

7 Etiological Debates & the Question of Responsibility

The relationship between war and mental illness has invariably fascinated the psychiatrists and military doctors who have participated in the great military conflicts of the nineteenth and twentieth centuries.¹ The Russo-Japanese War was no exception, and most authors who shared their experiences of mental illness in the army also expressed their views on the etiology of these conditions. As the discussions on etiology were often linked to the disease concepts themselves, it is necessary to examine them together as two complementary aspects. The etiological assumptions behind the concept of melancholia differed from those surrounding dementia praecox. A reclassification of patients (as examined in the previous chapters) therefore changed the framework within which the possible causes of their conditions could be discussed.

Although the etiologies of mental disorders were specified in medical textbooks, the experience of the war had given rise to reconsiderations and required a war-specific contextualization. It also spurred discussions on certain war-specific questions, such as: were soldiers more prone to mental illness than civilians? Were there more cases of mental illness during the war than in peacetime? Which forms of mental illness were the most common in the military? Did the war produce any war-specific forms of insanity? Would healthy people also become ill or only those with a weak constitution or defective heredity? These questions were not only addressed by civilian psychiatrists (Kure and Araki) but were also of vital importance to the military authorities because they were linked to the issue of disability pensions.

In this chapter, I will investigate how these etiology-related questions were answered by Japanese physicians engaged in the evaluation of mentally ill patients. In examining the different strategies of argumentation, I will also consider the frameworks within which etiological questions were addressed and discussed. This concerns the intertextual context as well as the contemporary distinction between *exciting causes* and *original causes*, sometimes also referred to as “proximate causes” and “distal causes” (or “ultimate causes”). Furthermore, I will examine the relationship between disease concepts and the discussions on etiology. Finally, I will show that the different positions concerning the impact of the war on mental illness were not only conditioned by the different institutional and

¹ Micale and Lerner, *Traumatic Pasts*; Blazer, *The Age of Melancholy*, 117–133.

academic backgrounds of the physicians involved, but also by their degree of affinity with the military authorities.

The principal source for my analysis is the Japanese Ministry of War's official report on neuropsychiatric casualties during the war with Russia.² This text consists of a general introduction followed by two individual articles. The introduction contextualizes the Japanese Army's experience with mental illness by comparing it with the statistics from the Franco-Prussian War (1870–1871), the Second Boer War (1899–1902), the Philippine–American War (1899–1902), and the Russian statistics.³ It then presents the main findings of three Japanese physicians who were engaged in diagnosing mentally ill soldiers in the Russo-Japanese War and shows the morbidity for various mental disorders identified by the civilian doctors Araki and Kure as well as by Surgeon Major Hanabusa Ken'ya 英健也 (dates unknown).⁴ Hanabusa was charged with the task of determining the disability pension of the mental health patients among the veterans of the Russo-Japanese War. His original study had been published elsewhere, but the articles of Araki and Kure (introduced in chapter 5 and chapter 6) were part of the Ministry's report.⁵

Although the report was published by the Ministry of War, the three main contributors—Araki, Kure, and Hanabusa—were neither equally involved with military administration, nor did they all share the same theoretical background. As a military doctor, Hanabusa was part of the military system. He had been educated at a military school and owed his position and salary to the Japanese Army. Although it seems that Hanabusa

² Rikugunshō, *Meiji sanjūshichi-hachinen sen'eki rikugun eiseishi*.

³ Rikugunshō, 1–2. The numbers for the statistical comparison were most likely taken from the comparative study of Ewald Stier, see below (Ewald Stier, “Neuere psychiatrische Arbeiten und Tatsachen aus den außerdeutschen Heeren” [Recent Psychiatric Studies and Facts from Non-German Armies], *Deutsche militärärztliche Zeitschrift* 36, no. 13 [1907]: 556–557).

⁴ Rikugunshō, *Meiji sanjūshichi-hachinen sen'eki rikugun eiseishi* 6; Hanabusa Kenya, “Guntai ni okeru seishinbyō narabi ni sono onkyū shindan ni tsuite.” Although the source material on Hanabusa is poor, it is clear that he made an excellent career in the medical department of the Japanese Army. During the Russo-Japanese War, Hanabusa was stationed in the Imperial Headquarters as Surgeon Captain (*ittō gun'i* 一等軍醫), see Daihon'eい大本營, ed., *Sen'ekikan ichiji (oyoso gokagetsu ijō) daibonei ni hōshoku seshi mono* 戰役間一時 (凡そ 5 月以上) 大本營に奉職せし者 [[List of] Persons Who Temporarily (More than ca. 5 Months) Served in the Imperial Headquarters at the Time of War] (1905), accessed November 6, 2016, JACAR: Co6041273400, <https://www.jacar.archives.go.jp>. When his article on pensions was published in 1911, he already was Surgeon Major (*santo gun'i sei* 三等軍醫正) and he was later promoted to Lieutenant Colonel (*nitō gun'i sei* 二等軍醫正) when he was serving as director of the military hospital in Nagoya, see “Jonin oyobi jirei” 級任及辭令 [Appointments and Dismissals], *Kanpo* (Tōkyō), April 10, 1918, no. 1703, 1216. In 1922, he held the rank of Surgeon Colonel (*ittō gun'i sei* 一等軍醫正). He was stationed in Taiwan, where he conducted studies in tropical diseases, see his preface in *Taiwangun gun'i bu* 臺灣軍軍醫部, ed., *Nettaieisei narabi ni nettaibyō teiyō* 热帶衛生並に熱帶病提要 [Manual on Tropical Hygiene and Tropical Diseases] (s. l.: *Taiwangun gun'ibu* 臺灣軍軍醫部, 1922).

⁵ Hanabusa first presented his results at the third joined conference of Japanese Medical Societies in 1911, see Hanabusa Kenya, “Guntai ni okeru seishinbyō narabi ni sono onkyū shindan ni tsuite.”

did not specialize in psychiatry, he was obviously deemed sufficiently qualified to determine the disability pension of mentally ill soldiers.⁶ His preference for diagnosing manic-depressive insanity and dementia praecox, but not melancholia, indicate that he was using the Kraepelinian classification system of mental disorders. In this regard, he was on the same theoretical grounds as Kure, whom the military authorities also officially considered to be a follower of the Kraepelin school (*Kureperin gakuha* クレペリン學派).⁷

But just as Araki and Kure differed in their views on psychiatry, so too did they differ in their involvement with the military authorities. On the one hand, Kure's report on mental illness in the army had been compiled at the direct request of the Ministry of War. Since he was professor of psychiatry at the state-sponsored Tokyo University, the Ministry naturally regarded him as the official authority on psychiatry in Japan. Thus, Kure was compelled both to comply with the Ministry's demands and to uphold his reputation as a specialist in psychiatry in the academic world. Araki, on the other hand, was free from any direct obligation to the Japanese Army. In fact, his article had already been published in a local medical journal several years before it was reprinted in the Ministry's report.⁸

7.1 Araki Sōtarō: The Strains of War

Among the three physicians whose work was considered in the Ministry's report, Araki was the one who argued most explicitly for the role of the war in the etiology of mental disorders. He assumed that even in times of peace, soldiers were more likely to become mentally ill than civilians, implying that it was an occupational hazard of military service.⁹

6 In the introduction to the medical examination of a deserter in a military court case, Hanabusa justified his involvement with psychiatry as a non-specialist. He argued that with the rise of mental health casualties in the army the task to investigate such cases could no longer be left to the experts alone (Hanabusa Kenya 英健也, “Tōbōzai wo okaseru taihei no sōhatsu chikyō kanja kantei no ichi rei” 逃亡罪ヲ犯セル隊兵ノ早發癡狂患者鑑定ノ一例 [Medical Examination of a Deserter Diagnosed with Dementia Praecox], *Gun'i gakkai zasshi*, no. 175 [1909]: 1061).

7 Kure's affiliation with this school was explicitly stated in the introduction of the Ministry of War's report (*Rikugunshō, Meiji sanjūshichi-hachinen sen'eki rikugun eiseishi* 6).

8 In the introduction to the report, Araki's position as a “non-Kraepelianer” is acknowledged. However, the author of the introduction justified the inclusion of his article with the fact that it provided many detailed descriptions of cases of mental illness that had followed other diseases such as *kakke*, meningitis, and pneumonia (Rikugunshō, 6). It is very likely that Hanabusa was the actual author of the introduction to the Ministry of War's report on mental illness. Indeed, although no author is indicated, there are many similarities between the introduction and Hanabusa's article on disability pensions. Additionally, the report on mental illness appeared as a part of the volume on infectious diseases (*densenbyō* 傳染病) for which Hanabusa was a specialist. See his contributions on this subject in Hanabusa Kenya 英健也, comment following Kasawara Mitsuoki's talk on Pleurisy, *Nihon neike gakkai kaishi* 日本内科学会会誌 3 (1907): 20; Hanabusa Kenya 英健也, “Guntai ni okeru kyōmakuen no gen'in” 軍隊ニ於ケル胸膜炎ノ原因 [The Causes of Pleurisy in the Army], *Dai nikai Nihon rengō igakkai kaishi*, 1907, 489–497.

9 Araki Sōtarō 荒木蒼太郎, “Beobachtungen,” 624. This view is also reflected in Araki's textbook on

According to Araki, army life (*heiei seikatsu* 兵營生活) did not only trigger mental illness in individuals with a hereditary predisposition (*iden soin* 遺傳素因), but the harshness of military discipline could also be the primary cause of mental disorders.¹⁰ Araki even hypothesized that the war itself created a disposition for mental illness and suggested that even soldiers who did not experience any psychotic symptoms on the battlefield might still become ill many years after returning from the front.¹¹

These convictions were certainly the result of Araki's personal experience with mental health patients in the reserve hospitals of Hiroshima and Himeji. Among his 211 cases, he had found only twenty-seven patients with a hereditary predisposition to mental illness.¹² These findings must have reinforced his impression that the war caused healthy people to become ill. Thus, summarizing his experience in military hospitals in 1905, Araki stressed the great role of the war:

Selbst wenn man in einer Reihe von Fällen erkennen kann, daß die Störung schon früher ausgebrochen oder wenigstens durch starke Belastung, Infektionskrankheiten und andere Momente vorbereitet war, kann man die große *ätiologische* Bedeutung des Krieges auf den Ausbruch von Psychosen und Neurosen der verschiedensten Art nicht verkennen.¹³

Even if in a couple of cases it became clear that the actual illness broke out earlier or was facilitated through a strong hereditary disposition, infectious diseases, or other etiological factors, one cannot fail to recognize the great *etiological* significance of the war for the emergence of various kinds of psychoses and neuroses.

Araki's general conviction that the war was responsible for mental illness remained unchanged in all of his publications and public talks, but some variations in how he presented his views can be identified. He first articulated his ideas in a talk at the fourth conference of the Japanese Society for Neurology in April 1905 (see section 4.1). On this occasion, he stated that the war mainly caused disorders such as *clouded consciousness*, *hallucinatory insanity* (including *traumatic delirium*), severe *neurasthenia*, *hysteria*, and *stupor*. However, when he presented his findings again at the second joint conference of the Japanese Medical Societies in April 1906, he primarily stressed the etiological impact of the war for *melancholia* and *dementia paralytica*, noting that, on the other hand, the direct influence of the war was less important for *mania* and *paranoia*, where heredity played a

psychiatry where he discussed the influence of the war on mental illness in the section titled "Occupation and Lifestyle" (*shokugyō seikatsubō* 職業 生活法 [sic!]) of his etiology chapter, see Araki Sōtarō, *Seishin byōri hyōshaku* 106–108.

¹⁰ Araki Sōtarō, "Seneki ni insuru seishinbyō ni tsukite," 137.

¹¹ Araki Sōtarō 荒木蒼太郎, "Beobachtungen," 625.

¹² Araki Sōtarō 荒木蒼太郎, 650.

¹³ Araki Sōtarō 荒木蒼太郎, 667–668. Araki's emphasis.

greater role.¹⁴ A few months later, his article on mental illness in the war was published in the *Okayama Medical Journal*. In the introduction, he now asserted that the illnesses caused by the war were *neurasthenia*, *melancholia*, *mania*, *hallucinatory insanity (traumatic delirium)*, *dementia paralytica*, and *hysteria*, and these should be referred to as war psychoses (*gunjinkyō* 軍陣狂).¹⁵

Some of these variations can be explained when the war is seen as both a direct and an indirect cause. Unfortunately, Araki did not always explicitly differentiate these two aspects in his texts. In his earliest writings, the case histories and the talk in 1905, he mostly employed the term “exciting causes” (*yūin* 誘因) when referring to the risks that could lead to mental illness (physical and mental exhaustion, infectious diseases, alcohol, or injuries of the head). In his later publications, such as the 1906 article and the textbook, he replaced this expression with the term “(original) causes” (*gen'in* 原因). This change may indicate that Araki had come to believe that the war was not merely triggering but actually causing mental illness by 1906. However, his use of these terms was very inconsistent. Although the most common expression in the case histories was *yūin*, which is rendered as *Veranlassende Ursache* [exciting cause] in the German version, Araki also used the term *gen'in* [original cause] as an equivalent expression in some case histories.

