Introduction

Medical concepts come and go, but they leave their traces on the lives of people. Investigating this past knowledge within its historical context can reveal modes of thinking that seem no longer thinkable or believable in the present. It allows us to reconstruct how historical actors understood their world and how they shaped it in accordance with what they knew and believed. Present-centered approaches can aspire to explain where historical actors "erred" and "foundered," but they fail to understand how that "erroneous knowledge" had force over those peoples' actions and meaning for their lives. The doctors' decisions, the patients' despair and hopes of recovery, the judges' verdicts, the marginalization of the patients' families—none of this was dependent on our present-day knowledge.

This book is about the reasons, circumstances, and consequences of *melancholia*'s gradual displacement as a medical category. My scope is the world of psychiatry in early-twentieth-century Germany and Japan, with short side trips to other European nations as well as Russia and the United States. To adequately represent the diverse voices and multilingual nature of this topic, I am using source material and research literature in German, English, French, Russian, and Japanese.[1] My analysis revolves around the years 1880–1915, mainly centered around the Russo-Japanese War (1904–05), and as a consequence mostly focuses on male health. I follow the medical concept of melancholia through entangled levels of external determinants, theoretical assumptions, personal preferences, and macro-historical developments that eventually lead to its disintegration. Through melancholia, I tell the story of an elite group of physicians who practiced a relatively new branch of medicine, variously called "alienism" or "psychiatry," and occasionally got involved with the theory and practice of experimental psychology.[2] In Japan, the discipline of psychiatry was referred to as *seishinbyō gaku* 精神病學, a neologism literally meaning

1 My background in both Classical Chinese and Japanese studies greatly facilitated my ability to deal with Japanese sources from this period. The language used in these texts is very distinct from Modern Japanese, and the occasional reference to Chinese classics was a stylistic move that was not at all alien to the medical professionals of this era. In addition to this, their proficiency in German and the ubiquity of the German language make these sources a linguistic challenge with very period-specific characteristics. I believe that a multilingual approach is the only way to do justice to this rich material. It is also crucial to be able to adequately discuss medical terminology and the problem of translation faced by contemporary social actors. On the significance of the German language for Japanese psychiatry, see page 18 below as well as the discussion at the beginning of section 1.2.

2 The use of this language is reflected in the way that associations, specialized journals, and conferences were named at the time. Consider titles such as *The Alienist and Neurologist* (published in the United

Jaskov, Helena: Negotiating States of Mind: The Transformation of Psychiatric Knowledge in Imperial Germany and Meiji Japan, Heidelberg: Heidelberg University Publishing, 2025.
https://doi.org/10.17885/heiup.1244

"the study of the diseases of the mind."[3] During this period, practitioners of psychiatry could also be expected to teach and practice neurology and pathology (knowing how to dissect a brain) and forensic psychiatry (testifying in court or providing expert opinion on a medical case); to engage with related philosophical topics (musing about the relationship between body and soul); or to discuss social and racial issues (arguing about the predisposition to illness of certain social or ethnic groups).[4]

In this study, I relate how these practitioners became professionals within a framework of international scholarly constellations and nation-specific institutions. I point out the ruptures (and continuities) that defined their world and analyze how they positioned themselves in the contested space between competing schools of thought. However, I also tell the story of the field of psychiatry as a discourse that was all but isolated from the tensions that governed the rest of the world. I present my protagonists' deep involvement in the Russo-Japanese War and explain their varying approaches to making sense of the miserable bunch of mental health patients that returned from the battlefields in Manchuria. I relate how they saw the world through different eyes and how they put their experiences into different words. Lastly, I sketch the lessons that were drawn from the shattering experience of the war and lay out their influence on future developments in psychiatry. My source material therefore includes patient records, late-nineteenth- and early-twentieth-century articles in psychiatric journals in the languages mentioned above, and textbooks on psychiatry. I believe that it is essential to engage with the original sources in order to

States, St. Louis, 1880–1920) or *The American Journal of Insanity* (United States, Baltimore, 1844–1921), which was renamed *The American Journal of Psychiatry* in 1921. In French, there is for example the *Congrès des médecins aliénistes et neurologistes de France et des pays de langue française*, etc. Many of these terms are today considered offensive but were in common use at the time. The German-language journal *Der Irrenfreund* [literally: "The Madman's Friend"] (Germany, Heilbronn, 1859–1902) is a similar case in point. On the use of the term "alienist," see also footnote 3 on page 28. See also Emil Kraepelin's handwritten dedication to Kure Shūzō (on page 47), in which he refers to his own profession as "Irrenarzt" [Eng.: "mad-doctor" or "alienist"].

3 This era saw a lot of re-shaping of concepts and disciplines as a result of engaging with ideas from the West. The Japanese term for psychiatry emerged in this context and was also used interchangeably to denote "psychopathology" in Japanese medical journals. It often appeared in contrast with "neurology" (*shinkeibyō gaku* 神經病學), which is "the study of the diseases of the nerves," or "neuropathology." However, the word for mind (*seishin* 精神) in *seishinbyō gaku* is naturally a difficult one, as it can mean very different things in different cultures and contexts. It is not the same word for mind used in the Japanese term for psychology (*shinri gaku* 心理學, i.e. "the study of the mind") and could also be used to refer to "spirit" in other constellations (Shin'ichi Yoshinaga, "The Birth of Japanese Mind Cure Methods," in *Religion and Psychotherapy in Modern Japan*, ed. Christopher Harding, Routledge Contemporary Japan Series 54 [London: Routledge, 2015], 76). On Japanese debates concerning the import of foreign categories, see Gerard Clinton Godart, ""Philosophy" or "religion"? The Confrontation with Foreign Categories in Late Nineteenth Century Japan," *Journal of the History of Ideas* 69, no. 1 (2008): 71–91; Jason Ānanda Josephson, *The Invention of Religion in Japan* (Chicago: The University of Chicago Press, 2012); Hans Martin Krämer, *Shimaji Mokurai and the Reconception of Religion and the Secular in Modern Japan* (Honolulu: University of Hawai'i Press, 2015).

4 On related disciplines, see footnote 32 on page 34 for more detail.

be able to see and understand the framework within which historical actors operate. For this reason, this book contains many direct quotes and close-reading sections. Ideally, this approach will prove instrumental in bringing these past mentalities, beliefs, and ways of thinking closer to today's readers and contribute to our understanding of how psychiatry as a discipline evolved and was shaped by those ideas.

I see my study mainly as a contribution to global intellectual history with a strong focus on the social context in which concepts were relevant to historical actors. Some concepts live longer than others, and there are many factors that can affect a concept's lifespan. Unicorns, phlogiston, and the ether were once considered scientific objects worthy of observation and inquiry but were eventually all "banished from the realm of the real."[5] In the world of science, the degree of compatibility of a scientific object, or "epistemic thing," with an existing or changing experimental system can significantly affect its fate and trajectory.[6] All objects are embedded in local, material, and practical networks throughout their life-cycle.[7] Practical pressures, such as legal, actuarial, or administrative considerations, can render one concept salient at the expense of another. Constant stability of any kind is a rare phenomenon in the world of concepts, and some well-established category can ultimately dissolve because the emergence of a new metaphysics and a new sensibility has loosened its coherence.[8]

When concepts die, there is usually no obituary, and no studies are devoted to documenting and commemorating their passing.[9] It is the creation of new concepts, the genesis of new ideas, the emergence of new modes of thinking that occupies peoples' minds and fills most of the pages of conceptual histories. I began this project as an investigation into the circumstances of melancholia's demise, and while I struggled to unravel the disappearance of a disease concept I found myself without suitable narrative models to rely on. As for the evidence, it all turned out to be less dramatic than I expected. Melancholia had to go in order for hospital administration to run more smoothly, for psychiatry to finally gain the image of a respected discipline grounded in scientific methods, and for insanity to become predictable, calculable, and more easily detectable. The changes in society, medical theory, and practice were so enormous that there no longer seemed to be a place for melancholia. It seemed that modern societies required modern concepts, and

5 Lorraine Daston, "The Coming into Being of Scientific Objects," in *Biographies of Scientific Objects*, ed. Lorraine Daston (Chicago: University of Chicago Press, 2000), 13.

