Psychiatry and Transboundary Anxiety in Modern Japan

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Thank you Sanjoy, for your very kind introduction and thank you Matsuura-sensei for your talk on economy, technology and health in the international and global contexts. Mine will show some transboundary anxieties in psychiatry, mainly in Modern Japan. I will concentrate on political and ideological dimensions in the micro-world of a Korean immigrant and a flourishing Japanese psychiatric hospital in Tokyo in the earlier half of the twentieth century.

Let me start with some explanations about long-term questions which appeared in this nishiki-e illustration. This illustration came from the prints published in the 1880s by Tsukioka Yoshitoshi (1839-1895), about whom I will come back briefly. Originally, this subject appeared in *Taiheiki*, which was created in the mid-fourteenth century by multiple authors. Taiheiki is one of the most famous war-chronicles in Japan. It depicted the fall of the warriors of the Hōjō Family in Kamakura and the rise of the Ashikaga Family, another powerful warrior clan, which in the end established new Shogunate in Kyoto as Muromachi Shogunate in 1336. The Imperial Household was deeply involved in this struggle. Hōjō Takatoki (1304-1333) was the fourteenth regent of the Hōjō Family, and *Taiheiki* depicted Takatoki as stupidly extravagant and mentally insane. This character is a good link between Matsuura-kun's talk about economics and my topic on madness.

In economy, his major problem was extravagance on music, dancing, and dogfighting. The music and dancing were about dengaku, which had its origins in Central Asia and was brought to Japan in the eighth century. Dengaku soon became very

popular among the emperor and aristocrats in Kyoto, and Takatoki in Kamakura was attracted by dengaku and invited skilled musicians and dancers from Kyoto over to Kamakura. The musicians and dancers were an example of his profligacy: he generously gave them jewelry of gold, silver and gems, as well as clothes of twill damask, subtle silk and elegant brocade. When they performed well, Takatoki and other lords and courtiers offered their clothes in piles costing about several millions. Likewise, Takatoki became enthusiastic about dogfighting. He collected several thousands of dogs in Kamakura, lavishing the dogs with luxurious food of fish and birds, and their chains were decorated with gold and silver. Takatoki's spending spree on music, dancing, and dogs suggests the rapid decline of the Hojō Family. You might feel as if you were reading a Japanese counterpart of ominous luxuries in civilization. It reminds me of Suetonius's description of Caligula, the Roman Emperor in the first century. Caligula indulged in cruelty, obscenity, and extravagance and just in a year spent twenty-seven billion sestertii, which took another emperor more than twenty year to spend.

In Takatoki's case, mental disorder came hand in hand with the economic crisis resulting from the extravagance. Music and dancing were actually the core part of madness. He got drunk in the evening and started to sing and dance to a piece played by musicians and dancers: "how we long to see the unnatural star of the Tennoji temple!" Takatoki assumed that he enjoyed singing and dancing with the dengaku performers. However, Takatoki's courtiers found the footprints of the birds in this room. They believed Takatoki had been with specters, some with covered beaks, some with wings and others in the guise of wandering monks. They assumed it was tengu, one of the popular supernatural creatures residing in remote mountains. They thought tengu was with Takatoki. This episode shows that Takatoki saw and experienced something that were invisible and strange in others' point of view; he was insane. This

representation of madness through the dichotomy of the supernatural power and human beings reminds us a lot of frameworks in the Western world, God and Satan, cities and mountains, and many other themes.

In the late nineteenth century, about five hundred years after the original, this subject was rediscovered by the traditional part of the modernizing Japan. One crucial revival of the Japanese traditional culture during this period was the creation of a kabuki drama on this subject of Takatoki in the 1880s. Based on Taiheiki and other historical works, the kabuki work introduced the subjects of the fierce fighting dog, which was the favorite of Takatoki and was dressed luxuriously in great brocade. The story of the music and dancing of the specters was also included. The piece was enormously successful and became highly popular. One crucial episode is that in 1887 Emperor Meiji, who usually was much above such popular entertainments as kabuki and who just became the centre of modern Japan in a very fragile way, watched this piece at a theatre and highly praised this drama. The Emperor Meiji liked this kabuki piece. This is interesting, as some might know that you can enjoy this piece at kabuki-za in this July, just at the beginning of the new Emperor Reiwa.

