



SINO-JAPANESE STUDIES

Volume 17 (2010), Article 6

<http://chinajapan.org/articles/17/6>

Chieko Nakajima “Medicine, Philanthropy, and Imperialism: The Dōjinkai in China, 1902-1945”
Sino-JapaneseStudies 17 (2010), article 6.

Abstract: This article examines the history of the Dōjinkai (同仁会, Association of Universal Benevolence), a non-profit medical philanthropic organization active most of all in China which operated hospitals, carried out research, promoted medical exchanges and during the second Sino-Japanese War became a center of Japan's epidemic prevention work. This study argues that while the organization did directly and indirectly contribute to Japan's expansion and support Japanese imperialism, it also provided valuable medical treatment and, as the example of the organization's work in Shanghai shows, its Japanese and Chinese agents worked closely in partnership in Japan's wartime health programs.

Medicine, Philanthropy, and Imperialism: The Dōjinkai in China, 1902-1945

by Chieko Nakajima

Introduction

In 1902, a group of Japanese celebrities, businessmen, and medical doctors met in Tokyo. At this meeting, they agreed on the inauguration of the Dōjinkai (同仁会, Association of Universal Benevolence), a non-profit medical philanthropic organization. According to its official chronicle, the Dōjinkai embraced humanitarianism and altruism, and aimed at “promoting people’s welfare” by helping the sick and “enlightening Japan’s East Asian neighbors” through medical and public health works. From its founding to the end of World War II, the Dōjinkai carried out various medical projects in Asia, including China, Korea, and Southeast Asia. Although the Dōjinkai was founded by private interests, it was eventually placed under the supervision of the Ministry of Foreign Affairs and the military, and became a semi-official organization.¹

¹ The Dōjinkai published its official chronicles, *Dōjinkai 30 nenshi* 同仁会三十年史 [The thirty-year history of the Dōjinkai] (hereafter *30 nenshi*) and *Dōjinkai 40 nenshi* 同仁会四十年史 [The forty-year history of the Dōjinkai] (hereafter *40 nenshi*), in 1932 and 1943 respectively. These chronicles outline the history and development of the organization. Gaimushō gaikōshiryōkan Gaimushō kiroku 外務省外交史料館外務省記録 [The Diplomatic Record Office of the Ministry of Foreign Affairs, Records of the Ministry of Foreign Affairs], Series H: Tōhō bunka jigyō 東方文化事業 [Eastern cultural affairs], Group 4: Hojo 補助 [Subsidies] (Byōin, gakkai, mindan, gakkō 病院、学会、民団、学校) [Hospitals, academic associations, residential associations, and schools] (hereafter GK-H-4) also includes various records concerning the Dōjinkai. Ding Lei 丁蕾, “Kindai Nihon no tai-chū iryō / bunka katsudō: Dōjinkai kenkyū 近代日本の対中医療・文化活動：同仁会研究 Parts 1, 2, 3 and 4 [Modern Japan’s medical and cultural activities in China: a study of the Dōjinkai],” *Nihon ishigaku zasshi* 日本医史学雑誌: 45.4 (1999): 543-462, 46.1 (2000): 23-45, 46.2 (2000): 193-209, 46.4 (2000): 613-639, gives a detailed

The Dōjinkai was by far most active in China. It was subsidized by the Boxer Indemnity and became a part of the Ministry of Foreign Affairs's China Cultural Affairs (Taishi Bunka Jigyō 対支文化事業) after the 1920s. It opened and operated several hospitals and clinics in Chinese cities; sent Japanese doctors, nurses, and other medical workers to China; carried out research on health and disease in China; translated and published medical texts in Chinese; and sponsored an association of Chinese medical students in Japan to facilitate mutual understanding and friendship between China and Japan. While the Dōjinkai's original goal was to promote Japanese medical philanthropy, after the breakout of the second Sino-Japanese War in 1937, it became the center of Japan's epidemic prevention work in occupied areas. With additional funding from the Ministry of Foreign Affairs, the Dōjinkai recruited Japanese doctors and other medical workers to organize medical teams (*shinryō han* 診療班) and epidemic prevention teams (*bōeki han* 防疫班) to work in China. These teams worked with the Japanese occupation forces and local

accounts of the pre-1937 Dōjinkai history. Ding's work is also available on line at <http://mayanagi.hum.ibaraki.ac.jp/students/98ding1.htm>, <http://mayanagi.hum.ibaraki.ac.jp/students/98ding2.htm>, <http://mayanagi.hum.ibaraki.ac.jp/students/98ding3.htm>, and <http://mayanagi.hum.ibaraki.ac.jp/students/98ding4.htm>. (Hereafter Ding 1, Ding 2, Ding 3, and Ding 4). Huang Fuqing and Ming-cheng Lo also discuss Dōjinkai activities in China in depth. Also see Huang Fuqing 黃福慶, *Jindai Riben zaihua wenhua ji shehui shiye zhi yanjiu* 近代日本在華文化及社會事業之研究 [Japanese social and cultural enterprises in China] (Taipei: Zhongyang yanjiuyuan jindaishi yanjiusuo, 1982); Ming-cheng Lo, *Doctors within Borders: Profession, Ethnicity, and Modernity in Colonial Taiwan* (Berkeley: University of California Press, 2002), chapter 6. For the missions of the Dōjinkai, see *30 nenshi*, jo 1, 1-2, 6.

Chinese personnel to carry out medical and public health programs.² In 1943, the Dōjinkai chronicle proclaimed:

Our Dōjinkai businesses have now significantly expanded. We have more than seventy oversea institutions and more than 5,000 staff who work there. Our annual budget is over two million yen. We have made a great leap forward as [our nation is performing] the great feat, the creation of the Greater East Asia Co-prosperity Sphere (大東亜共栄圏建設の偉業).³

Because of their wartime activities, the Dōjinkai and its directors were later accused of having been a partner in Japan's aggression and militarism in Asia. When the US Occupation Forces arrived in Japan, they disbanded the organization, and dismantled all its facilities and institutions. All Dōjinkai directors and advisors were prohibited from holding public office.⁴

This study examines the history and undertakings of the Dōjinkai in Japan and China. The organization's forty-four year history covers the first half of the twentieth century and roughly coincides with the rise and fall of imperial Japan. In those years, Japanese doctors acquired knowledge of Western medical techniques and began applying them outside Japan proper. The Dōjinkai was a product of Japan's modernization efforts, and it embodied the desire of Japanese elites to master and indigenize Western science, to catch up with the West, and to exert greater

² For a memoir of a Japanese medical doctor who joined a Dōjinkai team during the war, see Aoki Yoshio 青木義勇, *Dōjinkai shinryō bōeki han* 同仁会診療防疫班 [The Dōjinkai's epidemic prevention teams] (Nagasaki: Nagasaki daigaku igakubu saikin gaku kyōshitsu suiyōkai, 1975).

³ 40 *nenshi*, jo 1.

⁴ SCAPIN 548 (January 4, 1946) GS R2. This documents "directs the Japanese government to prohibit the formation of any political party, association, society or other organization and any activity on the part of any of them or of any individual or group whose purpose, or the effect of whole activity is in accordance with a special lists of provisions" and "includes a list of organizations to be abolished." The Dōjinkai was one of those organizations. On the repatriation of the Dōjinkai, see "Shūsen zengo ni okeru Dōjinkai genchi jigyo oyobi hikiage gaikyō 終戦前後ニ於ケル同仁会現地事業及引揚概況" [General conditions of the Dōjinkai's overseas businesses and their repatriation] (1946), filed in GK-H-4- Dōjinkai kankei zakken 同仁会関係雑件 [Miscellaneous accounts of the Dōjinkai] (hereafter DKZ), vol.7.

influence on China. Through its medical activities, the Dōjinkai did directly and indirectly aid in Japan's expansion and military occupation of China, and in the Chinese and Japanese historiography, Dōjinkai activities are often discussed under the paradigm of cultural imperialism and aggression.⁵ However, as Sophia Lee and See Heng Teow have argued, Japan's cultural policy had different components and various phases, and involved not only Japanese but also Chinese agents. It was not simply a matter of unilateral Japanese cultural aggression, nor were the Chinese necessarily passive recipients or victims.⁶ While the Dōjinkai did support Japanese ethnocentrism and imperialism, it also provided medical treatment and relief to the sick and wounded, and not only Japanese but also Chinese actors, both patients and doctors, were involved in Dōjinkai activities.

Scholars who specialize in non-Western history have discussed at length the close relations between imperialism and medicine. Andrew Cunningham and Bridie Andrews write that “Medicine has always been a significant tool of empire.”⁷ Imperial powers employed medicine, a product of Western societies and the epitome of Western science, to promote white settlement of the tropics and to establish Western authority in their colonies. Roy MacLeod, David Arnold, and others have also pointed out how Western powers used medicine to subjugate the colonized,

⁵ Ding, *Kindai Nihon*; Huang, *Jindai Riben*; Wang Shuhuai 王樹槐, *Gengzi peikuan* 庚子賠款 [The Boxer indemnity] (Taipei: Zhongyang yanjiuyuan jindaishi yanjiusuo, 1974), 481-540.

⁶ Sophia Lee, “The Foreign Ministry's Cultural Agenda for China: the Boxer Indemnity,” in Peter Duus, Ramon H. Myers, and Mark R. Peattie, ed., *The Japanese Informal Empire in China, 1895-1937* (Princeton, NJ: Princeton University Press, 1989), 272-306; See Hew Teow, *Japan's Cultural Policy Toward China, 1918-1931: A Comparative Perspective* (Cambridge, MA: Harvard University Asia Center, 1999).