6 Hans-Jörg Rheinberger, "Cytoplasmic Particles: The Trajectory of a Scientific Object," in Daston, *Biographies of Scientific Objects*, 276.

7 Bruno Latour, "On the Partial Existence of Existing and Non existing Objects," in Daston, *Biographies of Scientific Objects*, 250.

8 Lorraine Daston, "Preternatural Philosophy," in Daston, *Biographies of Scientific Objects*, 37.

9 Lorraine Daston's study on the disintegration of the category of preternatural philosophy is one notable exception.

Imperial Germany (1871–1918) and Meiji Japan (1868–1912) were definitely among those nations that strove to be modern.[10]

There are, of course, different ways in which you can write the story of a concept. At the beginning of my quest, I became fascinated with a book that I discovered while working through all sorts of secondary literature that was vaguely melancholia-related. I fell in love with Kobayashi Toshiaki's 小林敏明 (1948–) *Melancholie und Zeit*, a fascinating treatise on the patient's altered perception of time when afflicted with melancholia.[11] This philosophical study, which draws on existing works combining phenomenology and psychopathology, presents a theory of the self that aims to explain key symptoms in melancholia and schizophrenia as disruptions of the basic structure of self-experience. In his study, Kobayashi introduces the work of Japanese psychiatrist Kimura Bin 木村敏 (1931–2021), who conceptualized the living self as the result of the interplay of two different aspects of the self. According to Kimura's theory, the first self—the perceiving, acting aspect of the self—generates projections of itself into the world. These projections become objectified versions of self, which constitute the second self as an object of consciousness. The perceiving self then actively reviews and reintegrates these projections, thereby renewing itself in the process. Kimura assumed that, in melancholia and schizophrenia, this dynamic process of self-renewal was fundamentally disrupted and that this disruption was also connected to an altered perception of the flow of time.[12]

As fascinating as these ideas seemed to me at the time, I eventually came to realize that they would have no bearing on my historical study. I saw no purpose in searching for proof of Kimura's theories in late-nineteenth-century Japanese sources. My sources revealed hardly any insights into the patients' perception of self or of time, mostly because their testimonies usually only survived in doctors' records, who in turn were little concerned with such matters. This is not at all surprising, considering the period under inves-

10 Akira Kudō, Nobuo Tajima, and Erich Pauer, eds., *Japan and Germany: Two Latecomers on the World Stage, 1890–1945*, 3 vols. (Leiden: Brill, 2009). Although it seems appropriate to mention Plessner's book (for reasons of precedence) on the subject of the "delayed nation," this 1930s study is problematic for its later role in the *Sonderweg* narrative and the author's controversial hypothesis that German philosophy was responsible for what happened in Germany after 1933 (Helmuth Plessner, *Die verspätete Nation: Über die politische Verführbarkeit bürgerlichen Geistes* [The Delayed Nation: On the Susceptibility of the Bourgeois Spirit to Political Seduction], 2., erw. Aufl. [Stuttgart: Kohlhammer, 1959]).

Similar modernization trends have been observed in the case of the Ottoman Empire. On non-Western modernity, and especially on the connection between Japan and the Middle East, see Renée Worringer, *Ottomans Imagining Japan: East, Middle East, and Non-Western Modernity at the Turn of the Twentieth Century* (New York: Palgrave Macmillan, 2014). On psychiatry, modernity, and the Middle East, see also the references in footnote 37.

11 Toshiaki Kobayashi, *Melancholie und Zeit* [Melancholia and Time] (Basel: Stroemfeld, 1998).

12 This is as simplified a version of Kimura's theory as I am able to formulate. Kimura was inspired by a great number of philosophers, including Edmund Husserl (1859–1938), Henri Bergson (1859–1941), Nishida Kitarō 西田幾多郎 (1870–1945), Martin Heidegger (1889–1976), and Jacques Derrida (1930–2004).

tigation when phenomenological psychology was not yet an established mode of thinking and writing about mental illness.

I was less concerned with using concepts and ideas from the late twentieth century as a lens to investigate descriptions of medical phenomena from the late nineteenth century. Attuned to the dangers of assuming that psychological concepts are universal across time and culture through my reading of medical anthropologists such as Arthur Kleinman and Margaret Lock, I was aware that my approach would narrow and focus my historical analysis.[13] Being a historian (and not an anthropologist), this seemed like a legitimate method if it would bring me closer to understanding the world of ideas that governed my nineteenth-century Japanese doctors. After all, they did indeed assume that the medical categories they used were universally valid when trying to make sense of their patients' suffering. It is not my place to judge their assumptions in light of the medical anthropology of the 1970s and 1980s.[14] Nor was I totally convinced that the idea of diagnoses being socially constructed was a useful way to understand past (or even present) medical experiences.[15] Even less that another study was urgently needed to draw attention to the fact that socially constructed diagnoses were a phenomenon that could also be encountered in Japan, thus adding yet more evidence to the social construction narrative. My sources just did not yield more insights when examined and scrutinized that way. This detour did not bring me closer to understanding the world in which my Japanese doctors operated, but it helped me to get a more precise idea of what kind of book I wanted to write, albeit by process of elimination.

Another book that I quickly realized I did not want to end up writing was "a history of words." Although entertaining and informative, studies that cover the history of "melancholia" from the earliest appearance in Ancient Greek classics to modern times feel too condensed for my taste. For someone who is used to investigating individual concepts in depth, the idea of a book about all kinds of things named melancholia seems as fanciful and absurd as that of, for example, a composite biography of all the people who have

13 Arthur Kleinman and Peter Kunstadter, eds., *Medicine in Chinese Cultures: Comparative Studies of Health Care in Chinese and Other Societies* (Washington: U. S. Department of Health, Education / Welfare, 1975); Arthur Kleinman, "Neurasthenia and Depression: A Study of Somatization and Culture in China," *Culture, Medicine and Psychiatry* 6, no. 2 (1982): 117–190; Arthur Kleinman, *Social Origins of Distress and Disease: Depression, Neuroasthenia and Pain in Modern China* (New Haven: Yale University Press, 1986); Margaret Lock, "Popular Conceptions of Mental Health in Japan," in *Cultural Conceptions of Mental Health and Therapy*, Reprint, ed. Anthony J. Marsella and Geoffrey M. White, Culture, Illness, and Healing 4 (1982; Dordrecht: Reidel, 1984), 215–233.