Araki was most explicit about causation when he talked about the impact of the war at the conference in 1906. Here, he differentiated between two different kinds of mental disorder that were to be encountered in wartime. One group consisted of disorders that were directly caused by the war (*seneki o motte chokusetsu no gen'in* 戰役ヲ以テ直接ノ原因).¹⁶ The other group contained disorders that were only indirectly caused by the war because they mainly became manifest due to a hereditary predisposition. This distinction testifies to the fact that Araki did, indeed, make a difference between *direct* and *indirect causation* and believed that the war took effect both as a catalyzing moment and as an ultimate cause. The distinctive feature for this division was the presence of predisposition, which was not a basic property of all mental disorders, according to Araki.

Apart from his personal experience during the war, Araki also relied on existing literature on war psychoses that may have influenced his views on etiology. In the printed version of his 1905 talk that was published in the *Shinkeigaku zasshi*, some references to German-language literature had been appended.¹⁷ These texts were not mentioned in

¹⁴ Araki Sōtarō 荒木蒼太郎, “Seneki ni insuru seishinbyō ni tsukite” 戰役ニ因スル精神病ニ就キテ [On Psychoses Caused by the War], *Dai nikai Nihon rengō igakkai kaiishi*, 1907, 208–210. Araki’s talk was presented in the section of psychiatry and neurology of the 2nd Japanese Congress of Medicine. This meeting coincided with the 5th conference of the *Japanese Society for Neurology* that usually took place at this time of the year.

¹⁵ Araki Sōtarō, “Seneki ni insuru seishinbyō ni tsukite,” 138. The introductory part of the article was also included in the section on etiology of his textbook on psychiatry (Araki Sōtarō, *Seishin byōri hyōshaku* 107–108).

¹⁶ Araki Sōtarō, “Seneki ni insuru seishinbyō ni tsukite,” 210.

¹⁷ Araki Sōtarō, “Seneki ni insuru seishinbyō ni tsukite.”

Araki's Japanese article, but he referred to them again in his German article. Among these references was an article on war psychoses by Robert Sommer and the official report of the German Ministry of War for the war with France in 1870–71.¹⁸ The German Ministry's report contained a whole volume on neuropsychiatric casualties that documented the experience of German and French physicians with mental illness in the Franco-Prussian War. Apart from providing 100 case histories, this volume also featured discussions on etiology. Evidence for a direct appropriation of the ideas presented in the Ministry's report can be found in the German version of Araki's article that was published in 1907. However, it is safe to assume that Araki had already considered these etiological discussions when he addressed his Japanese audience in 1905–06. Indeed, the position he took on the subject of war-related mental illness in these years seems to have been considerably influenced by this German publication.

After arriving in Giessen in 1907, Araki completely restructured his article on mental illness in the Russo-Japanese War for his German-speaking audience.¹⁹ In the Japanese version, his article consisted of two parts. The first eleven pages can be described as the analytical part that consisted of a short introduction, an overview of the main etiological factors (mental and physical exhaustion, infectious diseases, alcohol intoxication, and head injuries), some statistical data, and short descriptions of the characteristics of the various forms of illness that Araki had encountered in the war. The remaining sixty-nine pages were filled with 200 case histories that were arranged according to disease forms.

In the German version, this bipartite structure was abandoned, and the case histories were integrated into the analytical discussion. With these structural changes, the focus of Araki's article shifted towards a discussion of etiology that supported his argument that the war had played an important part in the emergence of mental disorders. Of the eighty-nine case histories that Araki translated for his German article, fifty-six were included into the section on etiology and the remaining thirty-three were presented in the section on disease forms. Moreover, the section on etiology was expanded to include subsections on heredity, organic diseases, age, and combat divisions. Thus, this section now comprised two thirds of the whole article, with the majority of the case histories having been integrated into this part and arranged according to etiological criteria.

Another move to enforce and give credibility to his argument was to contextualize his experience within the German debate on war-related mental illness that had followed the

¹⁸ Militär-Medizinal-Abtheilung des Königlich Preussischen Kriegsministeriums, ed., *Traumatische, idiopathische und nach Infektionskrankheiten beobachtete Erkrankungen des Nervensystems bei den deutschen Heeren im Kriege gegen Frankreich 1870–71* [Traumatic, Idiopathic and Post-Infectious Diseases of the Nervous System Observed in the German Armies during the War Against France 1870–71] (Berlin: Ernst Siegfried Mittler und Sohn, 1886). On Araki's and Sommer's relationship, see the discussion on page 49.

¹⁹ The German version of the article also included footnotes and a list of references. Although these elements were not mandatory in German medical articles around 1900, those formal changes certainly had to do with differences in publication standards in Japan and Germany.

wars of German unification. Araki began his article by naming a dozen German authors who had published on mental illness in the wars of 1866 and 1870–71.²⁰ He mostly relied on the work of Carl Dietz (1859–1904), who had summarized the opinions and experiences of several French and German authors. Based on this meta-analysis, Dietz had come to the conclusion that the war of 1866 had caused a predisposition for mental disorders in 1870–71 in several cases.²¹ He had then expanded this argument to the general observation that war could create a disposition to mental illness and that it also affected healthy individuals with no hereditary predisposition—in short, that the war constituted a direct etiological agent.²² Araki obviously shared this view when he stated that the war was “not only the direct cause of mental and nervous disorders, but it also left behind a disposition.”²³

Even though the Franco-Prussian War and the Russo-Japanese War were separated by more than thirty years, the official report of the German Ministry of War offered the advantage of being based on a nationwide survey and, therefore, promised to provide reliable statistical data. The chapter on psychoses presented 100 cases of mental illness in which the government authorities had confirmed a causal relationship between the war and the mental disorder.²⁴ Araki made use of this data when he compared his statistics on the causes of mental illness with the German findings.

A comparison with the German statistics makes Araki’s insistence on the impact of the war appear hugely understated. In his overview on etiological factors, the most frequent causes are “typhoid fever” (twenty cases) and “exhaustion” (eighteen cases), whereas he was unable to identify any specific cause in ninety-seven cases (see Table 7.1).²⁵ According to the German statistics, most psychoses had been caused by the “strains of the war in general” (thirty cases), but there was also another category labeled “specific psychological influences” (fourteen cases) that overlapped with Araki’s understanding of “physical and mental exhaustion.”²⁶ Araki linked his eighteen cases of physical and mental “exhaustion”

²⁰ All of these articles were also mentioned in the two sources that Araki had already used for his talk in 1905: Carl Dietz, “Geistesstörungen in der Armee im Frieden und Krieg” [Mental Disorders in the Army in Times of Peace and War], *Allgemeine Zeitschrift für Psychiatrie* 44 (1888): 209–257; Kriegsministerium, *Erkrankungen des Nervensystems bei den deutschen Heeren 1870–71*.

²¹ Dietz, “Geistesstörungen in der Armee im Frieden und Krieg,” 238–239.

²² Dietz, 240–241.

²³ Araki Sōtarō 荒木蒼太郎, “Beobachtungen,” 625.

²⁴ Kriegsministerium, *Erkrankungen des Nervensystems bei den deutschen Heeren 1870–71*, 417.

²⁵ This table can be found in Araki Sōtarō 荒木蒼太郎, “Beobachtungen,” 626. No such table is included in any of Araki’s Japanese publications. In other parts of Araki’s text, *delusional insanity* (German: Wahnsinn) is referred to as *hallucinatory insanity*. The numbers in brackets are not included in the total number. They refer to a few cases which Araki considered to be cases of *alcohol intoxication*, *kakke*, and *congenital mental deficiency*, but where the patients exhibited a *melancholic*, *manic* or *neurasthenic* state.

²⁶ As Araki mentioned in a footnote, he was quoting the German Ministry’s report from Dietz’s article. In the report, the category “specific psychological influence” was actually labeled “other specific physical or

Table 7.1: Causes and disease forms (Araki)

Causes	Disease forms												Total
	Melancholia	Mania	Manic-depr. & circular insanity	Delusional insanity & delirium	Paranoia	Neurasthenia	Hysteria	Acute alcoholism	Beriberi psychoses	Dementia paralytica	Dementia praecox	Congenital mental deficiency	
Exhaustion	7	5	1	—	—	5	—	—	—	—	—	—	18
Typhus abdomin.	7	4	—	4	—	5	—	—	—	—	—	—	20
Pneumonia	2	2	—	—	—	—	—	—	—	—	—	—	4
Influenza	3	—	—	—	1	—	4	—	—	—	—	—	8
Dysentery	1	1	—	—	1	—	1	1	—	—	—	—	5
Cerebrospinal meningitis	1	—	—	—	—	1	—	—	—	—	—	—	2
Malaria	—	1	—	—	—	—	—	—	—	—	—	—	1
Head injury	1	1	—	—	1	—	4	—	—	—	—	—	7
Body injury	—	—	—	—	—	2	1	—	—	—	—	—	3
Catarrh of the stomach and intestines (catarrh of the colon)	3	—	—	—	—	3	—	—	—	—	—	—	6
Syphilis	2	—	—	—	—	—	—	—	—	1	—	—	3
Other organic diseases	4	1	—	—	—	—	—	—	—	—	—	—	5
Acute alcoholism	(2)	(3)	—	—	—	—	—	5	—	—	—	—	5
Kakke (Beriberi)	(10)	(2)	—	—	—	—	—	—	12	—	—	—	12
Congenital brain dysfunction	(4)	(2)	—	—	—	(1)	—	—	—	—	—	15	15
Unknown causes	28	20	3	4	5	19	2	—	—	8	8	—	97
Total	59	35	4	11	5	44	4	5	12	9	8	15	211

with the thirty cases of “strains of the war” from the German statistics. He explained that the relatively low proportion of merely 8.5% in his own analysis was probably due to the short observation time and that a proper examination would have allowed him to identify more such cases.²⁷

Araki’s table, which shows the relationship between causes and disease forms, also reveals the influence of disease concepts on etiological discussions. While an external influence such as “exhaustion” could theoretically be considered as a possible cause in the cases of melancholia (12%), mania (15%), and neurasthenia (11%), this was less likely in the cases of paranoia and dementia praecox, where Araki only lists “unknown causes.” These latter two were conceptualized as diseases where a strong hereditary influence was seen as the main cause, and Araki’s experience in the war could not challenge this general assumption.²⁸

Yet Araki’s experience in the war might, in turn, also have influenced his view on certain forms of mental illness. His textbook was only published after the end of the war, and some passages, such as the section on war as a cause of mental illness, were taken directly from his Japanese articles on war psychoses.²⁹ Araki’s conviction that the war could create a disposition to mental illness is also reflected in his textbook’s section on physical trauma. Here, he explained that a head injury might directly cause an illness but that it might also leave the patient vulnerable to becoming mentally ill later. Such patients were prone to suffer from headaches, nausea, and irritability in later years; they experienced mental fatigue, lacked resilience at work, and were likely to become depressed or agitated.³⁰ Furthermore, Araki’s textbook discussion of dementia paralytica and melancholia also bears traits of his wartime experience. In fact, since he had identified only one case of syphilis among his dementia paralytica patients, Araki came to emphasize the role of exhaustion and other weakening influences as causative agents.³¹ In turn, it may have

psychological influence” (Kriegsministerium, *Erkrankungen des Nervensystems bei den deutschen Heeren 1870–71*, 474). However, Dietz’s renaming is not without justification. Among the 14 cases, 5 were associated with fright, 5 with the stressful experience of working at an outpost, and the remaining 4 with various forms of mental stress (Dietz, “Geistesstörungen in der Armee im Frieden und Krieg,” 241–242). Araki’s understanding of exhaustion also comprised elements of emotional stress, such as the “constant mental tension of being at the front line, serving at an outpost or having watch duty” (Araki Sōtarō 荒木蒼太郎, “Beobachtungen,” 627).

²⁷ Araki Sōtarō 荒木蒼太郎, 628.

²⁸ See the discussion of *paranoia* in contemporary German and Japanese textbooks published before the war: Kraft-Ebing, *Lehrbuch der Psychiatrie*, 400; Ziehen, *Psychiatrie für Ärzte und Studierende*, 1st ed., 216; Kure Shūzō, *Seishinbyōgaku shuyō* 163; Kadowaki Masae, *Seishinbyōgaku* 472. In the case of the relatively new concept of *dementia praecox*, Kraepelin had argued for a “autointoxication” theory, but the “hereditary predisposition” theory was still more widespread (Kraepelin, *Klinische Psychiatrie*, 203–204).

