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A Brief History of Japanese Colonial Medicine

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Preface

If we compare a history of Japanese colonial medicine with those of British and French colonial medicine, Japanese colonial medicine did not have a long history, only fifty years from the colonization of Taiwan in 1895 to the end of the Japanese Empire in 1945. But we should notice that Japanese colonial medicine played an important role in East Asia and Southeast Asia in the 20th century.

Little attention has been given to medicine and public health in the research field of Japanese colonialism before the 1990s. The historians of Taiwan have thrown new light on medicine and public health, and have confirmed that medicine and public health played an important role in the colonization of Taiwan (Fann, 1994/2001, Liu, 2000). The situation of medicine and public health in Korea under the Japanese colonial rule has also become one of the hot issues in the historiography of colonial Korea (Park, 2002). The situation of Modern China was first discussed by Western and Japanese scholars (Rogaski, 1996/2004, Iijima, 2000), and Chinese scholars have started to research the relation between epidemics and social change (Yu, 2003). These new attempts have been influenced by the study of British colonial medicine in India that was started by D. Arnold (Arnold, 1993).

After the 1990s, a great deal of research effort has been given to medicine and public health in East Asia, including the Japanese colonies. What seems to be lacking, however, is an understanding of the basic structure of Japanese colonial medicine. Japanese colonial medicine was established based on the experience of colonial Taiwan as I will discuss later. It is very important that the colonization of Taiwan by modern Japan was started at the same time as the "golden age of tropical medicine", the last half of the 19th century (Iijima, 2005: 14). Many Japanese scientists researched many types of infectious and parasitic diseases in Taiwan, Korea, and Sakhalin as colonies, Guandongzhou (關東州), the Liaodong peninsula as leased territory, the Nanyo islands of Micronesia as trusteeship territories from the League of Nations, and Manchukuo as a puppet government. Actually infectious and parasitic disease studies played an important role in the establishment of Japanese colonial medicine. It is very important that many scientists on infectious and parasitic disease studies in these regions had close relations with both the Institute for Infectious Disease (伝染病研究所) and the Kitasato Institute (北里研究所) under the influence of Kitasato Shibasaburo (北里柴三郎, 1852-1931). The point is that the Institute for Infectious Disease and the Kitasato Institute played an important role as Métropole, the distribution center of Japanese colonial medicine. Until the defeat of the Japanese Empire in 1945, many scientists who were sent from the Institute for Infectious Disease and the Kitasato Institute organized research projects on infectious and parasitic diseases. Based on these research projects,

Japanese colonial medicine played an important role in the establishment of the public health system and controlling the native people in the colonies.

The history of Japanese colonial medicine was finished by the defeat of the Japanese Empire in 1945. But scientific activities by many scholars who had worked in the colonies did not end with this defeat. Whether or not Japanese colonial medicine continued after 1945 is also a very important issue.

This paper is intended as an analysis of the structure of Japanese colonial medicine before WWII, and will also briefly investigate the situation of the post-war period. The purpose of this paper is to conduct an analysis on the structure of Japanese colonial medicine by confirming its history from a viewpoint of research work on infectious and parasitic diseases by Japanese scientists in the colonies. The comparative analysis between Japanese colonial medicine and those of the British and French is a very important issue in the field of colonial medicine, but I am not competent to discuss this issue now. In this paper, I would like to build up a hypothesis on the structure of Japanese colonial medicine as a basis for further discussion with scholars who research Western colonial medicine.

1 Conflict between Tokyo Imperial University and the Institute for Infectious Disease

1-1 Infectious and Parasitic Disease Studies in Tokyo Imperial University

Japanese colonial medicine was established based on the experience in colonial Taiwan as I will discuss later. First of all, we have to confirm the establishment of infectious and parasitic disease studies that started at Tokyo Imperial University, which was founded in 1877. Infectious and parasitic disease studies were started with the support of foreign scientists, especially German ones. E. Baelz (1849-1913) was German, and taught Japanese students at Tokyo Imperial University from 1876 to 1902 and confirmed many types of parasites in Japan. He was one of the key persons in the establishment of Japanese infectious and parasitic studies (Morishita, 1961: 6-7).

With the support of German scientists including E. Baelz, IIJIMA Isao (飯島魁, 1865-1921), whose major was zoology and who had studied in Germany, became the first Japanese professor of parasite study at Tokyo Imperial University in 1885. IIJIMA researched many types of parasites and established parasite study based upon zoology. He taught many Japanese students at his laboratory; his students, Goto Seitaro (五島清太郎, 1876-1935), Miyajima Mikinosuke (宮島幹之助, 1872-1944), Yoshida Sadao (吉田貞雄, 1873-1964), Koizumi Makoto (小泉丹, 1882-1952), and Kobayashi Harujiro (小林晴治郎, 1892-1964) were trained as key persons in the field of infectious and parasitic disease studies of modern Japan (Morishita, 1961: 6-7).

Ogata Masanori (緒方正規, 1854-1941) was one of key persons in the field of hygiene of modern Japan. He also had studied in Germany under M. Pettenkofer (1818-1901) and became professor of Tokyo Imperial University in 1886. He established infectious disease study based upon hygiene. Yokote Chiyonosuke (横手千代之助, 1871-1941) who was Ogata's student, became professor of industrial hygiene at Tokyo Imperial

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University. He became the president of the Shanghai Institute for Natural Science in the 1930s, as I will discuss later.

The Kyoto Imperial University was established in 1899 and Tsuboi Jiro (坪井次郎) became its first professor of hygiene, while Miyairi Keinosuke (宮入慶之助, 1865-1946) became professor of hygiene at Kyushu Imperial University. But these universities were established in the last decade of the 19th century and the first decade of the 20th century. At the result of this, the importing of infectious and parasitic disease studies of Western style, it was the history of the Medical School of Tokyo Imperial University (Iijima, 2005: 114-116).

1-2 Establishment of the Institute for Infectious Disease

Kitasato Shibasaburo was the most important scientist for the establishment of Japanese infectious and parasitic disease studies. He graduated from Tokyo Imperial University in 1883 and joined the Public Health Department, Ministry of Home Affairs. He had a close relationship with Goto Shinpei (後藤新平), the chief of the Public Health Department. Kitasato also had a chance to study in Germany under R. Koch (1843-1910). During the last decade of the 19th century, the Japanese government had a plan to establish a central institute for infectious and parasitic diseases, because these diseases were main causes of death at the time. There was a conflict between Kitasato and the scientists of Tokyo Imperial University over the establishment of the central institute for infectious and parasitic diseases. The background of this conflict was the conflict over training medical doctors between the Ministry of Education and the Public Health Department of the Ministry of Home Affairs. Kitasato had a plan to establish a central institute for infectious and parasitic diseases just like that of Germany. R. Koch worked at the German Central Institute and became the president of this institute. Due to this conflict, Kitasato established the Institute for Infectious Disease in 1892 and became president with the support of the Public Health Association in Japan (大日本私立衛生会), Fukuzawa Yukichi (福沢諭吉), who was the most famous philosopher and father of Keio University, and Nagayo Sensai (長与専斎), the chief of the Public Health Department of the Ministry of Home Affairs (Iijima, 2005: 116-117).

After the establishment of the Institute for Infectious Disease, Kitasato and many scientists under influence of Kitasato expended great efforts to research and control infectious and parasitic diseases in Japan proper. At the same time as their research in Japan, Kitasato and other scientists were researching infectious diseases in foreign countries. The most famous case was the research for bubonic plague in Hong Kong in 1894. In his research, Kitasato stated that he had discovered the bubonic plague virus. In fact, the virus that Kitasato discovered was not the real pathogen causing bubonic plague. A. Yersin, a French scientist of the Pasteur Institute, had the honor of discovering the actual bubonic plague virus.

Despite this embarrassment, Kitasato continued to research and make efforts to control infectious and parasitic diseases under the support of Goto Shinpei, chief of the Public Health Department (Iijima, 2000:33). In 1899, the Institute for

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Infectious Disease was placed under the control of the Department of Public Health, Ministry of Home Affairs and became the National Institute for Infectious Disease. The National Institute for Infectious Disease became one of the centers for anti-infectious and parasitic diseases programs including a vaccine mass-production facility, the Keesi Yakuin (血清薬院), starting in 1896 (Odaka, 1992).