14 Generally speaking, I don't see a problem in applying a modern concept to a historical context. Historians do that all the time. It only becomes problematic when it is done unconsciously. If that happens, you can end up with a study that reads like a strict teacher's grading exercise: historical actors all turn into either precursors or those who were mislead by false beliefs, regardless of what counted as accepted knowledge at the time.

15 I'm sharing my skepticism with other scholars, perhaps most poignantly expressed by Ian Hacking (Ian Hacking, *The Social Construction of What?* [Cambridge: Harvard University Press, 1999]).

been named Peter over the last few centuries. Such works follow a word that was used to represent very disparate medical concepts, and they usually don't have the ambition (or space) to delve into the world of ideas in which these different concepts made sense and were believable. They also rarely explain why and how those conceptual changes occurred. Since these aspects are important to me, I knew that a history of words was not what I was aiming for. If you are curious about what kinds of things were named melancholia throughout the ages, you should take a look at Stanley Jackson's *Melancholia and Depression: From Hippocratic Times to Modern Times* or Jennifer Radden's *The Nature of Melancholy: From Aristotle to Kristeva*.[16]

But then, one might ask, if there have been so many "melancholias" throughout the ages, what exactly characterized "the melancholia" that is the object of the present study? Since most of this book is concerned with answering exactly this question by reconstructing past medical knowledge, attempting to understand what it meant at the time, and how it eventually changed, I cannot give a fully satisfying answer here. However, I can give you some clues by resorting to the present-day perspective.

When we look at the historical concept of late-nineteenth-century "melancholia" from the perspective of present-day knowledge, we can observe that it would overlap with a wide range of mental disorders. As the "melancholia historian" Jennifer Radden has pointed out, it would not only cover some of the cases that we now subsume under the term depression, but would also have been used to refer to patients suffering from schizophrenia, anxiety psychosis, and persecutory paranoia. Furthermore, "melancholia" may also have referred to mental states that we now describe as obsessions and compulsions, but that are not necessarily given the status of a disease—that are, rather, seen

16 Stanley W. Jackson, *Melancholia and Depression: From Hippocratic Times to Modern Times* (New Haven: Yale University Press, 1986); Jennifer Radden, ed., *The Nature of Melancholy: From Aristotle to Kristeva* (Oxford: Oxford University Press, 2000). There are many more books on the history of melancholy and melancholia focusing on literature, cultural history, social history, art, religion, treatment, etc. This is only a selection of titles: Jean Starobinski, *A history of the treatment of melancholy from earliest times to 1900* (Basel: Geigy, 1962); Raymond Klibansky, Erwin Panofsky, and Fritz Saxl, *Saturn and Melancholy: Studies in the History of Natural Philosophy, Religion and Art* (London: Nelson, 1964); German E. Berrios, "Melancholia and Depression during the 19th Century: A Conceptual History," *British Journal of Psychiatry*, no. 153 (1988): 298–304; Jacky Bowring, *A Field Guide to Melancholy* (Harpenden, Herts: Oldcastle Books, 2008); Jennifer Radden, ed., *Moody Minds Distempered: Essays on Melancholy and Depression* (Oxford: Oxford University Press, 2009); Mathew Bell, *Melancholia: The Western Malady* (Cambridge: Cambridge University Press, 2014). If you are more interested in understanding how the modern concept of depression developed (from today's perspective), you might also find these books helpful: Edward Shorter, *Before Prozac: The Troubled History of Mood Disorders in Psychiatry* (Oxford: Oxford University Press, 2009); Clarc Lawlor, *From Melancholia to Prozac* (Oxford: Oxford University Press, 2012). Okada Yasuo's article on dementia praecox and schizophrenia is written in the same spirit: Okada Yasuo 岡田靖雄, "Nihon ni okeru sōhatsu chikyō—'(seishin) bunretsubyō' kainen no juyō" 日本における早発癡呆 —— 「(精神) 分裂病」概念の受容 [The Reception of the Concepts of Dementia Praecox and "Schizophrenia" in Japan], *Nihon ishigaku zasshi* 42, no. 1 (1995): 3–17.

as symptoms. And finally, it is also possible that a patient who may have been diagnosed with "melancholia" in the past would not be considered mentally ill nowadays, because our understanding for what passes for normal behavior has changed considerably over time.[17]

There are several reasons why I chose to focus on concepts from the late nineteenth and early twentieth centuries, and one of them has to do with my interest in how knowledge is applied and leveraged, rather than what could be called pure "intellectual history" or "historical semantics." Although I did come across some interesting finds of premodern melancholia concepts based on humoral theory in Japanese medical texts, those texts were mostly translations of European treatises.[18] I didn't find any evidence that these translations had any impact on diagnosing or treating that version of (black-bile) melancholia in Japan.[19] This avenue seemed to lead me onto the path of pure philology, where I would spend my time burrowed into historical dictionaries, trying to make sense of obscure translation words that were long out of use or were only ever used in that specific text alone, never to have any bearing on the life of Japanese doctors, patients, or their families.[20] This prospect had no appeal to me. And although I still ended up musing about

17 Jennifer Radden, "Shared Descriptions: What Can Be Concluded?," *Philosophy, Psychiatry, & Psychology* 20, no. 2 (2013): 157.

18 See, for example, Udagawa Genzui 宇田川玄随, *Naika sen'yo* 内科撰要 [Collection of References in Internal Medicine] (Muromachi 室町: Suharaya ichibee 須原屋市兵衛, 1796–97) or Komori Touu 小森桃塢, *Byōin seigi* 病因精義 [Commentary on the Causes of Diseases] (Kyōto 京都, 1827), which both have sections on "melancholia." Such translations were created in the context of so-called Dutch-learning (*rangaku* 蘭學) by specialized Japanese scholars. The medical texts within this corpus are seen as part of a distinct medical school called Dutch medicine (*ranpō* 蘭方). On *ranpō*, see footnote 38 on page 37. On "humoral theory," see the following footnote.

19 The word "melancholia" originally means "black bile" in Greek. In Ancient Greek medicine, black bile (along with yellow bile, blood, and phlegm) was one of the four humors considered vital for human health. An excess or deficiency in one of the humors was interpreted as a sign of illness. At a later stage, the four humors were also associated with the four corresponding temperaments (phlegmatic, choleric, sanguine, and melancholic). Melancholia was the illness associated with an excess of black bile and was characterized (among other things) by excessive fear and sadness (Raymond Klibansky, Erwin Panofsky, and Fritz Saxl, *Saturn und Melancholie: Studien zur Geschichte der Naturphilosophie und Medizin, der Religion und der Kunst* [Frankfurt am Main: Suhrkamp, 1990], 39–54).

20 In point of fact, I did pursue that avenue for some time. My original thesis featured a chapter that attempted to build a bridge between traditional Chinese medicine and twentieth-century Japanese psychiatry through the link of language. It is true that many of the newly coined Japanese terms for psychiatric concepts were built from components that had a long history in the context of traditional Chinese (and Japanese) medicine. However, the evidence that these old meanings still had some relevance in their new twentieth-century guises was very scarce. Eventually, I decided to abandon that project because it did not align with the rest of the book. For those who would like to explore this topic, I would recommend starting with Kuriyama Shigehisa's excellent article on the problem of matching Eastern and Western medical concepts (Shigehisa Kuriyama, "Translation and the History of Japanese Irritability," in *Traduire, Transposer, Naturaliser: La formation d'une langue scientifique moderne hors des frontières de l'Europe au XIXe siècle*, ed. Pascal Crozet and Annick Horiuchi [Paris: L'Harmattan, 2004], 27–41).

obscure translation words that were long out of use, I decided that I would rather spend my time puzzling over words that had tangible effects on the lives of people. My choice to focus on medical military case files from the Russo-Japanese War and to consider the impact of medical concepts on the military's decisions to grant disability pensions was guided by that sentiment.