²⁹ See also footnote 9 on page 194.

³⁰ Araki Sōtarō, *Seishin byōri hyōshaku* 127.

³¹ Araki Sōtarō, 235–236; Araki Sōtarō, “Seneki ni insuru seishinbyō ni tsukite,” 210.

been the role of exhaustion in his melancholia cases that convinced him that heredity was, in fact, of minor significance for this illness.³² However, it is also possible that a combination of Araki's personal experience and shared ideas was at play here. Indeed, the role of hereditary predisposition for melancholia was also de-emphasized in Ziehen's textbook (1894),³³ which had been the model for Araki's textbook (1906).³⁴ Like Araki, Ziehen stressed the influence of exhaustion as "one of the most important etiological factors," along with persistent grief and sorrow.³⁵

Araki's position in the discussion of war-related mental illness was characterized by his emphasis on external factors. Although he did acknowledge the influence of mental stress, he rarely differentiated between mental and physical exhaustion in his case histories.³⁶ As he was in no way obligated to the military authorities, he did not have to temper his critical attitude, and he explicitly voiced his opinions on the pathogenic effect of war at public conferences and openly expressed them in academic journals. His opinion was based on the conviction that for some forms of illness, such as melancholia and dementia paralytica, hereditary predisposition was of relatively minor importance. He also made the observation that an exceptionally high number of soldiers became ill directly on the battlefield, a fact which he interpreted as a sign of the war's direct influence. The German-language sources from the 1880s which he quoted to support his arguments nicely reflected his general view on the pathogenic effect of the war. Although Kure and Hanabusa took different positions, they employed similar argumentative strategies. As opposed to Araki's German sources, they considered some Russian sources on mental illness in the war.

7.2 Kure Shūzō: A Numbers Game

The style and content of Kure's article for the Ministry of War's official report was largely determined by the requirement to present a comprehensive study of all the forms of mental illness encountered during the Russo-Japanese War.³⁷ Although the discussion of eti-

³² Araki Sōtarō, *Seishin byōri hyōshaku* 108.

³³ Ziehen, *Psychiatrie für Ärzte und Studierende*, 1st ed., 216.

³⁴ See the discussion in section 4.1.

³⁵ Ziehen, 307.

³⁶ In most of his cases, this differentiation was impossible because his patients suffered both from physical exhaustion and had experienced some kind of emotional stress. There were only a few cases where Araki assumed a purely psychological cause such as "grief over the death of a younger brother" (*otōto no shi wo awaremu* 弟ノ死ヲ哀ム), cf. case 40 (30-year old infantry soldier) in Araki Sōtarō, "Seneki ni insuru seishinbyō ni tsukite," 160.

³⁷ Kure Shūzō, "Nichiro seneki chū ni okeru yo no jikken seru seishin shōgai ni tsukite." According to the catalogue of the National Diet Library, all of the volumes of the Ministry's report have been published in 1924, but Okada Yasuo dates the text 1912, cf. Okada Yasuo, *Kure Shūzō sono shōgai to gyōseki* 321. As the text must have been written before the publication of its German translation in 1913, this estimation

ology was naturally part of such a treatise, Kure did not try to build a strong argument about the pathogenic influence of war. A crucial aspect that seems to have shaped Kure's discussion of etiology was his involvement with the military authorities. In January 1905, he was ordered to make an inspection of the military reserve hospitals throughout Japan (Hiroshima, Kokura, Himeji, and others).³⁸ Kure neither condemned nor trivialized the war. When he presented his own observations, he always gave an overview of other positions, and even when he found that his own experience was at variance with that of other authors, he usually avoided making generalized statements on the basis of his own limited data. In this respect, his article represents a more intermediate position when compared to the texts of Araki and Hanabusa.

Generally speaking, Kure did not deny that the war had a huge influence on the minds and bodies of soldiers, but at the same time he did not feel entitled to investigate this causal relationship. In the introduction to the section on causes, he noted that feelings of fear and misery, personal worries, and especially the exhaustion of marches must naturally affect the body and soul. He assumed that, with the progress made in military science (*gunjigaku* 軍事學) and weapons technology (*gunki seizōhō* 軍器製造法), these influences were only going to become worse.³⁹ Although he believed that a thorough investigation of etiological factors would be very useful, he opined that "this was perfectly feasible for military doctors working in field hospitals, but not something we assistant employees could hope to undertake."⁴⁰

Kure's reservations were based on two aspects that had a restricting effect on his work with mentally ill soldiers during the war, namely, his subordinate position as a civilian and his workplace in the reserve hospital. Kure's status as civilian entailed some limitations to his work, a fact he was painfully aware of. He noted that "in the reserve hospitals, military doctors were in charge of the care for the mentally ill" and that, due to his lower hierarchical position, he was not in a position to "freely choose his [research] material."⁴¹ These circumstances naturally affected Kure's statistical results and his ability to draw general conclusions from his cases. But the location of his workplace in Tokyo was perhaps even more significant for the investigation of etiological factors. Indeed, the patients' condi-

seems plausible (Kure Shūzō 倉秀三 [Kure, Shuzo], "Über die im japanisch-russischen Krieg beobachteten Geistesstörungen" [On Mental Disorders Observed during the Russo-Japanese War], *Shinkeigaku zasshi* 12, no. 13 [1913]: 1–47).

³⁸ Kashida Gorō, *Nihon ni okeru seishinbyōgaku no nichijō* 38. On the inspection of the hospital in Hiroshima, see also footnote 57 on page 157.

³⁹ Kure Shūzō, "Nichiro seneki chū ni okeru yo no jikken seru seishin shōgai ni tsukite," 35.

⁴⁰ "野戦部隊附軍醫トシテハ能ク之ヲ為シ得ヘキモ余等ノ如キ幫助員ニ在リテハ望ムヘキコトニアラス" (Kure Shūzō, 35). In the German version of the article, Kure also mentioned that working in a reserve hospital further complicated the matter (Kure Shūzō, "Über die im japanisch-russischen Krieg beobachteten Geistesstörungen," 14).

⁴¹ "[...] 病院ニハ軍醫ノ診治ノ任ニ當ラルアリテ [...] 其材料ノ取捨選採ヲ縦ニスルコト得ス" (Kure Shūzō, "Nichiro seneki chū ni okeru yo no jikken seru seishin shōgai ni tsukite," 7).

tion and symptoms might completely change, or at least evolve, during the journey from the field hospitals to the Japanese capital, making an estimation of their original state well-nigh impossible.

However, even if Kure was affronted by his subordinate position, he showed restraint in expressing his contempt, as the report of the Ministry of War would certainly not have been the ideal medium to openly voice such criticism. On the Russian side, the power struggle between psychiatrists and military doctors was addressed more openly. While care for the mentally ill was firmly in the hands of the Russian military authorities at the beginning of the war, it was completely delegated to the Russian Red Cross Society, who ensured that the patients were treated by trained psychiatrists from December 15, 1904 onwards.⁴² In the process of this transition, the psychiatrists successfully portrayed the military authorities as ignorant, unorganized, and incompetent when it came to handling mentally ill soldiers.⁴³ To name but one example, the psychiatrist Efim Solomonovič Borišpol'skij (1869–1942), who had been sent to work in the hospitals of Manchuria, complained that the military authorities were unprepared to deal with neuropsychiatric casualties, were unfamiliar with the German literature on war psychoses, and were “unwilling to think about the situation until they were confronted with the bitter reality and even then their thoughts did not go very deep.”⁴⁴ When compared to the polemic of Russian psychiatrists, Kure's remark on the restrictions that psychiatrists encountered in military hospitals appears very moderate indeed.

⁴² Pëtr Michajlovič Avtokratov described the organization of the care for the mentally ill by the Red Cross (Pëtr Michajlovič Avtokratov, “Prizrenie, lečenie i évakuacija duševno-bol'nych vo vremja Russko-Japonskoj vojny v 1904–1905 godach” [The Care, Treatment and Evacuation of the Mentally Ill during the Russo-Japanese War in the Years 1904–1905], *Obozrenie psichiatrii, nevrologii i eksperimental'noj psichologii*, no. 10 [1906]: 665–688; Pëtr Michajlovič Avtokratov, “Prizrenie, lečenie i évakuacija duševno-bol'nych vo vremja Russko-Japonskoj vojny v 1904–1905 godach,” *Okončanie* [The Care, Treatment and Evacuation of the Mentally Ill during the Russo-Japanese War in the Years 1904–1905 (Conclusion)], *Obozrenie psichiatrii, nevrologii i eksperimental'noj psichologii*, no. 11 [1906]: 721–741). See also Friedlander, “Psychiatrists and Crisis in Russia, 1880–1917,” 205–249.

⁴³ Some of the more telling examples of these polemic attacks can be found in Gerasim Egorovič Šumkov, “Évakuacija duševno-bol'nych s Dal'nego Vostoka” [Evacuation of the Mentally Ill from the Far East], *Voenno-medicinskij žurnal* 83, no. 213 (1905): 310–315, 534–548; Efim Solomonovič Borišpol'skij, “Postanovka dela prizrenija duševno-bol'nych na teatre voennych dejstvij vo vremja russko-japonskoj vojny za 1-iy god ee” [The Situation Concerning the Care for the Mentally Ill on the Theatre of War in the First Year of the Russo-Japanese War], *Ruskij Vrač* 40 (1906): 1259–1252.

⁴⁴ Borišpol'skij, 1249. Another anecdote that is often quoted in this context is Borišpol'skij's description of his first encounter with military authorities. When he first arrived in Manchuria and informed the military-medical inspector of the Priamur military district that he was a trained psychiatrist, the inspector smiled and told him that he would hardly find any work in his speciality, as there would hardly be any mental and nervous patients in the war. When Borišpol'skij remarked that the experience of the Franco-Prussian war had shown that the opposite was the case, the inspector replied: “Это тамъ, а у насъ этого не будетъ.” (Well, that was there [in France and Germany], but we will not have this [kind of problem] here.) (Borišpol'skij, 1249).

Nonetheless, these formal restrictions were more than matched by the spatial (and temporal) distance that complicated the investigation of etiological factors. In contrast to the civilian psychiatrists on the Japanese mainland, military doctors working in field hospitals had the distinct advantage of being able to observe mental disorders on-site shortly after they occurred. They were also in a privileged position when it came to making inquiries about the circumstances under which a patient had become ill, as they had direct access to their fellow soldiers. In the reserve hospitals, the situation was rather less favorable. Usually, it took more than a month for a patient to be transferred from the battlefields in Manchuria to the Tokyo Reserve Hospital. This meant that by the time the patient arrived there, some of his more acute symptoms might already have changed or receded altogether. In many cases, it was also impossible to obtain any etiologically relevant information on the patient. Moreover, some patients were merely passing through Tokyo to get to their home divisions, which made a thorough examination even more difficult.⁴⁵ However, not even these severe restrictions discouraged Kure from investigating and categorizing the various etiological factors that he had found in his cases.

The section under which Kure discussed etiology was titled “exciting causes,” which indicates that he treated these causes as catalyzing moments. This view is consistent with the general discussion of etiology in his textbook on psychiatry published in 1894 and 1895.⁴⁶ In this text, Kure also made a strict division between “predisposition” (*soin* 素因) and “exciting causes,” stating that the influence of the former was far more important than the latter.⁴⁷ His position on the matter apparently remained unchanged until 1904, when he compiled the Sugamo hospital’s annual report for the year 1902.⁴⁸ Although Kure never explicitly formulated how he understood the relationship between heredity and exciting causes in his report for the Ministry of War, it is safe to assume that he favored the view expressed earlier in his textbook and annual report.

⁴⁵ Kure Shūzō, “Nichiro seneki chū ni okeru yo no jikken seru seishin shōgai ni tsukite,” 7.

⁴⁶ The first part of the book was originally published in September 1894, the second in August 1895 (Okada Yasuo, *Kure Shūzō sono shōgai to gyōseki* 444).

⁴⁷ He added that a predisposition was in many cases sufficient to give rise to mental illness (Kure Shūzō, *Seishinbyōgaku shuyō* 230). As has been noted by other authors, Kure’s textbook was for the most part based on the textbook of Krafft-Ebing, where the exact same explanation can be found (Krafft-Ebing, *Lehrbuch der Psychiatrie*, 144).

⁴⁸ According to the statistics of this report, 67% of the 197 patients had a predisposition to mental illness while only 2% were found with no predisposition in 1902 (the predisposition was unknown in the remaining cases). In half of the cases, an exciting cause had also been identified. A table showing the relationship between heredity and exciting causes revealed that in 54% of the cases with a hereditary predisposition an exciting cause was present, whereas it was absent in 21% (Kure Shūzō 呉秀三, “Meiji sanjūgo nen Tōkyōfu Sugamo byōin nenpō” 明治三十五年東京府巢鴨病院年報 [Annual Report of the Sugamo Hospital in Tōkyō Prefecture for the Year 1902], *Shinkeigaku zasshi* 2, no. 6 [1904]: 702). This distribution confirms the idea that exciting causes were merely seen as accessory phenomena.