Many scientists researched infectious and parasitic diseases under influence of Kitasato Shibasaburo. The first chief of the vaccine mass-production facility of the National Institute for Infectious Disease was Takagi Tomoe (高木友枝, 1858-1943). He graduated from Tokyo Imperial University and became the chief of the Fukui and Kagoshima prefecture hospitals. After that, Takagi joined the Institute for Infectious Disease. He also played an important role in researching bubonic plague in Hong Kong with Kitasato, and made an important contribution in establishing military quarantine against Asiatic cholera and other infectious diseases for soldiers from the battlefields after the Sino-Japanese War. He was one of the important persons in Kitasato's inner circle (Iijima, 2005: 36-37). Due to his experience in this area, Takagi Tomoe became the chief of the Quarantine Section of Public Health Bureau in 1900. Because of the close relationship between the Institute for Infectious Disease under Kitasato and the Public Health Bureau under Goto Shinpei, and actually the personal relationship between Kitasato and Goto, Takagi became the head of the Public Health Bureau of the Japanese colonial government in Taiwan starting from 1902. He also became the dean of Taihoku Medical College, established in 1899. As Takagi made great contribution toward establishment of public health in colonial Taiwan, he had a nickname of "Eisei Sotoku (衛生總督 Governor of Public Health)" under the colonial policy of Goto (Lin, 1997:70-71, Iijima, 2005:36-37).

Many scientists in the Institute for Infectious Disease and the National Institute for Infectious Disease researched infectious and parasitic diseases and made many contributions to controlling these disease, for example, Kitajima Taichi (北島多一, 1870-1956), Asakawa Norihiko (浅川範彦, 1865-1907), and Shiga Kiyoshi (志賀潔, 1870-1957). Kitajima graduated from Tokyo Imperial University and joined the Institute for Infectious Disease. He was one of the members of the inner circle of Kitasato, and became the dean of the Medical School of Keio University as a successor to Kitasato (Kitasato Kenkyujyo (Kitasato Institute), 1966: 674-677). They became key persons in the research on infectious and parasitic diseases and made great contributions to the control of these diseases as quarantine attaché of the Public Health Bureau of the Ministry of Home Affairs (IIJIMA, 2005: 118-120).

1-3 Establishment of the Kitasato Institute: Start of the Conflict between Two Centers

In 1914, the National Institute for Infectious Disease was transferred to the control of the Ministry of Education and placed under the Medical School of Tokyo Imperial University during the process of political reform. Actually political leaders of the cabinet did not consult with Kitasato Shibasaburo on this

institutional transfer. At the result of this, Kitasato and many scientists of his inner circle who did not agree with this transfer, retired from the National Institute for Infectious Disease, and established their own new institute namely the Kitasato Institute. At the time of this 1914 incident, the chief of the Quarantine Department of the Public Health Bureau was Kitajima Taichi, an important member of the inner circle of Kitasato as mentioned above. Kitajima gave the Kitasato Institute the license to make many kinds of vaccine immediately and the institute had a budget resource in the form of revenue from mass production of vaccines. Kitasato and the scientists of the Kitasato Institute went on to establish the Medical School of Keio University in 1916, and Kitasato became its first dean.

After the 1914 incident, Aoyama Tanemichi (青山胤通), who was a professor at the Medical School of Tokyo Imperial University, became chief of the Institute for Infectious Disease under Tokyo Imperial University. Yokote Chiyanosuke, Hayashi Haruo (林春雄), and Nagayo Mataro (長与又郎) became staff at the Institute for Infectious Disease of Tokyo Imperial University (Tokyo Daigaku Ikagakukenzkyo Hyakushunen Kinen Iinkai (the Celebration Committee for the 100th Anniversary of the Institute for Medical Science), 1992: 13-15).

There was severe conflict between Kitasato and the members of his inner school, that is to say the Kitasato Institute and the Medical School of Keio University, and scientists of the Institute for Infectious Disease of Tokyo Imperial University. Actually, the conflict between the two centers for infectious and parasitic disease studies influenced the structure of Japanese colonial medicine, because many scientists of the Kitasato Institute went abroad for their studies due to their close connections with Goto Shinpei.

2 Structure of Japanese colonial medicine: Taiwan, Manchuria, and Korea

2-1 The Institute for Infectious Disease/ the Kitasato Institute and Taiwan

The history of Taiwan under Japanese colonial rule from a viewpoint of public health was the history of efforts to control bubonic plague during the first decade of the 20th century (Iijima, 2000: ch.3) and control to malaria in the first half of 20th century (Iijima, 2005: ch.1). Japanese colonial medicine was established in Taiwan based on this experience of controlling bubonic plague, malaria and other infectious and parasitic diseases. The scientists under the influence of the Institute for Infectious Disease and the Kitasato Institute who had close relations with Goto Shinpei played an important role.

Malaria study in colonial Taiwan was started by the Research Committee on Local and Infectious Disease (台湾地方病及伝染病調査委員会), established in 1899. It is very important that malaria study was advanced under the extensive efforts of many scientists sent from the Institute for Infectious Disease and the Kitasato Institute. In 1903, Miyajima Mikinosuke joined the annual meeting of the anti-malaria program at the Research Committee on Local and Infectious Disease. Miyajima was one of the key persons in the establishment of public health in modern Japan, and also was

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a scientist under the influence of Kitasato Shibasaburo. He graduated from Tokyo Imperial University and studied at the Graduate School of Kyoto Imperial University. His major was zoology and the topic of his Ph.D. dissertation was malaria near the Kyoto area. After that, he became a Research Fellow of the Institute for Infectious Disease and the Chief of the Parasite Department in that institute. After the 1914 incident, Miyajima joined the Kitasato Institute and continued to do his research (Nagaki, 1992: 131-133).

At the annual meeting of the Research Committee on Local and Infectious Disease in 1903, Takagi Tomoe, Chief of the Department of Public Health of the Japanese colonial government in Taiwan, discussed the anti-malaria program. He researched several types of anti-malaria methods: the British style of anti-anopheles mosquito, the German method which focused on the malaria parasite, and the Italian style anti-anopheles mosquito using housing reform, and he emphasized the importance of putting these methods together (Takagi, 1905).

The Taihoku Medical College, established in 1897, was one of the centers of infectious and parasitic disease studies in Taiwan. The first president was Yamaguchi Hidetaka (山口秀高, 1866-1916). He graduated from Tokyo Imperial University and became the chief of Okinawa Prefecture Hospital and moved to Taiwan. The first students graduating from the Taihoku Medical College visited the Institute for Infectious Disease in 1902 under the support of Kinoshita Kashichiro (木下嘉七郎), malariologist and leader of the anti-malaria program in Taiwan before 1910. After Yamaguchi, Takagi Tomoe became president of the Taihoku Medical College. The third president was Horiuchi Tsugio (堀内次雄, 1873-1955). He had studied at the laboratory of Ogata Masanori and moved to Taiwan due to the recommendation of Goto Shinpei. He became professor of Taihoku Medical College and became president in 1915 (Iijima, 2005: 37-38).

The Japanese colonial government in Taiwan established the Department for Hygiene of the Central Institute (中央研究所衛生学部) in 1916¹. The scientists of this institute researched many types of infectious and parasitic diseases and played an important role in the establishment of tropical medicine with some scientists of the Taihoku Medical College and Taihoku Imperial University. Actually, many scientists were sent from the Institute for Infectious Disease and the Kitasato Institute under the influence of Takagi Tomoe. Koizumi Makoto (小泉丹, 1882-1952) was greatly influenced by Kitasato Shibasaburo and Takagi Tomoe. He graduated from Tokyo Imperial University with a major in zoology. He joined the Institute for Infectious Disease and became a research fellow of the Department of Hygiene at the Central Institute in Taiwan. He researched malaria, especially the anopheles mosquito in Taiwan. He also researched malaria in Malaya with Miyajima Mikinosuke and Takano Rokuro (高野六郎, 1884-1960), who was scientist of the Kitasao Institute and first professor of virology at Keio University. In his malaria study, he emphasized the importance of anti-anopheles method for malaria control (Iijima, 2005: 46-47).

¹ The Department of Hygiene of the Central Institute changed to its name to the Central Institute for Hygiene (中央研究所衛生部) in 1921, and changed its name to Institute for Tropical Medicine (熱帯医学研究所) under Taihoku Imperial University in 1939.

In 1924, Koizumi Makoto became professor of Keio University and moved to Tokyo. Morishita Kaoru (森下薰, 1896-1978) became a research fellow of the Central Institute for Hygiene. Morishita graduated from Tokyo Imperial University and joined the Kitasato Institute; his supervisor was Miyajima Mikinosuke. After the establishment of the Institute for Tropical Medicine of Taihoku Imperial University, he became professor of this institute and advanced malaria study in colonial Taiwan based on the research by Koizumi and other scientists. He also emphasized the importance of the anti-anopheles method for malaria control. Many of his malaria studies were published in the *Journal of the Central institute* and the *Journal of the Society for Medicine in Taiwan* (IIJIMA, 2005: 49-51).

From a viewpoint of malaria study, the history of the anti-malaria program in colonial Taiwan was a history of conflict between the anti-parasite method using quinine and anti-anopheles method involving environmental reform (Ku, 2004/2005). Based on malaria studies by many scientists, especially Koizumi Makoto and Morishita Kaoru, it was confirmed that the anti-anopheles method was more effective to control malaria in Taiwan. But actually the Japanese colonial government in Taiwan selected the anti-parasite method because of a budget shortage. The details of the anti-malaria program would take us beyond the scope of this paper. I would like to confirm that malaria study was advanced by scientists who had close relations with the Institute for Infectious Disease and the Kitasato Institute. The background of the close ties between these scientists and Taiwan was due to the role of Goto Shinpei and Takagi Tomoe, who paved the way for such research in colonial Taiwan (Iijima, 2005: 46-51).