⁷ Andrew Cunningham and Bridie Andrews, “Introduction: Western Medicine as Contested Knowledge,” in Andrew Cunningham and Bridie Andrews ed., *Western Medicine as Contested Knowledge* (Manchester: Manchester University Press, 1997), 1.

and that the Western medical establishment aided in the domination of the colonial peoples. In the course of setting up medical systems, carrying out public health programs, and using Western diagnostic techniques, colonizers were able to scrutinize the very bodies of the local population. Their medical knowledge helped colonial powers to control the local residents and to justify the colonial project.⁸ At the same time, some scholars also see the parallels between colonial medicine and medical reforms in metropolises.⁹ As colonial medicine contributed to the creation of racial hierarchies, public health reforms created class hierarchies in Western societies. While acknowledging the power and authority that Western medicine held over the colonial people, Spencer Brown points out that practitioners of colonial medicine were, in fact, following the example of medical practitioners at home. He further argues that while medicine aided imperial expansion, it also preserved and saved lives.¹⁰ Other scholars have observed that colonized people contested and resisted the imposition of Western medical ideas and techniques. Western and local medicine often coexisted, and local residents might freely employ either or both according to their own needs and preference.¹¹

Inspired by the rich and diverse scholarship on imperial medicine, this study will consider the Dōjinkai's experiences in China. The trajectory of the organization reveals the various

⁸ David Arnold, *Colonizing the Body: State, Medicine, and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993); Roy MacLeod and Milton Lewis ed., *Disease, Medicine, and Empire: Perspectives on Western Medicine and the Experience of European Expansion* (London and New York: Routledge, 1988).

⁹ Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham and London: Duke University Press, 2006).

¹⁰ Spencer H. Brown, "A Tool of Empire: The British Medical Establishment in Lagos, 1861-1905," *International Journal of African Historical Studies* 37.2 (2004): 309-43.

¹¹ Dagmar Engels and Shula Marks eds., *Contesting Colonial Hegemony: State and Society in Africa and India* (London and New York: I.B. Tauris, 1994).

aspects of imperial medicine and provides an opportunity to explore the interaction of medical science and imperialism in East Asia. Japanese imperial medicine in China differed from Western colonial medicine in two important respects.¹² First, unlike India or Nigeria, China was not a formal colony. Except for Hong Kong, Taiwan, and Manchuria, Japan and the Western powers did not take over China politically. After the first Opium War (1839-41), instead of military conquest and direct control of Chinese territory, the Western powers pursued a policy that created the “unequal treaty system” to gain economic privileges. After its victory in the first Sino-Japanese War and the signing of the Treaty of Shimonoseki in 1895, Japan joined this existing system. Through the unequal treaty system, the Western powers and Japan collectively maintained an “informal empire” in China, which allowed each to pursue their own economic interests until the outbreak of World War II.¹³ Even though Chinese sovereignty was thus compromised, China remained independent and maintained its own public health administration and medical system. The Nanjing government in fact regarded the improvement of the national health to be an integral part of its modernization program. It set up the Public Health Department and issued various medical regulations.¹⁴ Some Western-style doctors gained political power and

¹² On the development of Japan’s imperial medicine, see Iijima Wataru 飯島渉, *Malaria to teikoku: shokuminchi igaku to higashi ajia no kōiki chitsujo* マラリアと帝国：植民地医学とアジアの広域秩序 [Malaria and the empire: Colonial medicine and the pan East Asia order] (Tokyo: Tokyo University Press, 2005).

¹³ On the concept of “informal empire,” see Peter Duus, “Introduction: Japan’s Informal Empire: An Overview,” in Duus, Myers, and Peattie ed., *The Japanese Informal Empire*, xi-xxix.

¹⁴ Ka-che Yip, *Health and National Reconstruction in Nationalist China* (Ann Arbor, Mich: Association for Asian Studies, 1995).

social prestige.¹⁵ Moreover, even though Chinese reformers and intellectuals attacked traditional medicine and Republican era officials excluded traditional Chinese practitioners from public health administration, Chinese medicine survived. In fact, a large number of Chinese-style physicians and folk healers continued to practice in China¹⁶ and some of them flourished.¹⁷ The Dōjinkai and Western institutions did not impose their medical practices and systems on China in an absolute way.

Second, Japan was a new power in Asia, and compared with Western colonial medicine, Japan's programs had only a short history. While Western powers were establishing medical facilities in their colonies in the nineteenth century, Meiji Japan was still learning medical science from the West as part of its modernization program.¹⁸ With the annexation of Taiwan in

¹⁵ On the political activism of new medical professionals, see Xiaoqun Xu, *Chinese Professionals and the Republican State: The Rise of Professional Associations in Shanghai, 1912-1937* (Cambridge: Cambridge University Press, 2003).

¹⁶ Traditional Chinese healers include a wide range of people, such as those were versed in medical classics, pharmacists and herbalists, itinerant healers, midwives, and bonesetters. No accurate statistics exist about the number of these people.

¹⁷ On the conflicts between supporters traditional Chinese medicine and those of Western medicine, see Ralph Croizier, *Traditional Medicine in Modern China : Science, Nationalism, and the Tensions of Cultural Change* (Cambridge, Harvard University Press, 1968); Xiaoqun Xu, "'National Essence' vs 'Science': Chinese Physicians' Fight for Legitimacy, 1912-37," *Modern Asian Studies* 31.4 (1997): 847-77. For a biography of a Chinese-style doctor, see Chen Cunren 陈存仁, *Kangzhan shidai shenghuo shi* 抗战时代生活史 [A life history during the anti-Japanese war] (Shanghai: Shanghai renmin chubanshe, 2001).

¹⁸ In this regard, Brett Walker's study is noteworthy. He discusses how the Tokugawa government took over Ezo and incorporated the Ainu people into the Japanese state, and argues that medical policy and vaccination project were integral to Japan's assimilation policy and a way to subjugate Ainu bodies. Walker's study suggests that pre-Meiji Japan already practiced colonial medicine in Ezo. See Brett Walker, "The Early Modern Japanese State and Ainu Vaccinations: Redefining the Body Politic 1799-

1895 and Korea in 1910, Japan had established itself as the only non-white colonial power, and Japan's state medicine at home and colonial medicine developed simultaneously.¹⁹ Taiwan, Japan's first colony, became a laboratory for experimenting with medical ideas and policies that Japanese elites learned from the West. Japanese colonial administrators in Taiwan aimed at remaking Taiwan into a "model colony" with "scientific colonialism" and believed that medicine was the key to successful colonial management.²⁰ As See Hew Teow has pointed out, throughout the nineteenth century, Japan's goal was "to catch up with and surpass the West," and developing a Japanese version of colonial medicine was integral to Japan's Westernization efforts. By bringing civilization and social order to Taiwan through medicine, Japanese leaders sought to demonstrate Japan's parity with the West as a modern state. In the twentieth century, as Japan came to view itself as the "cultural leader of Asia," Japanese elites promoted Japan's role in Asia as a "non-Western modernizer" that could lead and enlighten other Asian nations.²¹ While the interest of Japanese elites shifted from the West to Asia, they remained keenly aware

1868," *Past & Present* 163 (May, 1999):121-160. Also see Brett Walker, *The Conquest of Ainu Lands: Ecology and Culture in Japanese Expansion, 1590-1800* (Berkeley: University of California Press, 2001).

¹⁹ On Japan's urban sanitation programs in colonial Seoul, see Todd Henry, "Sanitizing Empire: Japanese Articulation of Korean Otherness and the Construction of Early Colonial Seoul, 1905-1919," *The Journal of Asian Studies* 64.3 (2005): 639-675.

²⁰ Lo, *Doctors within Borders*; Shiyung Michael Liu, *Prescribing Colonization: the Role of Medical Practices and Policies in Japan-ruled Taiwan, 1895-1945* (Ann Arbor, Mich.: Association for Asian Studies, 2009).

²¹ In the first decade of the twentieth-century, Japan achieved a high level of industrialization, and Western science became an integral part of Japanese everyday life. Around this time, Japanese elites came to view science as "universal" rather than "Western," and encouraged science at home. See Hiromi Mizuno, *Science for the Empire: Scientific Nationalism in Modern Japan* (Stanford, Calif: Stanford University Press), 2009, 12-13.

of the Western presence in China.²² Dōjinkai leaders envisioned an alliance between China and Japan through medicine, but it was competition with the Western powers that inspired many Dōjinkai activities.

The Dōjinkai's history illustrates modern Japan's complex relations with China and the West. Throughout its operation in China, the Dōjinkai remained in the shadow of Western medical organizations and never become dominant in China's medical community. Nevertheless it contributed to the maintenance of Japan's "informal empire" in China and helped promote Japanese settlement there. While Dōjinkai officials championed Sino-Japanese cooperation based on the "common culture" of East Asia, they also viewed Japan as a "leader" and its mastery of Western medicine as a key tool by which it could help other Asians. After the breakout of the war, the Dōjinkai openly supported Japanese militarism, but at the same time, many of its leaders were well aware of cultural heritage Japan owed to China. The Dōjinkai also embraced the ideals of humanitarianism and the universal value of medicine. Standing at the intersection of Japanese imperialism, militarism, scientific medicine, and philanthropy, the Dōjinkai story can tell us much about the role that medicine played in Sino-Japanese relations and the developments and limits of Japanese imperial medicine.

