HIST 491/591 MEDICINE AND SOCIETY IN JAPANESE HISTORY.

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HIST 491/591; Spring 2010.
CRN 36234/36237.
MW 1000-1120, Condon 260

Course Focus.

No prior knowledge of Japanese history or culture is assumed or required. Students are encouraged to pursue their interests in topics that may not be covered in lectures.

In this class we try and obtain an appreciation, in historical context, of some issues relating to medicine and society in Japan. We will begin around the year 1000 (late classical period), move through the medieval era (ending late 1500s), and then end in the early modern era (through around 1800). It is hoped that the course will provide students with a sense of some of the Japanese experience(s) with illness and medicine, and provide an opportunity to develop an interpretative framework for issues of medicine and society more generally.

We will examine such areas as medical knowledge; availability and dissemination of treatment; the illnesses and afflictions in the Japanese disease ecology; some areas of impact of Dutch medical knowledge; reproductive health and hygiene; literary and pictorial sources for our knowledge.

As the anticipated course schedule indicates, the lectures will be supplemented by readings. The required readings are indicated by an asterisk and are potentially examinable. Other readings are suggestions for further exploration, and may be of some bibliographical assistance when you are considering your term paper.

Requirements:

I. A first quiz, on 4/28, worth 20% of course grade, based on lectures and readings.
II. A term paper of about 3500 words, on a topic which has been discussed in advance with the instructor. Double spaced, 12-point font. Due by 5/26. 35% of course grade.
III. A second quiz, on 5/19, worth 15% of course grade. It will focus on material covered since the first quiz.
IV. A third quiz, on 6/02, worth 15% of course grade.
V. Attendance, 15%.
VI. Graduate students: are required to write a longer term paper, of 4500 words.
VII. Study guides will be provided for the quizzes.
HIST 491 Spring 2010  

Anticipated Lecture Schedule.

3/29  Class 1: Course Introduction

3/31  Class 2: The Health of the Classical Aristocracy.

4/05  Class 3: Images of Illness (1): The Scroll of Afflictions.

4/07  Class 4: New Medical Knowledge Coming From Song China.

4/12  Class 5: A Medical Silk Road: Chinese and Arabic Medicines.


4/19  Class 7: Karma and Body (2): Karmic Illness, Leprosy and Skin Afflictions.


4/28  Class 10: First quiz.

    FILM, Ugetsu (Tales of Moonlight and Rain) (DVD 02165; 97 mins).

5/03  Class 11: FILM, Ugetsu (Tales of Moonlight and Rain) (DVD 02165; 97 mins).

5/05  Class 12: A New Era of Doctors and Patients: Yamashina Tokitsune.


5/12  Class 14: Tokugawa Health (1) - Ailments, Medicines, Treatments.

5/17  Class 15: Tokugawa Health (2) - Sex and Syphilis.

5/19  Class 16: Second quiz.

    : Tokugawa Health (3) - Dutch Medicine, Anatomy, Breast Cancer
    FILM, Akahige (Red Beard) (VT 04328; 179 mins.).

5/24  Class 17: FILM, Akahige (Red Beard) (VT 04328; 179 mins.).

5/26  Class 18: FILM, Akahige (Red Beard) (VT 04328; 179 mins.).

    Term Paper Due.

5/31  Memorial Day – No Class.

6/02  Class 19: Wrap-up.

    Third quiz.
Required and Background Reading.

This list may look long and make it appear as if there is an excessive amount of reading for this class. However, that impression is misleading.

Required reading is marked with a double asterisk and is potentially examinable.

Other items are listed as suggestions for further reading on a topic, and might prove helpful as a guide to some sources for term papers.

For those not familiar with Japanese history, readable surveys include: P. Souyri, *The World Turned Upside Down* (focus on the medieval era); H. Paul Varley, *Japanese Culture* (focus on cultural history) J.W. Hall, *Japan, From Prehistory to Modern Times* (focus on institutional and political history). For the early modern era (1600-1868) the best work is Conrad Totman, *Early Modern Japan*.

