

Conclusion

By tracing the gradual displacement of melancholia from psychiatric thought and practice at the turn of the twentieth century, this study has shown that the forces that enabled the disintegration of this concept were the result of an ongoing renegotiation of mental states, the introduction of new forms of observation, and the entanglement of the psychiatric discipline with institutional structures and practical demands.

Examining Japanese psychiatry in the global context has revealed that it was truly global psychiatry, deeply rooted in worldwide psychiatric trends, producing academic discourse comparable to that of Western countries, and reinforcing center–periphery dynamics through its active appropriation and validation of foreign medical theories. However, Japan's unique institutional framework, with the unquestioned primacy of Tokyo Imperial University and Kure Shūzō's long-standing influence as the main proponent of Kraepelin's classification system, created conditions where the disappearance of melancholia became virtually inevitable. The institutional dimension proved crucial for understanding conceptual changes in both countries. In Germany, the emergence of the “great dichotomy” between dementia praecox and manic-depressive insanity resulted from institutional changes and professional struggles within psychiatry. In Japan, the introduction of these conceptual innovations was driven by the Meiji government's comprehensive modernization project and Professor Kure's intention to distinguish his teaching from his predecessors.

On a conceptual level, this study has reconstructed Kraepelin's intellectual debts to contemporary thinkers and highlighted the metaphors that guided concept formation. The dementia praecox concept emerged from combining ideas about adolescence and motor anomalies with theories from experimental psychology, creating an ambiguous framework open to varied interpretations. The empirical methods that accompanied these new concepts both lent prestige to Kraepelin's classification and, paradoxically, created opportunities to challenge it. Psychometric experiments gave psychiatry the appearance of scientific rigor, producing numbers that appeared to be hard empirical facts despite often being based on very small samples, preconceived ideas, and a crude oversimplification of mental phenomena. This fixation on metrics raises fundamental questions about whether what was measured was truly significant for understanding mental illness. As this study has shown, the psychological experiment introduced a new reductionism into psychiatric evaluation that significantly contributed to the disintegration of older disease concepts such as melancholia.

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Through examination of the theories proposed by Araki Sōtarō, Kadowaki Masae, and Matsubara Saburō, this study has demonstrated how associationist theory provided the conceptual foundation that enabled the renegotiation of mental states. While Araki and Kadowaki offered modest critiques of Kraepelin's system, Matsubara developed a more radical approach after studying under Adolf Meyer in the United States. His distinction between pure depression and alternating types is more in line with later psychiatric distinctions between unipolar depression and bipolar disorder, challenging Kraepelin's risk-management-oriented system that prioritized separating curable from incurable conditions. The multilingual approach employed in this study has illuminated the complex interplay between translation, adoption, and appropriation of foreign concepts. The ambiguous indigenous concept of *utsu/fusagu* (鬱) played a crucial role in accommodating various melancholia concepts within Japanese language and thought while making the conceptual shift less visible in Japan than in Europe. As the term could encompass both the emotional dimension of melancholia and the physiological dimension of "depression," the conceptual change from melancholia to manic-depressive insanity did not require a morphological change of vocabulary in Japanese contexts.

In the second part of this book, the examination of diagnostic practices during the Russo-Japanese War revealed how changes in observing and documenting mental phenomena fundamentally altered doctors' perceptions. Close analysis of case records documented by Araki and Kure demonstrated how diagnoses of melancholia were systematically deconstructed and replaced with alternative categories by reinterpreting patient behaviors and symptoms. These transformations were not merely terminological—they involved profound shifts in what was considered medically significant, achieved through structural and stylistic modifications in case documentation that emphasized certain phenomena while marginalizing others. Contrary to expectations that conceptual changes resulted primarily from new understandings of mood or affect, this study has demonstrated that the most significant changes occurred in what contemporaries identified as the "sphere of volition." The introduction and naturalization of new signs related to movement, posture, and response to the clinical environment (conceptualized as revealing dysfunctions in volition) fundamentally altered the landscape of psychiatric diagnosis. The comparison between Araki's and Kure's diagnostic approaches revealed how these signs, insignificant under associationist frameworks (favored by Araki), assumed the status of objectively observable symptoms in the emerging Kraepelinian paradigm, contributing decisively to the disintegration of melancholia as a viable diagnostic category.