The Early Years

Compared to Western medical doctors, the Japanese were latecomers to mainland China. Western powers had been sending medical missionaries since the early nineteenth century, and after the first Opium War, their numbers increased dramatically. Western missionary

²² Teow, *Japan's Cultural Policy*.

organizations began opening clinics and medical schools across China.²³ Since the Japanese were still learning Western medicine throughout the nineteenth century, their medical presence in China was negligible. This became a concern among Japanese elites around the turn of the twentieth century. When the first Sino-Japanese War revealed China's military weaknesses, various Western powers encroached further on China's sovereignty by acquiring concessions and leaseholds, and the Triple Intervention of Russia, France, and Germany (1895) forced Japan to give up its own territorial gains in the Northeast.

Viewing the Western presence in China as a threat to Japan's national interests, Prince Konoe Atsumaro 近衛篤磨 (1863-1904) and others organized the Tōa dōbunkai (東亜同文会, East Asia Common Culture Association) in 1898 to promote mutual understanding and communication based on cultural contiguity between China and Japan. In the words of Douglas Reynolds, "Tōa dōbunkai was the product of a rising foreign consciousness among Japanese – the acute awareness of Western (including Russian) aggression in and around China and its challenge to Japan and to its emerging Asian interest."²⁴ By founding the Tōa dōbunkai, Konoe championed the idea of China-Japan cooperation that would drive out the West and bring peace

²³ Peter Parker opened the earliest missionary hospital in Canton in 1842. Since then, American, British, and other missionaries opened hospitals in China one after another. By the end of the nineteenth century, more than 120 missionary hospitals and clinics were opened. For a list of these missionary hospitals, see Li Jingwei 李经纬, *Zhongwai yixue jiaoliu shi* 中外医学交流史 [A history of medical exchanges between China and foreign nations] (Hunan: Hunan jiaoyu chubanshe, 1998), 284-90. On American missionary hospitals in China, see Michelle Renshaw, *Accommodating the Chinese: The American Hospital in China, 1880-1920* (New York: Routledge, 2005).

²⁴ Douglas Reynolds, "Training Young China Hands: Toa Dobun Shoin and Its Precursors, 1886-1945," in Duus, Myers, and Peattie ed., *The Japanese Informal Empire*, 227.

to East Asia.²⁵ The mission of the Dōjinkai, to bring Japanese scientific medicine to China, emerged in part from this desire for a China-Japan alliance. At the same time, its creation also responded to China's rising interest in Japan. After the Meiji Restoration, a group of Chinese reformers came to view Japan's modernization programs as a model that China could readily follow. They invited Japanese advisors to teach at new schools and sent a large number of students to Japan.²⁶ The first decade of the twentieth century was a "golden age" of Sino-Japanese cultural relations.²⁷

Chinese and Japanese mutual interest fostered the creation of the Dōjinkai. In the summer of 1901, Konoe, Kishida Ginkō 岸田吟香 (1833-1905),²⁸ and other Tōa dōbunkai members met with a group of medical doctors to discuss the creation of an organization that would connect the Japanese medical community to East Asia and spread the benefits of modern medical science

²⁵ Konoe was one of the leading figures of the Meiji era who promoted "Asia first" policy and promoted Chinese studies. On Konoe, see Marius Jansen, "Konoe Atsumaro," in Akira Iriye ed., *The Chinese and the Japanese: Essays in Political and Cultural Interactions* (Princeton, N.J.: Princeton University Press, 1980), 107-23.

²⁶ Wai-ming Ng, "Zhang Jian's Nantong Project and the Meiji Japanese Model," *Sino-Japanese Studies* 16 (2009), article 3; John Shrecker, "The Reform Movement of 1898 and the Meiji Restoration as Chi'ng-I," in Iriye ed., *The Chinese and Japanese*, 96-106; Abe Hiroshi 阿部洋, "*Taishi bunka jigyō*" no kenkyū: *senzenki nicchu kyōiku bunka kōryū no tenkai to zasetsu* 「対支文化事業」の研究 戦前期日中教育文化交流の展開と挫折 [A study on China cultural affairs: the development and setback of Sino-Japanese educational and cultural exchanges in the pre-war period] (Tokyo: Kyūko shoin, 2004), 27-64.

²⁷ Douglas Reynolds, *China, 1898-1912: The Xinzheng Revolution and Japan* (Cambridge, Mass.: Council on East Asian Studies, 1993).

²⁸ Kishida was a Japanese businessman and journalist. On Kishida Ginkō, see, for example, Chen Zu'en 陈祖恩, *Xunfang tongyanren: Jindai Shanghai de Riben Juliumin* 寻访东洋人 近代上海的日本居留民 1868-1945 [Looking for the Easterners: Japanese residents in modern Shanghai] (Shanghai: Shanghai shehui kexue chubanshe, 2006), 59-70.

outside Japan. In 1901 and 1902, they established two similar organizations, the Ajia Ikai (亜細亜医学会, Medical Association of Asia) and the Tōa Dōbun Ikai (東亜同文医会, Medical Association of East Asia Common Culture), respectively. These two organizations were merged into the Dōjinkai the next year.²⁹ The name “Dōjinkai” itself is suggestive. Since the eighteenth century, Chinese philanthropists had opened local charitable institutions called Tongrentang (同仁堂, Hall of Universal Benevolence) to provide medical services in several Jiangnan cities.³⁰ Beijing’s famous drugstore was also named Tongrentang.³¹ Though Dōjinkai chronicles say little about why they picked the term *dōjin* as the name of their organization, the founders were obviously aware of its Chinese origin and its connection with medical philanthropy.³²

The Dōjinkai was a subsidiary institution of the Tōa dōbunkai, and many of its key figures were also Tōa dōbunkai members. Like the Tōa dōbunkai, Dōjinkai included business leaders and political figures, but it was distinctly a medical organization embracing Western medicine. Its founding members included prominent bacteriologists, such as Kitasato Shibasaburō 北里柴三郎 (1853-1931) and Katayama Kuniyoshi 片山国嘉 (1855-1931).³³ Kitasato, who had studied in Germany under Robert Koch, was a leading figure in Japanese bacteriology, and the first president of the Institute of Infectious Diseases (Densenbyō Kenkyūjo 伝染病研究所). He

²⁹ *30 nenshi*, jo 3, 1.

³⁰ Angela Ki Che Leung, “Organized Medicine in Ming-Qing China: State and Private Medical Institutions in the Lower Yangzi Region,” *Late Imperial China* 8.1 (June 1987): 134-66.

³¹ Sherman Cochran, *Chinese Medicine Men: Consumer Culture in China and Southeast Asia* (Cambridge: Harvard University Press, 2006), chapter 2. Also see Lo, *Doctors within Borders*, 168-169.

³² My thanks to Professor Daqing Yang for pointing this out.

³³ *40 nenshi*, 6-7.

trained many bacteriologists, and his students dominated Japanese medical institutions in Taiwan and Manchuria.³⁴

While the Dōjinkai was a private organization, it was strongly supported by the Japanese government, and some of its directors also held high office. For example, Nagaoka Moriyoshi 長岡護美, a Meiji diplomat, Ōkuma Shigenobu 大隈重信, prime minister in 1898 and 1914-16, Uchida Kōsai 内田康哉, foreign minister in 1911-12, 1918-23, and 1932-33, and Konoe Fumimaro 近衛文麿, prime minister in 1937-38, 1940-41, and 1941, all held the post of director.³⁵

At first, the Dōjinkai was funded mostly by private donations from its members, and recruiting new members and raising funds were the key activities of its leaders. They campaigned and published advertisements to enlist members and asked for donations. They also wrote letters to some of the Qing government's top officials, including Liu Kunyi 劉坤一, Zhang Zhidong 張之洞, and Yuan Shikai 袁世凱, for support and cooperation. In its early years, the Dōjinkai achieved considerable success in expanding its organization and consolidating its legal status. In 1903, it was approved by the Meiji government and became the Dōjinkai Foundation (Dōjinkai Zaidan Hōjin 同仁会財団法人)³⁶ and in 1907, it received a gift of 5,000 yen from the imperial family. In addition to its headquarters in Tokyo, it opened branch offices in major cities in Japan and abroad. From 1902 to 1922, the Dōjinkai collected 1,280,000 yen in donations. As

³⁴ On Kitasato and colonial medicine in Taiwan, see Liu, *Prescribing Colonization*, chapter 2; Iijima, *Malaria to teikoku*, 113-123. Also see James R. Bartholomew, *The Formation of Science in Japan: Building a Research Tradition* (New Haven Yale University Press, 1989).

³⁵ Aoki, *Dōjinkai*, 3-5; Ding 1, 8-9.