Table 7.2: Causes and disease forms (Kure)

Causes	D. P.	M. D.	G. P.	Ep.	Hy.	Inf.	Alc.	Imb.	Total
1. Mental									
Domestic troubles	2	—	—	—	—	—	—	—	2
Family conflicts, divorce	1	—	—	—	—	—	—	—	1
Blindness of wife, debauchery of brother	1	—	—	—	—	—	—	—	1
Being scolded by father for debauchery	1	—	—	—	—	—	—	—	1
Insult, suicide of wife	1	—	—	—	—	—	—	—	1
Disstress over adenoma in the inguinal region	1	—	—	—	—	—	—	—	1
Fear of war	2	1	—	—	—	—	—	—	3
(Mental & physical)									
Mental and physical exhaustion	3	1	—	—	—	—	—	—	4
Exhaustion and injury	1	—	—	—	—	—	—	—	1
Domestic troubles, anger, gunshot wound in the left forearm	1	—	—	—	—	—	—	—	1
2. Physical									
Cerebral hemorrhage	1	—	—	—	—	—	—	—	1
Beriberi	2	1	—	—	—	—	—	—	3
Beriberi and typhoid fever	1	—	—	—	—	—	—	—	1
Typhoid fever	—	—	—	—	—	3	—	—	3
Malaria	—	—	—	—	—	1	—	—	1
Dysentery	—	—	—	—	—	1	—	—	1
Pneumonia	—	—	—	—	—	1	—	—	1
Influenza	2	—	—	—	—	1	—	—	3
Gunshot wound in the left thigh	1	—	—	—	—	—	—	—	1
Shell splinter injury in the left palm	1	—	—	—	—	—	—	—	1
Chest trauma caused by a shell	1	—	—	—	—	—	—	—	1
Trauma on parietal bone	1	—	—	—	—	—	—	—	1
Shell splinter injury in the left side of the neck	1	—	—	—	—	—	—	—	1
Alcohol consumption	—	—	—	—	—	7	2	—	9
Unknown	40	19	2	6	3	—	—	—	70
Total	65	22	2	6	3	14	2	—	114

When comparing Kure's statistical data on exciting causes (Table 7.2) to Araki's table (Table 7.1), a few notable differences can be observed.⁴⁹ Apart from the fact that the two physicians used different classification systems of mental disorders, they also had a different approach to discussing the causes. First, there is a subdivision into mental and physical causes in Kure's table.⁵⁰ Second, there is a more detailed differentiation of causes in Kure's account. Third, Kure mainly relied on the data of patients that he had diagnosed with dementia praecox, which essentially makes his table a study on the exciting causes found in this illness.⁵¹ Finally, despite the apparent wealth of detail, the data in this table does not seem to have had any influence on Kure's view on war psychoses or any psychosis in particular. Unlike Araki's table on causes, which reflects and supports his argument, Kure's seems to have been compiled solely for statistical purposes.

Even though Kure's own observations on the causes of war psychoses were not very informative by his own standards, it is interesting to examine what kind of data he considered to be relevant for this topic in the works of other authors and how he used it. For instance, among the texts that he quoted in his section on exciting causes were articles by three Russian physicians. One was by Aleksandr Vasil'evič Ljubarskij (1860–?), who worked in a local hospital of Nikol'sk-Ussurijsk in the Russian Far East; another by Ivan Dmitrievič Ermakov (1875–1942), who worked in a mental hospital in Harbin; and the last was by Martyn Osipovič Šajkevič (1869–?), who worked in a clinic in Moscow.⁵² All three authors had made very different observations and had diverging views on the causes of war psychoses. Ljubarskij had mainly observed cases of paranoia and melancholia and argued for the dominant influence of the war as a pathogenic factor, whereas Ermakov and Šajkevič stressed the prevalence of signs of degeneration (asymmetries of the skull, attached earlobes, irregular teeth, etc.).⁵³ Ermakov mostly saw cases of epilepsy and general

⁴⁹ Kure's table can be found in Kure Shūzō, "Nichiro seneki chū ni okeru yo no jikken seru seishin shōgai ni tsukite," 38; Kure Shūzō, "Über die im japanisch-russischen Krieg beobachteten Geistesstörungen," 14–15. I have followed the German version. The tables are almost identical in content, except for a mistake in the "infection psychoses"-column that lists 7 alcohol-drinking-patients too many, which results in a false total in the Japanese table and too many *infection psychoses* patients in the German table (there were only 7 in total). Additionally, the total number of *imbecility* patients (3) is missing in the German version, which results in a different grand total (110 in the Japanese, 114 in the German version). *Kakke* is translated as "Beriberi" in the German version, otherwise I would not have translated the term. The abbreviations in the first row stand for: D. p. *Dementia praecox*, M. D. *Manic-depressive insanity*, G. p. *General paresis*, Ep. *Epileptic insanity*, Hy. *Hysterical insanity*, Inf. *Infection psychoses*, Alc. *Alcohol psychoses*, Imb. *Imbecility*.

⁵⁰ This was also a feature of the tables in the 1902 report for the Sugamo hospital.

⁵¹ In fact, some of his remaining data borders on the tautological. For instance, it is hardly surprising that all of the patients with *infection psychoses* had suffered from an infection and that all of the *alcohol psychoses* patients had become ill from drinking alcohol.

⁵² The city of Nikol'sk-Ussurijsk (present day Ussurijsk) was located in Primorskij kraj about 112km north of Vladivostok.

⁵³ Aleksandr Vasil'evič Ljubarskij, "Psichiatričeskoe otdelenie pri Nikol'skom mestnom lazarete v g. Nikol'sk-Ussurijskom vo vremja Russko-Japonskoj vojny" [The Psychiatric Ward at the Local Hospital

paresis in his patients, whereas Šajkevič claimed that he was able to identify a war-specific kind of psychosis that he himself had named *amentia depressivo stuporosa*. Among the exciting causes for this new disease, he especially stressed fear, mental and physical exhaustion, and mental shock caused by the nearby explosion of shells.⁵⁴

However, in quoting from these Russian works, Kure focused exclusively on those passages where the authors mentioned participation in battles. He noted that according to Ljubarskij, 78 of his 242 patients had participated in battles, while 123 had not participated in battles, and 24 patients were injured. He further quoted Ermakov saying that among his 257 patients, 146 had become ill at the front and 88 had become ill in connection with battles.⁵⁵ Lastly, he referred to Šajkevič, who stated that one part of the patients had become ill during a battle, whereas the other part had become ill several hours after a battle.⁵⁶ It would seem that Kure presumed that participation in a battle naturally and always constituted the most significant exciting cause, even though the Russian authors did not generally establish a causal relationship between battle experience and mental illness.

Kure's selective reception of Russian articles was partly due to the fact that he mostly relied on short abstracts and incomplete translations as his sources. Some Japanese psychiatrists had knowledge of French and English, but the majority was, of course, trained in German. The transmission of information from Russia to Japan therefore mainly relied on Russian language speakers who translated medical texts into German, as virtually no Japanese physicians received any training in Russian. Many of these translators originated from the Baltic countries, where ethnic Germans formed a large part of the population. Although the Baltic countries had become part of the Russian Empire at the beginning of the eighteenth century, German remained the language of instruction in many institutions well into the nineteenth century. The University of Dorpat (present day Tartu, Estonia), in particular, attracted many German academics, such as the psychiatrists Hermann Emminghaus (1845–1904) and Emil Kraepelin, who were the first two directors of Dorpat's psychiatric clinic.⁵⁷ It is only natural that medical students originating from

in the City of Nikol'sk-Ussurijsk at the Time of the Russo-Japanese War], *Obozreniye psichiatrii, nevrologii i eksperimental'noj psichologii* 12, no. 2 (1907): 84; Ivan Dmitrievič Ermakov, “Psichičeskie zabolevanija v Russko-Japonskuju vojnu po ličnym nabljudenijam” [Mental Illness during the Russo-Japanese War According to Personal Observation], *Žurnal nevropatologii i psichiatrii imeni S. S. Korsakova* 7, nos. 2–3 (1907): 389; Martyn Osipovič Šajkevič, “K voprosu o duševnyx zabolévanijach v vojskë v svjazi s japonskoj vojnoj: Predvaritel'noe soobščenie d-ra M. O. Šajkeviča” [On Mental Illness in the Army in Connection With the Japanese War: Preliminary Report by Dr. Šajkevič], *Žurnal nevropatologii i psichiatrii imeni S. S. Korsakova* 4, no. 6 (1904): 1103.

⁵⁴ Šajkevič, 1105.

⁵⁵ As will be shown below, this is a mistranslation of Ermakov, see page 208.

⁵⁶ Kure Shūzō, “Nichiro seneki chū ni okeru yo no jikken seru seishin shōgai ni tsukite,” 35.

⁵⁷ Erich Donnert, *Die Universität Dorpat-Jurev 1802–1918: Ein Beitrag zur Geschichte des Hochschulwesens in den Ostseeprovinzen des Russischen Reiches* [The Dorpat-Jurev University 1802–1918: A Contribution to the History of Higher Education in the Baltic Provinces of the Russian Empire] (Frankfurt am Main: Peter Lang, 2007), 196.

these regions constituted a group of agents that was predestined to become cultural brokers between Germany and Russia.

An examination of the reviews of Russian articles in the Japanese journal *Shinkeigaku zasshi* reveals that the large majority of the Japanese texts were based on German reviews. For instance, the review of Šajkevič's text had originally been written by Richard Jakob Salomon Weinberg.⁵⁸ Weinberg's short review of Šajkevič's text in turn became the source for the translation in the *Shinkeigaku zasshi*.⁵⁹ The only information given in this review was that Šajkevič had observed a few cases of mental illness in the Manchurian Army, and that he had noted that in some cases the psychoses appeared during a battle and sometimes a few hours or up to two months after a battle.⁶⁰ Exactly the same information is reproduced in the Japanese review, and the exact same wording is used by Kure in his report on mental illness. Although it is clear from his other quotations that Kure had also

⁵⁸ Richard Jakob Weinberg, review of “Ueber Geistesstörungen beim Militär (im Zusammenhang mit dem russisch-japanischen Kriege)” [On Mental Disorders in the Military (in connection with the Russo-Japanese War)] by M. Schaikewicz [Martyn Osipovič Šajkevič], *Centralblatt für Nervenheilkunde und Psychiatrie* 28 (1905): 687.

Weinberg was an anatomist of Baltic origin who made his career in the medical institutions of the Russian empire. He began his studies at the University of Moscow (Arnold Hasselblatt, ed., *Album academicum der Kaiserlichen Universität Dorpat* [Album Academicum of the Imperial University of Dorpat] [Dorpat: C. Mattiesen, 1889], 869) and after submitting his dissertation on Estonian brains at the University of Dorpat, he became professor of Anatomy at the Medical Institute for Women in St. Petersburg in 1906 (“Bericht der Kaiserlichen Universität Dorpat zum 12. Dezember 1906” [Report of the Imperial University of Dorpat on December 12, 1906], *Düna-Zeitung* [Riga], December 12, 1906, no. 286, 1). On his anthropological research see Ken Kalling and Leiu Heapost, “Racial Identity and Physical Anthropology in Estonia 1800–1945,” in *Baltic Eugenics: Bio-Politics, Race and Nation in Interwar Estonia, Latvia and Lithuania 1918–1940*, ed. Björn M. Felder and Paul J. Werindling (Amsterdam: Rodopi, 2013), 87–88. Apart from his translations for the *Centralblatt für Nervenheilkunde*, he also compiled extensive reviews of Russian medical literature in anatomy for the *Ergebnisse der allgemeinen Pathologie und pathologischen Anatomie des Menschen und der Tiere*, see e.g. Richard Weinberg, “Bericht über die russische allgemein-pathologische und pathologisch-anatomische Literatur für 1904/1905” [Report on General-Pathological and Pathological-Anatomical Russian Literature 1904–05], *Ergebnisse der allgemeinen Pathologie und pathologischen Anatomie des Menschen und der Tiere* 10 (1906): 1–104; Richard Weinberg, “Bericht über die russische allgemein-pathologische und pathologisch-anatomische Literatur für 1905/1906” [Report on General Pathological and Pathological-Anatomical Russian Literature 1905–06], *Ergebnisse der allgemeinen Pathologie und pathologischen Anatomie des Menschen und der Tiere* 11 (1907): 730–802.