2-2 Colonial Medicine in Manchuria

The Japanese government in Guandong leased territories, mainly in Dairen, established public health and quarantine systems based on the experience of colonial Taiwan. The Japanese government in Guandong enacted many regulations concerning public health as same as that of Taiwan. And Japanese government in Guandong organized the Eisei Kumiai (衛生組合), a public health association, based on the Chinese native organization, Hui (会). The establishment of a public health association in the Guandong leased territories was advanced under the model of colonial Taiwan, the establishment of its own public health association was based on a native Taiwanese organization, Hokou (保甲) (Iijima, 2000: 113-114, 180-184).

The Medical College of South Manchuria (南滿医学堂) was established at Hengtian (奉天) by the South Manchurian Railway Company in 1911. The establishment of this medical college was closely related to the political conflict between Russia, the US, and Japan after the Russo-Japanese War. And it also had links with the plague pandemic in Manchuria from 1910-1911. Through the establishment of the Medical College of South Manchuria, the Japanese government wished to spread her power (IIJIMA, 2000: ch.4-5).

The Medical College of South Manchuria was one the centers of infectious and parasitic disease studies. The first president of the Medical College of South

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Manchuria was Kawanishi Kenji (河西健次), a scientist doing research on parasites, whose primary focus was schistosomiasis. After Kawanishi, Yamada Motoi (山田基) became the second president of this college (Iijima, 2005: 126-128). Turumi Sanzo (鶴見三三) became professor of the Medical College of South Manchuria and also became the chief of the Public Health Department of the South Manchurian Railway Company. The Japanese government of the Guangdong Leased Territory organized the Research Committee for Local and Infectious Disease (関東州地方病及伝染病調査委員会) similar to that in colonial Taiwan (Iijima, 2000: 176-186).

The Medical College of South Manchuria was changed to the Manchurian Medical College (滿洲医科大学) in 1922, and housed some important scientists, for example Miura Unichi (三浦運一) and Hieda Kentaro (稗田憲太郎, 1899-1971). Miura graduated from Kyoto Imperial University and became professor of hygiene at the Manchurian Medical College. He had studied abroad in the US, at John Hopkins University, and returned in 1931. The Miura Laboratory for hygiene trained many scientists in public health; his students became chiefs of public health organizations in Manchukuo after 1931 (Iijima, 2005: 168-171). Hieda graduated from the Medical College of South Manchuria in 1920 and studied at Kyusyu University, Keio University, Union Medical College in Beijing, and John Hopkins University in the US, and became an associate professor at Manchurian Medical College. His research topics were the infectious and parasitic diseases in Manchuria, including the prevalence of malaria in Manchuria (Iijima, 2005:172-174).

In the establishment of colonial medicine in Manchuria, the role of the Mantetsu Eisei Kenkyujyo (滿鐵衛生研究所) established in 1926, the Institute for Public Health of the South Manchurian Railway Company, was very important. The chief of this institute was Kanai Shoji (金井章次, 1886-1967). He graduated from Tokyo Imperial University and joined the Institute for Infectious Disease and the Kitasato Institute. He had studied colonial medicine in England and worked in the Public Health Department of the League of Nations. After that, he became professor of Keio University and was named chief of both the Public Health Department of the South Manchurian Railway Company in 1924 and the Institute for Public Health in the South Manchurian Railway Company (Nagaki, 1989: ch. 8). This institute had six research sections for parasites, virology, hygiene and other subjects (Mantetsu Eisei Kenkyujyo (the Institute for Public Health of the South Manchurian Railway Company), 1934: 1,4-18,34). Under the influence of Kanai, scientists of this institute were sent from the Kitasato Institute and Keio University. They became chiefs of institutions dealing with public health in Manchuria under the influence of Kanai. For example, Chigusa Minezo (千種峯蔵) became chief of the Public Health Department of the South Manchurian Railway Company after Kanai. Kawakami Rokuma (川上六馬) became chief of the Department of Preventive Medicine of Manchukuo. Actually, the Institute for Public Health of the South Manchurian Railway Company was one of the branches of the Kitasato Institute (Odaka, 1992: 369).

In the end, the Institute for Public Health of the South Manchurian Railway Company was transferred under the control of the 731 battle unit for virus warfare after 1938. Ando Kouji (安東洪次, 1893-1976) became chief of the institute under the 731

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battle unit. He graduated from Tokyo Imperial University and joined the Kitasato Institute. In the latter, he researched viruses and produced vaccines against plague, cholera, and other infectious diseases (Matsumura, 1997: 14).

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2-3 Colonial Medicine in Korea

Korea was also under the influence of the Institute for Infectious Disease and the Kitasato Institute in the field of infectious and parasitic disease studies. The Korean government during the Lee Dynasty established a medical school and organized the public health system beginning from the last decade of the 19th century. In 1899, the Korean government established a medical school in Seoul, but the management of this school was transferred to the Japanese Army in Korea after the Russo-Japanese War. In 1907, the medical school of Seoul changed its name to the Hospital of the Department of Education of Korea (大韓医院教育部). The chief of this department was Kikuchi Tsunesaburo (菊地常三郎), who was the chief of medicine of the Japanese Army in Korea.

In the process of colonization by Japan, the Hospital of the Department of Education of Korea transferred to the Medical School of the Japanese colonial government in Korea (朝鮮總督府医院附属医学講習所). In 1916, the Medical School of the Japanese colonial government was changed to Keijyo Medical College (京城医学専門学校). The main purpose of this school was training Koreans as medical doctors (Kieijo Igaku Senmon Gakko (The Keijyo Medical College), 1931:5). In Korea, there was another medical school established by Christian missionary, namely, the Severance Medical School. After the annexation of Korea by Japan, the Severance Medical School continued to train Korean students (Umakoshi, 1995: 65-66).

In Korea, Shiga Kiyoshi (志賀潔, 1870-1957) was the most important person in the field of infectious and parasitic disease studies. He graduated from Tokyo Imperial University and joined the Institute for Infectious Disease. He was very famous for discovering the dysentery virus in 1897, at the young age of 27. Beginning from 1901, he studied in Germany and became the chief of the Parasite Studies Department of the Institute for Infectious Disease. After the 1914 incident, he joined the Kitasato Institute along with other scientists. Upon the establishment of the Medical School of Keio University, he became a professor of parasite study there in 1920. The next step in Shiga's research was in Korea; he went to Korea in 1920 and became the dean of Keijyo Medical College. Actually deans of this college were the chiefs of the Japanese Army in Korea before Shiga, therefore, his assumption of the position of dean as a civilian was a symbol of change in Japanese colonial policy in Korea after the March 1 incident of 1919 (Odaka, 1992: 369). His becoming dean of Keijyo Medical College was the idea of Kitasato Shibasaburo (Kitasato Kenkyujyo 1966: 676-681). In 1926, at the establishment of the Medical School of Keijyo Imperial University, Shiga became dean of this school, and he became president of Keijyo Imperial University in 1929 (Nagaki, 1989: ch.3).

Kobayashi Harujiro (小林晴治郎, 1884-1969) was also one of the key persons in Korea. He was born in Okayama and passed the examination for medical doctor. He studied

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zoology in Tokyo Imperial University with the support of IIJIMA Isao. After returning to Okayama, he continued his research, reporting to Miyajima Mikinosuke. Under the support of Miyajima, Kobayashi continued his study. After the establishment of the Kitasato Institute in 1914, he joined the Kitasato Institute with Miyajima. In 1916, he moved to Korea and researched at Keijyo Hospital and became professor of Keijyo Medical College. After the establishment of Keijyo Imperial University, he became professor of parasite study and continued to do research in Korea until 1945. Actually in the field of infectious and parasitic disease studies, Korea was one of the research fields of the Institute for Infectious Disease and the Kitasato Institute. Korea was also one of the colonies of the Institute for Infectious Disease and Kitasato Institute from a viewpoint of their research fields (Iijima, 2005: 136-138).

What I have tried to show in this chapter is that many scientists for infectious and parasitic disease studies in these colonies had close relations with the Institute for Infectious Disease and the Kitasato Institute under the influence of Kitasato Shibasaburo. The Institute for Infectious Disease and the Kitasato Institute played a very important role in the establishment of colonial medicine, especially infectious and parasitic disease studies. It follows from what has been said that the Institute for Infectious Disease and the Kitasato Institute played a role of *Métropole* in this field. The background of this structure was severe conflict between Tokyo Imperial University and the Kitasato Institute after the 1914 incident. Many scientists of the Institute for Infectious Disease and the Kitasato Institute found their research areas in the colonies.