Another major difference in their diagnostic approaches concerned the assessment of established symptoms like delusions and hallucinations. Kure's threshold for identifying delusions was much lower than Araki's, affecting not only diagnosis choices but also perceptions of sanity. While Araki distinguished between self-centered and outwardly-directed ideas to differentiate mania and melancholia, Kure's approach in-

volved judgments about rationality, distinguishing between “rational” and “irrational” or “silly” delusions. Significantly, symptoms in the spheres of affect or cognition played minimal roles in both the disintegration of melancholia and the distinction between manic-depressive insanity and dementia praecox. In practical terms, Kure’s definition of manic-depressive insanity rested upon the absence of signs indicating volitional dysfunction. As these signs were common, he identified substantially more cases of dementia praecox (49%) than manic-depressive insanity (16%) among war patients—a striking difference given the relatively homogeneous patient population of military men.

The war context further illuminated how institutional demands shaped diagnostic practices, particularly in relation to pension eligibility. Military doctor Hanabusa’s preference for attributing soldiers’ mental conditions to hereditary factors rather than war experiences served to minimize financial compensation. His statistical research and arguments about preventing suicides through identifying hereditary predispositions aligned with economic incentives to reduce military expenses. This tendency to favor certain diagnoses for economic reasons was not unique to Japan—similar patterns emerged in German approaches to traumatized soldiers at the beginning of World War I. The experience of Russian and Japanese psychiatrists during the Russo-Japanese War had far-reaching impacts, informing subsequent military psychiatric preparations in Europe. German psychiatrist Ewald Stier explicitly acknowledged the value of Russian experiences in this conflict when advising the German Army before World War I, while French physician Charles Viallette incorporated Araki’s findings into his work on mental hygiene in French colonies. Araki’s research on war-related mental illness, published in German and reviewed in multiple European journals, circulated internationally at a time when European psychiatrists were increasingly concerned with psychiatric casualties in warfare.

This study has significant implications for how we understand the evolution of psychiatric knowledge and practice. It challenges the often-teleological narratives of psychiatric progress by revealing the complex interplay of institutional, social, and theoretical factors that shaped diagnostic categories. Rather than representing straightforward scientific advancement, the displacement of melancholia emerged from multifaceted negotiations between competing frameworks and practical demands. This research demonstrates the value of approaching psychiatric history through a global lens while remaining attentive to local specificities. The Japanese case reveals how psychiatric knowledge was not simply “transferred” from West to East but was actively reinterpreted and transformed within specific institutional contexts. This perspective helps dismantle simplistic center–periphery models of knowledge dissemination and highlights the agency of Japanese psychiatrists as active participants in global scientific discourse.

By focusing on a concept that disappeared rather than one that emerged, this study illuminates processes of knowledge transformation that often remain invisible in conventional histories of psychiatry. The disintegration of melancholia shows how established ways of understanding mental suffering can become unintelligible when the conceptual

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frameworks that supported them are reconfigured. This process reveals the historical contingency of psychiatric categories that we might otherwise take for granted. The examination of diagnostic practices during wartime reveals the profound entanglement between psychiatric knowledge and broader social, economic, and military concerns. The reclassification of war-related mental distress as congenital rather than acquired had immediate consequences for patients' lives, affecting their access to compensation and treatment. This finding underscores the material and ethical stakes of psychiatric categorization beyond purely theoretical concerns.

The focus on what contemporaries identified as the "sphere of volition" as the site of major conceptual transformation challenges conventional narratives about the development of modern psychiatric categories. Rather than emphasizing changes in the understanding of affect or cognition, this research highlights how shifts in the conceptualization of observable bodily phenomena—slowed speech and movements, levels of cooperation, resistance to examination, and physical responses to the clinical environment—fundamentally altered the landscape of psychiatric diagnosis. These aspects of patient behavior, which were reinterpreted and given new diagnostic significance under Kraepelin's system, played a crucial role in displacing earlier disease concepts like melancholia. This insight invites reconsideration of how we narrate the emergence of twentieth-century psychiatric frameworks.

