preventive policies that were specifically local in their methods. My paper promises to highlight a rather mucky section of public health in modern Japan that hitherto has remained under researched and reveal an approach to making science and policy that adds substantially to our understanding of the diffusion of hygienic modernity across the Japanese archipelago.

Short Bios

Takeshi NAGASHIMA, working on the history of public health policy in modern Japan and Britain, received his D.Phil. from University of Sussex and is Associate Professor of Economic History at Senshu University. His current research interests are in historical epidemiology of infectious diseases in relation to urbanization and the development of public health systems. His publications include: 'Meiji medical officials' international comparisons of administrative machinery and the historiography of public health', *University of Tokyo Center for Philosophy Booklet 9* (2009); 'Sewage disposal and typhoid fever: the case of Tokyo 1912-1940,' *Annales de Demographie Historique* (2004).

Yoko YOKOTA is a visiting researcher to the Research Center for Ars Vivendi, Ritsumeikan University in Kyoto. Her Ph.D. dissertation was on the development of sanitary administration in Japan from the Meiji era to the post-WWII period, focusing on the role and status of science and technology, which was published in 2011, entitled *A History of Public Health in Japan from the Standpoint of Laboratories*. Since the nuclear reactor disasters in Fukushima in 2011, she has been exploring the history of environmental radiological monitoring in Japan, in which public health laboratories have had some role.

Akihisa SETOGUCHI is Associate Professor at the Graduate School of Economics, Osaka City University. He has been working at the border between history of science and environmental history. He published a book, *Gaichu no Tanjo* (Birth of Harmful Insects) from Chikuma Shobo in 2009, and several articles on agricultural technology and nature conservation in Japan.

Alexander BAY TBC

6B Wu/Medicine and Development

15 Dec Session 6 (16.00-17.30)

Basic Information

Panel title: Shaping Medical Knowledge/Disciplines in a Postwar Developmental State

Organizer: Harry Yi-Jui WU

Chair: TBA

1) Shu-Ching CHANG (Chang Gung University)

The Development and Professional Shaping of Nursing Knowledge: Missionary Nursing in Taiwan after World War II (1945~1970s)

2) Hong-bin HSU (National Chung-Hsing University)

Framing allergy: Constructing a new disease and its solutions in postwar Taiwan

3) Harry Yi-Jui WU (University of Hong Kong)

Carding Trauma: Case Registries at the Psychiatric Department of National Taiwan University Hospital between 1946 and 1953

Abstracts

Paper 1

The Development and Professional Shaping of Nursing Knowledge: Missionary Nursing in Taiwan after World War II (1945~1970s)

Shu-Ching CHANG (Chang Gung University)

It is said that the introduction of the modern Western Nightingale nursing system, whether it is like in the historical development of China or Taiwan, is closely related to missionary. Since late Qing Dynasty, Mackay Memorial Hospital, Sinlau Hospital and Changhua Christian Hospital have qualified female nursing missionaries, these hospitals also offer course training of female nurses. After the 1950s, nursing profession in Taiwan became a mixture of missionary nursing, American nursing and the traditional way of nursing from the Japanese colonial period, shaping the qualities of postwar nursing care profession. Especially after the 1950s, missionaries were prohibited to enter the borders of Chinese mainland. So Taiwan became main focus to missionary work, this is what became the establishment of the Mennonite Christian

Hospital, Pingtung Christian Hospital and Puli Christian Hospital, Taitung Christian Hospital. Mennonite Christian Hospital and Puli Christian Hospital had set up a nursing school which enrolled mainly aboriginal young women. The two nursing schools, although not been recognized by the government, trained a lot of nurses during the 1950-70's, while most of them worked in hospitals for more than 30-40 years. This article will discuss the teaching contents of the affiliated Senior High School of Puli Christian Hospital and Mennonite Hospital, as well as the reason why the two schools could not pass the regulations, how faith plays its role, The contribution to health care services in remote areas of Taiwan, showing the appearance of the post-war nursing knowledge and nursing practice, and thus reflecting the exclusion and amend by the nursing profession or society, during the time when new nursing care system or concept were transplanted to Taiwan.