For a general survey of Japanese medicine and science through the mid-19th century, see Masayoshi Sugimoto and David Swain. *Science and Culture in Traditional Japan, A.D. 600-1854*.

For an overview of medical matters, the various essays in Kenneth Kiple, *The Cambridge World History and Geography of Human Disease* are helpful. Fujikawa Yu’s *History of Japanese Medicine* is somewhat dated but provides a general factual overview. Margaret Lock’s *East Asian Medicine in Urban Japan*, while taking up the late 20th-century, provides a very good and clear orientation for traditional medicine in Japan.

3/29  Class 1: Course Introduction.


3/31  Class 2: The Health of the Classical Aristocracy.


3
4/05 Class 3: Images of Illness (1): The Scroll of Afflictions.


4/07 Class 4: New Medical Knowledge Coming From Song China.


4/12 Class 5: A Medical Silk Road: Chinese and Arabic Medicines.


Michele Marra, Representations of Power, chapter 2, “The Aesthetics of Impurity.”

4/19 Class 7 Karma and the Body (2): Karmic Illness, Leprosy, and Skin Afflictions.

** Andrew Goble. “Nichiren Calming Karma.”

4/21 Class 8: Medieval Warfare and Wound Medicine.


Mary Elizabeth Berry. The Culture of Civil War in Kyoto.

4/28  Class 10 Tales of Moonlight and Rain.

5/03  Class 11 Tales of Moonlight and Rain.

5/05  Class 12: A New Era of Doctors and Patients: Yamashina Tokitsune.

** Andrew Goble, “Rhythms of Medicine and Community in Late Sixteenth Century Japan: Yamashina Tokitsune (1543-1611) and His Patients.” In East Asian Science, Technology, and Medicine (EASTM), 29 (2009), pp. 11-60.


5/12  Class 14: Tokugawa Health (1) - Ailments, Medicines, Treatments.

** Suzuki Noriko. “Hot Springs in the Edo Period.”

Duncan Williams. The Other Side of Zen, chapter 5, “Medicine and Faith Healing in the Sōtō Zen Tradition.”


Ann Jannetta. Epidemics and Mortality in Pre-modern Japan.

Robert Leutner. Shikitei Sanba and the Comic Tradition in Edo Fiction; includes partial English translation of Ukiyo buro (Bathhouse of the Floating World).

5/17 Class 15: Tokugawa Health (2) - Sex and Syphilis.

** William Johnston. “Sexually Transmitted Diseases and Demographic Change in Early Modern Japan.” In EASTM, 29 (2009), pp. TBA.”


Cecilia Segawa Seigle. Yoshiwara.

Tim Screech. Sex and the Floating World.

Gary Leupp. Male Colors.

5/19 Class 16: Tokugawa Health (3) - Dutch Medicine, Anatomy, Breast Cancer.

FILM: Akahige (Redbeard).


John Bowers. When the Twain Meet: The Rise of Western Medicine in Japan.


5/24, 5/26 Classes 17, 18, Akahige (Redbeard).


** Susan Burns. “Nanayama Jundō at Work: A Village Doctor and Medical Knowledge in Nineteenth Century Japan.” In EASTM, 29 (2009), pp. TBA.


TERM PAPER GUIDELINES

1. The term paper -- **worth 35% of the course grade and major indicator of your engagement of the themes of the course** -- is an opportunity for you to organize your thoughts in your own words on a topic that has piqued your interest. The instructor is NOT "looking for" a set result or interpretation, but for a good, thoughtful, well-organized and well-written paper.

2. You need to be attentive to overall structure - a good introduction stating the goal, problem or question; a middle portion (which can be broken down into sub-sections); and a conclusion; and of course a well-done citation/footnote/endnote style (please touch base with the instructor on this); all complemented by a fine bibliography. Use direct quotation sparingly.

