

1 Rifts and Alliances in Academic Psychiatry

In April 1905, an academic dispute on melancholia and other controversial medical categories unfolded in the lecture hall of Tokyo Imperial University. What appeared to be an argument about names and terms was in fact an instantiation of a conflict rooted in a fundamental disagreement about the principles and methods of psychiatric practice. The scene of this academic dispute was the early-twentieth-century lecture theater, a university classroom that had equivalents in many other parts of the world and whose leading actors shared many views on scientific thought and practice. As an established site of knowledge of twentieth-century education and learning, the university classroom offered Japanese psychiatrists a fitting stage on which to negotiate their individual ideas within the framework of global knowledge systems.

The contributions presented at the Tokyo Conference of 1905 and at other conferences around the globe show that these local disputes were deeply enmeshed in global debates that were often characterized by factional struggles within the psychiatric world. They also reveal the German preeminence on the academic psychiatric scene that was central to the disputes on melancholia and other medical categories. These controversies were linked to universalist claims about the scientific foundations of psychiatry and the ultimate aim of psychiatric practice, and they did not fail to find an echo in the international psychiatric community. In Japan, these debates were shaped by the extreme asymmetry that characterized Japanese medical and educational institutions in the Meiji period (1868–1912). However, they were also influenced by the personal and institutional ties of the individual actors to other psychiatric communities outside of Japan.

1.1 Global Debates

In Japan as in many other parts of the world, the roots of these classificatory disputes can be traced back to the controversial textbook *Psychiatrie: Ein Lehrbuch für Studirende und Aerzte*, published by the German psychiatrist Emil Kraepelin from Heidelberg. By introducing the new disease categories *dementia praecox* (in the fifth textbook edition, 1896) and *manic-depressive illness* (in the sixth textbook edition, 1899), Kraepelin had challenged the validity of other illness concepts such as *mania*, *melancholia*, *paranoia*,

and *secondary dementia*.¹ The changes were presented as a new vision of “clinical psychiatry,” where prognosis and outcome were the new guiding principles of the classification of mental disorders. This was one of the more drastic attempts at reforming psychiatric categories at the time and has continued to attract researchers’ attention to this day.² Psychiatrists from all over Europe and beyond did not fail to react to these changes, articulating their views in numerous articles and monographs and voicing their approval or discontent in meetings held by psychiatric societies.

In Germany, Kraepelin’s new classification had first been publicly discussed at the annual meeting of the Association of German Alienists that took place in Heidelberg in 1896.³ On this occasion, director of the Berlin Charité Hospital and chief secretary of the society Friedrich Jolly (1844–1904) criticized Kraepelin’s talk on “Goals and Methods of Clinical Psychiatry,” with which the latter had intended to lay the foundations for a “modern psychiatry.”⁴ Jolly expressed his concerns about Kraepelin’s utilitarian approach to disease classification and criticized his method “to draw conclusions about the diagnosis on the basis of prognosis.”⁵ This struggle resurfaced again three years later at a conference in Munich in 1899 and deepened the rift between the “Berlin School” and the “Heidelberg School.”⁶ This time, Jolly criticized Kraepelin’s basic classification prin-

¹ Emil Kraepelin, *Psychiatrie: Ein Lehrbuch für Studirende und Aerzte* [Psychiatry: A Textbook for Students and Doctors], 5th ed. (Leipzig: Verlag von Johann Ambrosius Barth, 1896); Emil Kraepelin, *Psychiatrie: Ein Lehrbuch für Studirende und Aerzte* [Psychiatry: A Textbook for Students and Doctors], 6th ed., 2 vols. (Leipzig: Verlag von Johann Ambrosius Barth, 1899).

² To name but some of the most relevant publications, see Helmut Hildebrandt, “Der psychologische Versuch in der Psychiatrie: Was wurde aus Kraepelins (1895) Programm?” [The Psychological Experiment in Psychiatry: What Became of Kraepelin’s (1895) Project?], *Psychologie und Geschichte* 5 (1993): 5–30; Volker Roelcke, “Laborwissenschaft und Psychiatrie: Prämissen und Implikationen bei Emil Kraepelins Neuformulierung der psychiatrischen Krankheitslehre” [Laboratory Sciences and Psychiatry: Premises and Implications of Emil Kraepelin’s Reformulation of Psychiatric Nosology], in *Strategien der Kausalität: Konzepte der Krankheitsverursachung im 19. und 20. Jahrhundert*, ed. Christoph Gradmann and Thomas Schlich, Neuere Medizin- und Wissenschaftsgeschichte. Quellen und Studien, 5 (Pfaffenweiler: Centaurus, 1999), 93–116; Eric Engstrom, *Clinical Psychiatry in Imperial Germany: A History of Psychiatric Practice* (Ithaca: Cornell University Press, 2003); Katharina Trede et al., “Manic-Depressive Illness: Evolution in Kraepelin’s Textbook, 1883–1926,” *Harvard Review of Psychiatry* 13 (2005): 155–178; David Healy et al., “Historical Overview: Kraepelin’s Impact on Psychiatry,” *European Archives of Psychiatry and Clinical Neuroscience* 258 (2008): 18–24.

³ Please note that “alienist” is the general historical term for people who deal with “alienism,” i.e. psychiatry. It does not specifically refer to psychiatrists who testify in a court of law.

⁴ Emil Kraepelin, “Ziele und Wege der klinischen Psychiatrie” [Aims and Means of Clinical Psychiatry], *Allgemeine Zeitschrift für Psychiatrie* 53, no. 5 (1897): 840–844.

⁵ Gustav Aschaffenburg, Heinrich Lachr, and Ernst Beyer, “Jahressitzung des Vereins der deutschen Irrenärzte am 18. und 19. September 1896 in Heidelberg” [Annual Meeting of the Association of German Alienists in Heidelberg on September 18–19, 1896], *Allgemeine Zeitschrift für Psychiatrie* 53, no. 5 (1897): 845.

⁶ Here, I follow the account of Schmidt-Degenhard, who referred to Jolly as the “spokesman of the Berlin School” (Schmidt-Degenhard, *Melancholie und Depression: Zur Problemgeschichte der depressiven Er-*



Figure 1.1: "Psychiatrists of Europe!" cartoon, 1896

ples of dividing mental disorders into curable and incurable forms, with which the latter had fragmented the concept of melancholia.⁷

The conflict between Kraepelin and the Berlin School was also visualized in a contemporary cartoon that was created on the occasion of the Heidelberg Conference of 1896 (see Figure 1.1).⁸ In this drawing, he was portrayed as an isolated outsider and innovative

krankungen seit Beginn des 19. Jahrhunderts [Melancholia and Depression: A Critical History of Depressive Disorders Since the Early 19th Century] [Stuttgart: Kohlhammer, 1983], 92). See also Jolly's critical assessment of Kraepelin's fifth edition in Friedrich Jolly, review of *Psychiatrie: Ein Lehrbuch für Studierende und Aerzte*, 5th, completely revised edition by Emil Kraepelin, *Archiv für Psychiatrie und Nervenkrankheiten* 28 (1896): 1003–1006.

7 Emil Kraepelin, "Die klinische Stellung der Melancholie" [The Clinical Status of Melancholia], *Monatschrift für Psychiatrie und Neurologie* 6, no. 5 (1899): 325–335; Ludwig Mann, "Bericht über die Sitzungen der Abtheilung für Neurologie und Psychiatrie der 71. Versammlung deutscher Naturforscher und Aerzte zu München vom 17.–23. September 1899" [Report on the Sessions of the Department of Neurology and Psychiatry at the 71. Meeting of German Natural Scientists and Physicians in Munich on September 17–23, 1899], *Centralblatt für Nervenheilkunde und Psychiatrie* 22 (1899): 584.

8 Although the authorship of this cartoon (and an accompanying satirical poem) is sometimes attributed to Kraepelin himself, its exact provenance remains unknown. It reflects the self-perception of Kraepelin and his Heidelberg followers vis-à-vis their rivals and was certainly published with Kraepelin's approval. The model for this picture was a painting by Herman Knackfuß (1848–1915) titled "Völker Europas, wahrt eure heiligsten Güter" [Peoples of Europe, Guard Your Dearest Goods]. It is an allegorical painting depicting the united Nations of Europe protecting Christianity against Buddhism. This cartoon was originally published in the comic-newspaper (Bierzeitung) *Neue Zeitschrift für Metapsychiatrie* [New Journal for Metapsychiatry] circulated on the occasion of the Heidelberg Conference of 1896 (Emil Krae-

reformer within the German-speaking psychiatric community. Under the slogan “Psychiatrists of Europe! Guard your Dearest Diagnoses!” his main antagonists were depicted as being led by the spirit of Carl Westphal (1833–1890), the late director of the neuropsychiatric clinic of the Charité Hospital, who was represented as a guardian angel. Behind him, the current Charité director Friedrich Jolly and the future director Theodor Ziehen (1862–1950) are shown to have closed ranks with other famous European psychiatrists such as Richard von Krafft-Ebing (1840–1902), from Vienna, and Carl Wernicke (1848–1905), from Breslau (present-day Wrocław).⁹

As opposed to his adversaries’ depiction as a confederation of guardians of European psychiatric traditions, Kraepelin was presented as an enlightened reformer and visionary. The cartoon showed Kraepelin’s rivals’ fallacious beliefs by depicting Jolly, Ziehen, and their followers as standing under a cross showing the slogan *In hoc symptomate vinces* [In this symptom thou shalt conquer], an alteration of the phrase *In hoc signo vinces* [In this sign thou shalt conquer]. This motto is a reference to the legend of the Battle of the Milvian Bridge, in which Constantine the Great is said to have had a vision of a cross bearing this inscription before he led his armies to victory against his rival Maxentius.¹⁰ Building on this analogy, the imagery seems to imply that Kraepelin’s academic rivals were clinging to beliefs that were based on visions and superstitions. Kraepelin identified these false beliefs with an adherence to the “symptomatic method” of classifying mental disorders that he saw in opposition to his own “clinical method.”¹¹

Until the 1920s, Kraepelin would continue to actively propagate his vision of a “clinical psychiatry” with the dichotomous division of curable and incurable diseases.¹² But, as we shall see in more detail below, the underlying factional disputes did not only dominate the contemporaneous German discourse but also found a strong echo in Japan and other parts of the world. In fact, the discussions at the Tokyo Conference can be con-

pelin, *Kraepelin in Heidelberg (1891–1903)*, ed. Wolfgang Burmair, Eric Engstrom, and Matthias Weber [München: Belleville, 2005], 27). The image in Figure 1.1 is from a copy of the journal preserved at the Max-Planck-Institute for Psychiatry in Munich (MPIP HA K 31/12).