Keywords: missionary care, nursing knowledge, nursing history in Taiwan,

Paper 2

Framing allergy: Constructing a new disease and its solutions in postwar Taiwan

Hong-bin HSU (National Chung-Hsing University)

Today allergic diseases are the most common ailments although the concept of allergy (過敏 in Chinese, which literally means “oversensitivity”) enjoyed a rather short history on the island. Symptoms related to allergy today, like a rash of round, red welts on the skin that itch intensely, were usually attributed to “the invasion of wind into the body” in traditional Chinese medicine. It was not until the end of the colonial period that the Japanese doctors learned to “discover” allergic diseases on the island and the medical technologies and tools for diagnosis and treatment were not “officially” introduced and well developed until 1970s against a backdrop of U.S. medical aid. The discovery of allergy and its medical and social solutions paralleled the development of local immunological society and its clinical discipline on the island. Doctors and researchers on the island utilized U.S. resources to study the rapid ecological changes, demographical movement and its implications to people’s health and (hyper)sensitivity on the island, and, at the same time, to consolidate the new discipline of immunology among the field of biomedicine. Unexpectedly, with the popularization of allergy and its immunological concept in Taiwan in the following decades, allergic diseases also became one of the specialties of traditional Chinese medicine, with a special reference to the adjustment of one’s constitution to enhance the resistance to the changing environment. This article analyzes how allergy was “discovered” and became popular among the Taiwanese, and details the close interaction between disease framing, discipline

formation and ecological changes in Taiwan.

Paper 3

Carding Trauma: Case Registries at the Psychiatric Department of National Taiwan University Hospital between 1946 and 1953

Harry Yi-Jui WU (University of Hong Kong)

This article analyzes the case registries maintained by the Department of Psychiatry at National Taiwan University Hospital, and their implications in the history of psychiatry and sociocultural history. Scholars have emphasized the importance of case histories and have developed studies based on this special genre of historical source, whereas such attempts in East Asia are still sporadic and unsatisfactory. This paper examines how the broadly defined term “psychological trauma” was documented in case registries maintained by the Department of Psychiatry at National Taiwan University Hospital after the Second World War. In 1946, psychiatric science in Taiwan faced decolonization and re-institutionalization. The content of psychiatric education evolved from an orientation of the Japanese-German model to an Anglo-American system. Tsung-yi Lin (林宗義), who returned to Taiwan from Japan, dominated the establishment of a new psychiatric paradigm. After arriving at what many considered to be the “barren land of psychiatry,” the department confronted a series of linguistic and cultural conflicts. Their patients were mainly those suffering from immigration experiences and ethnic conflicts, including Chinese public servants who recently relocated from Mainland China to Taiwan, Japanese salary men who remained on the island, and local Taiwanese people who became increasingly anxious of the drastic social change. These case registries show the complexity of “psychological trauma” as it was conceived in the conflicting cultural context of postcolonial Taiwan, the transformation of this general concept during psychiatric paradigm shifts, the controversial and subjective nature of related medical diagnoses, and the processes the social origins of a non-western society was medicalized along the institutionalization of a scientific discipline.

Short Bios

Shu-Ching CHANG is Associate Professor in medical history at the Department of Medical Humanities and Social Sciences, Chang Gung University in northern Taiwan. She holds a PhD in History from the Institute of History, National Tsing Hua University, Taiwan. Her research interests include the history of medicine and nursing in Taiwan.

She is currently working on the history of polio patients experience and the development of nursing in Taiwan.

Hung Bin HSU is Assistant Professor of History at the National Chung Hsing University in Central Taiwan. He holds a PhD in Modern East Asian History from the School of Oriental and African Studies, University of London. His research interests span history of medicine, particularly on opium, and STS. He is currently working with immunologists on the development of immunology, immunity and related concepts and materials in post-war Taiwan.

Harry Yi-Jui WU is Postdoctoral Research Fellow in Humanitarian Studies at the Centre for the Humanities and Medicine, University of Hong Kong. He holds a DPhil in Modern History from University of Oxford, where his thesis focused on the transnational construction of psychiatric trauma and the history of psychiatric classification in the context of postwar global health (mainly World Health Organization). Currently, Harry's work deals with the humanitarian intervention of psychiatric sciences regarding the aftermaths of the Second World War and the anxiety during the indeterminable period of time of postwar worldwide rehabilitation.