Additionally, this study contributes to a more nuanced understanding of Kraepelin's role in psychiatric history. By contextualizing his work within broader institutional and theoretical currents and examining contemporary responses to his classification system, this research moves beyond retrospective interpretations that either elevate or diminish Kraepelin's significance based on present-day psychiatric concerns. Instead, it situates Kraepelin within the intellectual and institutional landscape of his own time, examining how his ideas resonated with contemporaries, how they were challenged by rivals, and how they functioned within the scientific standards and professional realities of nineteenth-century psychiatry. This approach reveals Kraepelin as one important node in a complex network of psychiatric theory and practice whose influence took shape through specific historical conditions, institutional frameworks, and local adaptations.

Beyond its contributions to psychiatric history specifically, this research speaks to broader questions in the history of medicine, science, and knowledge. It exemplifies how concepts that once structured understanding and practice can vanish not through direct refutation but through shifts in the underlying conditions that made them intelligible. This process of conceptual disappearance differs from the familiar pattern of scientific revolution in which new theories explicitly challenge and replace older ones. The case of melancholia's displacement also highlights the importance of institutional structures in shaping scientific knowledge. Universities, hospitals, military organizations, and pension systems all played crucial roles in determining which psychiatric concepts would thrive and which would fade. This institutional dimension reminds us that scientific knowledge

emerges not from disembodied rational processes but from specific social arrangements with their own internal logics and pressures.

This study demonstrates the value of approaching the history of medicine from multiple linguistic and cultural perspectives. By working with source materials in German, English, French, Russian, and Japanese, this research has recovered connections and influences that would remain invisible in monolingual accounts. This multilingual approach reveals how psychiatric concepts circulated globally while being transformed through processes of translation and local adaptation. The examination of the Russo-Japanese War's impact on psychiatric practice also contributes to our understanding of how warfare shapes medical knowledge. As one of the first major conflicts in which modern psychiatric perspectives were systematically applied to combatants, this war represented a crucial moment in the development of military psychiatry. The lessons drawn from this experience would inform approaches to psychological casualties in subsequent conflicts, demonstrating how wartime demands drive innovation in medical theory and practice.

This research speaks to enduring questions about the relationship between psychiatric categories and human experience. As melancholia disappeared and was replaced by new diagnostic frameworks, the ways in which suffering could be articulated and recognized were fundamentally altered. This transformation reminds us that psychiatric categories are not simply neutral descriptions of natural phenomena but powerful frameworks that shape how distress is understood, communicated, and addressed.

The displacement of melancholia and the conceptual transformations examined in this study connect to numerous topics that merit further investigation. Readers interested in extending their understanding of these issues might explore several related areas. The heredity-based understandings of mental disorders that gained prominence in this period were closely linked to the rise of eugenics movements globally. Further research might examine how psychiatric concepts of heredity and degeneration informed eugenic policies in Japan and elsewhere, particularly as these ideas gained institutional support in the early twentieth century. The connections between Kraepelinian psychiatry and eugenic thought deserve special attention, as they helped legitimize interventions ranging from marriage restrictions to sterilization programs.¹ This trajectory reached its horrific culmination in the euthanasia of mentally ill patients in Nazi institutions, where those diagnosed with “incurable” conditions were systematically murdered under the guise of

¹ Volker Roelcke, “Programm und Praxis der psychiatrischen Genetik an der Deutschen Forschungsanstalt für Psychiatrie unter Ernst Rüdin: Zum Verhältnis von Wissenschaft, Politik und Rasse-Begriff vor und nach 1933” [Program and Practice of Psychiatric Genetics at the German Research Institute for Psychiatry under Ernst Rüdin: On the Relationship between Science, Politics and the Concept of Race before and after 1933], *Medizinhistorisches Journal* 37, no. 1 (2002): 21–55; Sumiko Otsubo and James R. Bartholomew, “Eugenics in Japan: Some Ironies of Modernity, 1883–1945,” *Science in Context* 11, nos. 3–4 (1998): 545–565; Yoko Matsubara, “The Reception of Mendelism in Japan: 1900–1920,” *Historia Scientiarum* 13, no. 3 (2004): 232–240.

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medical judgment.² Particularly significant is the role played by Ernst Rüdin (1874–1952), Kraepelin's colleague at the German Research Institute for Psychiatry, whose work represents a direct link between psychiatric theories of hereditary mental illness and later Nazi racial hygiene policies.³ The abject human trials conducted by both German and Japanese medical researchers in the decades following the period examined in this study represent another dark legacy of psychiatric categorization. The classification of certain individuals as inherently defective or inferior created conditions where their mistreatment could be justified in the name of scientific advancement.⁴ Understanding the conceptual foundations of these practices helps illuminate how medical knowledge can be weaponized when divorced from ethical considerations.