3. The putative reader is interested in coming to the conclusion that the piece is thoughtful, based on careful consideration of the material that forms the basis for the paper, and represents your thoughts in your words. Under all circumstances avoid the dreaded "P" (plagiarism) problem (double check that you have a fire-wall between your notes and summaries from sources and your final product).

4. In principle, material available on the internet (aside from electronic versions of journals and suchlike) is not necessarily an acceptable source of information for this course. Accordingly, only material which has been deemed acceptable in advance by the instructor will be considered a valid source for the term paper.

5. Selecting topics can be challenging and at times frustrating. Please avail yourself of the opportunity to discuss the paper with the instructor. In addition,

6. Possible range of topics.
   In the past students have been interested in a very wide variety of issues and topics, well beyond what it has been possible to cover in class. As examples, students have looked at such areas as: the impact of diet upon rates of breast cancer in America and Japan; alternative and holistic medicines; acupuncture and massage; atomic bombing and radiation sickness; traditional Sino-Japanese theories of health; the impact and influence of “Dutch medicine;” cultural constructions of and attitudes towards illness (e.g. cancer) or life course (for example, menopause); sexual hygiene; tuberculosis; modernization and medicine; epidemics in Japanese history; public health issues (from abortion, to health insurance, to brain death).
   Accordingly, while a topic dealing with the pre-modern era would more naturally build on the readings and the lectures, students are given wide latitude in the selection of their term paper topic.
OTHER READINGS OF POSSIBLE INTEREST

Emiko Ohnuki-Tierney, *Illness and Culture in Contemporary Japan*.


Gresser, Fujikura, and Morishima, *Environmental Law in Japan*.


Margaret Lock, *Encounters With Aging: Mythologies of Menopause in Japan and America*.


Helen Hardacre, *Marketing the Menacing Fetus in Japan*.


Tiana Norgren, *Abortion Before Birth Control*.

Other Sources

Pompe van Meerdevoort, *Doctor on Deshima*.

H. Cortazzi, *Dr. Willis in Japan, 1862-1877*.

E. McClellan, *Woman in the Crested Kimono*.


HISTORY 491 - Medicine and Society in Japanese History

STUDY GUIDE FOR FIRST QUIZ: The quiz will be made up of two parts: a take-home essay, and an in-class portion.

THE TAKE-HOME SECTION requires writing a thoughtful essay (typed, double-spaced) of no less than 800 words on the following question. This will be worth 40% of the quiz.

Lock notes (*East Asian Medicine in Urban Japan*, p.40) that “The basic aim of all treatment was to restore balance and harmony to the body.” What were some techniques employed, and what assumptions about the body, disease causation and the like underlay/underlie treatment?

THE IN-CLASS SECTION of the quiz will consist of some identifications and multiple-choice answers, drawn from lectures and readings. In addition to brushing up on *specific topics* taken up during the class, some attention to the following may be useful.

5 main Heian diseases

*Man’anpô*  
*Ishinpô*  
*Kajiwara Shôzen*  

*The “perverted custom”*  
*Kinsô ryôji shô*  
*Kihô*  

*Scroll of Affliction*  
*Scroll of Gross Afflictions*  

*Yamashina Tokitsune*  
*Manase Dōsan*  
*patient records*

*Scroll of Affliction* and *Scroll of Gross Afflictions*—physical and mental ailments; perceptions of and responses to illness; hospice; types of scenes and afflictions portrayed.

Wound medicine—sources of information; why it became a specialty; characteristics; dried infant; first two texts, the *Kinsô ryôji shô* and the *Kihô*.

Arabic medicine—aromatic stomachics; method of transmission to Japan.

Changes in forms of Chinese medicines and ingredients, as we see from Kajiwara Shôzen’s works.

*Man’anpô* and *Ton’ishô*—length; areas addressed; significance to medieval medicine; sources; availability of Chinese texts.

FIRST QUIZ.

First Part. THE TAKE-HOME PORTION.