6C Jeong/Colonial Medicine

15 Dec Session 6 (16.00-17.30)

Basic Information

Session Title: Colonial Medicine 1

Organizer: Se Kwon JEONG (Seoul National University)

Chair: TBA

1) Francis A. GEALOGO (Ateneo de Manila University)

Diseased Nation, Defective Classes: “Philippinitis”, Public Health and Public Order in the early American Occupation of the Philippines

2) Ji-young PARK (Seoul National University)

“Mending Unreliable Statistics”: Medical Survey of Tuberculosis by Japanese Researchers in Colonial Korea

3) Se Kwon JEONG (Seoul National University)

Did Scientists Fish in Troubled ‘Political’ Waters?: Richard P. Strong and the International Plague Conference in Mukden, 1911

Abstracts

Paper 1

Diseased Nation, Defective Classes: “Philippinitis”, Public Health and Public Order in the early American Occupation of the Philippines

Francis A. GEALOGO (Ateneo de Manila University)

The American occupation of the Philippines created not only the development of political, social and economic institutions that transformed the Philippines into a territorial recipient of what the colonizers termed as “Benevolent Assimilation”. It also paved the way for the institutionalization of the American sanitary regime and public order meant to transform the native minds and bodies of the newly colonized peoples into model subjects. The establishment of colonial public health institutions along with the institutions of public order, came at the time when the system of recording, classifying, and categorizing peoples were being realized thru various institutional

mechanisms meant to process and understand the native for them to be better transformed as new colonial subjects. The publications of the census containing the mortality and morbidity statistical data of the population were undertaken alongside the printing of extensive materials on the nature of the health conditions of the native subjects. Orientalist discourses on the supposed susceptibility of the native bodies and their perceived warped psychiatric and behavioral nature to some diseases were prominent features of the early attempts at understanding the public health conditions of the islands, and the prospect of institutionalizing public order in the new colonies. The study examines the writings of colonial public health officials and bureaucratic functionaries of the American regime, like Dean Worcester and Victor Heiser as well as the publication of the Philippine Census of 1903 and other official government health reports as they exhibit the attitude of the colonizer towards their new subjects, their health conditions, their susceptibility to physical and mental diseases as well as their potential for health reform and behavioral modification.

Paper 2

“Mending Unreliable Statistics”: Medical Survey of Tuberculosis by Japanese Researchers in Colonial Korea

Ji-young PARK (Seoul National University)

This paper examines how Japanese medical researchers explained the unexpected low mortality rate of tuberculosis of the Koreans in statistics by Japanese government-general in Korea. Japanese government-general in Korea accumulated sanitary data of Korean population, which was summed up in the Vital Statistics of Population in Korea, 1938-1944. In this, Sugawa Yukata(須川豊, 1912-1995), a medical scholar in the Keijo Imperial University, who investigated the diffusion of tuberculosis in Korea, found that the mortality rate of tuberculosis of the Japanese dwellers in Korea was higher than that of the Koreans. But, it contradicted his commonsensical belief that the health condition of the Japanese would be better than that of the Koreans; he doubted the reliability of the Vital Statistics. According to Sugawa, the number of the Korean dead from tuberculosis in the Vital Statistics was underestimated, and one of the important sources of this statistical error was the traditional doctors(uisaeng 醫生), who used the traditional medical terms instead of ‘gyeolhaek 結核’, the modern medical term adopted in the statistical system of Japanese government-general in Korea. To estimate the number of tuberculosis deaths in Korea, he suggested his own methods for correcting statistics of tuberculosis by Japanese government-general in Korea, which extrapolated the total number of tuberculosis deaths of the Koreans from

that diagnosed by the modern doctors. This case shows one of the ways Japanese medical researchers dealt with the unanticipated statistical problems in colonial Korea, and suggests that there were limitations of control over the Korean traditional doctors by Japanese government-general in Korea.

Paper 3

Did Scientists Fish in Troubled 'Political' Waters?: Richard P. Strong and the International Plague Conference in Mukden, 1911

Se Kwon JEONG (Seoul National University)

This paper examines the inconsistency between political status and scientific authority of Richard P. Strong (1867-1948) who was dispatched to the International Plague Conference at Mukden, 1911, the first international congress on medicine which Chinese government had supported. Strong's status as a delegate of U.S. had been recognized in public but his scientific opinions on plague vaccine had been rejected finally. Reaching at China about two months earlier before the conference, Strong received some extraordinary benefits for scientific investigation from Chinese Government, which had been given only to him. Moreover after the conference where medical experts from 11 countries had debated on many issues concerning plague, he became an editor of Report of the International Plague Conference and published it in Philippines, 1912. However, interestingly and paradoxically, Strong's scientific opinions had been repudiated in the conference, which was partly because of scientific uncertainty and partly because of imperial politics. Not only had he not convinced to other medical experts his claim that an attenuated live vaccine would be more efficient against pneumonic plague than a killed vaccine, but also he had not resolved the difficulties in producing the former which Chinese administrators were worried about. By looking to Strong's researches and activities in Mukden, I will show the tension between imperial politics and scientific controversies. To hinder additional expansions of imperial Japan and Russia, semi-colonial China had granted special favor to Strong, a delegate of apparently 'political neutral' America. Having these advantages, Strong could have played a leading role in the conferences. However because his ideas on vaccine seemed to be uncertain scientifically and unfit for the prevention policy, Strong had failed in persuading colleague scientists and Chinese administrators. This tension displayed in the conference of 1911 in Mukden suggests that the scientific authority of imperial powers is not always accordance with the political interests in colonial stages.