9 For more details on the cartoon and the identification of individual figures, see Kraepelin, *Kraepelin in Heidelberg (1891–1903)*, 30.

10 On Constantine’s vision, see Raymond van Dam, *Remembering Constantine at the Milvian Bridge* (Cambridge: Cambridge University Press, 2011), 2–5.

11 This interpretation of Kraepelin’s use of the slogan *In hoc symptomate vinces* is offered by Wübben, who used this picture in her introduction; see Yvonne Wübben, “Mikrotom der Klinik: Der Aufstieg des Lehrbuchs in der Psychiatrie (um 1890)” [The Microtome of the Clinic: The Ascendence of the Textbook in Psychiatry (around 1890)], in *Krankheit schreiben: Aufzeichnungsverfahren in Medizin und Literatur*, ed. Yvonne Wübben (Göttingen: Wallstein-Verlag, 2013), 155–156.

12 Towards the end of his life, Kraepelin was no longer convinced that every disease could be attributed to a specific disease process and even admitted that it was impossible to clearly distinguish manic-depressive insanity and dementia praecox (Talya Greene, “The Kraepelinian Dichotomy: The Twin Pillars Crumbling?,” *History of Psychiatry* 18, no. 3 [2007]: 362–363). See also German E. Berrios, Rogelio Luque, and José M. Villagrán, “Schizophrenia: A Conceptual History,” *International Journal of Psychology and Psychological Therapy* 3, no. 2 (2003): 134.

sidered to have been part of a global academic dispute within an international scientific community. Indeed, psychiatric societies in Russia, Belgium, and the United States were also divided on the matter of Kraepelin's new disease categories. In the following, I will sketch the debates at the conferences in Moscow (1902), Brussels (1903), and New York (1904) that preceded the Tokyo Conference and highlight common argumentative strategies. As in the Japanese case, debates about the concepts of melancholia and dementia praecox dominated the discussions on classification.

At a meeting of the Moscow Society of Neuropathologists and Psychiatrists in October 1902, the presentation of a study on melancholia by Sergej Alekseevič Suchanov (1867–1915) and Pëtr Borisovič Gannuškin (1875–1933) caused heated debates about the usage of this disease term and the assessment of Kraepelin's newest (1899) classification.¹³ The speakers presented a statistical study on melancholic patients in the Moscow Clinic for Nervous Diseases of Moscow University and proposed some theses on the nature of melancholia and its relationship with dementia praecox that were met with hostility from the audience.¹⁴ While some members of the conference criticized the speakers for having ignored "the basic principles of a scientific classification" by blindly following some of Kraepelin's innovations, others in turn attacked them for their ignorance of Kraepelin's views.¹⁵

Aleksandr Nikolaevič Bernštejn (1870–1922) was an especially fervent supporter of the Kraepelin school. He declared that he categorically disagreed with the speakers that there could be any overlap between dementia praecox and circular insanity (i.e. alternating states of exaltation and depression).¹⁶ On a similar occasion in a meeting in January, he had already complained that none of the conference members had a thorough understanding of "Kraepelin's disease," by which he meant dementia praecox.¹⁷ At this meeting,

¹³ Sergej Alekseevič Suchanov, "Protokoly Obščestva nevropatologov i psichiátrov pri Moskovskom Universitetě: Zasédanie 11 oktjabrja 1902 goda" [Proceedings of the Moscow Society of Neuropathologists and Psychiatrists: Meeting of October 11, 1902], *Žurnal nevropatologii i psichiátrii imeni S. S. Korsakova* 2, no. 6 (1902): 125–134.

¹⁴ Sergej Alekseevič Suchanov and Pëtr Borisovič Gannuškin, "K učeniju o melancholii" [On the Teaching of Melancholia], *Žurnal nevropatologii i psichiátrii imeni S. S. Korsakova* 2, no. 6 (1902): 1170–1187. For a short history of the clinic, see Alla A. Vein, "The Moscow Clinic for Nervous Diseases: Walking Along the Portraits," *Journal of the History of the Neurosciences* 16 (2007): 42–57.

¹⁵ A few years later, Suchanov changed his mind and became a follower of the Kraepelin school and the new classification method. See especially Sergej Alekseevič Suchanov, "O sovremennoj klassifikacii duševnyh boléznej" [On the Modern Classification of Mental Disorders], *Sovremennaja psichiatrija*, 1907, 241–246. Suchanov's call for a "modern" classification method and the Japanese reception of his work on the Russo-Japanese War will be discussed in chapter 7.

¹⁶ Suchanov, "Protokoly Obščestva nevropatologov i psichiátrov pri Moskovskom Universitetě," 134.

¹⁷ Sergej Alekseevič Suchanov, "Sekcija nervnyh i duševnyh boléznej VIII-go s"ezda Obščestva russkich врачеj v pamjat' N. I. Pirogova: Zasédanie 4-go janvarja" [Section of Mental and Nervous Diseases of the VIII. Conference of the Pirogov Society of Russian Physicians: Meeting of January 4, 1902], *Žurnal nevropatologii i psichiátrii imeni S. S. Korsakova* 2, nos. 1–2 (1902): 266.

Bernštejn was one of five different speakers who gave a talk on dementia praecox.¹⁸ One of the more critical voices was the talk by Vladimir Petrovič Serbskij (1858–1917), the director of the Moscow Clinic for Nervous Diseases, who attacked Kraepelin's classification principles and questioned the consistency of his dementia praecox description.¹⁹ The meeting was concluded with the general impression of Vladimir Michajlovič Bechterevo (1857–1927) that most of his Russian colleagues took a critical stance towards Kraepelin's new disease category.

A similar debate arose in Brussels, where the Conference of Alienists and Neurologists from France and French-speaking Countries took place in August 1903.²⁰ After the presentation of a study on “Catatonia and Stupor” by Arthur Claus (1861–1932), a pro-Kraepelin psychiatrist from Antwerp, another discussion about Kraepelin's new disease categories ensued.²¹ Several concerns were voiced, such as the inappropriateness of the designation “dementia praecox,” skepticism about its status as a disease (as opposed to a syndrome), and doubts about Kraepelin's conception of manic-depressive insanity.²² The most severe criticism came from Gilbert Ballet (1853–1917), who questioned Kraepelin's very principles for establishing new medical categories.²³ Ballet admonished that

¹⁸ On the early reception of Kraepelin's textbooks by Suchanov and Bernštejn, see also Maike Rotzoll and Frank Grüner, “Emil Kraepelin and German Psychiatry in Multicultural Dorpat/Tartu, 1886–1891,” *Trames* 20, no. 4 (2016): 364.

¹⁹ In his talk, which later appeared in print, he mocked Kraepelin's dementia that could apparently also proceed without dementia, and made the criticism that there was no uniting element in Kraepelin's characterization of the disease. (Vladimir Petrovič Serbskij, “K voprosu o rannem slaboumii (Dementia praecox)” [On Premature Mental Enfeeblement (Dementia Praecox)], *Žurnal nevropatologii i psichiatrii imeni S. S. Korsakova* 2, nos. 1–2 [1902]: 40). His article was also translated into French in three installments (Vladimir Petrovič Serbskij [Serbsky, Wladimir], “Contribution à l'étude de la démence précoce I,” *Annales médico-psychologiques* 18 [November–December 1903]: 379–388; Vladimir Petrovič Serbskij [Serbsky, Wladimir], “Contribution à l'étude de la démence précoce II: Suite,” *Annales médico-psychologiques* 19 [January–February 1904]: 19–34; Vladimir Petrovič Serbskij [Serbsky, Wladimir], “Contribution à l'étude de la démence précoce III: Suite et fin,” *Annales médico-psychologiques* 19 [March–April 1904]: 188–203). In this form, it was also noted by the French-speaking psychiatric community and has been discussed by Garrabé as belonging to the anti-Kraepelinian francophone school (Jean Garrabé, *Histoire de la schizophrénie* [Paris: Seghers, 1992], 46–53).

²⁰ The aforementioned Russian psychiatrist Suchanov was also present at this conference (J. Crocq, ed., *Congrès des médecins aliénistes et neurologistes de France et des pays de langue française: XIIIE session, Comptes rendus, vol. 2, tenue à Bruxelles, du 1er au 8 Août 1903, Congrès des médecins aliénistes et neurologistes de France et des pays de langue française, August 1–8, 1903* [Paris and Bruxelles: Masson et Cie / Henri Lamertin, 1903], 16).

²¹ Arthur Claus, “Catatonie et stupeur,” in *Congrès des médecins aliénistes et neurologistes de France et des pays de langue française: XIIIE session, Rapports*, ed. J. Crocq, vol. 1, tenue à Bruxelles, du 1er au 8 Août 1903, Congrès des médecins aliénistes et neurologistes de France et des pays de langue française, August 1–8, 1903 (Paris and Bruxelles: Masson et Cie / Henri Lamertin, 1903), 5–131.

²² Crocq, *Congrès des médecins aliénistes et neurologistes de France et des pays de langue française*, 58, 69–70, 89.

²³ Gilbert Ballet, ed., *Traité de pathologie mentale* (Paris: Octave Doin, 1903). For a more detailed discussion

the theory of dementia praecox had been accepted too easily and without having been thoroughly subjected to critical examination. He suggested that, instead of relying on general statistics, the existence of this new disease form could only be proven by long-term observations of a series of similar and well-studied cases.²⁴

It is important to note that in the Russian and French communities, the anti-Kraepelin faction relied on a different rhetoric than their German colleagues. In fact, they did not fight out the dispute along the Berlin–Heidelberg rift but instead referred to French-speaking authorities, namely, Jean-Étienne Esquirol (1772–1840), Bénédict Augustin Morel (1809–1873), and Valentin Magnan (1835–1916). This focus on a supposedly entirely independent French tradition stands in stark contrast to those centers that formally mirrored the inner-German factional dispute, i.e. the United States and especially Japan.