³⁶ *40 nenshi*, jo 5; Huang, *Jindai Riben*, 69-72; Ding 1, 5-6.

its financial status stabilized and it gained semi-official status, its membership also grew: The number of the members increased from 2,000 in 1902 to 38,000 in 1923.³⁷

In the 1910s, significant changes took place in Sino-Japanese relations and in Dōjinkai administration. Around the time of the Republican revolution, Chinese interest in Japan was cooling, and the number of Chinese students in Japan had declined. Japan's Twenty-One Demands and the issue of the Shandong peninsula ignited anti-Japanese nationalism. Around this time, the United States replaced Japan as the popular destination among Chinese students.³⁸ The Japanese government became concerned that the decline of Japan's popularity in China might damage Japan's international prestige and put a damper on Sino-Japanese relations. Also around 1918, the level of private donations began to fall. To boost the Dōjinkai, the government agreed to subsidize its activities. Thus after 1918, the organization's financial basis shifted to public funds, and between 1918 and 1922, it received a total of 950,000 yen from the Japanese government.³⁹ Most importantly, following the examples of the United States, Britain, and Russia, the government decided to create the Special Account for China Cultural Affairs (Taishi Bunka Jigyō Tokubetsu Kaikei 対支文化事業特別会計) based on the Boxer Indemnity and credits from the Shandong railroad and other public facilities and the China Cultural Affairs Bureau in the Ministry of Foreign Affairs (Gaimushō Taishi Bunka Jimukyoku 外務省対支文化事業事務局) was opened in 1923.⁴⁰ The account was allocated for various cultural and educational activities related to China, and along with the Tōa dōbunkai, its parent organization, the Dōjinkai became one of the recipients of account funds and received a total of 5,958,110 yen

³⁷ Huang, *Jindai Riben*, 71-73.

³⁸ Abe, *Taishi bunka jigyo*, 84-113.

³⁹ Huang, *Jindai Riben*, 72-73.

⁴⁰ On China Cultural Affairs, see Lee, "Foreign Ministry"; Abe, *Taishi bunka jigyo*; GK-H-4.

between 1923 and 1936. The stream of private donations continued to decrease, and was negligible by the 1930s. Thus, after the 1920s the Dōjinkai was mostly funded by governmental money and the Boxer Indemnity. As an arm of the China Cultural Affairs Bureau, it now reported to the Ministry of Foreign Affairs.⁴¹

The Dōjinkai in China

In the early years, the Dōjinkai sent individual doctors to China, Korea, and other parts of Asia, to work at local hospitals and medical schools.⁴² But after the 1910s, hospital management abroad became its most important focus. The earliest hospitals were opened in Korea (in Taegu, Yongsan, and Pyongyang) and Manchuria (in Yingkou and Andong).⁴³ After the annexation of Korea, the governor-general of Korea agreed to take charge of the Dōjinkai hospitals there, and the organization withdrew from Korea. Likewise, the Dōjinkai gave up the hospital management in Manchuria to the Southern Manchuria Railway Company.⁴⁴ Around 1918, the Hakuai (博愛会, Philanthropic Association), a Taiwan-based medical philanthropic group, launched

⁴¹ Huang, *Jindai Riben*, 72-73.

⁴² Between 1902 and 1912, the Dōjinkai sent 329 medical personnel, including doctors and pharmacists, to China, Korea, Bangkok, and Singapore. See Huang, *Jindai Riben*, 79.

⁴³ These two hospitals in Manchuria were built by the Kwantung Army and later transferred to the Dōjinkai. Huang, *Jindai Riben*, 79-80.

⁴⁴ *30 nenshi*, 73. Public health was an important part of the colonial management of the Southern Manchuria Railway Company. See Robert John Perris, "Doctors, Disease, and Development: Engineering Colonial Public Health in Southern Manchuria, 1905-1926," in Morris Low ed, *Building a Modern Japan: Science, Technology, and Medicine in the Meiji Era and Beyond* (New York: Palgrave Macmillan, 2005), 103-32.

hospital management in south China, and so the Dōjinkai also withdrew from the south.⁴⁵

Consequently, north and central China became the main focus of Dōjinkai medical activities.

The Dōjinkai formulated an ambitious ten-year plan (1918-1927) to build thirty-two hospitals in various cities across China. It estimated the total cost of construction to be 3,600,000 yen, and applied for 3,000,000 yen in governmental subsidies. The list of the cities targeted is suggestive. Most were mid-sized or smaller cities and towns, and some were located in the hinterland where the vast majority of the residents in these locales were Chinese.⁴⁶ So as of 1918, the Dōjinkai seemed to be aiming at building moderate-quality hospitals in various inland cities rather than a few high-quality hospitals in major cities.

But almost immediately, Dōjinkai directors revised their initiative. Instead of opening many small hospitals in remote cities, they recommended a focus on major cities in the Yangzi valley and also suggested establishing facilities to train Chinese medical personnel in China's key cities, such as Beijing and Shanghai. They concluded that given that many Western powers were operating top-level hospitals in China, devoting their energy and resources to modest-scale facilities would damage Japan's international prestige.⁴⁷ They planned instead to open a world-class hospital in Shanghai.⁴⁸ Shanghai was the most industrialized city in China, and the British,

⁴⁵ Ding 2, 7.

⁴⁶ The list of the projected construction sites included the following cities: Hankou, Jinan, Beijing, Xi'an, Xuzhou, Nanjing, Changsha, Lanzhou, Yunnan, Taiyuan, Chifeng, Guihuacheng, Jiujiang, Nanning, Chongqing, Hangzhou, Zhengzhou, Chengdu, Guiyang, Zhangjiakou, Shijiazhuang, Dulunnuoer, Rehe, Shanhaiguan, Bengbu, Luoyang, Yichang, Liangzhou, Weixian, Wuhu, Zhifu (Yantai), and Zhangde. See Huang, *Jindai Riben*, 93-94; Lee, "Foreign Ministry," 298-99; Ding 2, 6-7.

⁴⁷ Ding 2, 7-8; Huang, *Jindai Riben*, 93-94.

⁴⁸ *40 nenshi*, 22; GK-H-4-DKZ, vol.1.

Americans, and French all had run hospitals there since the nineteenth century.⁴⁹ Having a Dōjinkai hospital of good quality in Shanghai would demonstrate the high standard of Japanese medicine to the Westerners. The Dōjinkai did purchase a piece of land in Shanghai for its hospital, but because of financial constraints the project for a Shanghai hospital was ultimately abandoned.⁵⁰

The Dōjinkai had opened the Dōjinkai Beijing Hospital (同仁会北京医院)⁵¹ and the Dōjinkai Hankou Hospital (同仁会漢口医院)⁵² in 1914 and 1923, respectively. In addition, the Ministry of Foreign Affairs had entrusted the organization with the management of two hospitals

⁴⁹ For example, London Missionary Society opened Lester Chinese Hospital in 1845. This is the oldest Western hospital in Shanghai. American Church Mission founded St. Luke's Hospital in 1865 and St. Elizabeth Hospital in 1914. French Jesuits of the Roman Catholic Mission also built Hospital of St. Marie in 1914. See Dōjinkai chōsabu 同仁会調査部 [The research department of the Dōjinkai], *Shanghai iyakukai no genjō* 上海医薬界の現状 [The current condition of Shanghai's medical and pharmaceutical communities] (Tokyo: Dōjinkai, 1931), 4-5.

⁵⁰ *40 nenshi*, 22, 112-13. Also see GK-H-4-DKZ, vol.1.

⁵¹ At first the Dōjinkai entrusted Hiraga Seijirō 平賀精次郎, a medical officer of the Japanese Embassy, with opening this hospital in 1912. Its original name was the Beijing Japan-China Dōjin Hospital (北京日華同仁医院). It was renamed to the Dōjinkai Beijing Hospital in 1927. Huang, *Jindai Riben*, 81.

⁵² In December 1904, Jinbo Tōjirō 神保壽次郎 went to Wuchang at the Hubei Commissioner's invitation, and opened a medical school there. At this time, Jinbo recommended Kōno Torazō 河野寅蔵, an army medical officer, that he should go to Hankou. Kōno set up the Dōjinkai's branch office in the city, and opened the Hankou Dōjin Hospital. Financed by the Dōjinkai in Japan, it targeted Japanese residents in the city. In 1919, a Dōjinkai director visited Hankou and proposed the construction of a new and bigger hospital so that it could accommodate not only Japanese but also Chinese residents. For some unknown reason, the original Dōjin Hospital refused to merge with the new hospital, so a separate Dōjinkai Hankou Hospital was opened in 1923 with fifty-nine medical staff. Huang, *Jindai Riben*, 84-86.

in Qingdao and Jinan.⁵³ Thus before the outbreak of the second Sino-Japanese War in 1937, only these four Dōjinkai hospitals were in operation in China. These hospitals all employed both Chinese and Japanese doctors and nurses. But their directors were all Japanese, and Japanese staff outnumbered their Chinese counterparts.⁵⁴

Compared to missionary hospitals, the Dōjinkai hospitals were few in number, and all of them were located in cities with large Japanese populations.⁵⁵ The reputation of these facilities was not as good as the organization's leaders had hoped, and the Japanese government was aware of this. In the early summer of 1936, the Ministry of Foreign Affairs sent Nishio Ikuji 西尾幾治, a secretary-general at Osaka Imperial University, to China to inspect the management of the Dōjinkai hospitals in Beijing, Jinan, and Qingdao. After his month-long trip, Nishio had some criticisms.⁵⁶ He commented that except for the Qingdao hospital, buildings were generally unclean and dark and not equipped with state-of-the-art medical instruments. Furniture in the wards was old and simple, and the wards lacked any recreational facilities for patients. The quality of hospital staff was mostly satisfactory, but some were too bureaucratic and unfriendly. He also found that even though they had graduated from same schools and had similar qualifications, the Japanese doctors and nurses were usually treated better than their Chinese

⁵³ The hospital in Qingdao was built by Germany and taken over by the Japanese in 1919. The hospital in Jinan had been under the jurisdiction of the Shandong Railway Company. *30 nenshi*, 43; *40 nenshi*, jo 6-7, 15-17.