Although the story that I unfold in this book takes place at the beginning of the bilateral scientific exchange between Imperial Germany (and beyond) and Meiji Japan, it is not primarily a story about knowledge transfer in the field of psychiatry. The focus of this study is not to show how and to what extent Japanese psychiatry was influenced by German (as well as Austrian, Swiss, French, Russian, American, etc.) psychiatry, otherwise I would have structured my text quite differently and eventually would have written a very different book. Since this is not a story about knowledge transfer, I am not concerned with offering a perfectly balanced narrative of scientific exchange between Imperial Germany and Meiji Japan. Nevertheless, I have made an honest attempt to take a close look at both sides and to identify the flow of information, people, and ideas in both directions. It is not surprising that during the foundational period of Japanese psychiatry, there is little evidence of a symmetrical, balanced knowledge exchange between East and West. The perspective changes if you extend the time-frame or if you broaden the field to include the discipline of neurology and even more so if you take a look at the scientific exchange within medicine as a whole.[21] However, as long as Japanese scientific contributions (as important as they are in their own right) did not affect the evolution of the medical concepts investigated in this study, they have no place in this book.

Another fruitful angle is to look at "emotion studies" (Paolo Santangelo and Ulrike Middendorf, eds., *From Skin to Heart: Perceptions of Emotions and Bodily Sensations in Traditional Chinese Culture* [Wiesbaden: Harrassowitz, 2006]; Yanhua Zhang, *Transforming Emotions with Chinese Medicine: An Ethnographic Account from Contemporary China* [Albany: State University of New York Press, 2007]; Angelika Messner, "Aspects of Emotion in Late Imperial China: Editor's Introduction to the Thematic Section," *Asiatische Studien* 66, no. 4 [2012]: 893–913; Volker Scheid, "Constraint 鬱 as a Window on Approaches to Emotion-Related Disorders in East Asian Medicine," *Culture, Medicine, and Psychiatry* 37 [2013]: 2–7; Volker Scheid, "Depression, Constraint, and the Liver: (Dis)assembling the Treatment of Emotion-Related Disorders in Chinese Medicine," *Culture, Medicine, and Psychiatry* 37 [2013]: 30–58). More general accounts can be found in Emily Baum, *The Invention of Madness: State, Society, and the Insane in Modern China* (Chicago: The University of Chicago Press, 2018) and Hsiu-fen Chen, "Pre-modern Madness," in *Routledge Handbook of Chinese Medicine*, ed. Vivienne Lo, Michael Stanley-Baker, and Dolly Yang (London: Routledge, 2022), 230–244. For a literature-focused angle, there are, for example, Wolfgang Kubin, ed., *Symbols of Anguish: In Search of Melancholy in China* (Berlin: Peter Lang, 2001) and Tudor Vladescu, "Redefining Macau Melancholy through Pushkin and Chekhov," *Chinese Cross Currents* 7, no. 1 (2010): 56–59.

21 If you are interested in this kind of literature, you might want to take a look at Harmen Beukers, *Redhair Medicine: Dutch-Japanese Medical Relations* (Amsterdam: Rodopi, 1991); Ernst Kraas, ed., *300 Jahre deutsch-japanische Beziehungen in der Medizin* [300 Years of German-Japanese Relations in Medicine] (Tokyo: Springer, 1992).

I also challenge established narratives that paint the development of psychiatry in Imperial Germany and the contribution of the now-famous German psychiatrist Emil Kraepelin (1856–1926) all too straightforwardly in the shining colors of scientific progress. I revisit the conceptual changes that were introduced by this historical figure in redefining mental disorders and contest the common view that the disappearance of melancholia and the simultaneous emergence of *manic-depressive insanity* was the result of a synthetic process. By evoking the image of a "synthesis" and focusing on the conditions of creation, the emergence of the category *manic-depressive* is invariably described as a process of "lumping mood disorders together" in secondary literature.[22] However, this narrative does not capture the transformative processes that were at work when the category of melancholia was abandoned. Focusing instead on the conditions of possibility of a mode of thinking disappearing, I not only offer a new conceptual history of the last days of melancholia, but I also propose a new interpretation of the social changes that accompanied this transformation. Whereas I am indebted, of course, to the works of Michel Foucault (but no less so to other writers such as, for example, Georges Canguilhem, Carlo Ginzburg, or Steven Shapin),[23] I do not believe that all works that deal with related topics ought to be written in the same way, nor do I see my study primarily as an extension of Foucault's work to a geographically different area.[24]

My interest lies in investigating what destabilizes concepts and how these disruptions affect people.[25] The Japanese psychiatrists, who are the protagonists of this study, have an important part to play in this transformative process. Their roles within the global academic network and as mental health experts in the Russo-Japanese War are ideally suited to illustrating the conceptual changes, which I analyze, in action. They all belong to the same group of mental health professionals who received most of their medical training

22 See, for example, Edward Shorter, *What Psychiatry Left Out of the DSM-5: Historical Mental Disorders Today* (New York: Routledge, 2015), 167; Jennifer Radden, "Lumps and Bumps: Kantian Faculty Psychology, Phrenology, and Twentieth-Century Psychiatric Classification," in Radden, *Moody Minds Distempered*, 131.

23 Among the works that inspired me most are: Georges Canguilhem, *The Normal and the Pathological* (New York: Zone Books, 1991); Carlo Ginzburg, *The Cheese and the Worms: The Cosmos of a Sixteenth-Century Miller*, trans. John Tedeschi and Anne Tedeschi (Baltimore: The Johns Hopkins University Press, 1992); Steven Shapin, *Never Pure: Historical Studies of Science as if it Was Produced by People with Bodies, Situated in Time, Space, Culture, and Society, and Struggling for Credibility and Authority* (Baltimore: Johns Hopkins Univ. Press, 2010).

24 That said, I should perhaps clarify that my distancing from Foucault's work has less to do with radically disagreeing with any of his hypotheses about the nature and social function of psychiatry as expressed in his influential studies (Michel Foucault, *Histoire de la folie à l'âge classique* [Paris: Gallimard, 1972]; Michel Foucault, *Surveiller et punir: naissance de la prison* [Paris: Gallimard, 1975]). My issue lies with works that pose as "Foucault-inspired" while retelling a simplified story of psychiatry as a tool for social control and applying that blueprint narrative to all sorts of historical periods and cultures without adding much to the original argument. This is not an approach to history writing that I embrace.

25 In this pursuit, Foucault's writings (especially those that deal with historical epistemology, such as Michel Foucault, *L'archéologie du savoir* (Paris: Gallimard, 1969)), have indeed been inspiring.

in the newly established university structures that emerged in the wake of Meiji Japan's modernization and Westernization efforts. Because they were pioneers in their domain, they shouldered most of the burden of translating and popularizing the foreign concepts in their home country. It was on their shoulders that the next generation of psychiatrists and psychologists would later develop fascinating and creative approaches to mental health that were more eclectic and more hybrid in nature, integrating both Eastern and Western knowledge to a much greater extent.[26] It is, perhaps, for this perceived lack in creativity and "Japaneseness" that the scientific output of this group of pioneers is considerably understudied.