Please answer the following question (typed, double-spaced) in no less than 800 words. Question is worth 40% of the grade for the quiz. To be handed in with the in-class portion of the quiz.

Lock notes (East Asian Medicine in Urban Japan, p.40) that “The basic aim of all treatment was to restore balance and harmony to the body.” What were some techniques employed, and what assumptions about the body, disease causation and the like underlay treatment?

Second Part: THE IN-CLASS PORTION.

Section 1. Identifications. (each worth three points).

1. The Ton’ishô.

2. Manase Dōsan.

3. The Scrolls of Affliction.

4. The Kinsō ryōji shō (KRS).
5. The “perverted custom.”

Section Two. Multiple choice. Each worth one point.

1. A disease which was not an epidemic disease in the Heian period was
   a/ cholera
   b/ smallpox
   c/ measles

2. Wound medicine emerged as a professional specialty during the
   a/ tenth century
   b/ twelfth century
   c/ fourteenth century

3. The author of the Man’anpô was
   a/ Fujiwara Michinaga
   b/ Kajiwara Shôzen
   c/ Tanba Yasuyori

4. Arabic medicine had an influence on the treatment of
   a/ stomach and enteric ailments
   b/ eye problems
   c/ leprosy

5. The Ishinpô was compiled by
   a/ Yamashina Tokitsune
   b/ Tanba Yasuyori
   c/ Manase Dôsan

6. The Scroll of Gross Afflictions provides particular insight into the existence of
   a/ hospital
   b/ psychological trauma
   c/ anatomical handbooks for physicians.

7. The first work to deal specifically with the problem of external trauma injury was
   a/ Kinsô ryōjishô (KRS)
   b/ Ton’ishô.
   c/ Ishinpô.

8. The first physician for whom we have evidence of extensive patient records is
9. The emergence of wound medicine as a specialty field may be attributed to
a/ production of better swords
b/ changes in the nature of warfare in the 14th century
c/ warriors shooting themselves in the foot with arrows

10. One of Kajiwara Shôzen’s major technical challenges was
a/ providing X-ray equipment
b/ knowing how to tie bandages
c/ correctly systematizing weights and measures for prescriptions

11. Most spices and aromatics arriving in Japan over the “medical silk road” were transported
a/ over extensive maritime routes
b/ by camels
c/ in relays by porters.

12. One area of medicine which provided useful generic information for the treatment of wounds was
a/ pediatrics
b/ women’s medicine
c/ ophthalmology

13. One of the major factors facilitating the standardization of doses and portability of medicines was the
a/ growth of pharmacies in the city of Kamakura
b/ increased usage of pills rather than decoctions
c/ the use of medicine pouches imported from China.

14. The influx of Chinese medical knowledge into 13th century Japan was in large measure associated with the travels of
a/ court physicians
b/ Buddhist monks, particularly of the Zen school
c/ the warrior government in Kamakura

15. Dried Infant was a specialized medicine particularly associated with
a/ pediatrics
b/ obstetrics
c/ trauma injury
First Part. THE TAKE-HOME PORTION.

Please answer the following question (typed, double-spaced) in no less than 800 words. Question is worth 40% of the grade for the quiz. To be handed in with the in-class portion of the quiz.

Lock notes (East Asian Medicine in Urban Japan, p.40) that “The basic aim of all treatment was to restore balance and harmony to the body.” What were some techniques employed, and what assumptions about the body, disease causation and the like underlay/underlie treatment?

Second Part: THE IN-CLASS PORTION.

Section 1. Identifications. (each worth three points).

1. The Man’anpô.

2. Yamashina Tokitsune.

3. The Scrolls of Affliction.

4. The Kinsõ ryôji shô (KRS).
5. The “perverted custom.”

Section Two. Multiple choice. Each worth one point.