At a meeting of the New York Neurological Society in October 1904, the new (1899) version of the concept of dementia praecox was attacked by Adolf Meyer (1866–1950), who had himself introduced the term in the United States in 1896.²⁵ He and several other speakers complained that Kraepelin had abandoned the theory of degeneration that characterized his early version of the dementia praecox concept.²⁶ Other speakers, such as Allen Ross Diefendorf (1871–1943), who had made a translation of Kraepelin’s new textbook, in turn defended the new classification.²⁷

At another meeting in November 1904, the concept of *manic-depressive insanity* proved controversial as well in a discussion on “the Classification of the Melancholias.”²⁸ Meyer proposed replacing the term “melancholia” with “depression,” noting that the former referred to some inaccessible knowledge of the past.²⁹ Other speakers also expressed their “decided belief” in the new term, while Moses Allen Starr (1854–1932) stated that he had no sympathy for it and saw no reason to protest against the classification

of this conference, see Ian Dowbiggin, “Back to the Future: Valentin Magnan, French Psychiatry, and the Classification of Mental Diseases, 1885–1925,” *Social History of Medicine* 9, no. 3 (1996): 398–399. For a general discussion of the reception of Kraepelin’s new classification in France, see Berrios and Porter, *A History of Clinical Psychiatry*, 285.

²⁴ Gaston Deny, “Congrès Français des Médecins Aliénistes et Neurologistes: Treizième session tenue à Bruxelles du 1er au 7 août 1903,” *La Semaine Médicale* 23, no. 31 (1903): 254–255.

²⁵ Richard Noll, *American Madness: The Rise and Fall of Dementia Praecox* (Cambridge: Harvard University Press, 2011), 10.

²⁶ “New York Neurological Society: Society Proceedings, October 4, 1904,” *The Journal of Nervous and Mental Disease* 32, no. 1 (1905): 38–39.

²⁷ Allen Ross Diefendorf, *Clinical Psychiatry: A Text-Book for Students and Physicians*, abstracted and adapted from the sixth German edition of Kraepelin’s “Lehrbuch der Psychiatrie.” (New York: Macmillan Company, 1904). On a large scale, Noll found that there was little evidence of any significant resistance to the adoption of Kraepelin’s classification in American asylums (Noll, *American Madness*, 97).

²⁸ “Society Proceedings, November 1, 1904: A Discussion on the Classification of the Melancholias,” *The Journal of Nervous and Mental Disease* 32, no. 2 (1905): 112–120.

²⁹ “Society Proceedings, November 1, 1904,” 113–114. On Adolf Meyer’s views, see also Jackson, *Melancholia and Depression*, 6, 195–202 and especially Susan D. Lamb, *Pathologist of the Mind: Adolf Meyer and the Origins of American Psychiatry* (Baltimore: John Hopkins University Press, 2014).

proposed by Krafft-Ebing. Starr evoked the idea of cultural specificity and argued that manic-depressive insanity did not coincide with the clinical experience in America.³⁰ This line of argument was not only used by the anti-Kraepelin faction. Diefendorf stated in the preface to his translation of Kraepelin's textbook that he had abbreviated the descriptions of some psychoses that were of "less importance to the American physician," suggesting that other diseases, such as *acquired neurasthenia*, were more common in the United States.³¹

This brief survey of international conference debates provided a panoramic view of the sometimes hefty discussions that Kraepelin's new textbook caused within psychiatric societies around the globe. By moving from the provincial town of Heidelberg to the metropolis of Munich and to the capitals of Russia and Belgium, and lastly to New York, several shared concerns came to light, including topics such as the discussion of the appropriateness of disease names, the idea of the cultural specificity of diseases, and general questions about the purpose of classificatory systems. All of these concerns and struggles were in no way alien to Japan but had become a source of dissent in Tokyo as well. Here, the newly founded Japanese Society for Neurology (*Nihon shinkei gakkai* 日本神經學會) offered Japanese psychiatrists a platform to position themselves within this global debate.³²

³⁰ "Society Proceedings, November 1, 1904," 113–114.

³¹ Diefendorf, *Clinical Psychiatry*, V.

³² Alongside the Japanese name, the society was also known by its German name, *Japanische neurologische Gesellschaft*. Its proceedings were published in the journal *Shinkeigaku zasshi* 神經學雜誌, launched in the same year (1902), which also had a German-language edition called *Neurologia*. Although the name of the society and the journal might suggest that the content was limited to neurology, this was not the case (Masaaki Matsushita, "History of Neuropathology in Japan," *Neuropathology* 20 [2000]: S2–S6). This journal was the main platform for publications on psychiatric matters in Japan and also covered a variety of related fields (such as psychology, physiology, therapy, and anthropology). See, for example, the reviews section in the table of contents of issue 4, volume 1 (1902) of the *Shinkeigaku zasshi*. It covered reviews from foreign journals in the fields of anatomy (*kaibō gaku* 解剖學), physiology (*seiri gaku* 生理學), psychology (*shinri gaku* 心理學), pathological anatomy (*byōrikaibō gaku* 病理解剖學), neuropathology (*shinkeibyō gaku* 神經病學), psychopathology (*seishinbyō gaku* 精神病學), therapy (*chiryō* 治療), forensic medicine (*hōi gaku* 法醫學), educational psychology and pathology (*kyōiku shinri oyobi byōri gaku* 教育心理及病理解剖學), sociology (*shakai gaku* 社會學), anthropology (*jinrui gaku* 人類學), and zoology (*dōbutsu gaku* 動物學). (In this particular issue, the Japanese table of contents has the term "criminal anthropology" (*keiji jinrui gaku* 刑事人類學), while the German table of contents simply has "anthropology.") In 1935, both the society and the journal were renamed to clearly indicate the great importance of psychiatry. From this year, the society was known as the Japanese Society for Psychiatry and Neurology (*Nihon seishin shinkei gakkai* 日本精神神經學會) and the journal as *Seishin shinkeigaku zasshi* 精神神經學雜誌, with a parallel title in Latin, *Psychiatria et neurologia Japonica*. On the choice of the journal's name, see Matsushita Masaaki 松下正明, "‘Nihon shinkei gakkai’ to zasshi ‘Shinkeigaku zasshi’ no rekishiteki igi" 「日本神經學會」と雑誌「神經學雜誌」の歴史的意義 [The Historical Significance of the "Japanese Society for Neurology" and the Journal "Shinkeigaku zasshi"], *Seishin Shinkeigaku zasshi* 精神神經學雜誌 105, no. 6 (2003): 710.



Figure 1.2: Lecture hall at Tokyo Imperial University in 1906

When Araki Sōtarō presented his views on the classification of mental disorders in the auditorium of Tokyo Imperial University on April 2, 1905 (see Figure 1.2), he found himself wedged between the pro- and anti-Kraepelin factions.³³ His friend and former college-mate Kure Shūzō, who had founded the Japanese Society for Neurology in 1902, was acting director of the psychiatry department of the university and had become the leader of the pro-Kraepelin faction. When Araki discussed concepts such as melancholia and *mania as affective insanity*, both of which Kure had chosen to relegate to the “pre-scientific” age of Japanese psychiatry, he overtly took the side of the oppositional camp. On his side of the rift, he found himself in the company of the former department director Katayama Kuniyoshi 片山国嘉 (1855–1931) and his loyal assistant Kadowaki Masae.³⁴

³³ Araki Sōtarō 荒木蒼太郎, “Kyōshitsu no ruibetsu” 狂疾ノ類別 [Classification of Mental Disorders], *Shinkeigaku zasshi* 4, no. 5 (1905): 33–34. The image in Figure 1.2 shows the lecture hall of the Department of Pathology at Tokyo Imperial University in 1906. The Tokyo Conference was actually taking place in the auditorium of the Faculty of Law. The room was very similar in appearance to the auditorium of the pathologists and clearly resembled lecture halls in Imperial Germany. This semblance testifies that the adaptation of the German medical system in Japan also extended to architectural elements, facilitating the adaptation of certain teaching practices such as the “patient demonstration” lecture format discussed in more detail in section 3.2 of chapter 3. The images are preserved in the Archive of the Medical Library of the University of Tokyo.

³⁴ Alternative readings for Kadowaki’s first name are “Sakae” and “Shinshi.”

Kadowaki was discussant for Araki's talk and eagerly presented his own views on the classification of mental disorders in a flamboyant display of approval.³⁵ Although he admitted that he had consulted the newest edition of Kraepelin's textbook, he declared that he considered Theodor Ziehen's classification system to be the conceptually clearest. He therefore took the side of the "Berlin School," although he did not phrase his allegiance in factional terms.³⁶ Kadowaki justified his choice by pointing out that Ziehen's way of classifying mental disorders was in accordance with clinical experience. On the same level, he challenged Kraepelin's dementia praecox by suggesting effective overlaps between this concept and circular insanity, which he had termed *circular dementia* and claimed to have personally witnessed. Lastly, he also raised the question of the appropriateness of disease names and argued that all forms of *dementia* should be referred to with a Japanese term that unambiguously indicated irreversibility.³⁷

In retrospect, it should be noted that neither Kadowaki's nor Araki's ideas were really taken seriously in Tokyo. In fact, they had no lasting effect on the course that psychiatry would take in Japan over the next decades. This was not necessarily due to a lack of theoretical insight or practical aptness on their part but, rather, to wholly extraneous reasons. Indeed, the Japanese debate was characterized by a profoundly hierarchical structure that is difficult to assess historically and that has remained invisible in the account so far. As in the American case, the ideological trenches between the opposing actors were dug along the lines of competing German schools, and their roots lay in the historico-institutional development of Japanese psychiatry.

1.2 Japanese Educational Institutions

In 1905, the field of psychiatry in Japan was dominated by the Medical Faculty of the Tokyo Imperial University, where teaching and research were oriented towards the German-speaking scientific community. The strong German influence and the exceptional standing of this institution had their origins in two converging developments initiated by the Japanese government in the second half of the nineteenth century. The first was related to medical reforms started in 1869 and the second to the establishment

³⁵ Kadowaki Masae 門脇真枝, discussion following Araki Sōtarō's talk on Classification, *Shinkeigaku zasshi* 4, no. 5 (1905): 34–36.

³⁶ Kadowaki Masae, 35.