The study of Japanese colonial medicine was started in Taiwan in the last decade of the 19th century. The Japanese colonial government in Taiwan paid great attention to establishing public health so as to protect the body of colonizers from infectious and parasitic diseases, thus preparing the channel for controlling body of the natives in the colonies. Actually the colonization of Taiwan was started at the same time as the development of colonial medicine all over the world. Goto Shinpei, who had studied public health in Germany under R. Koch and became chief of the civil administration in the Japanese colonial government in Taiwan, was also a major figure behind the reasons why the Japanese colonial government paid so much attention to public health. The Japanese government then applied the Taiwan model to other colonies: the Guandong Leased Territory, Korea, and Manchuria. This confirms that the Institute for Infectious Disease and the Kitasato Institute played a role as *Métropole* for the establishment of Japanese colonial medicine.

3 Japanese colonial medicine and East Asian Regional Order

3-1 Internationalization of Japanese Colonial Medicine

Japanese colonial medicine was established by scientists who worked in colonies and expanded from Taiwan to Manchuria and Korea. In these circumstances, many Japanese scientists also played an important role in the field of international colonial medicine.

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The first conference of the Far Eastern Association for Tropical Medicine was held in Manila in 1910. Subsequent conferences were held in the following cities until WWII: Hong Kong in 1912, Saigon in 1913, Java in 1921, Singapore in 1923, Tokyo in 1925, Calcutta in 1927, Bangkok in 1930, Nanjing in 1934, and Hanoi in 1938. The participants of these conferences were the scientists from India and Southeast Asia under the colonial rule of Western countries, as well as China, Siam and Japan (Iijima, 2000: 267-268). Many Japanese scientists who worked in colonies also joined these conferences. For example, at the second conference in Hong Kong, the scientists came from Ceylon, French Indo-China, Hong Kong, India, Macao, Malaysia, Netherlands India, the Philippines, Qingdao (treaty port in Shandong peninsula under the control of Germany) Straits Settlement, Shanghai, Siam, Japan. Actually, the representatives from China were scientists who worked at the public health institutions of foreign settlements. The Japanese representatives were Hatori Jyuro (羽鳥重郎, 1871-1957), a scientist engaged in malaria study for the Japanese colonial government in Taiwan. Shibayama Gorouza (柴山五郎作) and Teruuchi Yutaka (照内豊) were scientists for public health who worked at the Institute for Infectious Disease (Far Eastern Association of Tropical Medicine, 1912: v).

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Through the Far Eastern Association for Tropical Medicine as an international organization, which was organized by Japan and its colonies, Japanese colonial medicine made a step towards internationalization. The key person in the internationalization of Japanese colonial medicine was Miyajima Mikinosuke. He researched malaria in Japan proper, Taiwan, and Southeast Asia as mentioned above, and joined the Public Health Bureau of the League of Nations in 1921. In his activities, he emphasized the importance of anti-infectious and parasitic diseases programs in East Asia, because the activities of the Public Health Bureau of the League of Nations were concentrated in the regions of East Europe and Africa. Miyajima worked to establish a contribution by Japan in these fields. He maintained that it was necessary to establish an information network for infectious disease, and made great efforts to establish the Far Eastern Epidemiological Intelligence Bureau of Singapore in 1925. After the establishment of this bureau, information on the prevalence of infectious disease was transmitted to the governments of East Asia and Southeast Asia, including the governments of the colonies, China, and Japan (Iijima, 2000: ch.8).

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The Tokyo conference was held in 1925, at which Kato Takaaki, the Prime Minister of Japan, stated as follows:

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"The success of the Suez Canal and the development of the tropical regions were due to the development of tropical medicine. The Japanese government established tropical medicine in Taiwan and the Nanyo islands. At the result of this, Japanese scientists will play an important role in the field of tropical medicine."²

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Kato stated that Japanese scientists made great efforts to research and control tropical diseases, and their research was advanced in the colonies, especially in

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² The Tokyo Mainichi Shinbun, October 18, 1925.

Taiwan.

Beyond its colonies, the Japanese government also organized two associations for medical activities in China starting from the first decade of the 20th century. One was the Dojinkai (同仁会), established in 1902. The Dojinkai sent medical missions and established several hospitals in some large cities in China, Beijing and Hankou (Dojinkai, 1943). The activities of Dojinkai were supported by the Ministry of Foreign Affairs of Japanese Government. Another was Hakuakai (博愛会). The activities of Hakuakai, supported by the Japanese colonial government in Taiwan, established several hospitals in Fujian and Guangdong provinces, as well as North Borneo in the 1910s (Taiwan Sotokufu, 1936). The purpose of the establishment of Dojinakai and Hakuakai was competition with the activities of the Rockefeller Foundation in China (Iijima, 2005: 122-123).

In 1931, the Shanghai Institute for Natural Science (上海自然科学院) was established. The original purpose of this institute was to organize the cooperation between Japanese and Chinese scientists with the support of the Ministry of Foreign Affairs. This institute organized a research unit for medical science including infectious and parasitic disease studies. But many Chinese scientists retired from this institute during the anti-Japanese movement in response to the Japanese invasion of China (Kato, 1997).

3-2 Social Medicine and Japanese Colonial Medicine

After WWI, some Japanese scientists researched colonial medicine under the influence of German social medicine and hygiene. Fukuhara Yoshie (福原義柄, 1875-1927) was a pioneer in this field. Fukuhara graduated from Osaka Prefecture Medical College and had studied in Tokyo Imperial University and Germany. After returning from Germany, he became professor of parasite study at Osaka Medical College. His book, *Shakai Eisei Gaku* (社会衛生学), *The Study of Social Hygiene*, was the first book that introduced German social medicine and hygiene to Japan.

Kunisaki Teido (1894-1937?, 国崎定洞) was the most famous person in the history of social medicine in Japan. He graduated from Tokyo Imperial University, and joined the Institute for Infectious Disease of Tokyo Imperial University, where he researched plague. He studied the works of B. Chajes, *Konmendium der Sozialen Hygiene* (1923), and published his works as *Shakai Eisei Gaku Koza* (社会衛生学講座), *The Selected Works of Social Hygiene*, in 1927. He continued to study German social medicine and hygiene under the influence of A. Grotjahn and B. Chajes, and became associate professor of hygiene of Tokyo Imperial University. The leading members of the Institute for Infectious Disease of Tokyo Imperial University, Nagayo Matao (長与又郎), Miyagawa Yoneji (宮川米次), and Taniguchi Tenji (谷口臘二), hoped that Kunisaki would be the first professor of social hygiene at Tokyo Imperial University. From 1926, Kunisaki had studied in Germany. But he joined the German Communist Party around 1927 by his background of study on social medicine and hygiene. Once his membership in the communist party became known, Tokyo Imperial University dismissed him. After that, he went to Soviet Russia, and it was likely that he was

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purged and killed during the political conflicts within the communist party (Kawakami and Kanbayashi, 1970: 122, 131, 181).

Under the influence of Kunisaki Teido, some students of Tokyo Imperial University started to follow Kunisaki's work. The most important of these was Komiya Yoshitaka (小宮義孝, 1900-1976). He was very interested in German social medicine and hygiene under the influence of Kunisaki. He joined the Shinjin-kai (新人会), the student association of Tokyo Imperial University and became a political activist with close ties to the Japanese Communist Party. Katsuki Shinji (勝木新次), Kondo Tadao (近藤忠雄), and Soda Takenume (曾田長宗) who were also activists of the student movement, organized the Research Committee for Social Medicine (社会医学研究会) at Tokyo Imperial University. Komiya and Soda researched the labor health at the Ashio mine (足尾銅山) and reported their research in *Yoroke* (*Disease in the Ashio mine*). He had close ties with Nosaka Sanzo (野坂参三), who was a very famous communist, and joined the activities of the Chinese Communist Party. Komiya became a research associate at Tokyo Imperial University, and some members under his influence joined the communist movement. During the March 15 incident of 1930, involving the arrests of Japanese communists, Komiya, Kondo, and Soda were arrested by the police. After that, Komiya moved to Shanghai as a scientist of the Shanghai Institute for Natural Science to continue to do research on parasites (Iijima, 2005: 148-149).

There was another group working on social medicine and hygiene. Its key person was Teruoka Gito (陣嶋義等, 1889-1966), who graduated from Tokyo Imperial University and joined the Ohara Shaka Mondai Kenkyujo (大原社会問題研究所), the Ohara Institute for Social Problems. This institute was established in 1919 by Ohara Magosaburo (大原孫三郎), a famous capitalist behind the Kurashiki Cotton Spinning Company. Teruoka joined this institute and became the chief of Kurashiki Rodo Kagaku Kenkyujo (倉敷労働科学研究所), the Kurashiki Institute for Labor Science in 1921. Teruoka had studied in Germany and was influenced by the works of A. Grotjahn. He published a book entitled *Shakai Eisei Gaku* (社会衛生学), *Social Hygiene* in 1925. He stated in this book that hygiene was divided into three elements, personal hygiene, social hygiene, and national hygiene. He also stated that eugenics and national hygiene were important parts of hygiene (Teruoka, 1925/1927: 23-28). Komiya Yoshitaka supported the publication of the work of Teruoka (Kawakami and Kamibayashi, 1970: 95). Teruoka followed a path different from that of Kunisaki and Komiya. He joined the Wartime regime after the Sino-Japanese War, the details of which I will discuss later.