⁵⁹ Kageyama Yūzō 影山勇藏, review of “Nichiro sensō ni kansi guntai ni okeru seishin shōgai ni tsuite” 日露戦争ニ關シ軍隊ニ於ケル精神障礙ニ就テ [On Mental Disorders in the Army in Connection with the Russo-Japanese War] by Shaikowitchi シヤイコウイッチ [Martyn Osipovič Šajkevič], *Shinkeigaku zasshi* 5, no. 3 (1906): 143. In this case the source of the review is indicated as *Centralblatt für Nervenheilkunde und Psychiatrie* 1905. In many other cases the actual source is not indicated.

⁶⁰ R. J. Weinberg, review of “Ueber Geistesstörungen beim Militär (im Zusammenhang mit dem russisch-japanischen Kriege)” [On Mental Disorders in the Military (in connection with the Russo-Japanese War)] by M. Schaikewicz [Martyn Osipovič Šajkevič].

consulted other sources on Šajkevič, it would definitely seem that he preferred copying ready-made passages from the *Shinkeigaku zasshi*.⁶¹

This mechanism is even more evident in the case of Ermakov's article, which also seems to have been available to Kure only in the form of a translated review.⁶² In all of the quotations that refer to Ermakov, Kure limited himself to the text of the Japanese review and even reproduced the translation errors found in this text.⁶³ In the original Russian version, Ermakov actually stated that among his 257 patients, eighty-eight had already become ill at home before they even made it to Manchuria, but in the Japanese version, this information was for some reason misinterpreted as “eighty-eight patients became ill in connection with the war.”⁶⁴ Not only was the argument that some Russian soldiers had become mentally ill because of the war not based on Ermakov's observation, but its inclusion in Kure's report was the result of an unspotted translation error that only existed in the Japanese versions of Ermakov's text.

A similar translation problem can also be identified in Kure's quotation of Ljubarskij. In this case, no German intermediary was involved, as the translation was made directly from Russian into Japanese by Kurosawa Genshichi 黒澤源七 (1867–?).⁶⁵ Kurosawa's

61 In his discussion of the most common forms of mental illness encountered during the war, Kure quoted a lengthy passage from Šajkevič's article to describe the latter's conception of *amentia depressivo stuporsa*. Compare the passage in question in Martyn Osipovič Šajkevič [Schaikewicz, M.], “Über Geisteskrankheiten im russischen Heer während des russisch-japanischen Krieges” [On Mental Illness in the Russian Army during the Russo-Japanese War], trans. from the Russian by s. n., *Centralblatt für Nervenheilkunde und Psychiatrie* 29 (1906): 873–874 with Kure Shūzō, “Nichiro seneki chū ni okeru yo no jikken seru seishin shōgai ni tsukite,” 11.

62 Originally, Ermakov had presented his research on April 26, 1907, at the 10th Pirogov Conference of Russian physicians (Ivan Dmitrievič Ermakov, “x Pirogovskij s”ezd v Moskvě (25 aprēļja—2 maja 1907 g.)” [x. Conference of the Pirogov Society in Moscow, April 25 to May 2, 1907], *Zurnal nevropatologii i psichiatrii imeni S. S. Korsakova* 7, nos. 2–3 [1907]: 545). Although the source of the Japanese review is indicated as the *Russian Journal for Skin and Venereal Diseases*, there are no articles by Ermakov published in this journal (Ujiie Makoto 世家信, review of “Nichiro seneki ni okeru seishinbyō” 日露戰役ニ於ケル精神病 [Mental Illness in the Russo-Japanese War] by Ermakofu エルマコフ [Ivan Dmitrievič Ermakov], *Shinkeigaku zasshi* 7, no. 7 [1908]: 319–320). Instead, the Japanese text seems to be based on a German review, see Miron Lubowski, review of “Psychische Erkrankungen im Russisch-Japanischen Kriege” [Mental Illness during the Russo-Japanese War] by J. D. Jermakow [Ivan Dmitrievič Ermakov], *Ärztlische Sachverständigen-Zeitung* 13, no. 20 (1907): 430.

63 See the quotations in Kure Shūzō, “Nichiro seneki chū ni okeru yo no jikken seru seishin shōgai ni tsukite,” 21, 23, 35, 106, 128.

64 Ermakov, “Psichičeskie zabolovanija v Russko-Japonskuju vojnu po ličnym nabljudenijam,” 390[319]ermakov1908. The German review gives a correct translation: “[...] während 88 schon krank in den Krieg gezogen sind” (while 88 went to war being already ill) in Lubowski, review of Jermakow, “Psychische Erkrankungen im Russisch-Japanischen Kriege”, 430.

65 Ljubarskij, “Psichiatričeskoe otdelenie”; Aleksandr Vasil'evič Ljubarskij [A. We. Ryubārusukii ア、ウエ、リュバースキイ], “Nichiro sensō no toki Roryū Nikorisuku-Ussuri-ken no Nikorisuku chihō byōin ni okeru seishinbyōsha no jōkyō” 日露戰爭ノ時露領ニコリスクウツスリイ縣ノニコリスク地方病院ニ於ケル精神病者ノ狀況 [The Situation of the Mentally Ill at the Local Nikol'sk

translation of Ljubarskij's text appeared in the *Shinkeigaku zasshi*, together with a full translation of Pëtr Michajlovič Avtokratov's (1857–1915) report on the work of the Russian Red Cross Society that organized care for the mentally ill in the Russo-Japanese War.⁶⁶ Taken together, these two texts constituted the most detailed descriptions of the Russian mental health services in the war that were available in Japanese. This may explain why Ljubarskij's article, which was almost completely absent from French and German medical literature, appears as one of the most frequently quoted works in Kure's report.⁶⁷

Kurosawa had obviously tried to make a close translation of Ljubarskij's text, but the result was a sometimes rather free rendition of the original text. A very prominent change in meaning was unfortunately introduced by the translator into a passage that was to be quoted by Kure later on. In the original, it reads:

Hospital in the Russian-Governed Prefecture of Nikol'sk-Ussurijsk at the Time of the Russo-Japanese War, trans. from the Russian by Kurosawa Genshichi 黒澤源七, *Shinkeigaku zasshi* 6, no. 10 (1908): 588–594. Another text that had also been translated by Kurosawa and quoted in Kure's report is the article by Stanislav Dominikovič Vladyčko (1878–1936), who had described the siege of Port Arthur and its impact on the minds of the besieged (Stanislav Dominikovič Vladyčko, “Duševnye zabolovanija v Port-Arture vo vremja osady” [Mental Disorders in Port Arthur during the Siege], *Voenno-medicinskij žurnal* 85, no. 218 [1907]: 108–118, 318–326; Kurosawa Genshichi 黒澤源七, review of “Rōjō no sai Ryojunkō ni okeru seishinbyō” 箇城ノ際旅順港ニ於ケル精神病 [Mental Illness in the Port of Ryujun during the Siege] by Uraduichiko ウラデウイチコ [Stanislav Dominikovič Vladyčko], *Shinkeigaku zasshi* 6, no. 10 [1908]: 601–602).

At the time of the Russo-Japanese War, there were only a few institutions where Japanese could learn Russian. There was the government-established Tokyo School of Foreign Languages and the Nikolai Orthodox Seminary (Shomu Nobori and Katsumaro Akamatsu, *The Russian Impact on Japan: Literature and Social Thought, Two Essays*, ed. Peter Berton, Far Eastern and Russian Research Series 5 [Los Angeles: University of Southern California Press, 1981], 92). Since 1890, some of the Japanese graduates of Russia's theological schools had also been teaching Russian at Japanese military schools. During the Russo-Japanese War, some graduates of the Tokyo Orthodox Seminary were employed as Russian-language specialists (Ilya Nikolayevich Kharin, “Self-Realization of the Japanese Orthodox Church, 1912–1956” [PhD diss., Princeton University, 2011], 178). Kurosawa had also attended the theological seminary of the Japanese Orthodox Church (ニコライ神学校) in his youth, but later decided to become a doctor (“Kurosawa Genshichi kun: Nanajū nana sai no daichōrō” 黒澤源七君：七十七歳の大長老 [Mr Kurosawa Genshichi: A 77-Year-Old Senior Citizen], *Nihon iji shinpō*, 1943, no. 1067). His medical career and the previous involvement with the Orthodox Seminary explains how he came to be able to translate Russian medical texts.

66 Pëtr Michajlovič Avtokratov [Autokuratou アウトクラトウ], “Nichiro seneki chū Rokoku guntai no daseru seishinbyōsha ni tsukite” 日露戰役中露國軍隊ノ出セル精神病者ニ就キテ [On the Appearance of Mentally Ill Patients in the Russian Army during the Russo-Japanese War], trans. from the Russian by s. n., *Shinkeigaku zasshi* 6, no. 10 (1908): 571–588. This Japanese translation was based on a German version, cf. Pëtr Michajlovič Avtokratov [Awtokratow, P. M.], “Die Geisteskranken im russischen Heere während des japanischen Krieges” [On the Mentally Ill in the Russian Army during the Russo-Japanese War], trans. from the Russian by s. n., *Allgemeine Zeitschrift für Psychiatrie und psychisch-gerichtliche Medizin* 64, nos. 2–3 (1907): 286–319. On the Russian version see footnote 42 on page 202.

67 Kure Shūzō, “Nichiro seneki chū ni okeru yo no jikken seru seishin shōgai ni tsukite,” 10, 21, 23, 24, 26, 31, 33, 35, 107, 126.

Интересно было бы выяснить, какое отношение между душевно-больными, участвовавшими в сражениях и не участвовавшими; у меня получились следующие данные: [...]⁶⁸

It would be interesting to investigate the proportion of mental patients that have participated in battles in relation to those that have not. I have obtained the following data: [...]

In Kurosawa's translation, this was rendered as:

戦争ニ参加シタルニ因テ發シタル精神病者ト参加セザル者トノ
間ニ如何ナル關係アルカヲ説明スルコトヲ得バ興味必ズ多カラ
ン、予ハ左ノ事實ヲ示サン⁶⁹

It would certainly be very interesting if one could explain what kind of relationship exists between those mental patients that became ill because they participated in battles as compared to those that have not participated [in the battles]. I would like to present the following facts: [...]

Although it might at first glance seem that Kurosawa got the gist of the text exactly right, this was not so. Either inadvertently or for lack of better knowledge, he had on the one hand introduced the little word “because” (*ni yotte* 二因テ), and on the other hand he had transformed Ljubarskij's “data” into “facts.” So, whereas the object of inquiry in Ljubarskij's text had been the ratio between two groups of mental patients (combatants vs. non-combatants) without the postulation of any causal relationship between combat and mental illness, exactly this kind of causal relationship was established in Kurosawa's translation. Although Ljubarskij had been content to voice the opinion that different patient populations could be gainfully compared, Kurosawa presented him as someone who had jumped ahead of his own research and postulated that participation in battles was a direct cause of illness. This is all the more surprising as Ljubarskij commented on his own data that “no conclusion can be drawn based on these numbers, because they are too small and pure coincidence might have played its part.”⁷⁰

Ljubarskij then went on to speculate about the possible causes of mental illness in wartime. Among other things, he mentioned the constant strain on the nervous system; the permanent fear of being attacked, killed, or injured; and the worries about family

68 Ljubarskij, “Psichiatričeskoe otdelenie,” 82.

69 Ljubarskij, “Nichiro sensō,” 591.

70 Ljubarskij, “Psichiatričeskoe otdelenie,” 82. Ljubarskij then added that the same was also true for all the following tables that he provided in his article, and that they would only gain any significance when all the data from the Russo-Japanese War was gathered together. In line with his former misrepresentation, this passage also gained a new meaning Kurosawa's version: “Here I must say simple and random things about the tables that follow. Perhaps in the event of a future war, the collection of material will eventually be of value” (Ljubarskij, “Nichiro sensō,” 591–592).

members who had been left behind and whose futures were at stake should the father of the family be killed or crippled. He furthermore suspected that the soldiers' sheer distance from their homes was depressing, causing them to fear that they would never be able to return. Lastly, he mentioned the circumstance that they could not understand what they were dying for and that they took the fact that they were losing every battle to be heavily proof that they were fighting for an unjust cause; that God had therefore abandoned them to let the non-believers prevail.⁷¹

It is remarkable that none of these predominantly psychological causes listed by Ljubarskij were included in Kure's foreign-literature review on exciting causes. However, as he obviously did not intend to give a full rendition of the Russian discussion, he must have felt compelled to select information that was both coherent and concise. In this respect, his quotations of Ljubarskij, Ermakov, and Šajkevič seem to be a perfect match. In Kure's version, the numeric expressions borrowed from these authors convey the impression of a simple and direct causal relation between combat and illness that does not require further explanation.