³⁷ German was the language of reference in all these talks. In the written version of Kadowaki's contribution, Japanese phonetic script indicates the use of German terms such as めらんこりい (*Melancholie* [Eng.: melancholia]), いんてりげんつでふゑくとぶしこーぜ (*Intelligenzdefektpsychose* [Eng.: psychosis with defect of intelligence]) or でんめるつーすたんど (*Dämmerzustand* [Eng.: dreamy state]). Kadowaki would return to the difficult topic of translation several years later and criticize Kure's terminology and choice of appropriate translation words in a dedicated article (Kadowaki Masae 門脇真枝, "Seishinbyōgakujō no yakugo ni tsuite" 精神病學上ノ譯語ニ就テ [On the Translation of Psychiatric Terms], *Shinkeigaku zasshi* 10, no. 1 [1911]: 19–21).

of a higher education system in 1877. On behalf of the government, the Dutch-trained (*ranpō* 蘭方) physicians Sagara Chian 相良知安 (1836–1906) and Iwasa Jun 岩佐純 (1835–1912) had elaborated a reform program that amounted to an adoption of the German medical system in Japan in the first half of 1869.³⁸ They suggested that the Japanese government should employ German doctors, change the medical administration's legislation in accordance with the German system, and henceforth send Japanese medical students to Germany for their training.³⁹ After a largely nonacademic struggle with a faction that favored British medicine, their proposal was accepted, and two German military doctors were appointed as lecturers at the newly founded Tokyo Medical School (*Tōkyō Igakkō* 東京醫學校).⁴⁰

At the same time, Tanaka Fujimaro 田中不二麿 (1845–1909) and his North American adviser David Murray (1830–1905) pursued their plans to modernize the Japanese education system based on the American model. Following their initiative, Japan's first ever university, the Tokyo University (*Tōkyō daigaku* 東京大學), was created in 1877 by merging the Tokyo Medical School with the Tokyo School for Western Sciences (*Tōkyō kaisei gakkō* 東京開成學校). The new institution structurally resembled American universities and incorporated the faculty of medicine from the former and the faculties of law, literature, and science from the latter. As it inherited characteristics from both of its forebears, English remained the language of instruction in the non-medical departments, whereas the medical faculty maintained its tradition with the German language.⁴¹ In 1897, it was rechristened Tokyo Imperial University (*Tōkyō teikoku daigaku* 東京帝國大學), and, despite various internal changes, the focus on Germany within the medical faculty remained largely unchallenged throughout the pre-war period.⁴²

Within the educational landscape of the Meiji period (1868–1912), Tokyo Imperial University and its predecessor institutions were clearly at the top of the hierarchy. In the early years of the university, the medical students had to attend a preparatory school (*yobimōn* 豫備門) which provided education in elementary science (mathematics, chemistry, physics, and others) as well as German language training.⁴³ After 1886, this function was

³⁸ In the Tokugawa period (1603–1868), a limited group of Japanese scholars engaged with what they perceived as “Western sciences” and started to study Dutch books on medicine and technology obtained from merchants in Deshima, a man-made island near Nagasaki. In this period, the Japanese government tried to limit Japan's exchanges with unwelcome foreigners, confining it to this port and restricting trade to Dutch merchants. On the practice and significance of Dutch-learning in Japan, see Ellen Gardner Nakamura, *Practical Pursuits: Takano Chōei, Takahashi Keisaku, and Western Medicine in Nineteenth-Century Japan* (Cambridge: Harvard University Press, 2005).

³⁹ Vianden, *Die Einführung der deutschen Medizin im Japan der Meiji-Zeit*, 46–51.

⁴⁰ Kim, Hoi-eun, *Doctors of Empire*, 20–23.

⁴¹ Duke, *The History of Modern Japanese Education*, 230–231.

⁴² Between 1886 and 1897, the university was simply called Imperial University (*teikoku daigaku* 帝國大學), as it was the only one in the country. It was only when a second institution of this kind was established in Kyoto in 1897 that “Tokyo” was added to the name to distinguish between the two imperial universities.

⁴³ Kim, Hoi-eun, *Doctors of Empire*, 39, 46–46.

relegated to the higher middle schools (*kōtō chūgakkō* 高等中學校), which were soon renamed “high schools” (*kōtō gakkō* 高等學校) and represented the regular track that led to university-level education.⁴⁴ These regional schools were usually directed by graduates of Tokyo Imperial University, which served to reinforce this institution’s standing and prestige.

At the time when the speakers of the Tokyo Conference had started their medical careers, Tokyo Imperial University had been the only institution in Japan where psychiatry was taught. Sakaki Hajime 榊倅 (1857–1897), the first Japanese professor of psychiatry, had taken up his office in 1886, and many members of the Japanese Society for Neurology who attended the conference of 1905 were his former students.⁴⁵ In fact, so were the three that are most relevant to my discussion below: Araki Sōtarō, whom we have already encountered at the beginning of the story; Kure Shūzō, Sakaki’s successor to the chair of psychiatry in Tokyo; and Kadowaki Masae, the discussant for the section of Araki’s talk on classifications.

All three had studied at Sakaki’s department of psychiatry and obtained practical training at the Tokyo Metropolitan Asylum at Sugamo (*Tōkyō fu Sugamo byōin* 東京府巢鴨病院), which served as the teaching hospital of the university. However, they had entered the university via different tracks, and their future careers were to be heavily influenced by their personal backgrounds. Araki was born to a family of practitioners of Chinese medicine (*kanpō* 漢方) in the town of Mabi 真備町 in Okayama domain 岡山藩.⁴⁶ In 1889, he graduated from the medical department of the Third Higher Middle School (*daisan kōtō chūgakkō igakubu* 第三高等中學校醫學部) in Okayama and thereafter entered the Medical Faculty of Tokyo Imperial University as an “elective,” or “limited status student” (*senkasei* 選科生) in 1890.⁴⁷ According to the regulations of the university, medical students from the higher middle schools (and a few other medical schools) were allowed to enroll at the university through the venue of “limited status” to specialize in a subject of their choice.⁴⁸ Originally, Araki had chosen ophthalmology and surgery as his

44 Teichler, *Geschichte und Struktur des japanischen Hochschulwesens*, 62.

45 The German doctor Erwin von Bälz (1849–1913) is considered to be the first to have taught psychiatry in Japan. According to his diary, he gave the first lecture on psychiatry in the summer term of 1879 (Erwin von Bälz, *Erwin Bälz: Das Leben eines deutschen Arztes im erwachenden Japan*, Tagebücher, Briefe, Berichte [Erwin Bälz: A German Physician’s Life in Wakening Japan. Diaries, Letters, Reports], ed. Erwin Toku Bälz [Stuttgart: Engelhorn, 1937], 50–51). The Kyoto Imperial University was the second (1897) and the Tōhoku Imperial University the third (1907) to be established.

46 In 1871, the system of feudal domains (*han* 藩) was replaced with the system of prefectures (*ken* 県). Araki and Kure were both born before this change, and their respective places of origin are therefore given according to the former system.

47 Araki’s name first appeared in the list of enrolled *senka* students in the directory of Tokyo University for the academic year of 1890 Teikoku daigaku 帝國大學, ed., *Teikoku daigaku ichiran: Meiji 23–24 nen* 帝國大學一覽：明治 23–24 年 [Directory to the Imperial University: 1890–1891] (Tōkyō: Teikoku daigaku, 1890), 289. On the regulations for *senka* students in 1890, see Teikoku daigaku, 44–46.

48 The *senka* or “limited status” track had originally been created in 1878 to accommodate students of di-

subject matters, but he switched to psychiatry in 1891.⁴⁹ In these years, Sakaki's psychiatry department was mostly filled with people who—like Araki—had obtained their medical degree outside of the university or had taken a shortened study course.⁵⁰ As there was a shortage of Tokyo graduates, it is not surprising that Araki eventually became assistant (*jōshū* 助手) at the Tokyo Medical Faculty in December 1892 and thereby joined the medical staff (*iin* 醫員) at the Sugamo hospital, where he first met Kure Shūzō.⁵¹ Araki was a good student, and after having completed his studies in Tokyo, he returned to his native prefecture of Okayama to assume the position of professor of psychiatry at the Medical Department of the Third Higher School (*daisan kōtō gakkō* 第三高等學校) in 1895.⁵²

verse backgrounds. When applying to faculties other than the medical, such students were required to pass an entrance exam devised by the professors of the subjects they had elected to study. The *senka* students were usually not entitled to a university degree and were denied the privileges of “regular students” (*seikasei* 正科生). It is known that some students experienced their “limited status” as a humiliation, as was the case for the eminent Japanese philosopher Nishida Kitarō, who did not finish the Fourth Higher Middle School in Kanazawa and was therefore “forced” to enroll as a *senka* student at Tokyo Imperial University in 1891 [Michiko Yusa, *Zen & Philosophy: An Intellectual Biography of Nishida Kitarō* [Honolulu: University of Hawai'i Press, 2002], 30].

⁴⁹ Teikoku daigaku 帝國大學, ed., *Teikoku daigaku ichiran: Meiji 24–25 nen* 帝國大學一覽：明治 24–25 年 [Directory to the Imperial University: 1891–1892] (Tōkyō: Teikoku daigaku, 1891), 300. According to the university regulations, it was actually not allowed for *senka* students to change their subject before finishing the one previously chosen (Teikoku daigaku, 51), but as Araki's case shows, this rule could be evaded.

⁵⁰ Among the fourteen students who became assistants under Sakaki between 1889 and 1897, there were three university graduates (including Kure), four higher middle school graduates (including Araki), three short-term-study graduates, Kadowaki with his private school degree, and three students whose medical school degree is unknown (they certainly were not university graduates); see Okada Yasuo 岡田靖雄, *Shisetsu Matsuzawa byōinshi 1879–1980* 私說松沢病院史 1879–1980 [A Private History of the Matsuzawa Hospital 1879–1980] (Tōkyō: Iwasaki Gakujutsu Shuppansha, 1981), 161–162. Until 1889, the Tokyo University offered “short-term-study” or “commuter courses” (*bekka* 別科) which comprised three years of study instead of the regular five years. The standards were lower in these courses and the students were not required to have knowledge of German or English as they were usually taught by the Japanese assistants. They were not entitled to wear the school uniform and were not required to stay in school dormitories like the regular students. Apparently, these differences could lead to conflicts between the *bekka* and the regular students, who referred to the former group as “insects” (H.-J. Chen, “Eine strenge Prüfung deutscher Art,” 25–27; Kim, Hoi-eun, *Doctors of Empire*, 44–45).

⁵¹ Okada Yasuo 岡田靖雄, *Kure Shūzō sono shōgai to gyōseki* 倉秀三その生涯と業績 [The Life and Works of Kure Shūzō] (Kyōto: Shinbunkaku shuppan, 1982), 181.