Komiya Yoshitaka found his way in Shanghai and worked at the Shanghai Institute for Natural Science (Komiya, 1969: 23-33). Yokote Chiyanosuke, professor of the Institute for Infectious Disease of Tokyo Imperial University, became a deputy president of the Shanghai Institute for Natural Science. It was owing to the connections between the Shanghai Institute for Natural Science and the Institute for Infectious Disease of Tokyo Imperial University that Komiya was able to make this transition after his arrest. In Shanghai, Komiya researched malaria and other parasitic diseases including schistosomiasis, and published his studies in the *Journal of the Shanghai Institute for Natural Sciences* (Yamane, 1979). Komiya also

became one of editors of the *Toa Igaku* (東亞医学), *the Journal of Eastern Medicine*, published by the Shanghai Union Medical Association (上海連合医学会)³. In the *Toa-Igaku* Journal, Komiya researched anti-anopheles mosquito measures for controlling malaria (Komiya, 1940:188).

Komiya Yoshitaka joined the Nanjing conference of the Far Eastern Association of Tropical Medicine in 1934. The Japanese members of this conference were Koizumi Makoto, Soda Takemune, Hieda Kentaro, Yokote Chiyonosuke and Ohhira Tokuzo (大平得三). Ohhira was professor of Kyusyu Imperial University and became an engineer-in-chief in Manchukuo from 1938. Soda Takemune was also a member of the Research Committee for Social Medicine in Tokyo Imperial University with Komiya; he moved to Taiwan in 1930 and became professor of the Taihoku Imperial University in 1940 (Iijima, 2005:149, 165,187-188).

3-3 Wartime Regime and the establishment of the Ministry of Social Welfare

The scientists of the Institute for Infectious Disease and the Kitasato Institute played an important role in the establishment of public health, including in the colonies, with the support of the Public Health Bureau, Ministry of Home Affairs. Close connections between these institutes and the Public Health Bureau continued. In 1924, Takano Rokuro (高野六郎, 1884-1960) became chief of the section for Preventive Medicine of the Public Health Bureau. He graduated from Tokyo Imperial University and joined the Institute for Infectious Disease. At the time of the 1914 incident, he joined the Kitasato Institute and became professor of Keio University. After the 1920s, smallpox, cholera, and some infectious diseases were controlled in Japan proper, and the number of deaths by tuberculosis due to urbanization and industrialization increased rapidly⁴. Because of the severe prevalence of tuberculosis, the Public Health Bureau established the section for Preventive Medicine, and Takano became the chief of this section. Katsumata Minoru (勝俣稔, 1891-1969) joined this section with Takano. Katsumata graduated from Tokyo Imperial University and joined the Kitasato Institute, then continued his research work in Keio University (Iijima, 2005: 151-153).

In 1930, Nagai Hisomu (永井潜) and Furuya Yoshio (古屋芳雄) established the Nihon Minzoku Eisei Gakkai (日本民族衛生学会 The Research Society for National Eugenics in Japan). Furuya graduated from Tokyo Imperial University and became professor of Tokyo Medical College, Chiba Medical College and Kanazawa Medical College. He sympathized with German ethnic policy under Nazism, and joined the Ministry of Social Welfare (Iijima, 2005: 153).

In 1938, the Ministry of Social Welfare was established based on the Public Health Bureau of the Ministry of Home Affairs at the demand of Koizumi Chikahiko (小泉親彦, 1884-1945), chief of the Bureau for Military Medicine, Ministry of the Japanese Army. He graduated from Tokyo Imperial University and entered the Medical School of the Army. He published the *Gunjin Eisei* (軍陣衛生), *Military Hygiene*, which was

³ *Toa-Igaku*, No.1, 1940, pp.2, 11,139.

⁴ The situation of tuberculosis in Japan, see (Johnston, 1995).

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a research work on the military hygiene from the viewpoint of labor medicine. He also organized research on military hygiene and supported the 731 battle unit of virus warfare. In 1934, he became the chief of the Bureau for Military Medicine, Ministry of the Japanese Army, and demanded the establishment of the Ministry of Health, in order to build a high level of national hygiene for the purpose of improved military operations. Actually his idea was not put into practice, but the Ministry of Social Welfare was established as part of the wartime regime in the era of the Sino-Japanese War starting from 1931 (Iijima, 2005: 174-175).

4 WWII and Japanese Colonial Medicine

4-1 War against China

After the June 7 incident in 1937, the battlefields spread to South China, and Japanese military forces faced the pandemic of malaria and other infectious diseases. The war against China drastically changed the circumstances of Japanese colonial medicine.

The Hakuai Kai, supported by the Japanese colonial government in Taiwan, sent research missions on malaria to South China. Shimojyo Kumaichi (下條久馬一), chief of the Public Health Department of the Japanese colonial government in Taiwan, and who later became professor of the Institute for Tropical Medicine of Taihoku Imperial University, was sent to Guangdong province to research the prevalence of infectious diseases including malaria. The main purpose of his research was to protect the Japanese Army from malaria and other infectious diseases, and the main method was blood tests and quinine based on the methods established in colonial Taiwan (Shimojyo, 1940). Morishita Kaoru who was professor of the Institute for Tropical Medicine of Taihoku Imperial University also researched and reported the type of anopheles mosquito in East Asia and Southeast Asia (Morishita, 1940). Miyahara Hatsuo (宮原初男), professor of Taihoku Imperial University also researched malaria and stated the importance of malaria study at the battlefield (Miyahara, 1938:1).

As circumstances changed during the Sino-Japanese War from 1937, many scientists who worked in the colonies, especially malariologists in Taiwan, were mobilized by the Japanese Army and Navy. Part of the background of this mobilization was that the Japanese government was afraid that many soldiers who returned from the battlefields of South China were infected with malaria, creating a pandemic of malaria in Japan proper. As the result of this, the Japanese military forces organized research on malaria and other infectious diseases with the support of scientists on colonial medicine.

The Dojinkai also changed its character to an organization of the administration of public health in the occupied regions due to the activities of Miyagawa Yoneji (宮川米次, 1885-1959), professor of the Institute for Infectious Disease of Tokyo Imperial University. He joined the Dojinkai and organized research missions in China in support of the military operations of the Japanese Army. Part of the background of his aggressive activity was the aforementioned conflict between Tokyo Imperial

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University on the one hand, and the Kitasato Institute and Keio University on the other, in the field of infectious and parasitic disease studies. Because the Kitasato Institute and Keio University sent many scientists to the colonies and had great influence on the administration of public health in the colonies, the Institute for Infectious Disease of Tokyo Imperial University had comparatively little influence on these fields. The main purpose of Miyagawa's joining the Dojinkai was to expand their presence in the field of colonial medicine. The Dojinkai established Tokyo Headquarters and organized four branches: Huabei (Beijing Office), Huazhong (Shanghai Office), Mongjiang (Zhangjiakou Office), Hainan (Haikou Office) and joined the anti-infectious disease program under the support of the Department of Cultural Activities of the Ministry of Foreign Affairs. These activities by the Dojinkai were transferred under the control of Koain (興亜院) starting from 1939 (Iijima, 2005: 193-204).

Due to the Dojinkai and Miyagawa's activities, Nagasaki Medical College established Tairiku Igaku Kenkyukai (大陸医学会), the Research Society for Continental Medicine, that is, medicine for China proper. For this program, Nagasaki Medical College invited Aoki Yoshio (青木義勇) who graduated from Nagasaki Medical College and became professor of Taegu Medical College in Korea, and established the Toa Fudobyo Kenkyujo (東亜風土病研究所), the Institute for Endemic Disease in East Asia, Nagasaki Medical College, in 1942 (Nettai Ikaku Kenkyujo, 1993:16-18). The Institute for Endemic Disease in East Asia also played an important role in the anti-infectious disease program in Hankou under the control of the Dojinkai and the Koain (Aoki, 1975: 68)⁵.

4-2 Development Medicine in Manchuria

The Institute for Labor Science established by Teruoka Gito joined the research activity in Manchukuo. In 1939, Teruoka joined a meeting to discuss methods for the development of Manchukuo. The government of Manchukuo and the South Manchurian Railway Company requested the support of Teruoka, especially for the development of migration of Japanese peasants to Manchukuo. Under the support of Teruoka, Kaitaku Kagaku Kenkyujyo (開拓科学研究所), the Institute for Development Science, was established in 1939. The main purpose of this institute was to research the environment of Manchuria for Japanese migration, and hygiene in rural districts was one of the important topics in the research work by Teruoka.