Nowadays, most scholars who investigate this period from the vantage points of anthropology, cultural history, social history, or gender studies rarely give university-trained psychiatrists the full attention they deserve. To some degree, this was a very fruitful shift in focus, based on the conviction that other groups of actors offer a more comprehensive insight for understanding the phenomenon of mental illness, in Japan and elsewhere. And, indeed, there is no denying the great benefits of diversifying the source base and enriching our histories by including the perspective of drug sellers, traditional healers, patients, family members, law enforcers, or the media. Nonetheless, I take issue with how these supposedly different perspectives are framed in relation to the "expert knowledge" associated with my chosen group of university-trained psychiatrists.

The framing that you encounter in many studies usually takes the form of a contrasting narrative. However, because the focus is primarily on other actors (drug sellers, traditional healers, etc.), the university-trained psychiatrists appear as particularly shallow characters who essentially serve as convenient targets for all sorts of (postmodern) criticism that has become socially acceptable, especially since the 1960s anti-psychiatry movement.[27] In a nutshell, university-trained psychiatrists are portrayed as mindless agents of an oppressive and control-obsessed state who have fully internalized the idea that all forms of mental illness should be understood as brain disease and, therefore, represent a dehumanized form of psychiatry.[28] Against this bleak background, the true heroes of the

26 For some examples of distinctly hybrid approaches, see the collection of articles in Harding, *Religion and Psychotherapy in Modern Japan*.

27 Key texts by psychiatrists associated with the movement are: Thomas Szasz, *The Myth of Mental Illness* (New York: Harper & Row, 1961); David G. Cooper, *Psychiatry and Anti-psychiatry* (London: Tavistock Publications, 1971). The critical works of Michel Foucault (already mentioned above), Erving Goffman, and Gilles Deleuze have also considerably contributed to the anti-psychiatry debate.

28 Among the works in which this narrative prevails are Hyōdō Akiko 兵頭晶子, *Seishinbyō no Nihon kindai: tsuku shinshin kara yamu shinshin e* 精神病の日本近代：憑く心身から病む心身へ [Mental Illness and Japanese Modernity: From the Possessed Mind-Body to the Diseased Mind-Body] (Tōkyō: Seikyūsha, 2008); Yu-chuan Wu, "A Disorder of *Ki*: Alternative Treatments for Neurasthenia in Japan, 1890–1945" (PhD diss., University College London, 2012); Junko Kitanaka, *Depression in Japan: Psychiatric Cures for a Society in Distress* (Princeton: Princeton University Press, 2012); Keiko Daidoji, "Treating Emotion-Related Disorders in Japanese Traditional Medicine: Language, Patients and Doctors," *Culture, Medicine, and Psychiatry* 37 (2013): 59–80; Satō Masahiro 佐藤雅浩, *Seishin shikkan*

story can shine even brighter as they are painted as a force of resistance that stands for a more social and humane vision of psychiatry—one that acknowledges individual suffering and the diverse social causes that can lead to mental impairment. Because the knowledge that university-trained psychiatrists represent mostly originates from the West, there is also room for additional critique that exploits the East–West dichotomy. As a result, we encounter narratives that fail to step out of the nation-state framework by contrasting a simplified and essentialized view of Western knowledge with a dynamic and vivid portrayal of a supposedly different and exotic indigenous knowledge. While it is important to acknowledge that such a dichotomy was emphasized by contemporary scholars and social actors for various political reasons, it is inappropriate to simply parrot that view when you are the historian who is supposed to provide an analysis of the past. In that context, I find it extremely problematic to identify "expert knowledge" with some kind of "Western mode of thinking" while ascribing a unique "Japaneseness" to the views expressed by patients. *Nowhere in the world* did patients agree with their doctors on issues of mental illness, and it is a mistake to believe that the Japanese case is exceptional in this respect. The patient–doctor relationship and the divide between expert knowledge and lay knowledge that usually characterizes it is a fascinating topic, but it does not do justice to the history of Japanese psychiatry to interpret the divide in terms of a reductionist "Asia and the West" dichotomy. I am offering a new perspective on the institutionalization of psychiatry in Meiji Japan by examining this development within a larger framework that considers the dynamics of global conceptual changes and the role of institutional, administrative, and experimental practices.

Another common narrative, which I find unproductive and misleading, makes use of the concept of "unitary psychosis" as a logical prehistory to Kraepelin's dichotomy of *dementia praecox* and *manic-depressive insanity*. In this simplified history of the evolution of psychiatric categories, it is assumed that before Kraepelin single-handedly introduced disease specificity as a guiding principle for establishing disease boundaries, the psychiatric community was governed by a shared belief in a single unitary psychosis.[29] This

gensetsu no rekishi shakaigaku: Kokoro no yamai wa naze ryūkō suru no ka 精神疾患言説の歴史社会学：「心の病」はなぜ流行するのか [A Historical and Sociological Analysis of the Discursive Practice of Mental Illness: Why Did a Particular "Mental Sickness" Become Prevalent in a Certain Period?] (Tōkyō: Shin'yōsha, 2013); Francesca Di Marco, *Suicide in Twentieth Century Japan* (Abingdon: Routledge, 2016). A good counterexample is the recent work of Yumi Kim, which generally gives a more nuanced picture of university-trained psychiatrists: Yumi Kim, "Seeing Cages: Home Confinement in Early Twentieth-Century Japan," *The Journal of Asian Studies* 77, no. 3 (2018): 654; H. Yumi Kim, *Madness in the Family: Women, Care, and Illness in Japan* (Oxford: Oxford University Press, 2022), 41.

29 It is, in fact, very hard to identify adherents of the unitary psychosis doctrine. First, because unitary psychosis was not an actor's category most of the time, and historical actors rarely made their views explicit enough; second, because, even if they did, historical actors tended to change their views or express contradicting ideas (German E. Berrios and Michael Dominic Beer, "Unitary Psychosis Concept: The Origin and History of Psychiatric Disorders," ed. German E. Berrios and Roy Porter [London: Athlone Press, 1995], 313).

term, a rendition of the German *Einheitspsychose*, can refer to a variety of views which have in common "the assertion that there is only one psychosis."[30] Adherents of that doctrine believe that all forms of mental illness are just different manifestations of the same underlying disease. The reason why this meta-concept (not an actor's category in Imperial Germany or Meiji Japan) does not appear in this book is that it plays no role (not even implicitly) in the sayings and writings of the protagonists in my study for the period under investigation. By the 1860s, after Karl Ludwig Kahlbaum (1828–1899) had published his influential book on classification, the concept of unitary psychosis had largely lost its appeal.[31] This timing is also the reason why it did not find its way into Japanese psychiatric discourse (as far as I was able to ascertain) at the time when Western-style psychiatry formally took shape in Japan in the 1880s. Apart from its absence from my protagonists' texts, I also find the unitary psychosis narrative of little use when making a historical argument about the evolution of psychiatric concepts. In this study, I identify very different forces that led to the conceptual changes which heralded melancholia's disintegration. I further argue that those forces did not hinge on the belief of whether there was only one single psychosis or many, or whether diseases should be differentiated along the affective–cognitive divide (as Radden's and Shorter's reading suggests).