⁵² Kashida Gorō 檜田五郎, *Nihon ni okeru seishinbyōgaku no nichijō* 日本ニ於ケル精神病学ノ日乗 [A Chronology of Psychiatry in Japan] (Tōkyō: Kashida Gorō, 1928), 23. This is the same school from which Araki had graduated in 1889. In 1894, the Third Higher Middle School was renamed into “Third Higher School.” In 1901, the Medical Department of this school became an independent institution under the name of Okayama Medical College (*Okayama igaku senmon gakkō* 岡山醫學專門學校) and attained the status of a university in 1922 as Okayama Medical University (*Okayama ika daigaku* 岡山醫科大學). Nowadays, it is part of Okayama University (*Okayama daigaku* 岡山大學), see “Okayama han igakkan - Okayama ika daigaku: Shirarezaru senkushatachi” 岡山藩医学館・岡山医科大学 :

Unlike Araki, Kure had received his complete medical education at Tokyo Imperial University, from which he graduated in 1890. His father was a *ranpō*-physician from the Hiroshima domain 廣島藩, and his family had intimate connections with the Sakaki family.⁵³ Kure became an assistant at the Medical Faculty in 1891, advanced to the position of assistant professor (*jokyōju* 助教授) in 1896, and became a full professor in 1901. As mentioned above, there were few university graduates who specialized in psychiatry under Sakaki's professorship. In fact, among the medical students graduating from Tokyo Imperial University, there had only been eight psychiatrists in twenty years (1880–1900).⁵⁴ As students from schools other than Tokyo Imperial University were not eligible for the position of professor at that institution in the first place, there had accordingly been few candidates for Sakaki's succession after his young death at age thirty-nine in 1897. In fact, Kure's only real rival had been Funaoka Einosuke 舟岡英之助 (1861–1929), who had finished his studies one year earlier than Kure; but ever since Sakaki had explicitly declared his preference for Kure as assistant professor in March 1896, the issue of his succession had basically been settled.⁵⁵ After Sakaki's death, the Japanese Ministry of Education (*Monbushō* 文部省) granted Kure a three-year research scholarship in Europe to prepare him for his future position as professor.

It was during Kure's stay in Europe that the third protagonist, Kadowaki, received most of his medical education at Tokyo Imperial University. Kadowaki was the son of a Shinto priest from Daikonjima 大根島, a small island in Shimane prefecture 島根県 in the south-west of Japan.⁵⁶ Before he enrolled at the university, he had studied medicine at the Saisei Gakusha 濟生學舎, a private medical school established in 1876, which served as a preparatory school (cram school) for the medical practitioners' examinations.⁵⁷ This career option was usually chosen by people who intended to open a private clinic and to

知られざる先駆者たち [Medical School of the Okayama Domain - Okayama Medical University: Unknown Pioneers], *Ichō namiki: Okayama daigaku kōhō* 50 (2009): 3–4.

⁵³ Okada Yasuo, *Kure Shūzō sono shōgai to gyōsei* 1–10. On the connection between the Kure and the Sakaki family, see Okada Yasuo, 173–174. On *ranpō* (Dutch-medicine) see footnote 38 on page 37.

⁵⁴ Okada Yasuo, 277.

⁵⁵ The fact that by 1896 Kure had produced more publications than Funaoka might have influenced Sakaki's judgment (Okada Yasuo, 209).

⁵⁶ Ide Saburō 井手佐武郎, "Kure Shūzō to Kadowaki Sakae: Kasanete chihō to iu kotoba, boke to iu kotoba" 呉秀三と門脇貞枝: 重ねて痴呆という言葉、呆けという言葉 [Kure Shūzō and Kadowaki Masae: Once Again about the Terms Chihō and Boke], *Nihon iji shinpō*, no. 3603 (1993): 58.

⁵⁷ Powell and Anesaki, *Health Care in Japan*, 30. Since 1874, everyone who wished to obtain a medical license had to pass an examination that required knowledge in chemistry, physiology, surgery, anatomy and other disciplines included in Western curricula (H.-J. Chen, "Eine strenge Prüfung deutscher Art," 24). Naturally, such a radical legislative change provoked the indignation of some of the 23,015 practitioners of traditional Chinese medicine who constituted the majority (80.2%) of the profession in 1873. The history of their resistance and their struggle for survival has been explored in Christian Oberländer, *Zwischen Tradition und Moderne: Die Bewegung für den Fortbestand der Kanpō-Medizin in Japan* [Between Tradition and Modernity: The Movement for the Survival of Kanpō-Medicine in Japan] (Stuttgart: Franz Steiner Verlag, 1995).

become practicing physicians without aspirations to a civil service position. The academic standard at the Saisei Gakusha was relatively high, especially since some of the classes were taught by assistants of the Medical Faculty of Tokyo Imperial University. In fact, Kure himself had been teaching physiology at this institution since 1893, and it seems very likely that Kadowaki and Kure would have met there for the first time.⁵⁸ Having obtained his medical license, Kadowaki enrolled as a *senka* student at the Tokyo Medical Faculty in 1896.⁵⁹ He chose psychiatry as his specialization, but his studies were interrupted by the death of Sakaki in February 1897. When Kadowaki became assistant at the faculty in August 1897, Kure had already embarked on his journey to Europe, and the chair of psychiatry was temporarily filled by Katayama Kuniyoshi, a forensic specialist. As a matter of fact, both Sakaki and Katayama had been trained in forensic medicine as well as psychiatry, as their position originally required that they should teach both subjects.⁶⁰ However, when the chair for forensic medicine had been established at Tokyo Imperial University in 1889, the teaching responsibilities had been split up and Katayama had become the first Japanese professor of forensic medicine.⁶¹

Kadowaki remained at the faculty for the whole period of Katayama's reign and even published a textbook on psychiatry that was based on his teacher's lectures.⁶² It was shortly before Kure returned from Europe in October 1901 that Kadowaki completed his training and became director of the newly established private asylum Ōji Mental Hospital (*Ōji seishin byōin* 王子精神病院) in a suburb of Tokyo City.⁶³ During his later career, he served as hospital director of several private asylums in the Tokyo region. In

⁵⁸ Okada Yasuo, *Kure Shūzō sono shōgai to gyōseki* 189.

⁵⁹ Teikoku daigaku 帝國大學, ed., *Teikoku daigaku ichiran: Meiji 29–30 nen* 帝國大學一覽：明治 29–30 年 [Directory to the Imperial University: 1896–1897] (Tōkyō: Teikoku daigaku, 1896), 358. On the *senka*-track see footnote 48 on page 39.

⁶⁰ After graduating from the Tokyo University in 1879, Katayama was sent to Germany and Austria for further training (1884–1888). Among his German teachers was the Berlin psychiatrist Carl Westphal, who was then director of the Charité Hospital (Kure Shūzō 呉秀三, *Wagakuni ni okeru seishinbyō ni kansuru saikin no shibetsu* 我邦ニ於ケル精神病ニ関スル最近ノ施設 [Recent Psychiatric Institutions in Japan] [Tōkyō: Tōkyō igakkai jumusho, 1912], 21–22).

⁶¹ Okada Yasuo, *Kure Shūzō sono shōgai to gyōseki* 221–222.

⁶² Kadowaki Masaé 門脇眞枝, *Seishinbyōgaku* 精神病學 [Psychiatry] (Tōkyō: Hakubunkan, 1902).

⁶³ This hospital was established by an innkeeper who had no medical qualifications but profited from the Mental Patients' Custody Act of 1900, which allowed the confinement of mental patients in privately-run asylums at public cost (Akihito Suzuki, "A Brain Hospital in Tōkyō and Its Private and Public patients, 1926–45," *History of Psychiatry* 14, no. 3 [2003]: 340–346). The hospital was later renamed Ōji Brain Hospital (*Ōji naōbyōin* 王子脳病院) (Okada Yasuo 岡田靖雄, *Nihon seishinka iryōshi* 日本精神科医療史 [The History of Psychiatry in Japan] [Tōkyō: Igaku shoin, 2002], 157). In 1908, it passed into the hands of the innkeeper's adopted son Komine Shigeyuki 小峯茂之 (1883–1942), who had made a medical career very similar to that of Kadowaki, studying first at the Saisei Gakusha and gaining some practical training at the Sugamo hospital (Akihito Suzuki, "The State, Family, and the Insane in Japan, 1900–1945," in *The Confinement of the Insane: International Perspectives, 1800–1965*, ed. Roy Porter and David Wright [Cambridge: Cambridge University Press, 2003], 221).

1905, he was director of the Tokyo Mental Hospital (*Tōkyō seishin byōin* 東京精神病院), to whose patient population he applied his classification of mental disorders presented at the Tokyo Conference.⁶⁴

All in all, the medical careers of the three protagonists are perfectly suited to illustrating the pyramidal structure of medical education in Meiji Japan. At the top of the structure was the Medical Faculty of Tokyo Imperial University, which was followed by national and regional medical schools, such as the Third Higher Middle School in Okayama. The private schools, represented here by the Saisei Gakusha, were at the bottom of the pyramid.⁶⁵ This hierarchy had direct consequences for the income and future position of graduates. Thus, Kure, the Tokyo graduate, became professor at the university, whereas Araki, from a national medical school, became professor at that institutional level, and Kadowaki, with his private school degree, became director of a private clinic. Although this hierarchical structure was not entirely set in stone, the most prestigious positions were usually filled by the Tokyo graduates in practice. This becomes even clearer when one examines the careers of those students who studied psychiatry under Sakaki, Katayama, and Kure and later became professors (*kyōju* 教授) at the various medical schools of Japan (see Figure 1.3, from which Kadowaki is conspicuously absent).⁶⁶

64 This hospital was established in 1901 and renamed Hoyōin 保養院 in 1906 (Kure Shūzō, *Wagakuni ni okeru seishinbyō ni kansuru saikin no shisetsu* 三). On Kadowaki's statistical report on this hospital's population see Kadowaki Masaē 門脇眞枝, "Meiji sanjū nana nen Kōshinzuka Tōkyō seishin byōin ni okeru chiriyō tōkei gaiyo" 明治三十七年庚申塚東京精神病院ニ於ケル治療統計概要 [Summary of the Statistical Results on Medical Treatment in the Tōkyō Mental Hospital in Kōshinzuka for the year 1904], *Shinkeigaku zasshi* 4, no. 2 (1905): 117–120.

65 Powell and Anesaki have suggested in 1990 that this basic structure prevailed unchanged into the present (Powell and Anesaki, *Health Care in Japan*, 30–31). Although a private school, the Saisei Gakusha, predecessor of the Nippon Medical School, had a good reputation, and some of its graduates attained high-ranking positions in civil service. However, it was more important as a training center for medical practitioners and is supposed to have trained half of the practicing physicians of the Meiji period (Oberländer, *Zwischen Tradition und Moderne*, 65).

