1A-Iijima

Panel Title: TBC

Panel 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

1. In-sok YEO (Yonsei University)

Malaria Eradication Program in Korea 1959∼1969

1. Wataru IIJIMA (Aoyama Gakuin University)

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

Abstracts

Ya-wen Ku

Institute of Taiwan History, Academia Sinica

yawenku@gate.sinica.edu.tw

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

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.

YEO In-sok (Yonsei University)

Malaria Eradication Program in Korea 1959∼1969

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 an another story.

Iijima Wataru

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

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.