Finally, we need to briefly look at this print's engraver, who would connect the world with the contemporary Japan. The engraver was Tsukioka Yoshitoshi (1839-1895), who worked closely with several actors of kabuki. He produced prints about monstrous ghosts, bloody images from historical events, and murder cases in contemporary Tokyo for the newspaper. He is also famous for his own mental disorder, in which he died after entering two psychiatric hospitals in Tokyo. In the twentieth- and the twenty-first centuries, people in Japan were and are fascinated with Yoshitoshi and madness he depicted or he himself suffered from.

My main focus is on somebody else, but I am talking about Takatoki for good reasons, I suppose. Thanks to Takatoki, I have just mentioned economy, disease, politics, and the producer of the historical documents in the global context from the Ancient and Medieval periods to the Modern and Contemporary periods. My overall argument is that the history of medicine should be conceived as a total history, encompassing several different fields. We need to take long-term perspectives, like picking up the tradition which started several centuries before, as well as the contemporary complex situation. We should be aware that we can be judgmental, and sometimes duly judgmental, about how to use historical sources. It is in this framework I am going to present a story of a Korean immigrant in Tokyo in the 1930s.

My specialty is history of psychiatry in Japan in the earlier half of the twentieth century. So far, I have looked at the influence of German psychiatry upon Japanese psychiatry. I have also examined the influence of German eugenics (racial hygiene) upon Japanese medicine and domestic policies. I have also picked up the connection between literature, madness, and psychiatry in the early twentieth century. But my major subject has been the history of a private psychiatric organization which had two institutions or hospitals in the suburb of Tokyo. Although it had the place name of Oji in its title such as Oji Seishin Byoin, Oji No Byoin, or Oji Asylum in English, it is not in the Oji area but in the area of Nishigahara, which rapidly became a flourishing suburban residential area in the 1920s and 1930s.

OBH was established in 1901 by Zenjiro Komine (1847-1914), the owner of an inn situated near the hospital of University of Tokyo and accommodating its patients. When in 1900 Mental Patients Custody Act opened up the possibility of psychiatric hospital in Tokyo, medical and non-medical entrepreneurs made use of the situation and six private hospitals were quickly established just in a couple of years. OBH was one example of

such entrepreneurship. Although at the beginning it had some problems, Zenjiro found Shegeyuki Oshima (1883-1942) as a bright young medical student. Oshima came from a farmer's household in the rural part of Kanagawa. Zenjiro paid for his medical education, married him to his adopted daughter, and finally appointed him as his heir and the Director of OBH in 1908. Under Shigeyuki, OBH started to flourish. In 1919 Shigeyuki studied neurology at the Wistar Institute in Philadelphia for one year. In 1923 he received an MD from the School of Science of Tohoku Imperial University. Although the great fire in 1923 burned down the entire hospital, he reestablished it, adding a series of extensions to OBH, as well as adding purely private hospital of Komine Hospital in 1925.

Now with an MD and useful connections with major universities in Japan, Shigeyuki hired several graduates of Tokyo University and Tohoku University to OBH and Komine Hospital and conducted both research in physiology and practice of psychoanalysis. From the 1920s, Shigeyuki was also very keen to introduce new therapies in OBH. In 1921, OBH introduced malarial fever therapy against GPI. The introduction of malarial fever therapy in the early 1920s, which was just within five years from its discovery in Vienna, was quite important in the establishment of private psychiatric hospitals, whose economic basis had been still unstable. After that, many new therapies such as cardiazol therapy, insulin shock therapy, and Electro-convulsive therapy were quickly introduced into the therapeutic armament of the hospital. From 1925, Shigeyuki edited a private psychiatric and neurological journal, and he conducted interesting researches on suicide in Japan, which is brilliantly discussed in Francesca di Marco's new book, Suicide in Twentieth Century Japan (Routledge, 2016). He was active in the psychiatric and cultural study of Ainu people, as well as the cultural study of ghosts and mystical spirits in Japan. He also wrote an interesting paper in manuscript on homosexual prostitute. In 1942, his son, a military doctor, died in the war, in 1943 Shigeyuki died, and in

1945, the hospital was destroyed by the air-raid of the U.S. air force.