Short Bios

Francis Alvarez GEALOGO is an Associate Professor and currently Chair of the Department of History of the Ateneo de Manila University in the Philippines. A social and demographic historian, he obtained his Bachelor of Arts in History (cum laude), Master of Arts in History and Ph.D. in Philippines Studies from the University of the Philippines. He is currently Managing Editor of *Philippine Studies: Historical and Ethnographic Viewpoints*. Among the focus of his doctoral dissertation is the mortality and morbidity figures of nineteenth century local parishes in the Philippines. In 2007-8, he was given a Fulbright Visiting Senior Scholar Grant where he affiliated with the Center for the Study of the History of Medicine at the University of Michigan in Ann Arbor where he studied the 1918-19 Influenza Pandemic in the Philippines.

Ji-Young PARK is medical doctor and Ph.D. student of Interdisciplinary Program in History and Philosophy of Science at Seoul National University, South Korea. She has involved in research on history of endemic disease in Korea and anti endemic measures of the doctors who studied in U.S. at a government expense after the Liberation of Korea. Her recent interest includes modern and contemporary history of the national healthcare system of the former colonies.

Se-Kwon JEONG is Ph.D. candidate of Program in History and Philosophy of Science, Seoul National University and an instructor in history of (modern) western science in several universities since 2009. Jeong is preparing his doctoral dissertation on Richard P. Strong (1867-1948), American physician and the establishment of tropical medicine in the United States. His research interests span the history of western medicine, and the relationship between medicine and colonialism/imperialism.

6D Hogetsu/Health

15 Dec Session 6 (16.00-17.30)

Basic Information

Panel title: *Between Policy and Practice: Social Meanings of Health in Modern Japan*

Organizer: Rie HOGETSU (Ochanomizu University)

Chair: TBA

1) Eiko SAEKI (Rutgers University)

Managing Reproductive Body: Institutional Changes and Women's Experiences in Early Meiji Japan

2) Ryan MORAN (University of California, San Diego)

Health as Ethic: postal life insurance health guidance campaigns in interwar Japan

3) Rie HOGETSU (Ochanomizu University)

The Social Meaning of Chewing: Sense of Solidarity among Schoolchildren in Japan during World War II

Abstracts

State-sponsored health policies, campaigns, and laws from the 1870s to 1930s in Japan are often seen as the primary motor of change in terms of people's everyday bodily and mental health practices. From policing sanitation to establishing public hospitals, the modern state played an undeniably important role in implementing new ideas of health and hygiene. But to what extent did policy dictate practice? This panel interrogates the relationship between policy and practice, suggesting that new ideas of health and hygiene gained a foothold through the contested and complex interactions of policy and practice. Specifically, the papers suggest that such interactions created and confirmed diverse social meanings, which became the "real" causes of the failure and success of the new ideas. Eiko Saeki examines the ways pregnancy and childbirth in the early Meiji period were deeply embedded in previous social and communal practices so as to make them more resistant to modernizing change. Ryan Moran explores how the postal life insurance system, through its health guidance centers, promoted health by

articulating it as a moral obligation for workers. Yumi Kim considers the social consequences of invoking menstrual mood disorders as a defense strategy in criminal courts. Finally, Rie Hogetsu investigates the social meanings of chewing and oral health training in general for schoolchildren. Collectively, the papers aim to move beyond the binary of policy-practice, or discourse-practice, in order to shed light on the social, legal, and personal dimensions of health reform in modern Japan.

Paper 1

Managing Reproductive Body: Institutional Changes and Women's Experiences in Early Meiji Japan

Eiko SAEKI (Rutgers University)

The burgeoning Meiji state introduced a number of policies to regulate the bodies and lives of its citizenry. In particular, the control of reproductive practices became an interest of the state officials as it was directly connected to the control and the improvement of the population. This paper examines the impact of policy changes on pregnancy and childbirth experienced by women. Legal changes included the regulation of the work of reproductive professions (e.g., examinations and licensing systems based on Western medicine and monitoring of obstetrical and midwifery practices) as well as the criminalization of abortion, which was considered to hinder the state's effort to strengthen its military and economic power. While the government implemented a comprehensive set of laws to manage reproductive bodies, its actual control was far from complete. Pregnancy and childbirth were some of the most private and intimate aspects of one's life, deeply embedded in belief systems and localized customs passed down for generations. While discounted by the government, the embodied knowledge of experienced and trusted midwives was often more powerful than qualifications granted by the state based on modern scientific medicine.