⁵⁴ Lee, "Foreign Ministry," 209.

⁵⁵ By 1936, there were some 426 missionary hospitals operating in various places in China. Li, *Zhongwai yixue*, 290.

⁵⁶ "Dōjinkai kakuiin kansano ken 同仁会各医院監査の件" [Audit report on Dōjinkai hospitals], filed in GK-H-Group 7: Shiryō/Shochōsa ishoku kankei zakken 資料/諸調査委嘱関係雑件 [Materials/Miscellaneous accounts on commissioned investigations], vol. 2.

counterparts. This discriminatory treatment ran counter to the *dōjin* spirit and he charged that it should be abolished. In his report, Nishio was concerned that Dōjinkai hospitals were overshadowed by Anglo-American facilities. To compete, he recommended that hospitals be upgraded and that they offer diverse services to accommodate a wide range of patients with different needs and financial statuses. He also commented that because the Japanese shared a similar East Asian culture with the Chinese, they were in a better position than Westerners to understand Chinese customs and sensibilities (*ninjō* 人情). To attract more Chinese patients and stabilize hospital management, he suggested that the hospital should recruit Japanese staff who were interested in Chinese culture and promote services appropriate to Chinese practices.

The Dōjinkai Beijing Hospital (hereafter Beijing Hospital) is a case in point. As the most active hospital run by the Dōjinkai, it became the center of Dōjinkai activities and the premier representative of Japanese medical philanthropy in pre-1937 China.⁵⁷ It provided services to Japanese residents in the city, but the majority of its outpatients and inpatients were Chinese. Unfortunately for the Beijing Hospital, the Peking Union Medical College (PUMC), sponsored by the Rockefeller Foundation, was located in the same neighborhood.⁵⁸ Beside the PUMC, regarded as one of the best medical institutions in East Asia, the Beijing Hospital was much smaller in size and financial footing. Being smaller chafed the Dōjinkai staff. To be competitive, the Dōjinkai had renovated the Beijing Hospital a couple of times by 1923, by which time the entire hospital consisted of twenty-three wards. But it still did not approach the scale of the

⁵⁷ *40 nenshi*, 43-44.

⁵⁸ On the PUMC, see, for example, John Z. Bowers, "American Private Aid at Its Peak: Peking Union Medical College," in John Z. Bowers and Elizabeth Purcell ed., *Medicine and Society in China* (New York: Josiah Macy Jr. Foundation, 1974), 82-98; Mary Brown Bullock, *An American Transplant: the Rockefeller Foundation of the Peking Union Medical College* (Berkeley: University of California Press, 1980).

PUMC, and it lacked the latter's grand appearance. Dōjinkai leaders worried that this would hurt Japan's international reputation. But while the PUMC was often criticized as elitist, the Beijing Hospital accommodated those with limited resources, and it offered free or inexpensive treatment and medicine to the poor, and free anti-cholera injections to visitors.⁵⁹ From its opening in 1914 to 1937, the Beijing Hospital treated 798,189 outpatients (of whom 571,226 were Chinese) and admitted 148,130 inpatients (of whom 100,696 were Chinese).⁶⁰ Its staff also organized medical visiting teams (*junkai shinryōhan* 巡回診療班), and dispatched them throughout the city and its environs. These teams provided free medical treatment, administered vaccinations against communicable disease, and organized public health education programs, such as lectures, film shows, and exhibitions.⁶¹ The Dōjinkai chronicle proudly states that the achievements of the Beijing Hospital were by no means inferior to those of the PUMC.⁶²

In addition to regular clinical work, the Dōjinkai also organized medical relief operations (*kyūgo katsudō* 救護活動) in response to fighting and other disasters. For example, during the 1911 uprising in Wuhan, doctors from the Dōjinkai set up emergency facilities in Hankou where staff treated the wounded from both sides. The Dōjinkai in Japan also sent relief teams to China that year. Likewise, when civil war broke out among the warlords in 1925, the Jinan Hospital offered free treatment and medicine to the wounded. A Dōjinkai director proclaimed that emergency medical relief was a clear manifestation of the *isshi dōjin* (一視同仁 universal

⁵⁹ *40 nenshi*, 40-43; Lee, "Foreign Ministry," 301; Ding 3, 2-3.

⁶⁰ Huang, *Jindai Riben*, 82-84.

⁶¹ *40 nenshi*, 44-45.

⁶² *40 nenshi*, 81.

benevolence without discrimination) spirit: medicine should be universally available to everyone regardless of political background, nationality, or position.⁶³

While medical work in China was the Dōjinkai's primary undertaking, as a Cultural Affairs Office subsidiary, it also opened a research department to carry out cultural and academic programs, and Dōjinkai staff were engaged in research, translation, and publication. They published a series of works in Japanese whose topics included China's medical community, medical facilities, and medical education, as well as Chinese *materia medica*.⁶⁴ These works were intended to promote Japanese understanding of China. The Dōjinkai also translated Japanese medical textbooks into Chinese and published them in China. Tang Erhe 湯爾和 (1879-1940, Professor of Beijing University), his students, and other Chinese doctors who had studied in Japan helped with these translations,⁶⁵ and the Dōjinkai in turn assisted with the publication of medical books authored by these doctors. It also organized various kinds of gatherings and meetings, both academic and social, in both China and Japan. Chinese and Japanese doctors and medical students were regularly invited to attend these meetings.⁶⁶

One of the goals of the Dōjinkai was to facilitate Chinese-Japanese friendship through medicine, but the Chinese response was mixed and overall this goal was not realized. Still, certain services and undertakings did get a favorable reception. Most important were its generally affordable medical services and the relief it provided to the unfortunate victims of

⁶³ 40 *nenshi*, 3; Ding 4, 3-4. 一視同仁 is also a Chinese term.

⁶⁴ Even though Dōjinkai embraced Western medicine, it did not express any opposition to traditional Chinese medicine.

⁶⁵ For a list of Chinese translators, see “Dōjinkai yakusho kankō jijyō jōkyō hōkoku 同仁会訳書刊行事業状況報告” [A report on the Dōjinkai's translation work], May 1936,” filed in GK-H-4-DKZ, vol.5.

⁶⁶ Ding 4, 4-7; Huang, *Jindai Riben*, 103-11.

violence and natural disaster. Dōjinkai books were generally well received, and medical textbooks sold particularly well. In spite of fraying relations between China and Japan in the late 1920s and 1930s, the Dōjinkai continued to organize meetings and gatherings without much trouble, and these attracted many attendees.⁶⁷

Some Dōjinkai materials indicate the organization's close association with Chinese medical doctors. Some well-known medical elites of the Republican period, including He Chichang 何熾昌 (1892-? Commissioner of the Canton Public Health Bureau), Hu Ding'an 胡定安 (Commissioner of the Nanjing Public Health Bureau), Wu Liande 伍連德 (1879-1960, founder of the Manchurian Plague Prevention Service), and Tang Erhe, wrote for the Dōjinkai's periodicals. Huang Zifang 黃子方 (Commissioner of the Beiping Public Health Bureau) attended the fifteenth anniversary of the Dōjin Beijing Hospital in 1929.⁶⁸ Moreover, a large number of Chinese students had studied in Japan before 1937, and some of them had worked with Dōjinkai doctors.⁶⁹ For example, Chen Fangzhi (1884-1969, Director of the Central Hygiene Laboratory) worked with the President of Hankou Hospital, They might have had close affinity to the organization as well. Because these Chinese doctors left few records regarding their relations with the Dōjinkai, it is difficult to know how they actually perceived the organization and its

⁶⁷ On favorable responses to the Dōjinkai, see Ding 4, 2-7.

⁶⁸ *30 nenshi*, 43.

⁶⁹ For example, Chen Fangzhi 陳方之 (1884-1969, Director of the Central Hygiene Laboratory) worked with the President of Hankou Hospital when he was in Japan, and Xu Songming 徐誦明 (1890-1991, Professor of Beijing University) was a former student of one of the Dōjinkai directors. Ding 4, 7.

medical activities. Still, it is possible that these doctors identified themselves with modern medicine and created professional solidarity with Japanese doctors.⁷⁰

Individual members of the Dōjinkai might have embraced the noble ideals of universal medicine and created friendly relations with the Chinese at the personal level, but the organization also supported Japanese strategic interests in China and worked to enhance Japan's prestige. When military conflict broke out between China and Japan, the Dōjinkai openly supported the Japanese side. When Japan sent troops to Shandong in 1927-28 on the pretext of protecting the Japanese community from the Northern Expedition Army and a clash broke out between Chinese and Japanese troops, the Dōjinkai agreed to carry out "significant duties of the nation." The Dōjinkai hospitals in Qingdao and Jinan offered their facilities and medical supplies to the Japanese army.⁷¹ Chinese critics viewed the very presence of the Dōjinkai in China as a sign of Japan's cultural aggression and the remission of the Boxer Indemnity as intolerable.⁷² As anti-Japanese sentiment grew, the Dōjinkai's popularity and credibility rapidly declined. Changes in the number of the patients who visited Dōjinkai hospitals were a clear indication of this. As Sophia Lee has noted, while Dōjinkai hospitals generally enjoyed a certain popularity because of their inexpensive medical services, when anti-Japanese sentiment ran high, the number of the patients drastically decreased, and activity in and around those hospitals slowed. After the Japanese occupation of Manchuria, Chinese nationalism rose and Dōjinkai staff found

⁷⁰ On Chinese students in Japan, see Abe, *Taishi bunka jigyō*, 324-387; Sanetō Keishū, *Chūgokujin Nihon ryūgakushi*] (Tokyo: Kuroshio shuppan, 1970). Also see Ding 4, 5-7.