66 This figure is adapted from Okada Yasuo, *Nihon seishinka iryōshi* 169. It also contains information on two disciples of Shimamura Shun'ichi 島邨俊一 (1862–1924), who became professors of psychiatry at the future Kyoto Prefectural University of Medicine (Kyoto Pref.). However, only the disciples of the three Tokyo professors (Sakaki, Katayama, and Kure) are relevant for my discussion in this chapter. The names of the disciples are generally arranged by order of graduation (Shimamura in 1887, Ōnishi in 1888, Kure in 1890 etc.). The information in brackets refers to their later place of employment. As in the original table by Okada, the names of the schools are given in abbreviated form: Tokyo, Kyoto, and Tōhoku stand for the respective Imperial Universities; Keiō, Jikei, and Nippon Med. refer to the three private Japanese schools which became universities in 1920, 1921, and 1926 respectively. The remaining names indicate the locations of the medical schools, but can refer to different kinds of institutions, as their status used to change over the years. For the institutional changes of the Okayama Medical School see also footnote 52 on page 40.

In my opinion, Katayama's influence is somewhat misrepresented, as both Miyake Koichi 三宅鑑一 (1876–1954) and Kitabayashi Sadamichi were in fact also students of Katayama. Moreover, Kitabayashi continued his academic relationship with Katayama long after Kure replaced him as professor, see

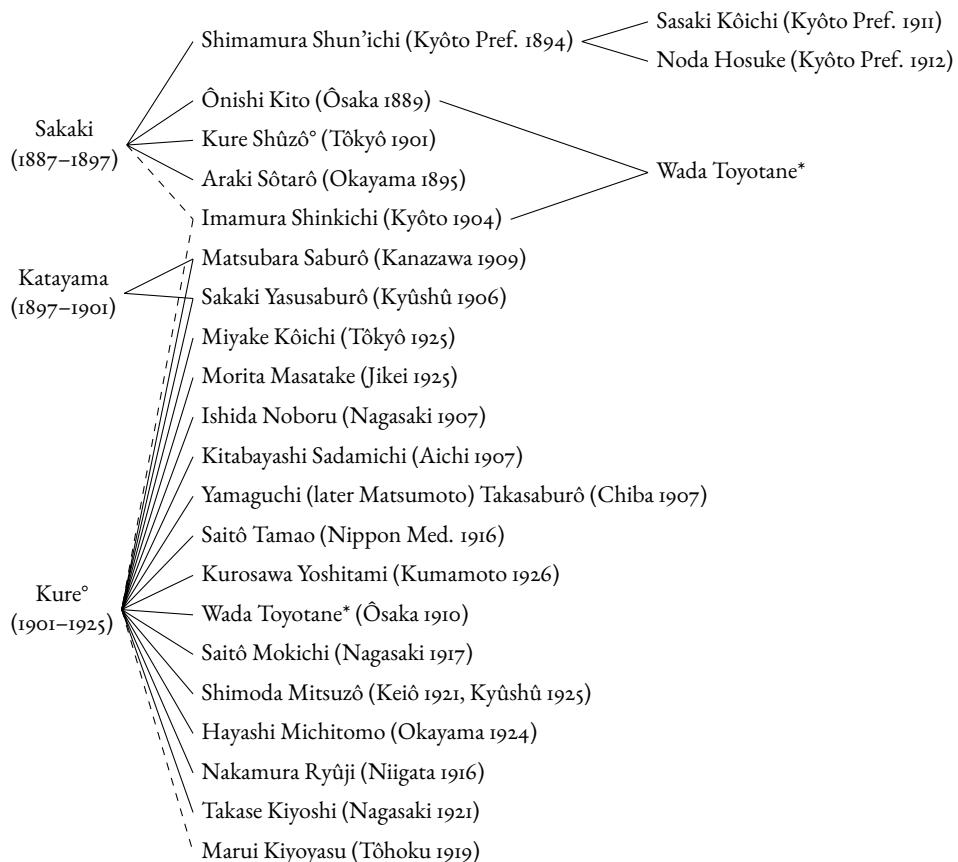


Figure 1.3: Teacher-student relationships in early Japanese psychiatry

A closer look at their educational background shows that, among the twenty-one students who became professors of psychiatry between 1887 and 1925, seventeen had a Tokyo University degree. The remaining four comprised two graduates of national higher middle schools, Araki and Matsubara Saburō, and two graduates of prefectural schools, Kitabayashi Sadamichi 北林貞道 (1872–1948) and Wada Toyotane 和田豊種 (1880–1967).⁶⁷ These four were able to get faculty positions at the national and prefectural schools of Okayama, Kanazawa, Ōsaka, and Aichi, but after the University Ordinance of 1918, all of these schools were successively transformed into universities, and their positions were endangered.⁶⁸ All four had studied in Europe or the United States after their graduation, but in addition to that, Wada and Matsubara had also submitted doctoral theses to Tokyo Imperial University and were thus able to keep their positions after the institutional changes.⁶⁹ Kitabayashi and Araki, on the other hand, lost their positions when their institutions were upgraded to universities. Kitabayashi was discharged from office in 1931 (aged fifty-nine) and thereafter opened his own hospital.⁷⁰ Araki had to retire in March 1923 (aged fifty-four) after the establishment of Okayama Medical University, whereupon he moved to Tokyo to spend the rest of his life studying classical Chinese texts (*kangaku o kenkyū* 漢學を研究).⁷¹

Katayama Kuniyoshi 片山國嘉 and Kitabayashi Sadamichi 北林貞道, “Utsukyōsha bōsatsu hikoku jiken kantei” 鬱狂者謀殺被告事件鑑定 [Medical Evaluation of a Melancholic Accused of Murder], *Chūō igakkai zasshi* 66–67 (1906): 23–34.

67 In the figure, Wada's name appears twice to show that he was a pupil of Kure, but also had two other teachers. One of them was Imamura Shinkichi 今村新吉 (1874–1946). The broken line over his name indicates a limited influence from Sakaki and Kure. Imamura did not specialize in psychiatry while he was in Tokyo, but developed an interest in the subject when he was studying abroad. The same applies to Marui Kiyouasu 丸井清泰 (1886–1953), who left for Europe shortly after his graduation in 1913 and became professor at Tōhoku University directly after his return to Japan (Okada Yasuo, *Nihon seishinka iryōshi* 169). On Wada's medical career see Iseki Kurō 井関九郎, ed., *Igaku Hakushi* (*Hakushi of Medicine*), vol. 2, bk. 1 of 大日本博士錄 *Dai Nihon hakushiroku - Who's Who Hakushi in Great Japan 1888–1922: Biographical Dictionary*, with which is incorporated Doctorate Hakushi or Professor Doctorship Who's Who and Who was Who Learned in All in Japan (Tōkyō: Hattensha shuppanbu, 1926), 168 (English); 157 (Japanese).

68 On the University Ordinance of 1918 and its effects see Teichler, *Geschichte und Struktur des japanischen Hochschulwesens*, 100–118.

69 On Matsubara see Terahata Kisaku 寺畑喜朔, “Matsubara Saburō kyōju to beikoku ryūgaku” 松原三郎教授と米国留学 [Professor Matsubara Saburō Studies Abroad in the United States], *Hokuriku Eigakushi kenkyū* 5, no. 6 (1992): 17.

70 Okada Yasuo, *Kure Shūzō sono shōgai to gyōseki* 303.

71 Araki's resignation is announced in “Zappō” 雜報 [Miscellaneous News], *Okayama igakkai zasshi* 35, no. 399 (1923): 267. His later engagement with Chinese Studies is mentioned in his short obituary in “Zappō” 雜報 [Miscellaneous News], *Okayama igakkai zasshi* 44, no. 3 (1932): 702. In the academic year of 1922, Araki was one of three professors without a university degree (Okayama ika daigaku 岡山醫科大學, ed., *Okayama ika daigaku ichiran: Ji Taishō 11 nen shi 12 nen* 岡山醫科大學一覽：自大正 11 年至 12 年 [Directory to the Okayama Medical University: From 1922 to 1923] [Okayama: Okayama ika daigaku, 1922], 90–91). By 1924, Hayashi Michitomo 林道倫 (1885–1973) had assumed Araki's position

Apart from the lower social status and uncertain career prospects that came with a medical degree from a national or private school, it also entailed a considerably lower income as compared to university degree holders. At the time when Araki, Kure, and Kadowaki were assistants at the Tokyo Medical Faculty and worked at the Sugamo Mental Hospital, their monthly allowances differed according to the school from which they had graduated. Tokyo graduates received 20 *yen* per month, higher middle school graduates 15 *yen*, and those from other schools earned even less. This being the case, Kadowaki may have earned something between 12 and 15 *yen*.⁷²

The hierarchy of the medical system was also reflected in the income of the graduates upon entering civil or private service. After having finished his training, Araki was the first to find employment. His yearly income as professor at the Third Higher School in Okayama was 500 *yen*.⁷³ Kure and Kadowaki both started working in 1901. Kure's yearly income as professor was set at 1,000 *yen*,⁷⁴ while Kadowaki's first job as director of the Ōji Mental Hospital turned out to be a generally unstable source of income. Indeed, Kadowaki's salary was dependent on the number of patients admitted to the hospital, but in its early years this private establishment was still struggling to attract enough patients to be profitable. Theoretically, he would earn a yearly income of between 480 and 600 *yen*: when there were more than twenty patients, Kadowaki was to receive 50 *yen* per month, but when there were fewer than twenty, he was only to receive 40 *yen*. However, as the hospital owner was constantly in financial trouble, he regularly fell behind with the wages, and eventually Kadowaki resigned.⁷⁵

and there were no longer any professors without a university degree (Okayama ika daigaku 岡山醫科大學, ed., *Okayama ika daigaku ichiran: Jū Taishō 13 nen shi 14 nen* 岡山醫科大學一覽：自大正 13 年至 14 年 [Directory to the Okayama Medical University: From 1924 to 1925] [Okayama: Okayama ika daigaku, 1924], 46–54).

⁷² On the monthly allowance of Sugamo assistants see Okada Yasuo, *Shisetsu Matsuzawa byōinshi 1879–1880* 143, 272, 276, 284; Okada Yasuo, *Kure Shūzō sono shōgai to gyōseki* 177. The difference also becomes apparent when the end-of-the-year bonus (*nematsu iro* 年末慰勞) that the Sugamo employees received in December 1897 is compared: The Tokyo graduate (Funaoka Einosuke) received 30 *yen*, the national school graduates 27 *yen*, and Kadowaki was given only 14 *yen* (Okada Yasuo, *Shisetsu Matsuzawa byōinshi 1879–1880* 198).