1. A disease which was **not** an epidemic disease in the Heian period was
a/ cholera
b/ smallpox
c/ measles

2. Wound medicine emerged as a professional specialty during the
a/ 900s
b/ 1300s
c/ 1500s

3. The author of the *Man’anpô* was
a/ Fujiwara Michinaga
b/ Kajiwara Shôzen
c/ Tanba Yasuyori

4. Arabic medicine had an influence on the treatment of
a/ stomach and enteric ailments
b/ eye problems
c/ leprosy

5. The *Ishinpô* was compiled by
a/ Yamashina Tokitsune
b/ Tanba Yasuyori
c/ Manase Dôsan

6. Visual depictions of psychological disturbance would most likely be found in the
a/ *Ishinpô* .
b/ *Scroll of Gross Afflictions.*
c/ *Ton’ishô.*

7. The *Kinsô ryôjishô (KRS)* was the first work on
a/ wound medicine
b/ pediatrics
c/ syphilis

8. We first have evidence of patient records in the
9. The emergence of wound medicine as a specialty field may be attributed to
   a/ production of better swords
   b/ changes in the nature of warfare in the 14th century
   c/ warriors shooting themselves in the foot with arrows

10. One of Kajiwara Shôzen’s major technical challenges was
    a/ providing X-ray equipment
    b/ knowing how to tie bandages
    c/ correctly systematizing weights and measures for prescriptions

11. Most spices and aromatics arriving in Japan over the “medical silk road” were transported
    a/ over extensive maritime routes
    b/ by camels
    c/ in relays by porters.

12. Knowledge that informed the emerging field of wound medicine was drawn from
    a/ medical texts
    b/ trained medical specialists
    c/ contemporary generic knowledge of trauma injury

13. One of the major factors facilitating the standardization of doses and portability of medicines was the
    a/ growth of pharmacies in the city of Kamakura
    b/ increased usage of pills rather than decoctions
    c/ the use of medicine pouches imported from China.

14. The influx of Chinese medical knowledge into 13th century Japan was in large measure associated with the travels of
    a/ court physicians
    b/ Buddhist monks, particularly of the Zen school
    c/ the warrior government in Kamakura

15. Dried Infant was a specialized medicine particularly associated with
    a/ wound medicine
    b/ obstetrics
    c/ pediatrics
THE TAKE-HOME SECTION requires writing two essays (typed, double-spaced) of no less than 600 words each. The essays are to be brought to class, and handed in together with the in-class portion of the exam. Please answer one question from Group A, and one question from Group B. Each essay will be worth 35% of the quiz grade.

Group A.

1. Discuss Johnston’s comment (*The Modern Epidemic*, p. 120) that “As long as tuberculosis remained incurable it also remained not only a form of pollution but a transgression for which there was no salvation.”

2. Johnston notes (*The Modern Epidemic*, p.155) that "Until about 1950, when the disease became curable for most Japanese who had it, mention of the word *tuberculosis* could conjure up any of numerous meanings." Discuss, with examples, why it was that "numerous meanings" could be so conjured up.

Group B.

1. Outline the steps taken by Japanese authorities to deal with TB-related issues between 1900 and 1950, taking into account such things as the understanding of the cause of TB, the possibility of cures, the notion of prevention, etc.

2. Johnston refers (*The Modern Epidemic*, p. 233) to “the general ideological principle that public health and welfare, although of state concern, were primarily matters of private responsibility.” How did this “principle” affect efforts to deal with tuberculosis in the late nineteenth and twentieth centuries.

THE IN-CLASS SECTION will consist of six identifications worth 3 points each, and 12 multiple-choice answers. Material will be drawn from lectures, the film *Akahige*, and the Johnston text. You might usefully give attention to the following:

- Manase Dōsan
- 4-step diagnostic procedure
- Patient records
- 5 periods of TB
- Tubercle bacillus
- Tuberculin
- Robert Koch
- Kitasato Shibasaburô
- TB as *modern epidemic*
- Female workers
- Silk, cotton industries
- Medicine, industry, tuberculosis
- TB death certificates
- Spittoon law
- Designated infectious diseases
- Ishihara Osamu
- Toi Mutsuo
- Japan Anti-Tuberculosis League
- Syphilis
- Tuberculosis and heredity
- Koishikawa clinic
- Edo diseases
- The “Edo affliction/illness”

Don’t forget to review your notes on *Akahige*. 
SECOND QUIZ

PART ONE: 70% of quiz grade; 70 points.