⁷¹ Ding 2, 8-9.

⁷² Ding 4, 8-15; Ono Tokuchirō 小野得一郎, "Hui Li Zizhou jian lun 'Yiyao pinglun she 誨李子舟兼論醫藥評論社" [Instructing Li Zizhou and discussing Yiyue pinglun she], *Dōjin igaku* 同仁医学 5. 3 (1932): 85-87.

hospital operation difficult.⁷³ Consequently in the 1930s these hospitals had to constrict their facilities and operations. Some of the departments were merged or abolished, and clinical work was reduced. After 1932, Dōjinkai staff also noted that their visiting medical teams often met with resistance and interference.⁷⁴ Around the time of the Yangzi flood in September 1931, the Dōjinkai raised donations, collected drugs and other medical supplies, and dispatched relief teams to China. When these teams arrived in Shanghai with their gifts, they were welcomed by Chinese high officials. However, as they were about to begin their work in Hankou, the Manchurian Incident occurred. The Chinese suddenly refused the Dōjinkai's gifts and medical help, and the relief teams returned to Japan in disappointment.⁷⁵ In the 1930s, Dōjinkai activity remained at a low ebb.

From Clinical Medicine to Pacification Work and Epidemic Prevention

The outbreak of the second Sino-Japanese War marked a turning point for the Dōjinkai's management. Shortly after the fighting had started, Dōjinkai hospitals in Jinan, Qingdao, and Hankou all temporarily closed and their staff returned to Japan. The Beijing Hospital evacuated to the embassy area to provide medical relief for Japanese evacuees. Later these hospitals were reorganized into military hospitals. At this point, Dōjinkai work in China seemed to have come

⁷³ Lee, "Foreign Ministry," 299. In 1933, in the request for government subsidy, a Dōjinkai vice president commented that the Shanghai Incident and the Manchurian Incident had enormous impact (激甚ナル影響) on the Dōjinkai, and the number of Chinese patients drastically decreased. GK-H-4-DKZ/Hojo kankei 補助関係 [Subsidies] (hereafter HK), vol.9.

⁷⁴ *40 nenshi*, 18-20, 83-85, 207.

⁷⁵ Ding 4, 8. Also see "Dōjinkai ni Chūka minkoku suisai kyūgohan hakenhi joseini kansuruken 同仁会ニ中華民國水災救護班派遣費助成ニ関スル件" [Subsidies for the dispatch of Dōjinkai's flood relief teams to China], filed in GK-H-4-DKZ/ HK, vol.7.

to an end.⁷⁶ But in September 1937, former staff from the Jinan, Qingdao, and Hankou hospitals organized three medical relief teams, each consisting of sixteen to twenty-two members, and went back to China for a six-month term.⁷⁷ To finance these teams, the Dōjinkai received a subsidy of 171,980 yen from the Ministry of Foreign Affairs.⁷⁸ After the fall of Nanjing, the Dōjinkai organized two more teams and sent them to Nanjing and Shanghai. The Dōjinkai received additional 152,742 yen in February 1938,⁷⁹ and with that funding, it recruited more personnel, including doctors, dentists, pharmacists, nurses, drivers, and other staff, and organized more teams. These were sent to cities and towns in occupied China to help the wounded and sick, both Japanese and Chinese.⁸⁰

As of 1938, some 250 Dōjinkai staff were engaged in medical relief work in various Chinese cities and towns. Usually they borrowed Chinese hospitals or other buildings and set up temporary clinics to provide outpatient care. In larger cities where better facilities were available, they also admitted inpatients. According to reports, most of the patients were refugees and lower-class people to whom the teams offered free treatment. Common diseases found in these patients were gastro-intestinal disorders, ulcers and other skin diseases, and trachoma. Some clinics also treated sexually transmitted diseases and inspected prostitutes. Dōjinkai members' duties not

⁷⁶ 40 *nenshi*, 4-5.

⁷⁷ “Dōjinkai shinryō kyūgohan Shina haken keikaku yōkō 同仁会診療救護班支那派遣計画要綱” [An outline of the plans for dispatching Dōjinkai's medical relief teams to China], filed in GK H-4-DKZ, vol.6.

⁷⁸ GK H-4-DKZ/HK, vol.18.

⁷⁹ GK H-4-DKZ/HK, vol.18.

⁸⁰ Bōeishō bōei kenkyū jo 防衛省防衛研究所 [The National Institute for Defense Studies, Ministry of Defense] (hereafter BK) Rikugunshō dainikki 陸軍省大日記 [Dainikki Ministry of War], Dainikki kōshū 大日記甲輯1938. For lists of these Dōjinkai teams, see Huang, *Jindai Riben*, 95-97; Iijima, *Malaria to teikoku*, 200.

only involved giving medical care to the Chinese poor. They still aimed at facilitating Sino-Japanese friendship, demonstrating the excellence of Japanese medicine, and enhancing Japan's international prestige.⁸¹ To this end, they planned to provide better and more expensive medical treatment to attract middle-class people.⁸²

While the Dōjinkai came under the jurisdiction of the Ministry of Foreign Affairs and so remained distinct from the military, its medical personnel all received military ranks on their arrival in China according to their occupations and statuses. Medical doctors and pharmacists became officers; head nurses and chief clerks, sergeants; and nurses and clerks, privates. These Dōjinkai recruits officially became part-time soldiers (*gun shokutaku* 軍囑託) who belonged to the Special Service Department (Tokumubu 特務部, hereafter SSD) of the China Detachments, and they reported to Army medical officers. As members of the SSD, Dōjinkai staff were engaged in pacification work (*senbu kōsaku* 宣撫工作).⁸³ Thus, the Dōjinkai was incorporated into Japan's wartime mobilization effort, and its primary objectives during the war were restoring order, calling for collaboration, and helping the Occupation Forces, through medical and public health work.⁸⁴ In Ming-cheng Lo's words, Dōjinkai doctors played two contradictory

⁸¹ For Dōjinkai teams' reports, see "Hokuchū shina ni okeru shinryō bōeki jōkyō 北中支那に於ける診療防疫状況" [The conditions of medical and anti-epidemic work in north and central China](1938); "Gaimu jikantei ni okeru shinryōhan hōkoku 外務次官邸ニ於ケル診療班報告" [A report of medical relief team at a vice minister's office] (1938), filed in GK H-4-DKZ/Shinryō han shina haken kankei 診療班支那派遣関係 [On medical teams sent to China], vol.2.

⁸² "Dōjinkai Nanjing shinryōhan gyōmu hōkoku" 同仁会南京診療班業務報告 [Business report of the Nanjing relief team] (June 1939), filed in GK-H-4-DKZ/Bōkeki jimu 防疫事務 [Epidemic prevention work] (hereafter BJ), vol. 4.

⁸³ *40 nenshi*, 374-75.

⁸⁴ *40 nenshi*, 219-23, 342-47.

roles in wartime China: benevolent philanthropists to save human lives and imperial soldiers to join battles.⁸⁵

Timothy Brook discusses the SSD and its pacification work in central China in some depth. The SSD was responsible for setting up pro-Japanese administration in occupied areas. To do this, it dispatched pacification teams (*senbuhan* 宣撫班) into the cities, counties, and towns,⁸⁶ where its agents recruited local personnel to be pro-Japanese leaders, developed and delivered various kinds of propaganda, made connections with secret societies, collected intelligence, and created pro-Japanese mass organizations. In addition, pacification agents opened primary care clinics and offered simple care and drugs to local residents.⁸⁷ Though individual names of all agents were unknown, it is likely that Dōjinkai medical staff joined in these teams and worked with other SSD pacification agents.

Most importantly, in addition to doing clinical work, the Dōjinkai began actively involved in anti-epidemic work in occupied area. An explosion of communicable disease in war-torn regions became a concern of Japanese policy makers. Now that travel between north China and

⁸⁵ Lo, *Doctors within Borders*, 165-171.

⁸⁶ Timothy Brook, "Occupation State Building," in Stephen R MacKinnon, Diana Lary, and Ezra F. Vogel ed., *China at War: Regions of China, 1937-1945* (Stanford, Calif: Stanford University Press), 2007, 26-29.

⁸⁷ For Japanese sources on pacification work, see BK, *Shina jihen zenpan* 支那事変全般 [The second Sino-Japanese War, general] 181, "Senbuhan kyōka kōsaku jisshi jōkyō 宣撫班教化工作実施状況" [The condition of pacification teams' civilization work]; BK, *Shina jihen Shanghai Nanjing* 支那事変 上海南京 [The second Sino-Japanese War, Shanghai and Nanjing] 274, "Chūshi haken tokumu kikan honbu enkaku 中支派遣特務機関本部沿革" [The headquarters of the Special Service Department in central China: a history]. For pacification teams' medical work in north China, see "Shina kyūmin kyūsai jigyo chosho 支那窮民救済事業調書" [A Report on the Relief Work for the Chinese Poor], filed in GK-H Group 7: Shiryō/Shochōsa ishoku kankei zakken, vol. 8.

