
Contours of (Heteronomous) Modernization (他律的)近代化の等高線

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(Heteronomous) Modernization of Japanese Medicine?

- “Heteronomous modernization”: an interesting, useful, and potentially powerful concept, enabling us to delineate a new topography of modernization and perhaps globalization.
 - Complexity of the modernization of Japanese medicine, full of important continuities.
 - Three areas: medical education and licensing, psychiatric provision, and public health.
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Medical Education and Licensing 1: Success in universities

- A classic case of Westernization
 - Isei Manifesto (1874): the state's responsibility to regulate medical education and practice and the adoption of Western medicine.
 - Teaching at University of Tokyo (est. 1869) and other universities, world-class researches.
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Medical Education and Licensing 2: Compromises in medical practice

- Oppositions from Kampo practitioners were overcome in 1894.
 - 5,200 practitioners trained in Western medicine among the total 28,000 (1874)
 - Those who had already practiced medicine were not required to stand the examination.
 - In 1900, more than half of 40,000 licenses had been given without Western medical education.
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Medical Education and Licensing 3:

A heterogeneous profession?

- Heterogeneity of the medical “profession” in Japan.
 - Medical education during the Tokugawa period: relatively well-trained in medical schools run by individual teachers in Kyoto, Edo, Osaka, Nagasaki and other major cities, towns, or even villages. Von Siebold was one of the influential teachers.
 - The lack of a nation-wide “super” medical school”.
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Psychiatric Provision 1:

A new game to consolidate an old practice

- Mental Patients' Custody Act (1900): the state newly consolidated an old practice of putting a lunatic to a cage usually set up next to his or her own house.
 - The result: an almost surreal picture of mental patients confined in a cage strictly based on the law and public policy.
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Kure Shuzo and Kashida Goro, "Home Custody of Mental Patients",
Tokyo Igaku-kai Zasshi [Journal of the Medical Society of Tokyo],
32(1918), 521-556, 609-649, 693-720, 762-806.

Psychiatric Provision 2:

Consolidating an old custom

- Tokugawa period: confinement of a lunatic by his or her family in a cage at home.
 - The Custody Act: it aimed at the prevention of wrongful confinement and the protection of human rights, and, at the same time, the consolidation of an old custom.
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Psychiatric Provision 3:

Home Custody's Unpopularity

- Deeply unpopular among doctors; Mental Hospitals Act (1919) aimed at hospital-based psychiatric provision.
 - home-custody was a means of confinement which was becoming increasingly unpopular, even before the passing of the Mental Hospitals Act : between 1905 and 1940, no. of home custody doubled; the no. of hospitalized patients grew 10 times.
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Psychiatric Provision 4:

Dominance of Private Hospitals

- 1918: one public asylum (Tokyo) for 400 patients, 57 private hospitals for 4,000 patients.
 - Tokyo: 35% of hospitalized patients sent to the private hospitals in 1906; grew to 50% in 1918, to 80% in 1940.
 - Psychiatric modernization in the form of specialist hospital was born by the private sector, with encouragement from the public authority.
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Public Health 1:

Discontinuity and Continuity

- Nagayo Sensai's Epiphany of "Eisei": the state's responsibility to protect people's health; no corresponding concept or word in Japanese; beautifully (perhaps too beautifully) represents the discontinuity-centred view.
 - A remarkable continuity in the dietary regimen for the prevention of cholera.
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Public Health 2:

Fruits, Fish, and Octopuses

- Pompe van Meerdervoort (1858): warning against unripe or overripe fruits, fish, shellfish and octopus as one of the causes of cholera.
 - People changed their patterns of consumption in the times of cholera: in 1858 sardines did not sell even at low prices, prices of eggs and vegetables went up; in 1886, eggs, poultry, beef etc. went up, while fish, sushi, tempura etc. went down.
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虎列刺病豫防法圖解

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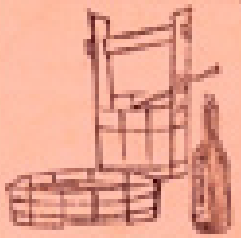
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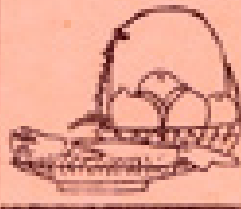
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An Illustrated Guide for the Prevention of Cholera (1867)



**Revenge of commodities
whose sales slumped during an
epidemic of measles (1862)**



Public Health 3:

Endorsement by Medical Elites

- Elite doctors endorsed the dietary causation of cholera as well as accepting contagion and bacteriology.
 - Mori Ogai (Surgeon-General of the Army); Ogata Masanori (Professor at Tokyo University); Yamane Matasugu (Chief Medical Officer at the Metropolitan Police)
 - Restraining one's desire for a certain food as an element of hygienic citizenship, distinct from the crudely understood model of homo economicus.
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Conclusion 1: Contours of (heteronomous) modernization?

- Modernization of medical education: quick success in universities; only gradual success in the regulation of practice.
 - Psychiatric provision: the state consolidating an old practice of home confinement, private hospitals played an overwhelmingly important role.
 - Public health: the state and medical elites integrated the new and the old to forge the notion of hygienic citizenship (or homo hygienicus?)
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Conclusion 2: Different Spheres and Contours of Modernization?

- Paces and engines of modernization differed according to different spheres.
 - The family was an essential parameter in the psychiatric provision, while market was the place when private / public health concepts were formed.
 - The making of the modern body / medicine was conditioned by the social spheres.
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