⁵ Yamada Manabu (山田学) was a medical surgeon in the Japanese Army. He compiled many materials on malaria in China from the reports of Chinese Maritime Customs and Christian missions that were published in the *Chinese Medical Journal* from the late 19th century to the 1930s. The source materials on the research by Yamada, for example his research notebooks and documents, were compiled by Aoki Yoshio and are now available at the collection of the Institute for Tropical Medicine of Nagasaki University. The materials of Yamada are very important to confirm the situation of malaria prevalence before the 1930s, and it needs for further investigation. Yamada M., *Kindai Shina no Mararia tokuni sono Ryuko ni kansuru Hokoku to Bunken* (The selected articles concerning malaria in China) are in the collection of the Institute for Tropical Medicine of Nagasaki University.

Teruoka Gito and his staffs of the Institute of Labor Science, for example, Murokawa Masahiko (室川正彦) and Utsumi Yoshihiko (内海義夫) joined the research program in Manchuria (Teruoka, 1943: C-75). It was very important and interesting that the research by Teruoka and his staffs for Development Science was mainly on Russians and other natives in Manchuria. Teruoka thought that the experience of these people was more useful for adaptation of the Japanese body to the environment of Manchuria (Teruoka, 1943: C-73-75). Teruoka published many leaflets to help Japanese peasants migrate to Manchukuo, the main topic of which was how to adapt to the environment of Manchuria. Many research articles on these topics were also published in the *Kaitaku-Kagaku* (*The Journal for Development Science*) (Iijima, 2005:179-180).

The Institute for Development Science was closed in 1941, and Teruoka and his staffs returned to Tokyo. But some officials of Manchukuo requested continued research of these topics. Teruoka established a new institute again based on that request (Suzuki, 1967: 158).

Miura Unichi and the Manchurian Medical College established the Kaitaku Igaku Kenkyujyo (開拓医学研究所), the Institute for Development Medicine of Manchurian Medical College in 1940. He researched the methods for Japanese peasants to adapt to the Manchurian environment (Iijima, 2005: 171-172). Research programs on the same topics were also organized by other institutes, for example the National Institute for Development Science of Manchukuo and the Anti-tuberculosis Institute in Manchuria (Iijima, 2005: 181-182).

4-3 War in the Pacific and Southeast Asia

In 1941, the Japanese government went to war against the US, Britain, and the Netherlands in Southeast Asia and New Guinea. We should note that the military operations in the Pacific also involved war against malaria and other infectious diseases. The Japanese Army and Navy prepared to control malaria and other infectious diseases using the experience of colonial Taiwan. From the documents of the Japanese Army and Navy, it is evident that they thought the anti-parasite method using quinine would be useful and could control malaria before the commencement of military operations. The Japanese Army established the Research Unit for Taiwan and investigated the methods for military operations in Southeast Asia based on the experience of Taiwan starting from 1941. Actually, the method was established by scientists in colonial Taiwan, for example Koizumi Makoto and Morishita Kaoru (Iijima, 2005: 208-209).

For malaria control in Southeast Asia, the Japanese Army established the Malaria Institute in Java, and the Japanese Navy established the Malaria Institute in Maccasar in Celebes. The report of Kurashige Yoshio (倉茂好雄), who had worked at the Maccasar Institute from 1944 to 1945, shows that his most important duty was to confirm the type of *Anopheles* mosquito. He became professor of zoology at the Utsunomia University after WWII (Kurashige, 1988: 41-43, 72, 128, 230, 239).

The pandemic of malaria in the Japanese Army and Navy was very severe on the battlefields, and military operations were highly influenced by malaria and other

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infectious diseases in Micronesia, New Guinea, the Philippines, and Burma. In reality, war in the Pacific and Southeast Asia was also a battle against malaria and other infectious disease (Iijima, 2005, 208-217). To detail the situation of malaria and other infectious diseases at each battlefield would digress too far from the purpose of this paper; therefore, I would like to confirm just the case of Burma, because I was able to check the primary sources compiled by the Japanese Army. There were extensive cases of malaria, cholera, dysentery, beri-beri, typhoid fever and other infectious diseases in the Japanese Army of Burma, the unit for construction of the Thai-Burma Railway (Yoshikawa, 1994: 163-165). From the documents of these units, we can confirm that the anti-parasite method for malaria control did not succeed because of the shortage of quinine and the failure of military operations. The method for controlling malaria was changed from anti-parasite method to the anti-anopheles method due to the failure of malaria control. This change of method also occurred at the battlefield of New Guinea (Iijima, 2005: 208-212)⁶.

One vital development was that the Japanese Army and Navy mobilized young students of Medical Schools of Imperial Universities and Medical Colleges as military doctors, and organized many research programs during the Wartime regime. Sasa Manabu (佐々学, 1916-) was one these students. He graduated from Tokyo Imperial University and joined the Medical College of the Navy. He researched many types of anopheles mosquito (Miyao and Sasa, 1943: 1-2, figure 1-4), in Southeast Asia and New Guinea. Otsuru Masamitsu (大鶴正満, 1916-) was also one of these students. He graduated from Taihoku Imperial University and joined the Army. He researched malaria in Guangzhou, Guangdong Province. Based on these experiences, Sasa and Otsuru became leading scholars in the field of infectious and parasite studies after WWII (Iijima, 2005: 207, 212-213).

The Japanese military forces prepared anti-malaria and infectious disease programs based on the experience of colonial medicine, especially in Taiwan, but they failed to control malaria and other infectious diseases on the battlefield due to the failure of methods for control and the failure of military operations. The US military forces organized the South Pacific Malaria and Insect Control Organization during the Pacific War against Japanese military forces. The anti-malaria method of the US was to control the anopheles mosquito by using DDT (Iijima, 2005: 216).

5 Legacy of Japanese colonial medicine

5-1 Parasite control under the support of GHQ

After WWII, many Japanese scientists in the colonies returned to Japan proper and acquired jobs at the Medical Schools, some of which had been established during the ~~WWII~~. Miura Unichi became professor of Kyoto University, and Kobayashi Harujiro became professor of Kyoto Prefecture University. Morishita Kaoru also became professor of the Institute for Bacteriology of Osaka University. The GHQ, the General

⁶ The primary sources of the Japanese Army, the Quarantine Unit of Japanese Southern Army, November 1942, in the Archive of Japanese Defence Forces; for the details of this document and list of primary sources, see (Iijima, 2005: 210).

Headquarters for Occupation of Japan, reformed the Institute for Infectious Disease of Tokyo Imperial University and divided the institute into the unit of newly established Tokyo University and the unit of the Institute for Preventive Hygiene under control of the Ministry of Social Welfare in 1947. Komiya Yoshitaka, who returned from the Shanghai Institute for Natural Science, and Soda Takemune, who returned from Taihoku Imperial University, joined the newly organized Institute for Preventive Hygiene and became key persons for public health after WWII (Iijima, 2005: 311-312).

Morishita Kaoru became an advisor for an anti-malaria program in Hikone near Kyoto and Biwako Lake under the GHQ program. Hikone was one of the places in Japan most notorious for malaria, and the GHQ organized the anti-malaria program which involved DDT spraying based on the US experience of anti-malaria operations in the battlefield of the Pacific in WWII. Hikone was a showcase for the excellence of the US method for controlling of infectious and parasitic diseases (Kobayashi, 1952).

Younger scientists who were trained during the WWII became leading scholars for infectious and parasitic disease studies. Sasa Manbu became professor of the Institute for Infectious Disease of Tokyo University. He paid much attention and made great efforts to control endemic diseases in Japan (Sasa, 1960). Otsuru Masamitsu was another scientist who, like Sasa, was trained in the wartime period. He became a research fellow of the Mitsui Institute for Industrial Hygiene after returning from China, and researched malaria in Japan proper. Actually there was a large-scale prevalence of malaria after WWII in Japan, because of the many infected soldiers and civilians who returned from South China, Southeast Asia and Micronesia. The Japanese government paid much attention to control malaria of severe type, because there was a possibility of prevalence in Japan proper. Otsuru researched malaria under the support of Sawada Toichiro (澤田藤一郎), former professor of Taihoku Imperial University, and who moved to the Kyusyu Imperial University from 1943. Otsuru discovered new types of anopheles mosquito in his research work. In reality, the prevalence of malaria in Japan was controlled in only a few years, as the type of anopheles mosquito in Japan proper was not the same as those of South China, Southeast Asia and Micronesia. After that, Otsuru became professor of the Medical School of Niigata University in 1954 (Iijima, 2005: 320).

Yokokawa Muneo (横川宗雄) was another scientist of the younger generation who was trained at the Wartime Regime. He graduated from Taihoku Imperial University and joined the Army as a military doctor. After WWII, he became a research fellow at the National Institute for Infectious Disease of the Ministry of Social Welfare and became professor of the Medical School of Chiba University. He researched many types of parasitic disease and became one of the leading scholars in this field. Yokokawa also joined the anti-schistosomiasis program in Yamanashi prefecture (Kojima, 1985:73-78).