By thoroughly engaging with the conceptual and institutional developments that shaped the transformation of psychiatric knowledge in Imperial Germany, I critically reassess Kraepelin's contribution to psychiatric nosology and provide a comprehensive analysis of the Japanese psychiatrists' involvement in this knowledge production. Secondary literature that deals with Kraepelin's historical significance is usually strongly influenced by the authors' own convictions and reflects their affiliation with the history of medicine or social history. As a result, the historical perception of Kraepelin and his contributions to nosology is divided, as both the proponents of a biologistic psychiatry and those of social psychiatry have portrayed him as the founding father of their respective factions. This curious circumstance may in part be due to psychiatry's shifting relationships with other neighboring disciplines. While the 1950s and 1960s were marked by a fraternization with psychology and a fascination with psychoanalysis, the anti-psychiatry movements and scandals of the 1970s (especially the Rosenhan experiment) heavily damaged the discipline's credibility and have opened the path for a decisively more biologistic

30 Berrios and Beer, "Unitary Psychosis Concept," 313.

31 Ludwig Kahlbaum, *Die Gruppirung der psychischen Krankheiten und die Eintheilung der Seelenstörungen: Entwurf einer historisch-kritischen Darstellung der bisherigen Eintheilungen und Versuch zur Anbahnung einer empirisch-wissenschaftlichen Grundlage der Psychiatrie als klinischer Disciplin* [The Grouping of Mental Diseases and the Classification of Mind Disturbances: Outline of a historico-critical Account of Previous Classifications and Attempt at an Initiation of an Empirical and Scientific Basis for Psychiatry as a Clinical Discipline] (Danzig: A. W. Kafemann, 1863). Even Wilhelm Griesinger 1817–1868), who is commonly assumed to have been one of the main proponents of the unitary psychosis concept, had expressed very different views in his later writings and was explicitly agreeing with Kahlbaum's work (Berrios and Beer, "Unitary Psychosis Concept," 321).

approach since the 1980s. The new, so-called neo-Krepelinian era was characterized by a turn towards the natural sciences, heralding an alliance with neurology and especially with psychopharmacology.[32]

The ambiguity with regard to Kraepelin's assessment is in turn reflected in studies dealing with the history of psychiatry in Japan. This scholarship usually relies on English-language secondary literature to investigate the relationship between German and Japanese psychiatry in the nineteenth century. Thus, given the disagreement regarding Kraepelin's legacy in secondary sources, it is not surprising that in two recent publications on mental illness in Japan, the reader is confronted with contradictory statements. While Junko Kitanaka depicts Japanese psychiatry as closely following Kraepelin's neurobiological approach, with the Japanese experts eventually adopting his view that all forms of mental illness were seen as hereditary-based "brain disease," Hayang Kim instead presents the Japanese as clinging to the "biological model of psychiatry" *despite* Kraepelin's presumed rejection of this particular approach.[33] These narratives, developed based on a distant reading of German psychiatric history, fail to acknowledge that there might be a middle ground between a materialist and a social constructionist approach to mental illness (both for past and present actors).[34] At the same time, they cannot conceive of a history of Japanese psychiatry where the Japanese actively participate in the remapping of madness by retracing the boundaries of diseases with the very same quantitative methods for which Kraepelin has been enshrined as the "father of modern psychiatry."[35]

Moving the focus to Japan allows me to address hitherto-unexplored aspects of these conceptual changes. Indeed, some of the most important structural determinants come to the fore more clearly at the periphery of the global psychiatric community than in its contemporary centers in Europe. I argue that the impact of institutional structures on the vanishing of melancholia can nowhere be better observed than in Japan. In the early years of Japanese psychiatry, virtually all of the resources and support of the state were channeled to Japan's flagship institution, Tokyo Imperial University. Since it was

32 This periodization mainly reflects the development in the United States as outlined in Andrew Scull, "Contending Professions: Sciences of the Brain and Mind in the United States 1850–2013," *Science in Context* 28, no. 1 (2015): 134.

33 Kitanaka, *Depression in Japan*, 17, 35; Hayang Sook Kim, "Sick at Heart: Mental Illness in Modern Japan" (PhD diss., Columbia University, 2015), 17. Kitakanka gives Radden and Hoff as a reference for her interpretation of Kraepelin's assessment (Radden, *The Nature of Melancholy*; Paul Hoff, *Emil Kraepelin und die Psychiatrie als klinische Wissenschaft: Ein Beitrag zum Selbstverständnis psychiatrischer Forschung* [Emil Kraepelin and Psychiatry as Clinical Science: A Contribution to the Self-Image of Pschiatric Research] [Berlin: Springer-Verlag, 1994]). Kim's inspirations remain more obscure, but popular secondary literature that propagates this particular view is equally abundant. See, for example, Andrew Scull, *Madness: A Very Short Introduction* (Oxford: Oxford University Press, 2011), 69.

34 For a convincing vision of a middle ground, see Nikolas Rose, *Our Psychiatric Future: The Politics of Mental Health* (Cambridge, UK: Polity, 2019), 114–115.

35 The phrase can be found in many works; my quote is from Radden, *The Nature of Melancholy*, 206.

the focus of the governmental efforts to establish a unified and unambiguously "modern psychiatry," Tokyo became the sole and uncontested center of psychiatric research and teaching.[36] This is not to say that institutional hierarchies were not also powerful factors in other countries, but especially when new methods of conceptualizing mental illness were being negotiated, these forces were especially visible in Japan.[37]

Additionally, Tokyo Imperial University had the official mandate to popularize the new doctrines amongst all of the Japanese physicians, and so it also became the teaching hub of Japanese psychiatry. According to its commitment to keep up with worldwide developments, its professors turned to foreign, "avant-garde" psychiatrists to assess the global discourse. Since the 1880s, the elite community was constantly involved in translating and annotating medical literature from Vienna, Berlin, and Heidelberg, turning the students of Tokyo Imperial University into experts on German views on mental illness. It should perhaps be noted right away that "German views" on mental illness did not match up with ideas developed exclusively within the borders of the present-day German nation state. On the one hand, Imperial Germany before World War I also comprised parts of present-day Poland and Russia; therefore, some historical actors mentioned in this study, whose career involved positions in Breslau (present-day Wrocław), for example, would also be referred to as "German." On the other hand, the German language served as an important gateway to European and even worldwide academic debates for my Japanese protagonists. It allowed them to be part of a scientific community that ex-

36 On the history of Japanese medical institutions and medical education, see Ulrich Teichler, *Geschichte und Struktur des japanischen Hochschulwesens* [The History and Structure of Japanese Higher Education] (Stuttgart: Ernst Klett Verlag, 1975); Hermann H. Vianden, *Die Einführung der deutschen Medizin im Japan der Meiji-Zeit* [The Introduction of German Medicine in Japan during the Meiji-Period], Düsseldorfer Arbeiten zur Geschichte der Medizin 59 (Düsseldorf: Triltsch, 1985); Margaret Powell and Masahira Anesaki, *Health Care in Japan* (London: Routledge, 1990); Nakano Minoru 中野実, *Kindai nihon daigaku seido no seiritsu* 近代日本大学制度の成立 (Tōkyō: Yoshikawa Kōbunkan, 2003); Benjamin C. Duke, *The History of Modern Japanese Education: Constructing the National School System, 1872–1890* (New Brunswick: Rutgers University Press, 2009); Hsiu-Jane Chen, "'Eine strenge Prüfung deutscher Art': Der Alltag der japanischen Mediziausbildung im Zeitalter der Reform von 1868–1914" ["A Tough Exam in the German Fashion": Everyday Life in Japanese Medical Training during the Reform Era 1868–1914] (Charité - Universitätsmedizin Berlin, 2010); Kim, Hoi-eun, *Doctors of Empire: Medical and Cultural Encounters between Imperial Germany and Meiji Japan* (Toronto: University of Toronto Press, 2014).