Generally speaking, Kure's discussion of etiological questions was characterized by an impersonal attitude. While providing a lot of detailed information and drawing on a multitude of different sources, Kure's own opinion remained invisible. His understanding of the relationship between heredity and external causes was never explicitly articulated. Even though he noted in his section on heredity that there had been more cases without a hereditary disposition among the patients he had examined in the Tokyo Reserve Hospital, he did not use this observation to develop it into an argument.⁷²

Furthermore, some of Kure's attitudes seem to have stemmed from his concern about the "modernity" of Japanese psychiatry. For instance, he seems to have found that the German Ministry of War's report from 1885 was outdated. Unlike Araki, he did not consider the views expressed on etiology in this reference at all, but otherwise quoted from it extensively. When it came to disease forms, Kure found the German report lacking, as most cases had simply been denoted as "mental illness."⁷³ In these "old texts" (*furuki bunseki* 舊キ文籍), there also was no mentioning of "recently" (*kinjji* 近時) introduced disease names, such as Kure's favored *dementia praecox*. But he also deplored that "there were hardly any traces of well-informed descriptions of this disease-form" on the Russian side, either.⁷⁴

⁷¹ Ljubarskij, "Psichiatričeskoe otdelenie," 83. Kurosawa's translation of the passage about God's wrath is flawless. It would seem that the time spent at the Orthodox Seminary eventually paid off.

⁷² Kure Shūzō, "Nichiro seneki chū ni okeru yo no jikken seru seishin shōgai ni tsukite," 27.

⁷³ Kure Shūzō, 10; Kriegsministerium, *Erkrankungen des Nervensystems bei den deutschen Heeren 1870–71*, 415.

⁷⁴ "是等ノ病症ヲ能ク理解シヨク観察シタル蹤跡ハ希ナリ" (Kure Shūzō, "Nichiro seneki chū ni okeru yo no jikken seru seishin shōgai ni tsukite," 69). However, Kure did make an exception for Suchanov in this matter. Indeed, Suchanov shared Kure's vision of "psychiatric modernity," which he

Kure had been commissioned to write an account of mental illness for the Ministry of War's official sanitary report. Although he might have been dissatisfied with his position as a civil assistant, he was certainly bound by his duties as a government official. In fact, it would almost certainly have been considered a provocation to openly demonize the war as the cause of mental illness in the eyes of the military authorities.

7.3 Hanabusa Ken'ya: Compensation

An even higher degree of personal involvement characterized the approach of Hanabusa, who was charged with determining the disability pension of mental health patients. Within this context, the discussion of the etiological role of the war had even more practical significance. Six years after the end of the Russo-Japanese War, Hanabusa presented his study on war-inflicted mental health casualties. His survey revealed that, out of the 5,215 veterans who were to receive compensation, 125 mental health patients were deemed to be entitled to a pension. ⁷¹ of these 125 had been diagnosed with *traumatic psychosis* (*gaishōsei seishinbyō* 外傷性精神病).⁷³ The term traumatic psychosis referred to an illness that was caused by a physical trauma, such as ballistic trauma, falling into the trenches, blows on the head, or falling from a horse.⁷⁶ Even among his nineteen cases of manic-depressive illness, there were five patients who had developed the illness after a head injury. The preponderance of this diagnosis in his report clearly reflects Hanabusa's preference for physical over psychological influences. This view was also expressed by several Russian physicians whom Hanabusa quoted to support his argument.

In general, Hanabusa assumed that "there were no great differences between mental disorders found in the Japanese and the Russian armies."⁷⁷ He based this statement on the reports of the various Japanese reserve hospitals (explicitly mentioning Araki's study), his own observations, and the works of the Russian authors "Pribytkow, Yermakow, Sankhnoff [sic!]" and "Suchanow."⁷⁸ Although he did not provide any bibliographical information on these Russian texts, they can be identified by examining the reviews of Russian articles on war-related mental illness in the *Shinkeigaku zasshi*, the only Japanese journal on psychiatry available in 1911.

All three Russian psychiatrists (Suchanow and "Sankhnoff" actually refer to one and the same person) had delivered talks on mental illness in the army at the Tenth

emphatically identified with the Kraepelin school and his classification of mental disorders, see Suchanov, "O sovremennoj klassifikacii duševnych boléznej."

⁷⁵ Hanabusa Kenya, "Guntai ni okeru seishinbyō narabi ni sono onkyū shindan ni tsuite," 1982. This means that the large majority of Russo-Japanese War veterans (5,090 out of 5,215) were to receive a disability pension due to physical disabilities (Hanabusa Kenya, 1985).

⁷⁶ Hanabusa Kenya, 1985.

⁷⁷ "日露兩國軍隊ノ精神病ハ種別ハ著シキ差ナク" (Hanabusa Kenya, 1982).

⁷⁸ Hanabusa Kenya, 1981-1982.

Pirogov Conference of Russian physicians held in Moscow from April 25 to May 2, 1907. Pribytkov described fifty-six cases of gunshot wounds with injuries of the skull and brain.⁷⁹ Ermakov reported on 257 cases of various forms of mental illness that included descriptions of *traumatic psychoneuroses*, *amentia*, *general paresis*, *epilepsy*, *alcoholic psychoses*, and *dementia praecox*.⁸⁰ Suchanov (usually transliterated as "Soukhanoff" in French publications) had also observed various forms of mental illness, such as *manic-depressive insanity*, *dementia praecox*, *alcoholic psychoses*, and *traumatic psychoneuroses* in Russian soldiers in a private hospital in Moscow.⁸¹ Apart from his talk at the Moscow conference, Suchanov published another article on war-related mental illness that was reviewed in the *Shinkeigaku zasshi*. This time he focused on cases of *acute mental confusion* that were also known as *amentia*.⁸²

79 Ujiie Makoto 世家信, review of "Nichiro sensō ni okeru zugaikotsu sonshō" 日露戰爭ニ於ケル頭蓋骨損傷 [Injuries of the Cranial Bone in the Russo-Japanese War] by Puribitokofu プリビートコフ [Georgij Ivanovič Pribytkov], *Shinkeigaku zasshi* 7, no. 6 (1908): 262. The German entry was indicated as: "Pribythkw, Verletzungen der Schädelknochen im Russisch-Japanischen Kriege. Pirogowsches Kongress, Moskau 1907". See the report of Georgij Ivanovič Pribytkov (1857–1909) presented on April 28, 1907 (Ivan Dmitrievič Ermakov, review of "Nabljudenija nad ognestrel'nymi povreždenijami cerepa i mozga v russko-japonskiju vojnu" [Observations on the Injuries of the Cranial Bone and Brain Caused by Gunshot Fire in the Russo-Japanese War] by Georgij Ivanovič Pribytkov, *Žurnal nevropatologii i psichiatrii imeni S. S. Korsakova* 7, nos. 2–3 [1907]: 557). As the Japanese reviewer did not have a Russian-language background, his review was most likely based on a German review, see for example Miron Lubowski, review of "Beobachtungen über Verletzungen der Schädelknochen im Russisch-Japanischen Kriege" [Observations on Injuries of the Cranial Bones in the Russo-Japanese War] by G. J. Pribytkow [Georgij Ivanovič Pribytkov], *Ärztliche Sachverständigen-Zeitung* 14, no. 1 (1908): 12.

80 Ujiie Makoto, review of Erumakofu, "Nichiro seneki", 319–320. See also footnote 62 on page 208.

81 Ujiie Makoto 世家信, review of "Nichiro sensō ni kansuru seishin shōge" 日露戰爭ニ関關スル精神障礙 [Mental Disorders in Connection with the Russo-Japanese War] by Zuhlyanofu ズッヒヤノフ [Sergej Alekseevič Suchanov], *Shinkeigaku zasshi* 7, no. 10 (1908): 598. Compare the talk by Sergej Alekseevič Suchanov delivered on the same day as Ermakov's (Ivan Dmitrievič Ermakov, review of "Po voprosu o psichičeskych razstrojstvach v svjazi s russko-japonskoj vojnoj" [On the Issue of Mental Disorders in Connection with the Russo-Japanese War] by Sergej Alekseevič Suchanov, *Žurnal nevropatologii i psichiatrii imeni S. S. Korsakova* 7, nos. 2–3 [1907]: 544–545).

82 Hashi Kenkō 橋健行, review of "Rokoku guntai chū ni shōzeshi kyūsei seishin sakuran oyobi sono tokusei" 露國軍隊中ニ生ゼシ急性精神錯亂及ビ其特性 [Acute Mental Confusion among Russian Soldiers and Its Peculiarities] by Saukanoffu サウカノッフ [Sergej Alekseevič Suchanov], *Shinkeigaku zasshi* 8, no. 8 (1909): 363–364. The Russian text was originally published as one of Suchanov's lectures delivered at the military hospital for mentally ill soldiers in Moscow, see Sergej Alekseevič Suchanov, "Vnešnie projavlenija ostroj sputannosti u soldat, dostavlennych s Dal'nego Vostoka" [External Appearance of Acute Mental Confusion in Soldiers Brought Back from the Far East], in *Pervičnoe slaboumnie vzroslych. Ob ostroj sputannosti: Iz kliničeskikh lekcij, čitannych pri lečebnici dlya duševnobol'nych voinov v Moskve* (Moskva: Tipografija Russkij Trud, 1906), 94–104. In the *Shinkeigaku zasshi*, the source of the article was indicated as "Soukhanoff, Acute mental confusion and its peculiarities among Russian soldiers. Journal de neurologie. Vol. XI. 1906. No. 22." The English title suggests that the reviewed article originally appeared in an English journal and indeed, there is an English review of the French translation of Suchanov's lecture: C. L. Allen, review of "Acute Mental Confusion and Its Peculiarities among Russian Soldiers" by Soukhanoff, S., *The Journal of Nervous and Mental Disease* 35, no. 11 (1908): 716.

Judging by the forms of mental illness observed by these Russian authors, Hanabusa concluded that in both armies 1) *manic-depressive insanity* was the most common form. This was followed by 2) *post-traumatic psychoses*, 3) *postinfectious psychoses*, 4) *dementia praecox*, 5) *ementia* (which was more common in the Russian army than in the Japanese), 6) *general paresis*, 7) *epileptic insanity*, 8) *neurasthenia* (which was equally common in the Russian and Japanese armies), 9) *alcoholic insanity* (which was common in the Russian army but rare in the Japanese), 10) *hysteria* (which was as common in wartime as in peacetime), and finally 11) mental illness following *kakke* (which only occurred in the Japanese army and was non-existent in the Russian army).⁸³

The relative frequency of certain forms of mental illness during war as compared to peacetime was important for Hanabusa's evaluation of the role of war in the etiology of these disorders. He identified three different groups of mental disorders. In the first group were those disorders which, according to Hanabusa, occurred equally often both in war and peace (*manic-depressive insanity*, *dementia praecox*, *epileptic insanity*, *hysteria*, *general paresis*, and *imbecility*). The second group comprised disorders which appeared frequently during wartime (*traumatic psychoses* and *infectious psychoses*). The third group was made up of disorders which tended to occur increasingly during wartime (*fright neurosis*, *acquired neurasthenia*, and *congenital neurasthenia*).⁸⁴

The advantage of this division was the implied argument that only disorders which occurred more frequently in wartime could have been caused by the war. Based on this division, Hanabusa argued that, while *fright neurosis* (*kyōfusei shinkeishō* 恐怖性神経症), which he identified with *traumatic neurosis* (*gaishōsei noiroze* 外傷性ノイローゼ), was more common during the war, *hysteria* (*hisuterī kyō* ヒステリー狂) was not, and therefore one could not say that *psychoneuroses* (*seishinsei shinkeishō* 精神性神経症, i.e. a superordinate category for both disorders) appeared more frequently during the war.⁸⁵ This is a curious line of argument, because theoretically it could just as well be used the other way round: *hysteria* was not more common in wartime, but *fright neurosis* was; therefore, one cannot say that the *psychoneuroses* as a group were less common in wartime. It would thus seem that Hanabusa's intention was not to provide a solid

The actual source used for the review in the *Shinkeigaku zasshi* is unknown, but it was most likely a German review of the American review of the French translation of the Russian article. This long chain of transmission explains why it took three years for Suchanov's article to be reviewed in a Japanese journal.

83 Hanabusa Kenya, "Guntai ni okeru seishinbyō narabi ni sono onkyū shindan ni tsuite," 1982.

84 Hanabusa Kenya, 1983. Hanabusa remarked on *congenital neurasthenia* that it was difficult to obtain reliable statistical results and that therefore some doubts remained concerning this form of mental illness during the war.

