

Panel Title:

“Disease, Drugs and the Environment across the Meiji Divide: Negotiating Medical Modernity in 19th-century Japan”

Panel Organizer:

Alexander Bay, Chapman University
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Presenters:

Dr. William Johnston, Wesleyan University,
“Sexually Transmitted Disease and Premodern Japanese Demographic Change”

Dr. Suzuki Akihito, Keio University,
“A Bacteriology for Fish-Eating People? Health-seeking Behavior and the Market in Early Modern Dietary Regimen and Bacteriological Public Health in the Context of Cholera in Modern Japan”

Dr. Alexander Bay, Chapman University
“*Kakke* (Beriberi) and the Geography of Affliction”

Robert Padilla II, Ohio State University
“Trouble with Women: Japanese Red Cross Nurses in Army Reserve Hospitals during the Sino and Russo-Japanese Wars”

Dr. Julia Yongue, Hosei University
“Attempts to Establish a Pharmaceutical Manufacturing Industry in Meiji Japan: Why did Dainippon Pharmaceutical Company fail?”

Discussant:

Dr. Brett Walker,
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Panel Abstract:

Recent scholarship on medicine and the body in Meiji Japan has focused on the institutionalization of western medicine and the resituating of the bodies and health of the masses as one of the pillars of the state. Minds, bodies and even uterus were

“colonized” by state interests. This panel examines the early modern-modern divide and exposes not only radical change but also the continuity of premodern conceptions of sickness and health, disease causation, drug treatment, gender, and medicine into the 20th-century. Indeed, one of the consistent themes throughout the papers is the longevity of Edo practices into the Meiji and even Taisho eras. Johnston examines the disease ecology of syphilis, gonorrhea, and Chlamydia during the early modern period and its impact on demography. Suzuki analyzes the role of Edo period medical discourse and practice in the understandings of cholera etiology and prevention in the late 19th-century. Bay also looks at the medical culture of the Edo period and highlights the continued focus on the role of environment in disease causation even during the heyday of bacteriology. Hidden within the successful reproduction of the facets of civilization and enlightenment, in this case the institution of army nurses, Padilla reveals a negotiation between this new form of hygienic modernity and older forms of sexual segregation. Finally, Yongue balances the Meiji success stories with a case of a failed pharmaceutical company, arguing that strength of Edo era popular medical culture, centered on over-the-counter herbal drugs effected the downfall of the Dainippon Pharmaceutical Company.

Individual abstracts:

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“Sexually Transmitted Disease and Premodern Japanese Demographic Change”

This paper is premised on the possibility that sexually transmitted infections (STIs) played a significant role in limiting population growth in the eighteenth and early nineteenth centuries in Japan. It is well known that syphilis was widespread, based on both textual and archaeological evidence. While syphilis itself does not tend to cause infertility in either women or men, it is also clear that gonorrhea also was widespread, and if it had high rates of prevalence, it could have had a substantial impact on fertility. This is even more important in the case of chlamydia. While making the general case based on secondary sources, this paper examines primary sources from the Edo and early Meiji periods that dealt with the epidemiology, treatment, or policy concerning trachoma (which is caused by the same bacillus as chlamydia) and various STDs. In addition, it examines sources for evidence of methods of contraception and abortion that, if used widely, would have led to high rates of infertility during this time.

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“A Bacteriology for Fish-Eating People?: Health-seeking Behaviour and the Market in Early Modern Dietary Regimen and Bacteriological Public Health in the Context of Cholera in Modern Japan”

The theme of “the successful Westernization led by the state” has dominated the historiography of modern Japanese medicine after the Meiji Restoration. Whiggish, Marxist and New Left historians all concur on one point: the modernization of Japanese medicine and public health was due to the Westernization led by the state. In other words, they agree that the Meiji Restoration represented a sharp break, and medical modernization was the product of the initiative of the state. This paper will argue that there existed significant continuity between the old medicine and the new medicine in the context of the prevention of cholera and other gastro-intestinal infectious diseases. The particular emphasis will be laid on people’s blaming of fish as a cause of cholera. Both the old theory of *yōjō* and the new bacteriology regarded fish as particularly responsible for causing cholera, although they differed in the exact mechanism of causation. Since fish was (and is) an important item of consumption, the significant locus of the merging of the traditional and the modern in the Japanese context was the marketplace, in which both the plebs and the elite participated. This marketplace of health, so to speak, was the social space where continuity rather than discontinuity was obvious. This paper will also investigate implications of this continuity in understanding medical modernity of Meiji and Taisho Japan.