37 There are some interesting parallels when you compare Japan's case with the history of psychiatry and modernization in the Middle East. For lack of language skills in that part of the world, I was never able to investigate that trail in full. For those interested in the subject, there are some excellent studies available in European languages: see Michael Dols, *Majnun: The Madman in Medieval Islamic Society* (Oxford: Oxford University Press, 1992); Zalashik Rakefet, *Das unselige Erbe: die Geschichte der Psychiatrie in Palästina und Israel* [A Grim Legacy: The History of Psychiatry in Palestine and Israel] (Frankfurt am Main: Campus Verlag, 2012); Sara Scalenghe, *Disability in the Ottoman Arab World, 1500–1800* (New York: Cambridge University Press, 2014); Omnia El Shakry, *The Arabic Freud: Psychoanalysis and Islam in Modern Egypt* (Princeton: Princeton University Press, 2017); Joelle M. Abi-Rached, *'Asfūriyyeh: A history of madness, modernity, and war in the Middle East* (Cambridge: The MIT Press, 2020).

tended to the Austrian Empire and the German-speaking part of Switzerland, as well as some Baltic countries where German still played an important role in academic and scientific circles. Therefore, "German psychiatry," as often used in this study, could refer to a pool of knowledge that was filled by a variety of scholars well beyond the limits of even Imperial Germany. Since the Japanese psychiatrists absorbed and condensed theories accessible to them in German with exceptional speed, the development of all major strands of late-nineteenth-century psychiatry from German-speaking countries is preserved in their statistical reports, their clinical lectures, and their teaching material.[38]

The displacement of melancholia in Japan is a valuable indicator of the efforts of the Japanese government to adjust to changing conceptions of global scientific thought and practice. Whereas melancholia had once been imported as a rare intellectual commodity in the cross-cultural occupation with Dutch medicine in the eighteenth century, it quickly rose to prominence when the government began to promote state medicine and psychiatric institutions. In the 1880s, the participation of Japan in the globe-spanning enterprise of "scientific progress" was also marked by the introduction of asylums in major cities. The high numbers of melancholic patients in the Tokyo Metropolitan Asylum bore witness to the leading power-holders' ambition to make a place for themselves among the more "progressive" nations.

However, towards the end of the nineteenth century, the situation began to change dramatically. Almost overnight, the perception of melancholia was reversed, and suddenly it was the disappearance of melancholia from Japanese asylums that came to symbolize scientific progress and enlightenment. Nonetheless, melancholia did not immediately vanish from academic discourse everywhere but remained an active part of scientific thought in some institutions for several years to come. Most evidently, it persisted outside of the direct zone of influence of the Tokyo academic community and thenceforth became a source of dispute between the metropolitan modernizers and other medical practitioners throughout the rest of Japan.

Lastly, my research fills a gap in historical studies on war-related mental illness, which usually ignore the Russo-Japanese War and often omit mentioning the Japanese perspective at all.[39] I will refrain from making any attempt to identify "PTSD," "shell shock," or any other form of "psychological trauma" in sources that were written before these concepts had emerged and were consciously used.[40] Focusing instead on the actor's cate-

38 On the institutional background and Japanese psychiatry's tradition with German language, see especially section 1.2.

39 See, for example, the chapter on war syndromes in Dan G. Blazer, *The Age of Melancholy: Major Depression and its Social Origins* (New York: Routledge, 2005), 117–133, which only discusses wars with American participation, or the introduction in Mark S. Micale and Paul Lerner, eds., *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870–1930* (Cambridge: Cambridge University Press, 2001), where the absence of the Russo-Japanese War is admitted, but Japan (or Asia, for that matter) is not even mentioned.

40 There are some notable works where this subject is treated and from which I have borrowed biographical

gories, I will discuss etiologies of mental disorders whenever these issues were problematized by the contemporary authors themselves. It goes without saying that my focus on melancholia prevents me from making general claims about any and all kinds of mental illness witnessed in the Russo-Japanese War. Hopefully, the rich material on *neurasthenia* and *hysteria* that was produced by military doctors on both sides will someday be incorporated into general works in the history of psychiatry as well.[41]

Due to the outbreak of the Russo-Japanese War, the Japanese historical documents on melancholia offer unique insights into the disappearance of the concept from psychiatric practice. Just when melancholia was on the brink of disappearance, the Japanese psychiatrists were entrusted with the care of hundreds of mental health patients returning from the battlefields in Manchuria. As a practical result of military administration, most of these patients passed through several medical centers of psychiatric care along the way home to their divisions. Each of these medical centers was a self-contained repository of psychiatric knowledge that became integrated into the centralized system of the military. While the category of melancholia was still in use in some of them, others had already discarded it, but they were now all incorporated into the military machine.

As the patients passed through the different stations, they became objects of inquiry for military doctors, Red Cross attendants, and local and metropolitan psychiatrists. Each examiner produced his own individual medical report that was then continuously passed on, transformed, and re-scripted as the patients moved along the nodes of the military

and bibliographical data for my own research: Catherine Merridale, "The Collective Mind: Trauma and Shell-Shock in Twentieth-Century Russia," *Journal of Contemporary History* 35, no. 1 (2000): 39–55; Paul Wanke, *Russian/Soviet Military Psychiatry 1904–1945* (London: Frank Cass, 2005); Jacqueline Lee Friedlander, "Psychiatrists and Crisis in Russia, 1880–1917" (PhD diss., University of California, 2007); Irina Sirotkina, "Rossijskie psichiatry na pervoj mirovoj vojne" [Russian Psychiatrists in World War One], in *Nauka, technika i obščestvo Rossii i Germanii vo vremja Pervoj mirovoj vojny*, ed. Ėduard Kolčinskij and Dietrich Beyrau (St. Petersburg: Nestor-Istorija, 2007), 326–344; Irina Sirotkina, "The Politics of Etiology: Shell Shock in the Russian Army 1914–1918," in *Madness and the Mad in Russian Culture*, ed. Angela Brintlinger and Ilya Vinitsky (Toronto: University of Toronto Press, 2007), 117–129; Jan Plamper, "Soldiers and Emotion in Early Twentieth-Century Russian Military Psychology," *Slavic Review* 68, no. 2 (2009): 259–283; Satō Masahiro, *Seishin shikkan gensetsu no rekishi shakaigaku* Nakamura Eri 中村江里, "Sensō to otoko no 'hisuterī': Jūgonen sensō to Nihongun heishi no 'otokorashisa'" 戦争と男の「ヒステリー」：十五年戦争と日本軍兵士の「男らしさ」[War and Male Hysteria: The Fifteen Years' War [1931–1945] and Japanese Army Soldiers' Masculinity], *Rikkyō daigaku jendā fōramu nenpō* 16 (2015): 33–48.