85 Hanabusa Kenya, 1984. *Traumatic neurosis* and *hysteria* were not always considered as belonging into the same category. The Berlin neurologist Hermann Oppenheim (1857–1919), who had developed the concept of *traumatic neurosis*, insisted on keeping them separate (Paul Lerner, "From Traumatic Neurosis to Male Hysteria: The Decline and Fall of Hermann Oppenheim, 1889–1919," in Micale and Lerner, *Traumatic Pasts*, 145).

academically founded argumentation but to exclude the etiological role of the war for as many disorders as possible.⁸⁶

In the problematic case of the psychoneuroses, he ultimately resorted to another line of argumentation. Stating that this kind of disorder was caused by a general disposition (*heiso no soshitsu ni motozuku* 平素ノ素質ニ基ヅク) on the part of the patient, he shifted the discussion towards an argument based on a definition of the disorder.⁸⁷ As for other etiological factors, such as “exhaustion” or “lack of sleep,” he maintained that these could merely have an impact on the initial phase of *acquired neurasthenia*. In the end, Hanabusa’s argumentation left “physical trauma” and “infectious diseases” as the only noteworthy etiological factors in war-related mental illness. He finished his discussion on etiology with a quote from Suchanov:

S n c h a n o w 曰ク、日露戦争ニ於ケル不幸ハ決シテ新ラシキ精神病ヲ發セザルノミナラズ、亦ソノ發生ヲ極メテ容易ナラシムルモノニモアラザルナリト⁸⁸

[Suchanov] says: “Not only did the disaster of the Russo-Japanese War not produce any new psychoses, but it also had merely caused them to become manifest much more easily.”

Hanabusa added that he agreed with this view and, once again evoking the statistical argument, he observed that *manic-depressive insanity* and *catatonia* were also common in peacetime and that, therefore, there was no cogent connection with the war.⁸⁹ Indeed, Suchanov’s testimony seems to support Hanabusa’s view that the war’s impact on mental illness was negligible. It suggests that only ill people were affected and that the war

⁸⁶ Hanabusa’s discussion of *hysteria* seems even more problematic when it is considered that the illness did virtually not exist as a male affliction outside the context of the military. In non-military institutions it appeared as an almost exclusively female malady. Although the reasons for this strange distribution (also observed in Europe) remain in the dark, there is a parallel between female hysteria and military male hysteria: Both were perceived as an expression of unwarranted selfishness or even egoism. While women were usually expected to suppress their individuality in all situations of ordinary life, this was not expected from men. However, in the military context the male soldier had to subordinate his individuality to the sovereignty of the military. If he failed to do so he was violating the expected social norms and thereby became “eligible” for a *hysteria* diagnosis.

⁸⁷ Originally, the term *traumatic neurosis* emerged in the context of train and work accidents in Imperial Germany. Oppenheim had defined it as a nervous disorder provoked by a traumatic event that caused minute lesions in the brain and also left the patient psychologically damaged (Lerner, 144–145). However, after *traumatic neurosis* was recognized as a compensable condition by the Imperial Insurance Office in the wake of Bismarck’s accident insurance legislation (1884), it met with serious opposition from all those who feared for Germany’s public health and economic strength (Lerner, 149–150). As a consequence, since the 1890s a new definition was favored that characterized *traumatic neurosis* as a condition that only emerged in constitutionally pre-morbid individuals (Lerner, 152).

⁸⁸ Hanabusa Kenya, “Guntai ni okeru seishinbyō narabi ni sono onkyū shindan ni tsuite,” 1984.

⁸⁹ “予モ亦コノ觀察ニ同意スルモノニシテ” (Hanabusa Kenya, 1984).

itself did not cause healthy people to become mentally ill. However, Suchanov's statement had a slightly different meaning in its original context. When he delivered his talk in Moscow, he was contributing to a discussion that had been started by his colleague Martyn Osipovič Šajkevič in 1904. Šajkevič, who—like Suchanov—was treating mentally ill soldiers in a Moscow hospital, had announced that he had been able to identify a special kind of war psychosis.⁹⁰ He had named this newly discovered form of mental illness *amentia depressivo-stuporosa* and had thereby sparked a debate on whether war-specific forms of mental illness actually existed. In this context, Suchanov had repeatedly argued against Šajkevič's view that the war produced distinct kinds of war psychoses.⁹¹ The original Russian version of Hanabusa's quote reads as follows:

Въ общемъ надо сказать, что если нельзя доказать, что *русско-японская война* создала особые психозы, то несомнѣнно, что она заставила скорѣе обнаружиться психозы у тѣхъ больныхъ, у которыхъ они развились бы рано или поздно, какъ напр., *dementia praecox* и *прогрессивный параличъ*.⁹²

Generally speaking, one must say that whereas it can not be proven that the Russo-Japanese War has created any special psychoses, it is certain that it has caused psychoses to present themselves earlier in those patients who would have developed them sooner or later, such as for example in *dementia praecox* and *general paresis*.

Two aspects had been modified in Hanabusa's version of the quote. In the first sentence, the main difference was between the expressions “new psychoses” and “special psychoses.” Whereas the latter is explicitly referring to the discussion of war-specific psychoses, the former is more ambiguous and may also have conveyed the idea that the war was not able to generate psychoses by itself. The second modification had to do with the

90 Šajkevič, “K voprosu o duševnyh zabolěvanijach v vojskѣ v svjazi s japonskoj vojnoj,” 1104.

91 Suchanov had already made this point in an earlier article:

Что касается термина “депрессивно-ступорозный психоз” (“psychosis depressivo-stuporosa”), то съ моей точки зѣнія онъ представляетъ неудобства. [...] На основаніи своихъ наблюденій я пришелъ къ заключенію, что можно говорить о томъ, что среди психически больныхъ солдатъ встрѣчается весьма много депрессивныхъ формъ; но нельзѧ сказать, что существуетъ какая-нибудь особая форма душевнаго разстройства (As for the term *psychosis depressivo-stuporosa*, from my point of view it presents certain inconveniences. [...] Based on my observations, I came to the conclusion that it can be said that there are many depressive forms among mentally ill soldiers; but one cannot say that there exists any one particular form of mental illness) (Sergej Alekseevič Suchanov, “O depressivnyh formach duševnago razstrojstva soldat” [On Depressive Forms of Mental Illness in Soldiers], *Ruskij Vrač*, no. 46 [1905]: 1442).

92 Sergej Alekseevič Suchanov, “O duševnyh razstrojstvach v svjazi s russko-japonskoj vojnoj” [On Mental Disorders in Connection with the Russo-Japanese War], *Vračebnaja gazeta*, no. 35 (1907): 970.

scope of the argument expressed in the second sentence. In Suchanov's version, the impact of the war as an accelerating force had been restricted to a limited group of psychoses (those leading to serious mental deterioration). Hanabusa, on the other hand, extended the argument to include other forms of mental illness, such as manic-depressive insanity.

This deviation in meaning can be explained by an examination of the Russian text's transmission process. Hanabusa's quote from Suchanov was copied from a Japanese review published in the *Shinkeigaku zasshi*.⁹³ As we have already seen above, most reviews in this journal were actually translations of German reviews found in journals such as the *Neurologisches Centralblatt* or the *Centralblatt für Psychiatrie und Nervenheilkunde*. Of course, none of the Japanese reviewers had a Russian-language background, but in extension of the questionable translation practice from Russian, their names also appeared with French, German, Italian, English, or Hungarian reviews.

It is safe to assume that the Suchanov "review" had also originally been based on a short German text and was in fact a translation. In the *Shinkeigaku zasshi*, the Japanese entry is supplemented by a German entry which reads: "Suchanow, Psychische Störungen in Verbindungen mit dem russisch-japanischen Kriege. Russesches [sic] Journal für Haut und venerische Krankheiten. April 1907." This entry at first seems to indicate a Russian source, but in fact, no article by Suchanov was ever published or even reviewed in the *Russian Journal for Skin and Venereal Diseases*. Instead, the German translation of the title and the German transliteration of Suchanov's name point to a German source. One review of Suchanov's talk had appeared in the *St. Petersburger medizinische Wochenschrift*; another in the *Ärztliche Sachverständigen Zeitung*.⁹⁴ The text of the latter has a close structural resemblance to the Japanese review.⁹⁵ In that German version, the passage quoted by Hanabusa already contained the modified expression that says that "the war created no *new* psychoses" and also omits the specification of psychoses which, in Suchanov's view, had been affected by the war.⁹⁶ In this case, it makes sense to assume

⁹³ Ujiie Makoto, review of "Nichiro sensō ni kansuru seishin shōge" 日露戦争ニ関する精神障礙 [Mental Disorders in Connection with the Russo-Japanese War] by Zuhhyanofu ズッヒヤノフ [Sergej Alekseevič Suchanov], 598.

⁹⁴ W. Schiele, review of "Ueber psychische Störungen im Zusammenhang mit dem russisch-japanischen Kriege" [On Mental Disorders in Connection with the Russo-Japanese War] by S. Suchanow [Sergej Alekseevič Suchanov], the literature-review section's pages are numbered separately, *St. Petersburger medizinische Wochenschrift* 33 (1908): 12; Miron Lubowski, review of "Zur Frage der psychischen Störungen in Verbindung mit dem russisch-japanischen Kriege" [On the Issue of Mental Disorders in Connection with the Russo-Japanese War] by S. A. Suchanow [Sergej Alekseevič Suchanov], *Ärztliche Sachverständigen-Zeitung* 13, no. 20 (1907): 430.

⁹⁵ This does not mean that the Japanese reviewers actually consulted the *Ärztliche Sachverständigen Zeitung*. Reviews were often copied and the same text could have been reprinted in some other medical journal available in Tokyo.

⁹⁶ The whole passage reads: "Suchanow ist der Meinung, daß das Kriegsunglück keine neuen Psychosen geschaffen, sondern deren Manifestwerden bedeutend erleichtert habe [...]" ([Suchanov] believes that the disaster of the war did not produce any new psychoses, but has significantly facilitated their emergence

that the changes in meaning had not been introduced by the Japanese translator but were already present in the German version of the review.

Hanabusa made use of Suchanov's altered and de-contextualized statement to support his own arguments, which seem to have ultimately been guided by the intention to de-emphasize the military's responsibility. His discussion of the etiological role of the war went in the opposite direction to that of Akari, who stressed the role of physical and mental exhaustion. Hanabusa, on the other hand, argued that exhaustion was overrated. He complained that the investigation of other factors, such as "heredity, syphilis, alcohol consumption, and degeneration" was being neglected and that "discussing the granting of pensions solely relying on mental and physical exhaustion was careless" and should be avoided in the future.⁹⁷

Hanabusa's preference for attributing the soldiers' condition to hereditary factors also became clear in another discussion. At the conference where he first presented his statistical research on pensions, the subsequent talk was on the subject of preventing suicide in the army. The speaker reported that the suicide rate in the war year 1905 had been exceptionally high. Whereas the numbers varied between sixty and ninety cases per annum in other years, the army registered 8,089 cases in the second year of the Russo-Japanese War.⁹⁸ As a "preventive measure" (*yobō-hō* 豫防法), the speaker argued for a more careful examination of recruits in order to exclude soldiers with mental debility from the army. Hanabusa made a comment on this talk in which he added that, apart from mental debility, suicides also occurred in cases of manic-depressive insanity and dementia praecox. According to him, 75% to 80% of these cases were hereditary in nature, and if army doctors would carefully investigate the hereditary predisposition in the recruits' families, the majority of the suicides could be "prevented."⁹⁹

Although it is impossible to say with absolute certainty, his ulterior motives might have been influenced by financial concerns. This interpretation is supported by the undeniable fact that his line of argumentation was well suited to reducing military expenses. Additionally, the tendency to favor certain diagnoses and disease concepts for economical reasons was neither a specificity of Japan nor of the handling of the post-Russo-Japanese

[...]), see Lubowski, review of "Zur Frage der psychischen Störungen in Verbindung mit dem russisch-japanischen Kriege" [On the Issue of Mental Disorders in Connection with the Russo-Japanese War] by S. A. Suchanow [Sergej Alekseevič Suchanov], 430.

97 "戦時ノ精神病審査上遺傳、黴毒、酒精飲用、變質性格等ノ調査ヲ疎末ニシテ、單ニ戦役ノ心身過勞等ノ故ヲ以テ、恩給ヲ審議スルガ如キハ慎重ナラズ、状來コレガ調査ノ様式ヲ一定シ置クヲ要ス" (Hanabusa Kenya, "Guntai ni okeru seishinbyō narabi ni sono onkyū shindan ni tsuite," 1987).

98 Suganuma Tōichirō, "Guntai ni okerujisatsu oyobi sono yobō," 1989.

99 Hanabusa Kenya 英健也, comment following Suganuma Tōichirō's talk on Suicide in the Army, *Dai sankai Nihon igakkai shi*, 1911, 1996–1997.