The evolution of diagnostic tools and experimental methods represents a critical area for further investigation. This study has touched on how changing approaches to observation and documentation transformed the diagnosis of mental illness, but a more comprehensive examination of diagnostic technologies would significantly enhance our understanding of psychiatric practice. From early rating scales and questionnaires to projective tests, brain imaging technologies, and contemporary digital assessment tools, the instruments of psychiatric diagnosis have continuously shaped what can be observed, measured, and categorized.⁵ Research might explore how psychological experimentation continued to influence psychiatric categorization throughout the twentieth century, particularly as new technologies for measuring brain function became available.⁶ The relationship between these diagnostic technologies and the conceptual frameworks they both serve and modify deserves deeper exploration, as representational practices involved in visualizing the brain and mind have transformed not only scientific understanding but also

² Michael Burleigh, *Death and Deliverance: “Euthanasia” in Germany c.1900–1945* (Cambridge: Cambridge University Press, 1994); Hans-Walter Schmuhl, *Rassenhygiene, Nationalsozialismus, Euthanasie: Von der Verbüttung zur Vernichtung “lebensunwerten Lebens”, 1890–1945* [Racial Hygiene, National Socialism, Euthanasia: From Prevention to Destruction of “Life Unworthy of Life”, 1890–1945] (Göttingen: Vandenhoeck & Ruprecht, 1987); Maike Rotzoll et al., eds., *Die nationalsozialistische “Euthanasie”-Aktion “T 4” und ihre Opfer: Geschichte und ethische Konsequenzen für die Gegenwart* [The National Socialist “Euthanasia” campaign Aktion “T4” and its Victims: History and Ethical Consequences for the Present] (Paderborn: Ferdinand Schöningh, 2010).

³ Volker Roelcke, “Ernst Rüdin: Renommierter Wissenschaftler, radikaler Rassenhygieniker” [Ernst Rüdin: Renowned Scientist, Radical Racial Hygienist], *Der Nervenarzt* 83, no. 3 (2012): 303–310.

⁴ George J. Annas and Michael A. Grodin, *The Nazi Doctors and the Nuremberg Code: Human Rights in Human Experimentation* (New York: Oxford University Press, 1992); Takashi Tsuchiya, “The Imperial Japanese Experiments in China,” in *The Oxford Textbook of Clinical Research Ethics*, ed. Ezekiel J. Emanuel et al. (Oxford: Oxford University Press, 2008), 31–45.

⁵ Joseph Dumit, *Picturing Personhood: Brain Scans and Biomedical Identity* (Princeton: Princeton University Press, 2004); Kelly A. Joyce, *Magnetic Appeal: MRI and the Myth of Transparency* (Ithaca: Cornell University Press, 2008).

⁶ Schmidgen, *Hirn und Zeit*; Catelijne Coopmans et al., eds., *Representation in scientific practice revisited* (2014).

cultural conceptions of selfhood and mental illness.⁷ Particularly relevant would be research examining how diagnostic tools mediate between theoretical constructs and clinical observations, potentially reinforcing certain diagnostic categories while making others less visible. The historical development of diagnostic manuals—from early classification attempts to the standardized systems of today—also warrants investigation, these manuals being both products and producers of changing psychiatric knowledge. The shift toward computational psychiatry and digital phenotyping represents the latest chapter in psychiatry’s ongoing engagement with experimental methods and measurement.⁸ These developments echo the earlier transformations documented in this study, as new technologies continue to shape which aspects of mental experience become visible to clinical observation and which recede from clinical attention.