THE TAKE-HOME SECTION requires writing two essays (typed, double-spaced) of no less than 600 words. The essays are to be brought to class, and returned together with the in-class portion of the exam. Please answer one question from Group A, and one question from Group B.

Group A.

1. Discuss Johnston’s comment (The Modern Epidemic, p. 120) that “As long as tuberculosis remained incurable it also remained not only a form of pollution but a transgression for which there was no salvation.”

2. Johnston notes (The Modern Epidemic, p.155) that “Until about 1950, when the disease became curable for most Japanese who had it, mention of the word tuberculosis could conjure up any of numerous meanings.” Discuss, with examples, why it was that “numerous meanings” could be so conjured up.

Group B.

1. Outline the steps taken by Japanese authorities to deal with TB-related issues between 1900 and 1950, taking into account such things as the understanding of the cause of TB, the possibility of cures, the notion of prevention, etc.

2. Johnston refers (The Modern Epidemic, p. 233) to “the general ideological principle that public health and welfare, although of state concern, were primarily matters of private responsibility.” How did this “principle” affect efforts to deal with tuberculosis in the late nineteenth and twentieth centuries?

PART TWO: 30% of quiz grade; Total 30 points.

THE IN-CLASS SECTION.

Section I. Please identify the following (each answer worth 3 points; total 18 points).

1. The Spittoon Law.
2. Manase Dōsan

3. Doctor Niide, otherwise known as *Akahige (Redbeard)*.

4. Tuberculosis and the silk and cotton industries.

5. Toi Mutsuo.

6. Japan Anti-Tuberculosis League
Section II. Multiple choice (each worth one point; total 12 points).

1. Syphilis was introduced into Japan in the
   a/ 1370s.
   b/ 1510s.
   c/ 1850s.

2. The syphilis infection rate in Edo, for all classes, was approximately
   a/ 10%.
   b/ 30%.
   c/ 55%.

3. The “Edo affliction” was a result of
   a/ vitamin deficiency from eating too much white rice.
   b/ the existence of licensed quarters.
   c/ contaminated water supplies.

4. The affliction responsible for most deaths in the Edo period was
   a/ cholera.
   b/ smallpox.
   c/ influenza.

5. Patent medicines first became widely available commercially during the
   a/ 1300s.
   b/ 1600s.
   c/ 1900s.

6. The Koishikawa clinic headed by "Redbeard" was located in
   a/ Osaka.
   b/ Kyoto.
   c/ Edo (modern Tokyo).

7. The “Mantis” depicted in “Redbeard” suffered from
   a/ starvation.
   b/ psychological distress as a result of sexual abuse.
   c/ cannibalistic tendencies.

8. Dr. Yasumoto in “Redbeard” studied European (Dutch) medicine in
   a/ the Netherlands.
   b/ Nagasaki.
   c/ Kyoto.

9. Tuberculosis existed in Japan
   a/ after industrialization commenced in the 1870s.
b/ only after the introduction of Dutch medicine.
c/ throughout the Edo period, and most likely well before that time.

10. The post-1868 (Meiji) silk and cotton industries were focal points for the spread of
a/ gonorrhea.
b/ tuberculosis.
c/ carpal tunnel syndrome.

11. The tubercle bacillus was identified by
a/ Kitasato Shibasaburô.
b/ Robert Koch.
c/ Louis Pasteur.

12. TB is described as a modern epidemic because it
a/ occurred in recent times.
b/ is associated with industrialization and progress.
c/ is a more up-to-date and progressive medical problem.
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