The GHQ tried to reform the education system for medicine and public health of pre-war Japan, for example breaking up the public health association and reformed the medical schools, which makes it iron that the GHQ offered new jobs to scientists returned from the colonies and to members of the younger generation who were trained

during the Wartime period for controlling many types of infectious and parasitic diseases (Iijima, 2005: 308-311).

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5-2 the Patriotic Hygiene Movement in China and Japanese Medical Missions

It is very interesting that some scientists who had worked at the institutes of Japanese colonial medicine joined anti-infectious disease programs in the People's Republic of China after 1949. The public health policy of the Chinese Communist Party after 1949 is a very important issue in the historiography of this research field. In fact, the Chinese Communist Party paid much attention to establishing public health systems from the Yanan era onward, and organized public health systems after the establishment of her government all over China (except Taiwan). Requisition of institutions and experts who had experience in public health and quarantine in the Guomintang era, and organizing of traditional Chinese medicine were key concepts for the establishment of public health systems under the Chinese Communist Party. But the problem was a shortage of experts who had experience in public health and quarantine. As a result of this, the Chinese Communist Party made the most of Japanese who had worked at the institutions of colonial medicine before 1945 (Iijima, 2005, 279-284).

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Hieda Kentaro who was former professor of Manchurian Medical College joined the military forces of the Chinese Communist Party and became professor of Huabei Medical College (華北医科大学) and taught Chinese students. He also researched schistosomiasis in many regions of China. In 1953, he came back to Japan and became professor of Kurume Medical College. His connection with China continued after his return, he organized a research mission and visited China in 1962 (Iijima, 2005: 296). Kachi Shin (加地信) was also one of the scientists who joined the anti-infectious disease program in China. He graduated from Keio University and worked at the Laboratory of Hygiene Technology of Manchukuo (滿洲國衛生技術廠). At this laboratory, he worked to produce many kinds of vaccines and to set policy for quarantines. In 1946, he joined the military forces of the Chinese Communist Party and established laboratories for public health and quarantine in large cities in Northeast China. From 1946 to 1955, he visited many cities in Northeast China and Wuhan, and joined the anti-infectious disease program under the Chinese Communist Party (Kachi, 1957).

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It is also important that Japanese scientists who worked at institutions of colonial medicine before WWII visited China in the 1950s. Japan and China did not have formal foreign relations in that period. Sasa Mnabu visited China as one of the members of a medical mission to research schistosomiasis and other infectious disease in 1955. In the Yangtze Delta Region, there was a pandemic of schistosomiasis which was very severe (Sasa, 1960: 149-152,158).

Anti-infectious and parasitic diseases campaigns had close relations with the state-building by the Chinese Communist Party. The background of these campaigns was politics in the time of the Korean War. The Chinese Communist Party put into operation the Aiguo Weisheng Yundong (爱国衛生運動), the Patriotic Hygiene Movement, in 1952 accompanied by propaganda against possible virus warfare by the US military

forces on Korean battlefields at the border of China and Korea, and several coastal cities including Shanghai. The mobilization by the Chinese Communist Party under this propaganda was closely tied to the establishment of political order in the 1950s (Iijima, 2005: 288-294).

The Chinese Communist Party also enacted "the Program for Agricultural Development" in 1956 and put into operation farm collectivization in rural districts. The anti-right side group movement had also close relations with these movements. Under these circumstances, the Chinese Communist Party invited Japanese scientists including Sasa Manabu to assist in the eradication of infectious and parasitic diseases.

For schistosomiasis control, the Chinese Communist Party organized the anti-schistosomiasis committee, nine leaders at the central government, seven leaders at the provincial level, five leaders at the prefecture level, and three leaders at the local district level, and put into operation an anti-schistosomiasis campaign in 1955 in the rural districts where this disease was prevalent (Iijima, 2005: 294-295).

Under the suggestion of Sasa Manabu Mission in 1955, Komiya Yoshitaka, who worked at the Institute for Preventive Hygiene of the Ministry of Social Welfare, organized research mission and visited China in 1956 (Yasuraoka, 1977: 11-12). He had already researched schistosomiasis in the Yangtze Delta region before WWII as a scientist of the Shanghai Institute for Natural Science. After WWII, he expended great effort to control parasitic diseases such as schistosomiasis in Japan proper, including Yamanashi prefecture. Komiya researched schistosomiasis in many regions in China including the Yangtze Delta region with Chinese scholars, and gave advice on controlling schistosomiasis to the Chinese government. In his advice, he summarized the Japanese experience on two types of methods for anti-schistosomiasis programs: the bio-chemical method and environmental method. He emphasized the importance of the environmental method by reform of creeks using concrete (Komiya, 1957/1982). The history of the anti-schistosomiasis program, both in China and Japan, is beyond the scope of this paper, but it remains to be confirmed that the anti-schistosomiasis campaign by the Chinese Communist Party was organized under the mass-mobilization of people for the socialization process (Iijima, 2005: 298-302).

Otsuru Masamitsu also had a chance to visit China in 1957 as one of the members of a research mission. In his trip, he researched the anti-malaria program in China under the Patriotic Hygiene Movement (Otsuru, 1958). In his report, he described the basic situation of the anti-infectious and parasitic diseases campaigns as follows:

"Now, the anti-infectious and parasitic diseases campaigns have been advanced under the Patriotic Hygiene Movement in China. For the eradication of infectious and parasitic diseases, vector control was undertaken by mass-mobilization of people. The method was *sui jian sui da* (隨見隨打), meaning "look at the vectors of some infectious and parasitic diseases and hit these vectors". The campaign was organized and authorized by the central government of China. The situation

seems the same as that of the public health association in the Japanese wartime period, but the organization seems more powerful than that of Japan"⁷▲

5-3 Reinstatement of Infectious and parasitic disease studies in the post-war period

In 1959, scientists in the field of infectious and parasitic disease studies organized the Research Society for Tropical Medicine in Japan; many scientists joining this society had close relations with the colonies and colonial medicine before 1945. The first president was Morishita Kaoru, former professor of Taihoku Imperial University and professor of the Institute for Bacteriology of Osaka University after WWII. The second annual meeting of that society was held in 1960, and many scientists, for example Oda Toshiro, Sasa Manabu, Sawada Toichiro, Soda Takemune and other scientists discussed a history of Japanese tropical medicine, which essentially was a history of colonial medicine. In this meeting, they emphasized the importance of tropical medicine as a basic science for medicine because the regions where they could do research were quite limited after 1945 (Iijima, 2005: 324-325).

In 1964, the members of the Research Society for Tropical Medicine in Japan organized the Association for Tropical Medicine in Japan with the Japan Association of Corporate Executives (経済同友会). The purpose of this association was to research tropical disease in cooperation with developing countries in Asia and Africa. Morishita Kaoru became the vice-president of this association, while Komiya Yoshitaka and Soda Takemune became directors. Under these circumstances, the Cooperative Program for Medicine between the US and Japan started in 1965. The scientists for infectious and parasitic disease studies of both counties organized the anti-infectious and parasitic diseases program in Southeast Asia. The chiefs of the Research Committee for Parasite Disease of this cooperative program were Komiya Yoshita and Sasa Manabu, and Yokokawa Muneo also joined it (Iijima, 2005: 325-326). Sasa thought that the purpose of this program was to evade criticism against US military operations during the Vietnam War (Sasa, 1967/1977).

Otsuru Masamitsu continued to research infectious and parasitic diseases in the Medical School of Niigata University and became first dean of the Medical School of Ryukyu University in 1978. At the establishment of this school in Okinawa, he emphasized the importance of tropical medicine based on his experience at Taihoku Imperial University. He wrote as follows in the journal of Toneikai (東寧会), the society for students who graduated from the former Medical School of Taihoku Imperial University:

"The Okinawa Islands are located in a semi-tropical district and very near Taiwan. I do hope that the Medical School in Ryukyu University will play an important role in the field of tropical medicine. It needs to establish an Institute for

⁷ Otsuru, M. (1958), "Chukyo no Mararia Jijyo (The conditions of malaria and anti-malaria campaign in communist China)", *Nihon Yiji Sinpo (New Journal of Japanese Medicine)*, No.1770, pp.14-16.

Tropical Medicine and have close relationships with National Taiwan University and other medical schools in Southeast Asia”⁸.

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His experience in Taihoku Imperial University was very important from his point of view for the establishment of the Medical School of Ryukyu University.

As I discussed above, many scientists paid much attention to controlling infectious and parasitic diseases in Japan proper after WWII based upon the experience of colonial medicine and the wartime period. At the result of this, many types of infectious and parasitic diseases including schistosomiasis were controlled. The experience of Japanese colonial medicine was not neglected, and indeed played an important role after WWII. But the research fields were limited to Japan proper, and the objectives of epidemiological scientific research underwent a transition, as major causes of death changed from infectious and parasitic diseases to cancer and other diseases. The Institute for Infectious Disease of Tokyo University changed its name to the Institute for Medical Science of Tokyo University in 1967. The history of the Institute for Infectious Disease seemed to come to an end under the change of circumstances surrounding infectious and parasitic disease studies.