Alexander Bay, Chapman University
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“*Kakke* (Beriberi) and the Geography of Affliction”

This paper examines the world of traditional medicine in 18th-century Japan, and follows medical discourse and practice across the Meiji-divide into the early 20th-century. It also looks at how western medicine practitioners conceptualized disease as stemming from miasma emanating out of insalubrious locales. 18th – 20th century attitudes toward *kakke* (beriberi) provide a clear example of this phenomenon. Historians of beriberi (vitamin B1 deficiency disease) usually focus on the role of diet in causing this disease. This paper, by contrast, examines medical discourse surrounding the role of environment in beriberi etiology. From the 18th century, *kakke* was called *Edo wazurai* or the affliction of Edo. Within traditional medicine discourse, *kakke* was place-specific: Certain environments produced this disease.

From the 1870s, the Meiji state adopted western institutions to protect the health of civilian and military bodies. Interestingly, western medicine doctors also understood *kakke* to be specific to low-lying, miasmatic urban areas. The germ theory explaining the cause of beriberi was championed by the medical elite as early as the 1880s, however, doctors could not escape from environmental factors. Germs may have caused this disease, but these germs were able to spread more easily in specific locales. While the germ theory ultimately displaced the miasma thesis, the germ theory had to compete with older conceptions of disease causality. As late as 1906, popular discourse, reiterating the notion dating back to the 18th century, located *kakke* as an affliction with its own geography: If you went to Tokyo you would contract this disease.

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“Trouble With Women: Japanese Red Cross Nurses in Army Reserve Hospitals during the Sino and Russo-Japanese Wars”

In the nineteenth century the formation of the Japanese Red Cross Society (JRCS) was central to Japan’s modernization reforms. The Red Cross represented a new form of civilized behavior based on caring for sick and wounded soldiers, and women as Red Cross nurses were an important feature of this new humanity. The ability of the Japanese to establish an efficient Red Cross society that trained and dispatched nurses to military hospitals offered entry into the ranks of civilized nations. However, the use of women in an exclusively male-space was problematic, because Japanese society viewed the work of female caregivers outside the home as base. For the JRCS female sexuality was seen as a potentially disruptive element in military hospitals. The clash of a modern medical organization with traditional social values dictated the manner in which the JRCS trained, used and controlled its nurses. Modernity required the deployment of thousands of nurses to military hospitals, but social mores disparaged such activity, so leaders in the JRCS and the Japanese army positioned Red Cross nurses as agents of patriotism working for the good of the nation. They did this by giving Red Cross nurses military rank and linking their work to the charitable endeavors of the imperial family and women in upper class society. The result was the transformation of society’s views of women in nursing from harlots to heroines and in the process engendered the construction of a modern female medical identity closely associated with the masculine work of the modern state.

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“Attempts to Establish a Pharmaceutical Manufacturing Industry in Meiji Japan:
Why did Dainippon Pharmaceutical Company fail?”

Some assert that the founding of Dainippon Pharmaceutical Company in 1883 marked a genuine point of departure for the development of an enduring Japanese pharmaceutical manufacturing industry. Although this statement is open to debate, the company’s establishment did mark the start of a more assertive policy approach towards the medicinal industry. Nagayo Sensai, as chief director of the Bureau of Hygiene at the Ministry of Home Affairs, instigated healthcare policy throughout most of the Meiji period. Nagayo was able to pool together the financial resources necessary to found this half public/half privately owned enterprise and persuade world-renowned scientist Nagai Nagayoshi to abandon his research in Germany and to act as Dainippon’s scientific advisor. Nagai returned to Japan bringing back with him the most advanced equipment for pharmaceutical production.

Yet, despite all of its initial advantages, Dainippon narrowly avoided bankruptcy in 1898 thanks to a merger with Osaka Pharmaceutical Company, founded by a group of investors in Osaka (Doshômachi). Using corporate data from Dainippon as well as resources related to the development of the industry as a whole, the writer investigates the reasons why Dainippon failed. Because the period of Dainippon’s establishment was also one of gradual transition from care based on traditional remedies to the adoption of

western medicine, this paper explores pertinent elements including societal factors that contributed to the company's demise.