41 Apart from those previously cited, such general works are Marijke Gijswijt-Hofstra and Roy Porter, eds., *Cultures of Neurasthenia from Beard to the First World War* (Amsterdam: Rodopi, 2001); Mark S. Micale, *Hysterical Men: The Hidden History of Male Nervous Illness* (Cambridge: Harvard University Press, 2008); Andrew Scull, *Hysteria: The Biography* (Oxford: Oxford University Press, 2009). The subject of mental illness in the Russo-Japanese War has of course been sketchily treated in general works on Russian and Japanese psychiatry, respectively, but the "national style narrative" adopted by the authors has rendered these texts largely incompatible with my own research. For a critical discussion of "national styles" in the sciences, see, for example, Nathan Reingold, "The Peculiarities of the Americans or Are There National Styles in the Sciences?," *Science in Context* 4, no. 2 (2008).

network. The patient records were woven from the fabric of the knowledge that the examiners had at their disposal from their individual careers and at their respective sites of activity. From today's perspective, these records are unique testimonies to widely differing medical and diagnostic practices that mirror the diversity of psychiatric knowledge. Despite this heterogeneity, a significant number of the case histories were still connected by the individual human experiences and stories from which they were abstracted. It is this circumstance that permits that they now be used to assemble composite pictures of the psychiatrists' multi-perspective observations. Indeed, once the records are matched, analyzed, and compared, they constitute an invaluable source for our understanding of the changes that led to the disappearance of melancholia from psychiatric practice.

The overall structure of the book is divided into two parts. The first part concentrates on the academic structures and struggles that surrounded the concept of melancholia. It has as its scene the lecture halls, laboratories, and academic institutions of Meiji Japan and Imperial Germany and relies on academic publications, conference papers, research reports, textbooks, institutional yearbooks, and lecture notes as its primary sources. It focuses on the position of melancholia as a global academic concept and showcases the multi-leveled connections that linked Japanese psychiatry to its German counterpart.

The second part deals with issues surrounding war and mental illness. It has as its scene the front line of the Russo-Japanese War, the line of communication hospitals in the rear, and the hospitals on the Japanese mainland. Its sources are the medical reports of Russian and Japanese psychiatrists who applied the diagnostic category of melancholia to their patients or discussed the term in their writings. It focuses on the use of the category in practice and establishes the scope and meaning of the term based on its use in medical case records produced in the wake of the war. It complements the theoretical accounts on melancholia in textbooks and academic disputes discussed in the preceding part.

Although most chapters touch on all topics to a varying degree, each argues for a specific set of points, and the source materials are weighted accordingly.

Chapter 1 plunges right into a pivotal debate that touched upon issues such as the essence and purpose of psychiatry and sketches the rifts and ruptures it created within the global psychiatric community. First, it situates the concept of melancholia within that worldwide debate; second, within the Japanese educational setting; and third, within the personal affinities of three of the book's protagonists, namely, Kure Shūzō 呉秀三 (1865–1932), Araki Sōtarō 荒木蒼太郎 (1869–1932), and Kadowaki Masae 門脇眞枝 (1872–1925). It narrates the "rifts" that ran through the world of psychiatry and contrasts the different settings, institutions, and personal preferences that constituted the framework within which the vanishing of melancholia took place.

Chapter 2 takes a step back in time and reconstructs the emergence of the so-called "great dichotomy" in psychiatric classification, a new system of classifying mental illness that introduced the concepts of *dementia praecox* and *manic-depressive insanity* as the two main categories into which the majority of mental patients could be divided and

which had a disruptive effect on melancholia and other well-established medical concepts. Within a comparative framework, the chapter traces the institutional roots of this development and focuses on the relationship between risk-management-driven hospital administration and concept formation in Imperial Germany and Meiji Japan. By linking these developments to the psychiatrists' efforts to present asylums as sites of psychiatric modernity, this chapter also addresses issues of professional identity, rivalry, and competition. Lastly, the chapter revisits the conceptual origins of the great dichotomy by taking a closer look at textbook production in Germany and Japan and analyzes the metaphorical language that lay at the heart of its foundation.

Chapter 3 investigates the rhetoric of "scientific progress" that accompanied the emergence of the new classification system and significantly contributed to its popularity. It sheds light on the introduction of experimental practices into the psychiatric clinic and analyzes the implications of these new methods for diagnosing, theorizing, and teaching. Sketching the origins of the new number-producing techniques, the chapter offers an analysis of the theoretical foundations behind the experimental methods. It exposes the black-boxing effect of the metrical operations and investigates the assumptions and judgments implicit in the different experimental settings, the execution of the tests, and the evaluation of the results. The chapter further shows the impact of metric fixation on the clinical gaze and links it to the shift towards a mechanistic model of mental disorders. By showing how these "modern" views translated into teaching, the chapter closes with a juxtaposition of patient demonstrations in Heidelberg and Tokyo and points to the fast dissemination of the new concepts and teaching formats.

Chapter 4 discusses critical reactions to Kraepelin's nosology and its unquestioned adaptation by Kure Shūzō from Tokyo Imperial University. Here, I return to the Japanese contributions to the global debate that I sketched in chapter 1 and analyze the alternative classifications put forward by Araki Sōtarō and Kadowaki Masae in more detail. I point out their allegiance to a rival influential school of thought and illustrate their creative engagement with associationist theory. I carve out the conceptual differences between the various classification systems and clarify melancholia's differing places within them. I also introduce Matsubara Saburō 松原三郎 (1877–1936), the fourth Japanese protagonist, whose professional career and interest in experimental methods brought him to the United States and who independently devised his own original definition of melancholia by harnessing these new techniques.

The second part opens with Chapter 5. It introduces the reader to the Japanese Army's mental health provision during the Russo-Japanese War and reconstructs the system of evacuation routes and the attached hospital network. It highlights the production and rewriting processes of the patient records that were passed through that system. It also gives a detailed account of the changed modes of observation and writing that had developed in the years since Kure's return to Japan. By (re-)constructing a series of events that led to one soldier's divergent diagnoses as a mentally ill person, I highlight the power of

words and illustrate the practical implications of the nosological changes that I analyzed in the first part.

Chapter 6 expands the engagement with soldiers' case histories but moves the lens to the plurality of "new" symptoms and diseases that replaced the older concepts of mania and melancholia. Similar to chapter 5, it emphasizes the power of narrative structures in case histories, but it goes well beyond the individual case study in that it uncovers regularized modes of judgment. By doing so, it establishes a practical lexicon and a comprehensive inventory of diagnostic schemes that dominated the perception of madness in the first war fought with "modern" and "scientific" mental health care in its medical arsenal.

Lastly, chapter 7 presents a wide-angle picture of the Russo-Japanese War. It zooms out from the level of individual soldiers and looks at the war as a madness-triggering phenomenon in its own right. It presents three psychiatrists' conflicting views on the etiological role of the war and looks into the argumentative strategies they employed to bolster their respective positions on questions of responsibility and liability. In this chapter, I pick up on the idea of risk management rationality, already identified as an important force in the creation of prognosis-oriented psychiatry in chapter 2, and interpret the Japanese Army's eager adaptation of Kraepelin's classification as a pragmatic choice that facilitated the handling of compensation claims and minimized financial risks.