Paper 2

Health as Ethic: postal life insurance health guidance campaigns in interwar Japan

Ryan MORAN (University of California, San Diego)

In 1922, the post office run Kan'i seimeihoken gaisha, or Kanpo, opened the first health guidance station in Tokyo. The scope of these stations quickly expanded to encompass almost all reaches of the empire. For the families of laborers, and other low-income people who were the targets of the Kanpo life insurance system, these health guidance centers offered an important vehicle by which they could receive health inspections and basic medical treatments. From the perspective of the state, the health

guidance stations provided an opportunity to train the lower classes to incorporate healthy living into their everyday life practices. The well-known rajio taisô (radio calisthenics) program that Kanpo started in 1928 best exemplifies this more proactive approach to health.

In my paper, I will analyze the vision of health promoted by the postal life insurance system. In Kanpo pamphlets customers had a moral obligation – both as singular individuals and as individuals connected to the larger nation – to practice an everyday ethic of health. In my paper, I demonstrate that Kanpo bureaucrats attempted to advance healthy living as a way to assuage the threat of social and labor problems that emerged in interwar Japan. The mortality data generated by postal life insurance had created a picture of a social body that required policy intervention in order to maintain competitiveness with the US and Europe. By creating a picture of the lives of insurance customers as something that could be grasped as an aggregate, the logic of life insurance made life an actionable thing, on which state bureaucrats could enact social policies. In other words, I examine the implications of the emergence of a vision of social life as a normative object that could be managed and acted upon; a crucial turning-point in the history of science and government in modern Japan.

Paper 3

The Social Meaning of Chewing: Sense of Solidarity among Schoolchildren in Japan during World War II

Rie HOGETSU (Ochanomizu University)

“Chew your food slowly and completely” has been one of the most common health tips in Japanese society. A mother teaching her child to chew food properly at a table is a familiar scene. However, it is a little known fact that this technique was taught to large groups in elementary schools in prewar and wartime Japan. This study discusses the history of oral health education, especially the “mastication drill,” in prewar and wartime Japanese elementary schools, and examines the social meaning of chewing, originally a daily and rather unconscious physical activity that gained prominent attention as a key component of mass training during the war. School oral health education in Japan was initiated in the 1910s and reached a peak in the 1930s. In the 1930s, participatory training for students regarding oral health, for example, a toothbrush drill and a mastication drill, was conducted on a large scale. Behind this lay the new policy of school health system influenced by the system in the U.S.; however, as the war intensified, oral health training gradually assumed the character of group

mental training for war. In short, the mundane physical activity of chewing was first scrutinized from the viewpoint of health enhancement and then redefined from the perspective of morality. This study shows how the mastication drill played a role in making children feel a sense of connection with society or social entities as imagined communities, which required a sense of solidarity during the total war.

Short Bios

Eiko SAEKI is a doctoral candidate in the Department of Sociology at Rutgers University, The State University of New Jersey in the United States. She is currently writing her dissertation entitled, "Boundary of Personhood: Medicalization of Reproduction and the Conceptualization of Beginning of Life in Japan." In this work, she investigates the ways in which the emergence of obstetrics in the Tokugawa period affected the ideas surrounding the genesis of life and how that interacted with changes in other societal factors such as moral discourses and policy changes.

Ryan MORAN

Ryan Moran is a PhD candidate in the history department at UC San Diego. His dissertation focuses on the late 19th and early 20th century history of the life insurance industry in Japan. Ryan is using this topic as a way to think about the statistical and scientific management of life as a social aggregate in prewar Japan. As part of this project, he is examining health promotion campaigns that life insurance firms initiated in the 1920s and 30s. Ryan is currently conducting dissertation research in Japan and is affiliated with Waseda University.

Rie HOGETSU is a postdoctoral fellow at the Center for Research and Development of Education at Ochanomizu University. Her doctoral dissertation is a sociological study of modern Japanese hygiene, especially focusing on how middle class families experienced everyday healthcare practices in the 1920s and 30s. She is now conducting research on the history of oral care in post-World War II Japan, focusing on the professional structure of oral care and the medicalization of the mouth.