While this study has focused on the Russo-Japanese War, comparative research across different conflicts would illuminate how understandings of war-related mental distress have evolved over time. The conceptualization of mental-health consequences of warfare shows interesting parallels across different historical periods, from the responses observed during the Russo-Japanese War to conditions later described as “shell shock” in World War I, “combat fatigue” in World War II, and more recent formulations such as “post-traumatic stress disorder.”⁹ Each war and historical period has brought its own distinct characteristics to psychiatric thought, reflecting contemporaneous understandings of mental health, stress, and trauma. The question of compensation and treatment for veterans with mental health conditions remains a critical issue deserving further historical investigation. The tension between providing support for those suffering mental distress and managing financial liabilities continues to influence psychiatric practice and policy today.¹⁰

The transformation of psychiatric concepts examined in this study had significant implications for forensic practice and legal determinations of responsibility. Further research might examine how the decline of melancholia and the rise of new diagnostic cate-

⁷ Anne Beaulieu, “Images Are Not the (Only) Truth: Brain Mapping, Visual Knowledge, and Iconoclasm,” *Science, Technology, and Human Values* 27, no. 1 (2002): 53–86; Simon Cohn, “Making Objective Facts from Intimate Relations: The Case of Neuroscience and Its Entanglements with Volunteers,” *History of the Human Sciences* 21, no. 4 (2008): 86–103.

⁸ Kit Huckvale, Svetla Venkatesh, and Helen Christensen, “Toward Clinical Digital Phenotyping: A Timely Opportunity to Consider Purpose, Quality, and Safety,” *Nature Partner Journals Digital Medicine* 2 (2019): 1–11.

⁹ Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (Hove: Psychology Press, 2005); Paul Lerner, *Hysterical Men: War, Psychiatry, and the Politics of Trauma in Germany, 1890–1930* (Ithaca: Cornell University Press, 2003).

¹⁰ Peter Leese, *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War* (New York: Palgrave, 2002); Beth Linker, *War’s Waste: Rehabilitation in World War I America* (Chicago: University of Chicago Press, 2011); David A. Gerber, ed., *Disabled Veterans in History*, Revised and enlarged edition (Ann Arbor: University of Michigan Press, 2012).

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gories altered assessments of criminal responsibility and competency.¹¹ The Kraepelinian approach of lowering the threshold for psychiatric intervention—admitting patients at earlier stages of illness to observe the full disease course—finds a parallel in later developments of preventive detention practices. Just as psychiatrists expanded their domain to include milder or early-stage mental conditions, legal systems increasingly incorporated psychiatric expertise to identify and detain individuals showing early signs of potentially dangerous psychopathology.¹² This expansion of psychiatric authority across both clinical and legal domains warrants deeper examination, particularly in the Japanese context, where these changes intersected with rapidly evolving legal and institutional frameworks.¹³

The complex processes of translation, adaptation, and transformation evident in the Japanese engagement with European psychiatric concepts invite further comparative research. Studies examining similar processes in other non-Western contexts would enhance our understanding of how psychiatric knowledge circulates globally while being transformed through local practice. Such research would help us move beyond simplistic models of diffusion toward more nuanced accounts of transcultural exchange. Finally, further research on Asian contributions to psychiatric knowledge would help correct persistent Eurocentric biases in the history of medicine. The active engagement of Japanese psychiatrists with global scientific discourse demonstrated in this study suggests the value of investigating other Asian contexts where psychiatric knowledge was not merely imported but actively transformed and developed. Such research would contribute to a more balanced understanding of psychiatry as a truly global enterprise shaped by diverse cultural traditions.¹⁴

This study has demonstrated that the history of psychiatric concepts cannot be adequately captured through teleological narratives of inevitable progress. The disappearance of melancholia was not simply a matter of scientific advancement but emerged from complex interactions between institutional structures, theoretical developments, and practical demands. By recovering these multilayered processes and diverse voices, we gain a more nuanced understanding of how psychiatric knowledge evolves and the profound consequences these conceptual shifts have for those diagnosed and treated within changing frameworks of understanding.

¹¹ Katherine D. Watson, *Forensic Medicine in Western Society: A History* (London: Routledge, 2011); Richard F. Wetzell, *Inventing the Criminal: A History of German Criminology, 1880–1945* (Chapel Hill: University of North Carolina Press, 2000).

¹² Richard F. Wetzell, “Psychiatry and Criminal Justice in Modern Germany, 1880–1933,” *Journal of European Studies* 39, no. 3 (2009): 270–289.

¹³ Yoji Nakatani, “Psychiatry and the Law in Japan: History and Current Topics,” *International Journal of Law and Psychiatry* 23, nos. 5–6 (2000): 589–604.

¹⁴ Harry Yi-Jui Wu, *Mad by the Millions: Mental Disorders and the Early Years of the World Health Organization* (Cambridge: MIT Press, 2021).