War period. For example, this was also evident in how German doctors approached “traumatized” soldiers at the beginning of World War I.¹⁰⁰

But Hanabusa’s insistence on investigating the influence of heredity and degeneration may also indicate the Japanese military’s concern to rid the army of supposedly “pernicious” individuals. Before the outbreak of World War I, preventive measures had also been at the core of the German military’s discussions of mental illness.¹⁰¹ Indeed, identifying cases of “mental debility” or “psychopathic constitution” was a major concern in German military psychiatry. The incorporation of an intelligence test developed by the psychiatrist Theodor Ziehen into the recruiting system was an important instrument to satisfy the military’s needs for quantitative assessments.¹⁰² In Japan, the military doctor Kawashima Keiji 川島慶治 (1869–1951) advocated the introduction of Ziehen’s intelligence test into the Japanese recruiting system at around the same time as Hanabusa presented his study on pensions.¹⁰³

Araki and Kure also resorted to existing literature on war psychosis to contextualize their own experience with war-related mental illness within an academic framework. In discussing questions of etiology, one important reference for both Araki and Kure was the official report of the German Ministry of War for the war with France in 1870–71.¹⁰⁴ On the Russian side, the German statistics played an even greater role, as the organization of the mental health services during the Russo-Japanese War was based on Prussian statis-

¹⁰⁰ Lerner, “From Traumatic Neurosis to Male Hysteria,” 155. Some doctors did not hesitate to make an explicit connection between a specific diagnosis and its economic consequences. In 1915, one German neurologist referred to “the terrible experiences” caused by the *traumatic neurosis* diagnosis: “Auch in Hinblick auf den enormen wirtschaftlichen Schaden für den Staat ist diese Auffassung nicht nur vom wissenschaftlichen, sondern auch vom praktischen Standpunkt aus abzuweisen” (Considering the enormous economic damage to the state, this conception should be rejected not only for economic, but also for practical reasons) in Alfred Sänger, “Über die durch den Krieg bedingten Folgezustände am Nervensystem” [On War-Related Effects on the Nervous System], *Münchener medizinische Wochenschrift*, no. 16 (1915): 567. For a discussion on how economic needs affected pension distribution in Japan during the Asia-Pacific War (1931–1945) see Nakamura Eri 中村江里, “Sensō to seishin shikkan no ‘kōmu kiin’ o me-guru seiji: Nihon rikugun ni okeru sensō shinkeishō to shōbyō onkyū ni kansuru kōsatsu o chūshin ni” 戰爭と精神疾患の「公務起因」をめぐる政治：日本陸軍における戦争神経症と傷病恩給に関する考察を中心に [The Politics of War and Mental Illness: War Neurosis and Pension in Japan, 1931–1945], *Seishin igakushū* 20, no. 1 (2016): 37–41; Eri Nakamura, “Psychiatrists as Gatekeepers of War Expenditure: Diagnosis and Distribution of Military Pensions in Japan during the Asia-Pacific War,” *East Asian Science, Technology and Society* 13, no. 1 (2019): 57–75.

¹⁰¹ Lengwiler, *Zwischen Klinik und Kaserne*, 189.

¹⁰² Lengwiler, 205–217. While Ziehen was professor of psychiatry at the Friedrich Wilhelms University in Berlin and director of the Charité (1904–1912), he was simultaneously teaching at the Kaiser Wilhelm Academy for Military Medical Education where he was also member of the Academic Senate (Lengwiler, 199). In 1906–07, Ziehen was dean of the Kaiser Wilhelm Academy (Hermann Schmidt, ed., *Die Kaiser Wilhelms-Akademie für das militärärztliche Bildungswesen von 1895 bis 1910* [The Kaiser-Wilhelm Academy for Military Medical Education, 1895–1910] [Berlin: E. S. Mittler & Sohn, 1910], 138).

¹⁰³ Kawashima Keiji, “Shinhei seishin jōtai kensa no yōgi,” 1046.

¹⁰⁴ Kriegsministerium, *Erkrankungen des Nervensystems bei den deutschen Heeren 1870–71*.

tics.¹⁰⁵ It was estimated that the percentage of mentally ill soldiers during the war would be 1.5 to 2 times higher than in peacetime.¹⁰⁶ The Russian Red Cross Society, which was charged with the care of the mentally ill, therefore assumed that they would have to make provisions for about 1,500–2,000 mentally ill patients returning from the battlefields in Manchuria.¹⁰⁷

The experience of Russian and Japanese psychiatrists was, in turn, harnessed by French and German military doctors. The psychiatrist Ewald Stier (1874–1962), who advised the German Army in sanitary matters during World War I,¹⁰⁸ stressed the importance of using the knowledge and experience of other nations. In his detailed study on recent psychiatric literature from non-German armies compiled four years before the outbreak of World War I, he argued that the German army should be prepared to deal with neuropsychiatric casualties in wartime. He concluded that, with regard to the usefulness of the works he surveyed,

Unter diesen Erfahrungen der anderen Völker stehen an erster Stelle diejenigen, die die Engländer im Burenkriege, die Amerikaner im spanischen und vor allem diejenigen, die *Rußland* im letzten großen *japanischen* Krieg gemacht hat. Denn wir können wohl annehmen, daß in einem Zukunftskrieg, der uns vielleicht einmal bevorsteht und der naturgemäß auch ein Massenkrieg sein wird, ähnliche Bedingungen für das Auftreten geistiger Krankheiten wie jetzt im Kriege Rußlands, so dann auch für unser Heer bestehen werden.¹⁰⁹

Among the experiences of other countries, those of the British in the Boer War, of the Americans in the Spanish–American War, and especially those of *Russia* in the last great war against *Japan* rank first. For we can assume that in a future war which may lie ahead and which naturally will also be a large-scale war, similar conditions for the emergence of mental illness as those present in Russia's current war will also be prevalent in *our* army.¹¹⁰

¹⁰⁵ L. F. Jakubovič, “Psichiatričeskaja pomoč’ na Dal’njem Vostokě v Russko-Japonskuju vojnu (1904–1905 g.)” [Psychiatric Care in the Far East in the Russo-Japanese War (1904–1905)], *Žurnal nevropatologii i psichiatrii imeni S. S. Korsakova* 7, no. 4 (1907): 609–610. Jakubovič further concluded that although the actual numbers obtained during the Russo-Japanese War slightly exceeded those expected, they approximately corresponded with the Prussian statistics.

¹⁰⁶ Jakubovič, 597.

¹⁰⁷ Avtokratov, “Prizrenie, lečenie i évakuacija duševno-bol’nych,” 667.

¹⁰⁸ Stephanie Neuner, *Politik und Psychiatrie: Die staatliche Versorgung psychisch Kriegsbeschädigter in Deutschland 1920–1939* [Politics and Psychiatry: Government Care for Mentally Ill Victims of the War in Germany 1920–1939], Kritische Studien zur Geschichtswissenschaft (Göttingen: Vandenhoeck & Ruprecht, 2011), 209.

¹⁰⁹ Stier, “Neuere psychiatrische Arbeiten (Schluß),” 177–178. Stier’s emphasis.

¹¹⁰ This article focused on France, the Balkans, and Russia. As Stier did not know Russian, he could only

Based on the Russian experience, Stier then argued for a series of preventive measures within the German army's organization and made recommendations for the training of medical personnel.¹¹¹ Stier's suggestions and general conclusions regarding the care of the mentally ill in the army were largely echoed by the French physician Charles Viallette (1887–1973), who published a thesis on the topic in 1911.¹¹² A student of the Military Medical School in Lyon (École du service de santé militaire de Lyon) aiming for a medical career in the military, Viallette was naturally concerned with mental hygiene in the French colonies.¹¹³

Apart from a great amount of literature by German, French, and Russian authors, Viallette also consulted Araki's study on mental illness in the Russo-Japanese War, which was available to him in German. He was especially interested in Araki's description of psychotic symptoms following *kakke* (脚氣), which he identified with beriberi, an affliction that Viallette said to be "raging in our colonies in the Far East."¹¹⁴ Another instance in which Araki's text was used as supporting evidence was in Viallette's discussion of the role of exhaustion and overwork in the etiology of psychoses. Viallette argued that, in a time of war, *melancholic states* constituted a major part of the so-called "exhaustion psychoses" (psychoses d'épuisement), and he presented one of Araki's most detailed cases as an example of this condition.¹¹⁵

rely on articles and reviews published in German or French and on verbal communication with some Russian colleagues (Stier, 167; fn. 1). Stier had reviewed the medical literature of many other countries in two earlier articles: For Austria-Hungary, Great Britain, America, Scandinavia, and Holland see Stier, "Neuere psychiatrische Arbeiten." For Spain, Portugal, Italy, and Belgium see Ewald Stier, "Neuere psychiatrische Arbeiten und Tatsachen aus den außerdeutschen Heeren," Fortsetzung [Recent Psychiatric Studies and Facts from Non-German Armies (Continuation)], *Deutsche militärärztliche Zeitschrift* 36, no. 22 (1907): 985–996.

¹¹¹ For example, he suggested that it was necessary for every military doctor to know the physical signs of degeneration (Stier, "Neuere psychiatrische Arbeiten (Schluß)," 181).

¹¹² Charles Viallette, "Les maladies mentales dans les armées en campagne" (Faculté de médecine et de pharmacie de Lyon, 1911).

¹¹³ Stier was also interested in colonial medicine and considered the French literature on the subject to be the most comprehensive (Stier, "Neuere psychiatrische Arbeiten (Schluß)," 179).

¹¹⁴ Viallette, "Les maladies mentales dans les armées en campagne," 49. Araki himself remarked that he was not sure whether *kakke* and beriberi were the same illness (Araki Sōtarō 荒木蒼太郎, "Beobachtungen," 643). As to the dispute on the etiology of beriberi, Viallette stated that it was a kind of polyneuritis that according to some was caused by an intoxication through food (spoiled rice), whereas others believed it to be an intoxication through infection. Viallette himself assumed that the affliction was related to Korsakoff's disease (Viallette, "Les maladies mentales dans les armées en campagne," 49). Since the development of nutritional sciences, both beriberi and Korsakoff's syndrome came to be regarded as disorders caused by vitamin deficiency. However, their equation with premodern disease concepts remains problematic, cf. footnote 4 on page 142.

¹¹⁵ Viallette only translated the anamnesis-part of the case history (Viallette, 55–56). It was the case of a young soldier who had become famous for his engagement in a forlorn hope unit (*kesshitai* 決死隊), but later suffered from physical and mental exhaustion and was diagnosed with *melancholia*. See case 36 (23-year-old military engineer) in Araki Sōtarō, "Seneki ni insuru seishinbyō ni tsukite," 159. The German version

Araki's article was easily accessible to European physicians, as it was written in German and appeared in a medical journal that was published in Halle. Moreover, a year after its publication, reviews of the article became available in several widely read European journals, such as the German *Allgemeine Zeitschrift für Psychiatrie*, the *Centralblatt für Nervenheilkunde und Psychiatrie*, and the Russian *Žurnal nevropatologii i psichiatrii*.¹¹⁶ These circumstances ensured that Araki's article would be noticed well beyond Japan at a time when European psychiatrists were looking to other parts of the world to quench their thirst for literature on the topic of war-related mental illness.¹¹⁷

directly relevant for Viallette's translation has some omissions, but it also contains some additional explanations for German readers, see Fall 3 (23 jähriger Pionier) in Araki Sōtarō 荒木蒼太郎, "Beobachtungen," 629–630.

¹¹⁶ A short review of Araki's text appeared in the bibliographical section (Literaturheft, "Psychiatrie und Militär," 69*) of the *Allgemeine Zeitschrift für Psychiatrie* for the year 1907 (the pages in the "Literaturheft" are marked with an asterisk setting them apart from those in the journal proper). It was part of a larger review of related works that all dealt with the subject of psychiatry in the military. In the *Centralblatt für Nervenheilkunde und Psychiatrie*, Araki's article was summarized in a review of the whole volume in which it had appeared, see the "Bibliographie"-section in vol. 31 [October 1908]: 736. There, the reviewer also emphasized Araki's description of psychotic states following *kakke*.

In the *Žurnal nevropatologii i psichiatrii*, Araki's text was reviewed as: Araky, "Iz nabljudenij nad duševnymi i nervnymi zabolеваниjami v japonsko-russkuju vojnu 1904–5 gg" in vol. 8 (1908): 350.

¹¹⁷ The official sanitary reports of both Russia and Japan (including Kure's contribution) were published many years after the war and therefore received limited attention in Europe that was by then engulfed in World War I. According to a German military doctor, the Russian report "had been awaited for years in vain" (Blau, "Forschungsergebnisse aus dem russischen Militär-Sanitätswesen im kriegsbesetzten Gebiet" [Research Results Concerning Russian Medical Services in the Occupied Territory], *Deutsche militärärztliche Zeitschrift*, 1916, 96). Blau had found the document in the ruins of the captured Russian fortress at Novogeorgievsk (in present day Poland) after the successful German siege in August 1915 and had subsequently published excerpts of it in the *Deutsche militärärztliche Zeitschrift*.