Japan had become more frequent, an epidemic in China could easily be transmitted to Japan. North China lacked an effective public health administration, and so Japan had to step in and take charge.⁸⁸ The epidemiological work in China was part of Japan's national defense, and it was also regarded as a "cultural program." Thus the China Cultural Affairs Bureau in the Ministry of Foreign Affairs agreed to take charge of it. In 1938, that bureau established the Provisional Department of Epidemic Prevention Work in China (Rinji Taishi Bōeki Jigyōbu 臨時對支防疫事業部), and opened the North China Epidemic Prevention Office (Kahoku Bōekisho 華北防疫處) in Beijing, and the Central China Epidemic Prevention Office (Kachū Bōekisho 華中防疫處) in Shanghai, respectively. In 1939 the Ministry of Foreign Affairs entrusted its epidemic prevention programs in China to the Dōjinkai, which then formally assumed the responsibility for controlling communicable diseases in occupied China.⁸⁹ Compared to clinical medicine, anti-epidemic work was more intrusive, involving both administrative and coercive programs such as setting up cordons, keeping residents in quarantine, and giving them compulsory inspections and injections. The war provided the Dōjinkai an opportunity to expand its organization and wield greater authority as it carried out epidemiological research and to exercise direct control over the Chinese population.

Iijima suggests that Miyagawa Yoneji 宮川米次 (1885-1959), a professor at Tokyo Imperial University and director of the Institute of Infectious Diseases (hereafter IID), played an important role in the Dōjinkai's involvement in anti-epidemic work. Miyagawa assumed the vice

⁸⁸ "Kitashina bōeki jigyoōni tsuite 北支那防疫事業ニ就テ" [On epidemic prevention work in north China], filed in GK-H-4-DKZ/BJ, vol. 1.

⁸⁹ 40 *nenshi*, 461-473; Aoki, *Dōjinkai*, 38-40; "Bōeki jigyoō keikaku 防疫事業計画" [A plan for epidemic prevention work] (1938), filed in GK-H-4-DKZ/BJ, vol.3.

director of the organization in 1939, and IID staff began to participate in its anti-epidemic work and research in China. Under Miyagawa's leadership, in April 1938 the Dōjinkai organized two epidemic prevention teams (*bōekihan* 防疫班), headed by Takagi Isuma 高木逸麿 (1884-1960), a researcher at IID and professor at Tokyo Imperial University, and Taniguchi Tenji 谷口腆二 (1889-1961), a professor at Osaka Imperial University, and sent them to Beijing and Shanghai.⁹⁰ These teams laid the grounding work for permanent institutions doing epidemiological work in the north and in southern China. Within a year, they had developed into two bodies: the North China Epidemic Prevention Team (Kahoku Bōekihan 華北防疫班, headquarters in Beijing) and the Central China Epidemic Prevention Team (Kachū Bōekihan 華中防疫班, headquarters in Shanghai). In addition to giving medical treatment to patients, these teams carried out research on China's endemic diseases, produced vaccines and serums, and administered other anti-epidemic programs.⁹¹ They helped the expansion of the Dōjinkai's influence in China and offered employment to Miyagawa's students and other Japanese researchers.

Thus during the war, the entire Dōjinkai was reorganized to accommodate wartime needs. As the goal of the military shifted from conquest to occupation, the Japanese military faced an unfamiliar environment and new diseases in the south.⁹² As control of communicable diseases became an urgent issue for the Occupation Forces, the Dōjinkai assumed charge of public health work in occupied China. Along with the teams mentioned above, the Dōjinkai also opened

⁹⁰ Iijima, *Malaria to teikoku*, 195-98.

⁹¹ GK-H-4-DKZ/BJ, vol.3

⁹² In particular, malaria was a significant threat to the Japanese military in south China. See Iijima, *Malaria to teikoku*. During the war, the Nationalists were also engaged in anti-malaria work in the southwest. See Ka-che Yip, "Disease and the Fighting Men: Nationalist Anti-Epidemic Efforts in Wartime China, 1937-1945," in David Barrett and Larry N. Shyu ed., *China in Anti-Japanese War, 1937-1945: Politics, Culture, and Society* (New York: Peter Lang, 2001), 171-188.

branch offices in Beijing and Shanghai.⁹³ In addition, the Dōjinkai opened a Mongolia-Xinjiang (Mengjiang 蒙疆) branch office in Zhangjiakou in 1941 and a Hainandao branch office in Haikou in 1942.⁹⁴ These offices and anti-epidemic teams became the Dōjinkai's primary agencies in China replacing the hospitals of earlier decades. Even though the Dōjinkai itself was still an independent organization, its branch offices in China were placed under the Japanese Army's China Detachments and began receiving orders from the SSD.⁹⁵ Later in 1939, when the Kōa-In (興亞院 Asia Development Board) absorbed the SSD and the China Cultural Affairs Bureau, the Dōjinkai worked closely with the Kōa-In's liaison office.⁹⁶

Dōjinkai in Shanghai During the War

Thus after 1938, the Dōjinkai significantly expanded its sphere of activities and sent a larger number of medical personnel to China. Still, even during the war, the Dōjinkai was not an effective "tool of empire." Dōjinkai's medical and public health work responded more to wartime mobilization efforts rather than functioning a well-designed imperial medicine. The case of Shanghai is illustrative.

Compared to its presence in the north, the Dōjinkai had been less prominent on China's eastern coast and in the Yangzi valley in the prewar years. Though its leaders had hoped to promote activities in this area, there was only one hospital in Hankou. The Dōjinkai had no footing in Nanjing, and the plan for hospital construction in Shanghai was never realized. After

⁹³ These two were much smaller than the Beijing and Shanghai offices. Huang, *Jindai Riben*, 76-77.

⁹⁴ Later Dōjinkai opened three more epidemic prevention offices in Tianjin, Jinan, and Hankou.

⁹⁵ *40 nenshi*, 424-25, 471-73.

⁹⁶ Aoki, *Dōjinkai*, 44. On Kōa-In, see Kubo Toru, "The Kōa-In," in Mackinnon, Lary, and Vogel ed., *China at War*, 44-64.

1937, however, Shanghai emerged as the hub of Dōjinkai activities in central China. Its medical teams were dispatched to Shanghai and the headquarters of the Central China Epidemic Prevention Team was set up in the city. From Shanghai, the Dōjinkai was able to send medical and epidemic prevention teams to other nearby cities, such as Hangzhou and Suzhou. In May 1938, the Japanese Occupation Forces in Shanghai issued a directive to the Dōjinkai, which stated that since Shanghai was key to the occupation of central China, Dōjinkai staff should make every effort to achieve their “holy mission of pacification” (宣撫の聖任). The directive also reminded them that Shanghai was an international city, with many Westerners and Western medical institutions. It urged Dōjinkai staff to always remain aware of the Western eyes on them, to maintain their dignity as a philanthropic medical organization of the empire, and to conduct first-rate research.⁹⁷ While the directive was couched in terms of philanthropy, it was clear that the Dōjinkai’s goals were to pacify the Chinese people and enhance Japan’s international prestige.

As of 1939, the Shanghai medical team consisted of sixty-four persons (including sixteen medical doctors and thirty-one nurses), and the Central China Epidemic Prevention Team consisted of fifty-six personnel (including eleven doctors and two pharmacists).⁹⁸ In theory, the Dōjinkai was supposed to carry out pacification work by protecting the public’s health and to undertake a wide range of administrative activities.⁹⁹ But in reality, its presence was not well-known among Shanghai residents. Without adequate funding, the Dōjinkai’s activities were necessarily limited to controlling communicable diseases, in particular, cholera. Moreover, to

⁹⁷ 40 *nenshi*, 376-77.

⁹⁸ Huang, *Jindai Riben*, 76.

⁹⁹ GK-H-4-DKZ/BJ, vol.4.

carry out their work effectively, staff had to join both Chinese and Japanese organizations and work closely with local Chinese personnel.

In fact, the central organization in Shanghai's epidemic prevention work was the Epidemic Prevention Committee (Japanese Bōeki iinkai, Chinese Fangyi weiyuan hui 防疫委員会, hereafter EPC). The EPC started as a Japanese organization. It was created in 1939 at the initiative of a Japanese medical officer to counter a cholera outbreak. Even though the Dōjinkai and the EPC were two separate organizations, the director of the Central China Epidemic Prevention Team, a Dōjinkai member, assumed the position of vice director in the EPC in 1939.¹⁰⁰ The EPC was quickly expanded and became an umbrella organization, with members of the Dōjinkai, the Japanese Resident Association, the Consul Police, the military forces, and delegates from the two foreign concessions all joining. Initially, the EPC carried out public health work mostly in the Japanese residential area of Shanghai, where it administered anti-cholera injection drives, inspections of drinking water and the hygiene standards of food shops, and the production of vaccines. Because the EPC included medical personnel who had knowledge of bacteriology and public health as well as military and police forces who possessed law-enforcement power, it had both credibility and the capability to enforce health-related

¹⁰⁰ On the EPC in Shanghai, see Fukushi Yuki 福士由紀, "Nicchu sensōki Shanghai ni okeru kōshū eisei to shakai kanri: korera yobō undo o chūshin to shite 日中戦争期上海における公衆衛生と社会管理：コレラ予防運動を中心として" [Public health and social control in Shanghai during the Sino-Japanese War: a case study of the cholera prevention campaign], *Gendai Chūgoku* 現代中国77 (2003), 53-66. Also see Shūhō 週報 [Weekly report] 23 (1939), filed in GK Series I: Bunka, shūkyō, eisei, rōdō oyobi shakai mondai 文化、宗教、衛生、労働及社会問題 [Culture, religion, public health, labor, and social problems], Group 3: Eisei 衛生 [Public health], Densenbyō hōkoku zassan Chūgoku no bu (Man Mō o nozoku) 伝染病報告雑纂中国ノ部（満蒙ヲ除ク） [Reports of epidemic diseases in China (Excluding Manchuria and Mongol)].