But 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 presence in Southeast Asia and the Pacific region including Micronesia after the economic development and the Cooperative Program for Medicine between the US and Japan (Iijima, 2005: 326-327). For example, the Japanese government organized an anti-malaria program in the Solomon Islands. In the Solomon Islands, an anti-malaria programs involving DDT spraying were organized by the US military forces and British government after WWII. At the result of these programs, malaria was quite well controlled. But there was a resurgence of malaria in the Solomon Islands after independence from Britain in the 1970s. The JICA, the Japanese International Cooperative Association, researched malaria and established an anti-malaria training center at Honiara in the Guadalcanal islands. The anti-malaria program in the Solomon Islands was organized by Sasa Manabu, who became president of the Toyama Medical College at that time (Sasa, 1988). Other anti-malaria programs were started in Ceylon (Takagi/Izeki, 1975) and Northern Sumatra in Indonesia (Ishii, 1989).

In 1983, the training course for anti-malaria program was established at the Institute for Tropical Medicine of Nagasaki University supported by the JICA. The JICA program at the Institute for Tropical Medicine invited many doctors and scientists from developing counties to join anti-infectious and parasitic disease programs. The Institute for Tropical Medicine of Nagasaki University had a background as the Institute for Endemic Disease in East Asia before WWII as previously mentioned (Iijima, 2005: 330-331).

⁸ Otsuru, M., “Ryukyu-Daigaku Shinsetsu no Sekinin (My Obligation of Newly Established Medical School of the Ryukyu University)”, in *Toneikai Yonjyunen (The Memory of Toneikai for Forty Years)*, Tokyo, 1978, p. 360.

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Conclusion

I would like to summarize the viewpoints of this paper as follows:

- 1) The Japanese Empire ruled Taiwan, Korea, and Sakhalin as colonies and Guandongzhou as the Leased Territory, along with the Nanyo islands of Micronesia as trusteeship territories, and Manchukuo as a puppet government. During this time, Japanese colonial medicine played an important role in the establishment of public health systems and in controlling the native peoples. At the establishment of Japanese colonial medicine, the Institute for Infectious Disease under the influence of Kitasato Shibasaburo made a great contribution. After the 1914 incident, there was a conflict between the Kitasato Institute and the Institute for Infectious Disease of Tokyo Imperial University. Kitasato and the Kitasato Institute established the Medical School of Keio University. Due to the conflict between these institutes, many scientists of the Institute for Infectious Disease and the Kitasato Institute conducted their research in the colonies. The key persons were Koizumi Makoto and Morishita Kaoru in Taiwan, Kanai Shoji in Manchuria, and Siga Kiyoshi and Kobayashi Harujiro in Korea; they were sent from the Institute for Infectious Disease/the Kitasato Institute, and Keio University. At the result of this, infectious and parasitic disease studies were one of the mainstreams in the field of Japanese colonial medicine.
- 2) In the 1930s, the circumstances surrounding Japanese colonial medicine were changed by two elements. First was the influence of social medicine and hygiene that was imported from Germany after WWI. Kunisaki Teido was one of the key persons in this trend and had close ties with the communist movement. His successors were Komiya Yoshitaka and other scientists, for example Soda Takemune, who were under the influence of Kunisaki. After the suppression by the Japanese government, they found new paths in Shanghai and the colonies under the control of the Japanese government. Komiya moved to the Shanghai Institute for Natural Science, while Soda Takemune went to Taihoku Imperial University. Teruoka Gito, another scientist under the influence of German social medicine and hygiene, established the Institute for Labor Science. Unlike Komiya and Soda, he joined the wartime regime directly and established the Institute for Development Science. Another change in the circumstances surrounding Japanese colonial medicine was set in motion by the activity of Miyagawa Yoneji, professor of the Institute for Infectious Disease of Tokyo Imperial University. He joined the Dojinkai and changed its character to that of an organization for public health administration in the occupied regions in China. Miyagawa and the Institute for Infectious Disease of Tokyo Imperial University followed a path of cooperation with the military operations in China. The Nagasaki Medical College established the Institute for Endemic Disease in East Asia and joined the program led by Dojinkai and also played an important role in the public health administration in China.

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3) The legacy of colonial medicine is a very important issue in this field. Many scientists who had worked in colonies found careers in the medical schools and institutes of public health; for example, Morishita Kaoru became professor of the Institute for Bacteriology of Osaka University, and Komiya Yoshitaka became the chief of the Institute for Preventive Hygiene. The younger generation scientists who were trained under the wartime regime, Sasa Manabu, Otsuru Masamitsu, and Yokokawa Muneo, continued to research infectious and parasitic diseases, including malaria and schistosomiasis, in Japan proper. It is very interesting that they had relations with the anti-infectious disease program in China under the Patriotic Hygiene Movement. They researched infectious and parasitic diseases in China in the 1950s as members of medical missions. Because of the epidemiological transition, the experience of colonial medicine seemed to have come to an end. But the situation surrounding Japanese infectious and parasitic disease studies was changed by the economic growth and the Cooperative Program for Medicine between the US and Japan. The experience of Japanese colonial medicine played an important role in the aid to developing countries by the JICA under Japanese foreign policy.

In this paper, I confirmed a brief history of Japanese colonial medicine with a focus on the role of the Institute for Infectious Disease and the Kitasato Institute as Métropole for the establishment of Japanese colonial medicine. During the wartime regime, the Institute for Infectious Disease of Tokyo Imperial University joined the program of colonial medicine through the Dojinkai due to the conflict between the Kitasato Institute, Keio University and Tokyo Imperial University. The social medicine and hygiene that were imported from Germany after WWII also played an important role in the establishment of colonial medicine after the 1930s. Japanese colonial medicine was established with these backgrounds.

After WWII, the experience of Japanese colonial medicine was applied to control infectious and parasitic diseases in Japan proper. Many scientists who worked at the institutes and medical colleges in the colonies returned to Japan and made great efforts to control infectious and parasitic diseases. The experience of colonial medicine was also applied to the field of international aid to the developing countries after the 1980s. Thus, actually, the experience of Japanese colonial medicine has not been neglected.

Now that these characteristic aspects and the basic structure of Japanese colonial medicine have been confirmed, further discussion is needed from a comparative standpoint between Western colonial medicine and Japanese colonial medicine. One characteristic aspect of Japanese colonial medicine was the spoke-like network of scientists under the influence of the Institute for Infectious Disease/the Kitasato Institute and Keio University. These institutes played a role as Métropole in Japanese colonial medicine. Because of this, infectious and parasitic disease studies became one of mainstreams in the field of Japanese colonial medicine. During the WWII, the Institute for Infectious Disease of Tokyo Imperial University joined the Dojinkai and attempted to expand its presence in the field of colonial medicine

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in a challenge against the spoke-like network of *Métropole*, based upon the Institute for Infectious Disease/the Kitasato Institute and Keio University. But Japanese colonial medicine did not have cross networks in the colonies; we could not find any case of a scientist moving to another colony, for example from Taiwan to Korea or Manchuria.

The situations of Western colonial medicine, especially the cases of British and French colonial medicine⁹, are beyond the scope of my former research work (Iijima, 2000/2005). The research field of colonial medicine, especially a comparative analysis between Western colonial medicine and Japanese colonial medicine, still remains to be done. I may leave this issue to cooperative study with scholars who mainly research a history of Western colonial medicine.

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⁹ The case of British Tropical Medicine, see Haynes (2001).

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ページ 11: [81] 書式変更

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ページ 11: [82] 書式変更

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ページ 12: [84] 書式変更

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ページ 16: [204] 書式変更 IIJIMA 2008/03/01 11:00:00

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ページ 16: [205] 書式変更 IIJIMA 2008/03/01 11:00:00

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ページ 16: [206] 書式変更 IIJIMA 2008/03/01 11:00:00

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ページ 16: [207] 書式変更 IIJIMA 2008/03/01 11:00:00

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ページ 16: [208] 書式変更 IIJIMA 2008/03/01 11:00:00

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ページ 16: [209] 書式変更

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ページ 16: [210] 書式変更

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ページ 17: [211] 書式変更

Akihito Suzuki

2008/03/02 18:28:00

フォント：(英) Courier New, 10 pt, (特殊) MS 明朝

ページ 17: [212] 書式変更

Akihito Suzuki

2008/03/02 18:28:00

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ページ 17: [213] 書式変更

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ページ 17: [214] 書式変更

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ページ 17: [220] 書式変更 Akihito Suzuki 2008/03/02 18:28:00

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ページ 17: [221] 書式変更 Akihito Suzuki 2008/03/02 18:28:00

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ページ 17: [222] 書式変更 Akihito Suzuki 2008/03/02 18:28:00

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ページ 17: [231] 書式変更 Akihito Suzuki 2008/03/02 18:28:00

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