Somewhat miraculously, almost entire case records of OBH and Komine Hospital survived the air-raid and we now have a large archive of about 6,000 – 7,000 case records of the hospital between the 1920s and 1945. Japanese case histories were written in several different formats. Although I do not go into details about this, OBH's case histories involved a variety of writings such as transcript like records of communication, messages, letters, memoranda and diaries made by the patients, as well as medical records, nurses' records, apothecaries' information and administrative information. I have thus used the case histories of Oji Brain Hospital in Tokyo for analyses of psychiatric practice from the three points of view: cure in the medical point of view, discipline from the family and domestic point of view, and confinement from the viewpoint of police in modern Japan. The three viewpoints often intermingled and indicate important points in the Westernization of Japanese psychiatry and madness, as well as development of Japan's unique modernization and the remnant of older traditional Japanese society and culture.

In a small number of cases, historians are not entirely sure about the mental disease of the patient or, not confident about the legality of confinement of the cases. New religions and left-wing politics were important factors. Patient A was 42 years old when she was admitted in 1933 and stayed for ten years until 1943, when she died of tuberculosis. She came from a wealthy and politically important family, but she believed in Taireido, a new religious cult which was one of the major problems in modernized Japan. She slept with the young leader of Taireido, got abortion, and got divorced. She was then put into the psychiatric hospital. Patient B was a young male who had come to Tokyo from a relatively established family in a rural part of Japan. He started to work in a factory in Tokyo

and learned about social theory and the present miserable situation of Japan. In the night he secretly visited a very wealthy and politically influential person in his bedroom, with whom he wanted to have some political discussion. He was imprisoned for trespass for just three months. The police thought longer imprisonment was necessary, however. This person was thus confined for more than two years in OBH with false claim of his mental illness. In both Patient A and Patient B, doctors were well-aware of the situation, sympathizing with the religious and political problems.

In one case which I suspect of an illegal confinement, the target of the police in Tokyo was a migrated Korean, Patient C., who is going to be the major character of today's talk. He was admitted to the hospital on 6 March 1930 and he died on 12 March 1940. He stayed in the hospital for ten years and died of tuberculosis. He was a public patient, so his stay was paid by the Ward of Honjo, where he had lived. The stories on the admission were somewhat confused, but the general structure clear. He came from a middle-class Korean family and his father was a medical practitioner in the region. He was married once in Korea, but got divorced, or the wife left him. He came to Japan around 1928 and first settled in Honjo. He thus belonged to the earlier part of Korean immigration, somewhat different from the later immigration which started in 1939 and took a series of forced immigration and a lot of brutal cases. He started to work at a factory of construction material of metal. After the Great Kanto Earthquake in 1923, governments of Japan and Tokyo started to change industrial areas, building a lot of factories in the peripheral parts of Tokyo. Here in this factory Patient C had had some troubles with other Japanese laborers, quarrelling about lead poisoning at the workplace. Thus he had already experienced several dealings with the police.

In 1930, he found himself put in a psychiatric hospital. Soon after the admission. He was a communicative, friendly and

rational human being. He was able to talk with the doctors and other patients. He worked in the hospital and laughed with other patients when he finished the work. He talked to doctors about the dreams he had. In other words, he did not show any signs of mental illness, let alone schizophrenia, which was the hospital's diagnosis.