⁷³ “Zappō” 雜報 [Miscellaneous News], *Okayama igakkai zasshi* 7, no. 63 (1895): 130.

⁷⁴ Okada Yasuo, *Kure Shūzō sono shōgai to gyōseki* 269.

⁷⁵ “Jinrui no saidai ankukukai fūten byōin: Ōji seishinbōin” 人類の最大暗黒界瘋癲病院：王子精神病院 [The Darkest Place of Mankind—The Madhouse: The Ōji Mental Hospital], *Yomiuri Shinbun*, May 26–June 1, 1903, Sunday, May 31, p. 6. In March and June of 1903, the popular daily newspaper *Yomiuri shinbun* published a series of sensational reports on seven mental hospitals in the Tokyo region. The description of the Ōji Mental Hospital was spiced up with gossip about the hospital's “incompetent staff” and its “penny-pinching owner.” Kadowaki was characterized as a lazy, greedy, and arrogant man who had been fired from the Sugamo hospital for being idle, but was then lured into the Ōji Hospital with the promise of a leading position and a lucrative salary. A few issues later, the newspaper withdrew (*torikeshi* 取り消し) the statements concerning Kadowaki's person (“Jinrui no saidai ankukukai fūten byōin: Tōkyō seishinbyōin” 人類の最大暗黒界瘋癲病院：東京精神病院 [The Darkest Place of

1.3 Individual Paths

Although Kure, Araki, and Kadowaki had all studied psychiatry at the Tokyo Medical Faculty under Sakaki, their professional perspectives evolved as they ventured to explore new theories and methods on their individual paths. After his time with Sakaki, Kure's most important formative phase was his four-year-long experience in European clinics and universities. Indeed, five months after his teacher's death, the Ministry of Education decreed that Kure should receive a scholarship to continue his studies in Germany and Austria for another three years, and his scholarship was later extended for another year in November 1899.⁷⁶

Kure first went to Vienna to attend seminars by Krafft-Ebing, whose textbook was familiar to him from the lectures of his late teacher.⁷⁷ Besides, his personal preferences were also clearly oriented towards Vienna and Berlin at this time. In point of fact, in a talk delivered two years before his departure to Europe, he had declared that, of the various theoretical approaches to psychiatry, he favored the methods of Krafft-Ebing and Jolly.⁷⁸ However, Kure did not develop a lasting professional relationship with Krafft-Ebing during his time in Austria, and he hardly ever mentioned him in his later writings.⁷⁹ About a year after his arrival in Vienna, he received written permission from the Ministry

Mankind—The Madhouse: The Tōkyō Mental Hospital], *Yomiuri Shimbun*, June 2–5, 1903, Wednesday, June 3, p. 4). However, the financial struggles of the Ōji Hospital seem to have had a solid factual base.

76 Okada Yasuo, *Kure Shūzō sono shōgai to gyōseki* 445, 446.

77 During his time as assistant, Kure had compiled a textbook that reflected Sakaki's teachings and showed a close resemblance to Krafft-Ebing's work. Kure Shūzō 呉秀三, *Seishinbyōgaku shuyō* 精神病學集要 [The Essentials of Psychiatry], vol. 1 (Tokyo: Shimamura Risuke, 1894); Kure Shūzō 呉秀三, *Seishinbyōgaku shuyō* 精神病學集要 [The Essentials of Psychiatry], vol. 2 (Tokyo: Shimamura Risuke, 1895). This and other Japanese textbooks will be discussed in more detail in the next chapter.

78 Kure Shūzō 呉秀三, “Seishinbyō no bunruihō” 精神病の分類法 [Classification Systems of Mental Diseases], *Saisei gakusha iji shinpō* 31 (1895): 628.

79 Okada Yasuo, *Kure Shūzō sono shōgai to gyōseki* 232. Okada speculates that Kure probably did not really get the chance to establish a personal relationship with Krafft-Ebing because the latter was already a famous psychiatrist and was therefore always surrounded by many other students. Apart from that, it also seems that Kure's German-language skills were not sufficiently developed to grasp all the details of a clinical lecture during his first year in Europe. During his time in Vienna Kure did establish a lasting personal and academic relationship with Heinrich Obersteiner (1847–1922) whose neurological institute he preferred to Krafft-Ebing's seminars (H.-J. Chen, “Eine strenge Prüfung deutscher Art,” 113). On the Tokyo–Vienna connection, see also Bernhard Leitner, “Psychiatrie und Neurologie zwischen Wien und Tokyo: Zur Rolle eines transnationalen Netzwerkes in der Entwicklung der akademischen Medizin in Japan circa 1900” [Psychiatry and Neurology between Vienna and Tokyo: On the Role of a Transnational Network in the Development of Academic Medicine in Japan circa 1900], in *Strukturen und Netzwerke: Medizin und Wissenschaft in Wien 1848–1955*, ed. Daniela Angetter et al. (Göttingen: V&R unipress, 2018), 533–554.

of Education to continue his studies in Heidelberg.⁸⁰ This seems to suggest that, unlike his visits to Vienna and Berlin, the stay in Heidelberg had not been part of his initial plan.⁸¹

Before departing for Heidelberg, Kure announced his visit to Kraepelin in a formal letter of introduction written in March 1899.⁸² He explained that he was planning to spend the next summer term in Heidelberg and asked for Kraepelin's support and guidance. As will become clear from the discussion in section 2.2 and section 3.2, Kraepelin must have exerted a truly tremendous influence on Kure during the latter's stay in the German Southwest, as the Japanese professor would come to push Kraepelin's novel ideas in Tokyo's classrooms and hospital wards later on. As we have already seen in section 1.1, Kraepelin had been actively propagating his vision of a "modern psychiatry" since the Heidelberg Conference of 1896, and his missionary attitude is also reflected in a handwritten note that Kure would keep for the rest of his life.

During his stay in Europe (and later in the US), Kure had collected dedications from the various scholars that he had met. Whereas most people contented themselves with wishing him good luck for the future or quoting lines from Goethe and Shakespeare, Kraepelin used this social medium to advertise his "modern psychiatry" project. His dedication reads:⁸³

Daß wir unsere Kranken heilen, wird man von uns Irrenärzten vielleicht immer nur in sehr bescheidenem Umfange erwarten dürfen; was wir aber leisten können und sollen, ist die Vorhersage des Verlaufes und des Ausganges der Krankheit.

Perhaps, we alienists can only be expected to heal our patients to a very limited degree, but what we can and must be able to do, is to predict the course and the outcome of the illness.

Heidelberg, 20. May 1900

Kraepelin

The focus on prognosis, which Kraepelin proclaimed as the psychiatrist's true and ultimate duty, must certainly have been appealing to clinic directors like Kure for its practical utility in hospital administration. Additionally, the new classification was presented as the result of careful observation and unbiased scientific accuracy, which was also expressed in the label "clinical psychiatry."⁸⁴ However, it would be wrong to say that Kure

⁸⁰ Okada Yasuo, *Kure Shūzō sono shōgai to gyōseki* 446.

⁸¹ The Japanese students receiving a scholarship from the Ministry of Education were free to choose their place of study, but they had to submit applications to ask for an extension or to make changes (H.-J. Chen, "Eine strenge Prüfung deutscher Art", 108).

⁸² The content of this letter is reproduced in Kraepelin, *Kraepelin in Heidelberg (1891–1903)*, 293.

⁸³ Kure's original collection of dedications is in the possession of the Medical Library of Tokyo University. The transcription is my own. I deliberately translate Kraepelin's "Irrenarzt" [literally: "mad-doctor"] with "alienist" as this was the more common term in the English speaking world at the time.

⁸⁴ The justifications for these claims have repeatedly been questioned. See especially Matthias Weber and

had been overexposed to one particular school during his stay in Europe. In September 1899, for instance, Kure had participated in the conference of the German Society of Natural Scientists and Physicians held in Munich, where he was able to personally witness the dispute between the Heidelberg and Berlin Schools.⁸⁵ Whatever the specific reasons that convinced him to become a follower of the Heidelberg School, his privileged position as professor of psychiatry at Tokyo University for a duration of more than twenty years definitely empowered him to steer Japanese psychiatry in this direction.

While Kure was digesting his new impressions and experiences in southern Germany, Katayama Kuniyoshi was reshaping psychiatric teaching at Tokyo Imperial University. Instead of using the textbook favored by his colleague Sakaki, of which Kure had compiled an adapted translation in Japanese, Katayama chose to base his lectures on the textbook of Theodor Ziehen.⁸⁶ Although Ziehen was one of the best known psychiatrists of his time on an international level, he has been largely neglected by medical historians.⁸⁷ This may at least partly be owed to the fact that he was strongly opposed to some of the ideas of Kraepelin and Sigmund Freud (1856–1939), who have subsequently become the focus of historical research in psychiatry.⁸⁸ Ziehen not only rejected Kraepelin's classification but also harshly criticized his attempts in experimental psychology, which was his own favorite field of research.⁸⁹ After having worked under Otto Binswanger (1852–1929) at the University of Jena for fourteen years, Ziehen received several appointments as professor of psychiatry and eventually became the director of the psychiatric clinic at the Berlin Charité Hospital in 1903. It should be no surprise that Ziehen was depicted as belonging to the Berlin faction in the aforementioned cartoon (see Figure 1.1), as both his academic views and his institutional ties aligned him with those whom Kraepelin regarded as his professional adversaries.

Kadowaki's medical education at Tokyo Imperial University mostly coincided with Katayama's teaching period (1897–1901). Because of this, he learned psychiatry through the works of Theodor Ziehen and eventually compiled a textbook that reflected his men-

Eric Engstrom, "Kraepelin's 'Diagnostic Cards': The Confluence of Clinical Research and Preconceived Categories," *History of Psychiatry* 8 (31 1997): 375–385; E. Engstrom, *Clinical Psychiatry in Imperial Germany*, 144–146.

⁸⁵ Okada Yasuo, *Kure Shūzō sono shōgai to gyōseki* 446. See also my discussion on page 29 at the beginning of this chapter.

⁸⁶ Theodor Ziehen, *Psychiatrie für Ärzte und Studierende* [Psychiatry for Doctors and Students] (Berlin: Friedrich Wreden, 1894).