measures. In the 1940s the EPC expanded its activities and undertook public health work throughout all of occupied Shanghai.¹⁰¹

Meanwhile under the Japanese occupation, the Chinese were organizing their own public health administration. The pre-war municipal government and its Public Health Bureau (Weishengju 衛生局, hereafter PHB) of Shanghai had ceased functioning in November 1937 because of the fighting. After a forty-month absence, the Japanese military forces and Chinese collaborators succeeded in opening a wartime PHB in March 1941 to resume public health work in the city and its suburbs. Though it was not under the direct control of the Japanese military, the wartime PHB was backed and aided by the Japanese.¹⁰² It also named Dōjinkai staff to act as liaisons to the Japanese military. Shortly after its opening, the chief officer of the PHB, the commissioner of public health, attended a meeting with the EPC and asked for its advice. The EPC functioned as if it were an advisory board to the Chinese PHB until 1943. In 1943 the Chinese PHB took over the Japanese EPC, but many Japanese remained EPC personnel.¹⁰³

With limited resources, the wartime PHB could not afford to launch large-scale infrastructure projects, so instead, it focused on improving private hygiene customs and giving injections to Shanghai residents. Of all the epidemic diseases, cholera had been the main target of the public health administration since the pre-war period, and the wartime EPC and Japanese military forces remained concerned about cholera. From its founding until the end of the war, the

¹⁰¹ *40 nenshi*, 484-485.

¹⁰² Shanghai tongshi bianweihui, ed., *Shanghai tongshi* 上海通史 [A general history of Shanghai], vol.9, *Minguo shehui* 民国社会 [Republican society] (Shanghai: Shanghai renmin chubanshe, 1999), 370; Shanghai weisheng zhi bianzuan weiyuanhui, ed., *Shanghai weisheng zhi* 上海卫生志 [Shanghai public health gazette] (Shanghai: Shanghai shehui kexue yuan chubanshe, 1998), 35.

¹⁰³ For lists of EPC members and meeting minutes, see Shanghai Municipal Archives (Hereafter SMA) R1-12-133; R1-12-343; R50-1151.

PHB worked closely with the EPC and the Dōjinkai to control cholera, helping to carry out citywide anti-cholera injection drives. Since the wartime PHB did not have a facility for manufacturing vaccines, the Dōjinkai provided the necessary doses and performed the required bacteriological and chemical tests.¹⁰⁴ The Japanese military also helped the wartime PHB to carry out compulsory injection drives and door-to-door inspections of shantytowns, and also helped impose quarantines on infected areas.¹⁰⁵ The Occupation Forces, EPC, PHB, and Dōjinkai, all cooperated in the city's cholera-control programs.

The Dōjinkai sent a considerable number of personnel to wartime Shanghai and helped the Occupation Forces. Since the Japanese occupiers and Chinese collaborators lacked popular support, providing much needed public health services was one way to demonstrate concern for the people's welfare and enhance their legitimacy. The Dōjinkai's ideal of "universal medicine" supported and justified the Japanese rule. Yet the Dōjinkai was never a dominant presence in Shanghai. It was a latecomer to the city, and only able to fulfill its mission by working with other agencies, including the Chinese PHB.

Conclusion

The Dōjinkai developed and fell with Japanese imperialism in China. In its support of Japan's role as the "leader" in Asia, the Dōjinkai promoted Japanese ethnocentrism and abetted Japanese expansion. Its medical services were intended to compete with Western powers and to enhance Japan's international prestige. From this perspective, Dōjinkai medicine was a tool of the Japanese empire.

¹⁰⁴ SMA R50-1151.

¹⁰⁵ SMA R50-299; Shūhō 13 (1941).

But Dōjinkai medicine was never dominant in China, and the Dōjinkai was not always successful in strengthening the Sino-Japanese relations or controlling the Chinese body. The Dōjinkai had too many rivals and compared to major Western hospitals, the quality of Dōjinkai hospitals was less impressive. Unlike Western powers, the Dōjinkai failed to establish permanent medical or pharmaceutical schools for Chinese students.¹⁰⁶ Moreover, the Chinese also operated their own medical care institutions. When anti-Japanese feeling was high, the Chinese simply stopped visiting Dōjinkai hospitals and refused Dōjinkai gifts or help. Even during the occupation, the Dōjinkai and Japanese forces did not exert complete control over public health, as the case of Shanghai indicates. They had to find Chinese collaborators and work with and through them. Dōjinkai scientists and Chinese public health administrators were equal partners in Shanghai's anti-cholera programs. As a tool of the empire, Dōjinkai medicine was not very effective.

Historians of the British empire have observed that British colonial rule in India and Africa sometimes appeared to be almost natural rather than repressive and have discussed various ways in which the colonial state exercised its power over colonial subjects, not by using physical violence but by gaining the consent of the subjects.¹⁰⁷ These scholars propose the concept of “colonial hegemony” to explain how colonial rule interacted with and accommodated local societies. Public health and medicine were important fields in which the state could win the loyalty of its subjects.¹⁰⁸ Dōjinkai leaders also sought to exercise power over the Chinese by taking care of Chinese patients and gaining support from the Chinese by developing medical

¹⁰⁶ Ding 2, 4-5; Huang, *Jindai Riben*, 99-102.

¹⁰⁷ See various articles in Engels and Marks ed., *Contesting Colonial Hegemony*.

¹⁰⁸ On colonial hegemony, see Dagmar Engels and Shula Marks, “Introduction: Hegemony in a Colonial Context,” in Engels and Marks ed., *Contesting Colonial Hegemony*, 1-15.

services. But in the end, the Dōjinkai's influence was limited, and it did not create imperial hegemony. The Dōjinkai's lack of adequate funds accounts in part for its limitations. Moreover, Japan's complex relations with the West and China shaped the history of the Dōjinkai.

Today many historians agree that modern scientific medicine is the product of a particular society - Western Europe - at a particular time--late nineteenth and twentieth century, and that medical activity has not only technical but also political, social, and cultural dimensions.¹⁰⁹ But when Westerners were colonizing overseas territories, they brought their medical techniques and systems to their colonies, assuming that Western medical science was neutral, objective, and beneficial. They believed that scientific medicine was superior to local medical ideas and practices in the colonies and could be universally applied. By contrast, as non-Western latecomers to imperialism, Japanese elites were well aware that scientific medicine was a product of the Western societies, and Western powers used medicine to expand their imperial domination. Unlike Westerners, they knew very well that medical science was *not* neutral. They had to master Western medicine in order to be “modern” and to participate in imperial competition over colonies. Thus, Dōjinkai doctors first studied and mastered Western medicine. Then they re-created Western medicine as *dōjin* medicine, borrowing the Chinese term *dōjin*, that could help the health of all East Asians regardless of nationality.

Though Dōjinkai leaders championed Western medicine, they also highlighted the close relations between China and Japan. In the Western historiography, the term “colonial medicine” is often interchangeable with “tropical medicine,” since Western colonies were mostly located in the tropics, and Westerners viewed this region as an alien one in which alien races lived. How to acclimate the white body to tropical heat and humidity was a significant concern for Western

¹⁰⁹ Cunningham and Andrews, “Introduction,” 1-23.

colonizers.¹¹⁰ But Japanese colonies included diverse climate zones, and central and northern China, the focus of Dōjinkai activities in the pre-war period, consisted of climate zones not unlike those of Japan itself. For Dōjinkai members, China was a neighbor, not a remote, unknown land. China's natural environment did not present serious health problems, and adjustment to China's climate was not an important concern. As the Japanese occupation areas extended into the south, Dōjinkai staff became more interested in malaria control and south China's natural environment.¹¹¹ But for most of its history, the Dōjinkai's interests remained focused on the Chinese people and customs not on climate or geography. Moreover, Dōjinkai leaders did not regard the Chinese as alien. Even though it was an erroneous idea, they embraced the concept *dōbun dōshu* (同文同種), that is, the Chinese and Japanese shared a common East Asian culture and belonged to the same race. They believed that they could be the most qualified people to apply Western medicine to China, because they mastered Western medicine so well and shared similar East Asian cultural heritage with China.

The history of the Dōjinkai involved several different processes, and the Dōjinkai's medicine served multiple purposes. Simply dismissing the Dōjinkai as a servant of Japanese imperialism ignores a much more complex story. Dōjinkai leaders and doctors sought to strengthen Japan's ties with China, to compete with Western powers, to help Japanese colonial expansion, to help and preserve Chinese lives, and to appeal to China's cultural sensibility. They hoped to achieve all of these goals by means of Western medicine. In doing so, they aimed at

¹¹⁰ On tropical medicine, David Arnold, *Science, Technology, and Medicine in Colonial India* (Cambridge and New York: Cambridge University Press, 2000).

¹¹¹ On malaria control, see Iijima, *Malaria to teikoku*. Also see Akihisa Setoguchi, "Control of Insect Vectors in the Japanese Empire: Transformation of the Colonial/Metropolitan Environment, 1920-1945," *East Asian Science, Technology, and Society: an International Journal* (2007) 1: 167-181.

creating a Japanese version of imperial medicine -- that is, scientific medicine with East Asian sensibility. In the end, though, they were not successful.