In 1931, which means several months after the admission, he started to change his behavior. He asked for discharge from the hospital. When he found neither doctor nor nurses listened to his requests of discharge, he started to show his anger. He criticized the cruelty of the hospital in the entire world. He was angry at the everyday life in the hospital. He made envelopes as a kind of work therapy, but to his sorrow and anger, he was not allowed to write even a postcard. He wanted to write a postcard but that was not allowed by the medical staff. From around 1933, he refused to be treated. Especially what he disliked was the record-taking of his case history. He said that was against his own benefit. He claimed that he had not permitted the hospital to make his medical records and the hospital did not have any right: "watashi no shodaku naku kouiu kenri ha aruka?".

To male nurses, he was more straightforward in his criticism and his criticism started in the late 1930. He said that this was illegal confinement or "fuho kankin". Between 1931 and 1932, he argued in Japan there was not a single person that would take care of him and he wanted to go back to Korea. He also started to criticize the nation of Japan. Male nurses recorded that Patient C was an anarchist and nihilist, who was willing to say that shooting the Emperor with a revolver was alright. He cursed Japan, and at one time suggested that Japan should lose the war.

After this, he started to isolate himself in the hospital. He stopped any conversation with other patients, let alone the nurses. He abandoned any work, he started to speak only in

Korean, and became antagonistic to the other Korean patient, who criticized Patient C (according to the record of Japanese nurses). He sang Korean songs. He refused any contact with other patients and just walked away from the scene. From around 1936, Patient C started to show the signs of tuberculosis. In 1936, he started to cough, but he refused any medical examination by the doctor. In 1937, he showed clearer signs of tuberculosis, but still he declined medical treatment. In the latter part of 1939, he became totally weak, and died in March in 1940 due to tuberculosis.

Let me conclude. This case is almost certainly a case of illegal confinement. Although the Patient C. had some troubles with the Japanese fellow laborers at the factory and the members in the community, he was brought to a psychiatric hospital instead of the police station or a prison. In the background lay perhaps an intense social tension from the 1920s in Tokyo. In 1925 Japan introduced the Maintenance of the Public Order Act, which authorized Special Higher Police enormous powers to monitor people's life, ideas, and political activities. The most important target was the members of the Japanese Communist Party, and some figures were tortured to death by Special Higher Police. Special High Police was also responsible for the control of new religious cults, as well as the discipline of the behavior of mentally disturbed persons. Japanese government tried to solve the pressure of the second industrial revolution partly through using the authority of police. Around the same time, immigrant Korean laborers started to increase in a dramatic way, from thirty thousand in 1920 to three hundred thousand in 1930. At the same time, Korea was hostile toward Japan, and the Korean Communist Party was established in 1925. Japanese government and Special Hight Police tried to suppress these resistance movement with enormous power. Although we are not sure about actual players, Patient C was confined to maintain the order of the present society. Patient C expressed

his resistance through condemning the Emperor and the Japanese system that he represented.

Another important factor is the ambiguous roles of case histories. Although case histories reveal important aspects in psychiatry in the past, their profound problems were pointed out by Patient C. As I have mentioned, Patient C. abhorred record taking and he carped at doctors' writings in the case history about his behavior, mentions, and messages. He insisted that the medical practice of taking case histories violated his personality and his human rights. My interpretation is that he regarded the medical case history as something very similar to the interrogation report taken at the police. Psychiatrists, male nurses and police officers asked him questions and tried to record his answers, which might drive him into a corner in the political situation. In this case, psychiatry looked like the practice of investigating police.

In this talk, I have tried to analyze one case of the "patient" who was almost certainly unduly confined for ten years. He was critical, angry, isolated in many ways, and died of tuberculosis. His attempts to go back to Korea, speak only in Korean language, and sing only Korean songs were for creating a world in his mind which helped him in isolation. The most interesting thing is that this world was a world of silence when psychiatrists, nurses and other patients looked at the patient. I hope this small world remain silent, and I also hope that research into case histories, though detested by him, will make this sound of silence meaningful to us.