⁸⁷ Ulrich Herberhold, "Theodor Ziehen: Ein Psychiater der Jahrhundertwende und sein Beitrag zur Kinderpsychiatrie" [Theodor Ziehen: A Psychiatrist of the Turn of the Century and His Contribution to Child Psychiatry] (PhD diss., Albert-Ludwigs-Universität Freiburg, 1977), 1.

⁸⁸ Christopher Baethge, Ira Glovinsky, and Baldessarini Ross J., "Manic-Depressive Illness in Children: An Early Twentieth-Century View by Theodor Ziehen (1862–1950)," *History of Psychiatry* 15, no. 2 (2004): 201–226.

⁸⁹ Theodor Ziehen, review of *Psychologische Arbeiten*, vol. 1, issue 1 by Emil Kraepelin, *Zeitschrift für Psychologie und Physiologie der Sinnesorgane* 10 (1896): 247–252.

tor's lectures and can be considered an adaptation of the first edition of Ziehen's textbook.⁹⁰ However, only nine days after Kadowaki had left Tokyo University, Kure returned to the institution as its next professor, and his newly imported ideas almost immediately superseded Katayama's legacy. By introducing Kraepelin's textbook as the new reference work in psychiatric education, he ensured that his department and future generations of psychiatrists graduating from Tokyo came under the influence of the Heidelberg School.

Araki, the third and last of the Japanese protagonists, left Tokyo Imperial University several years before either Katayama or Kure introduced their respective reforms. There is little evidence that he stayed in contact with the Tokyo psychiatric community apart from the fact that he was part of the editorial board of the *Shinkeigaku zasshi*, the journal of the Japanese Society for Neurology. However, a few insights into his life and his relationship with Kure can be gathered from a short text entitled "Farewell to See Off the Frugal Minister Araki upon his Return to Okayama" (*Song Huangmu [Araki] Yue Qing gui Gangshan [Okayama] xu* 送荒木約卿歸岡山序) that was included as a preface in Araki's 1906 textbook on psychiatry.⁹¹ It had originally been composed by Kure on the occasion of Araki's departure from Tokyo in 1895 and was written in Classical Chinese prose style. Following the conventions of the genre, Kure did not only sign as Kure Shūzō, but prepended his colorful pen name "The Hermit from the Fragrant Creek" (*Fang Xi Yinshi* 芳溪隱士). In this text, Araki was characterized as having the appearance of an "eccentric from antiquity" (*zhuangmao qi guren* 狀貌奇古人), and Kure admitted that he "did not seek his company" (*wei you yu zhi* 未有與之) at first. Nonetheless, he recalled that they later became "intimate friends for many years" (*shen jiao younian* 深交有年) after Araki had joined the team of medical faculty assistants. Generally speaking, the text is full of praise for Araki's outstanding personality and brilliant mind, which is rather typical for the genre. However, his eccentricity and a certain fascination for the old are referred to repeatedly and seem to have made a lasting impression on Kure. Araki's devotion to Classical Chinese literature towards the end of his life also reveals a certain fondness for classical learning.

From Kure's professional perspective, Araki represented a school that was different from both Kraepelin's and Ziehen's teachings. In 1912, he summarily wrote about the

⁹⁰ Kadowaki Masae, *Seishinbyōgaku*.

⁹¹ Araki Sōtarō 荒木蒼太郎, *Seishin byōri hyōshaku* 精神病理氷釋 [On the Pathology of Mental Illness] (Tōkyō: Tohōdō, 1906). Since the preface is written in Classical Chinese prose style, I follow Chinese standards for the transliteration and only supply the Japanese reading where necessary.

For reasons that are not entirely clear, the text would be relegated to the lesser position of a postscript in the 1911 edition of his textbook, see Araki Sōtarō 荒木蒼太郎, *Seishinbyōgaku sūki* 神精病学枢機 [Essentials of Psychiatry] (Tōkyō: Tohōdō, 1911). One might conjecture that this reflects a change in their personal relationship after they had parted ways professionally, compare section 1.1 and the following chapters.

different psychiatric schools that existed in Japan.⁹² In that short passage, he categorized Araki and his 1906 textbook on psychiatry as a separate school (*beppa* 別派) that had allegedly been inspired by the teachings of the German psychiatrist Robert Sommer (1864–1937).⁹³ However, there is no evidence that Araki should have been noticeably influenced by Sommer while he was working on his textbook in 1905, and the similarities between his work and Sommer's were definitely rather scant during that period. Admittedly, Araki did later come to share an interest in physiological experiments with Sommer as he worked with him at his clinic in Giessen in the Summer and Winter Terms of 1907–08.⁹⁴ It would even be fair to say that his research in Giessen and afterwards in Göttingen reveals an outright fascination with mathematical representations of physiological phenomena.⁹⁵ The attractions of these particular sites of research and their relation to the emerging field of experimental psychology will be the subject of chapter 3. Whatever Araki's motives were for choosing to visit these institutions, it should be noted that his studies on harmonic analysis were perceived as an important contribution to applied mathematics, which is a remarkable accomplishment for a scholar who had originally been trained in medicine.⁹⁶

⁹² Kure Shūzō, *Wagakuni ni okeru seishinbyō ni kansuru saikin no shisetsu* 2–5.

⁹³ Kure Shūzō, 4. Sommer was famous for his textbooks on diagnostics and examination methods. He was one of the founders of the German Society for Experimental Psychology (1904) and had invented his own apparatuses, such as the “Reflexmultiplikator” (Robert Sommer, *Lehrbuch der psychopathologischen Untersuchungsmethoden* [Textbook on Examination Methods in Psychopathology] [Berlin: Urban & Schwarzenberg, 1899], 26). On Sommer's engagement with psychology see also Mitchell Ash, “Academic Politics in the History of Science: Experimental Psychology in Germany, 1879–1941,” *Central European History* 13, no. 3 (1980): 266; Jan-Peters Janssen, “Der Psychiater Robert Sommer (1864–1937): Förderer des Universitätssports und der Psychologie” [The Psychiatrist Robert Sommer (1864–1937): Patron of University Sports and Psychology], in *Jahrbuch 2010 der Deutschen Gesellschaft für Geschichte der Sportwissenschaft e. V.* Ed. Jürgen Court, Arno Müller, and Wolfram Pyta (Berlin: LIT, 2011), 145–176.

⁹⁴ Universitäts-Sekretariat, ed., *Personalbestand der Grossherzoglich Hessischen Ludwigs-Universität zu Giessen* [Personnel of the Grand-Ducal Hessian Ludwig-University in Giessen] (Giessen: Von Müncchow'sche Hof- und Universitätsdruckerei, Otto Kindt, 1907), 37. Araki left Japan on February 9, 1907 (“Ihō: Gakuji” 彙報：學事 [Miscellaneous News: Study Affairs], *Kanpo* [Tōkyō], February 13, 1907, no. 7084, 333). He arrived in Germany on March 10 and gave his temporary address as: Hillebrandstr. No. 2/1, Giessen, Germany (“Zappō” 雜報 [Miscellaneous News], *Okayama igakkai zasshi* 17, no. 208 [1907]: 327).

⁹⁵ See especially his works on the patellar reflex: Araki Sōtarō 荒木蒼太郎 [Araky, S.], “Beiträge zur harmonischen Kurvenanalyse” [Notes on Harmonic Analysis], *Zeitschrift für Allgemeine Physiologie* 8 (1907): 405–421; Araki Sōtarō 荒木蒼太郎 [Araky, S.], *Studien über Knierflexkurven* [Studies on Knee Reflex Curves] (München: Kastner & Callwey, 1908); Araki Sōtarō 荒木蒼太郎 [Araky, S.], “Zur Muskelmechanik” [On Muscle Mechanics], *Okayama igakkai zasshi* 21, no. 221 (1909): 1–6; Araki Sōtarō 荒木蒼太郎, “Shitsugai hansha kyokusen no kenkyū” 膝蓋反射曲線ノ研究 [Studies on Knee Reflex Curves], *Okayama igakkai zasshi* 22, no. 245 (1910): 21–32.

⁹⁶ Araki Sōtarō 荒木蒼太郎, *Chōwa kaiseki* 調和解析 [Harmonical Analysis] (Okayama, 1914). This treatise is a Japanese adaptation of his earlier work on knee reflex curves published in Germany. Shortly after its publication, it was reviewed in an internationally renowned mathematical journal (Hayashi Tsuroichi 林鶴一, review of *Chōwa kaiseki* (*shōroku tanpyō*) 調和解析 (抄錄短評) [Harmonical Analysis] by

Nonetheless, Kure's retrospective assessment seems to have been based mainly on the importance that he ascribed to Araki's studies in Europe, not on a close (or even distant) reading of his 1906 text. Indeed, neither did his interpretation do justice to the originality of Araki's textbook, nor did he successfully grasp its theoretical scope. If anything, Kure's judgment is more telling about his own method of appropriating theories and ideas than it is an adequate analysis of Araki's approach to psychiatry, as will become clear in the following chapter.

This chapter has shown that Japanese psychiatry was global psychiatry. It was global in the triple sense that it was deeply rooted in worldwide psychiatric trends, was able to produce an academic discourse in very much the same way as any of the so-called "Western" countries, and reinforced the center at the periphery by its active appropriation and validation of medical theories on mental illness in the Japanese setting. On the national scale, the imported knowledge was solidified within a newly created institutional structure. However, the institutional situation in Japan at the turn of the twentieth century created a situation where one person wielded most of the discursive power. This discursive hegemony was successively in the hands of a select group of professors of psychiatry at Tokyo Imperial University. At the time I am most interested in, it channeled all available resources into the hands of Kure Shūzō, whose long reign attempted to shape Japanese psychiatry into a faithful copy of Kraepelinian psychiatry where melancholia had been relegated to the mythical age of non-scientific objects.

In the following chapter, I will provide a glimpse into the challenges that Kure faced with his Westernization project and show that, despite his efforts, the Japanese copy was not so accurate a reproduction as Kure had envisioned for his home country. The travel notes of a visiting colleague who toured Japanese psychiatric institutions in 1905 will provide a firsthand account of Kure's visions and disappointments for modernizing Japanese psychiatry in this formative period. While alternative Japanese diagnostic practices in which melancholia survived Kure's modernization policies will be discussed in detail in chapter 4, the following chapter will focus on the formation of hegemony with regard to psychiatric concepts and thus take a closer look at Kure's teaching and publishing activities in Tokyo.

Araki Sōtarō, *Tōboku sūgaku zasshi* 6 [1914]: 57). I thank Harald Kümmel from the MLU in Halle-Wittenberg for sharing his assessment of Araki's mathematical texts.