Prof. Dr. Wolfgang Michel-Zaitsu

Kyushu University, Institute of Languages and Cultures

Inner Landscapes – Japan's Reception of Western Conceptions of the Body

A look back shows that it took Japanese doctors several centuries to familiarize with European medicine. For instance, even though the Jesuits founded a hospital in Funai soon after their landing in 1549, it took about two centuries before a human cadaver was opened in Japan to peer inside and to increase knowledge of the inner structure of the human body. Starting from the Eastern conceptions of the body prior to the arrival of the first Europeans, the long way is depicted which eventually led to a new view on the body in the 19th century.

In Sino-Japanese medicine, diagnosis and therapy were aimed at the patient as a whole, and consequently little attention was paid to the role of specific body parts. Furthermore, this conception attached great importance to cosmic harmony and freedom from bodily harm, so little room was left for invasive surgical measures including dissection. The first century of Euro-Japanese (Ibero-Japanese) interactions showed some promising attempts to combine Eastern conceptions with Western-style surgery, but hegemonial fights among Japanese warlords brought the hospitals and other institutions of the missionaries to an early end. With the increasing suppression of Christianity since the 1680s the reception of European medicine almost came to a halt. Despite of unrestricted trade and of comparatively low language barriers not a single Japanese reference to any Western work on medicine is known until the final expulsion of the Iberians' in 1638. Handwritings of the so-called "southern-barbarian-style-surgery" schools show Iberian elements mixed with Chinese, Japanese and Dutch elements. This casts strong doubt on the possibility that the Japanese ever came to practice something like "Iberian-style-surgery" in the sense of a paradigm that could be passed on or handed down to succeeding generations.

After 1641 the Dutch trading post Dejima (Deshima) in Nagasaki became the only Western door to Japan. Now various restrictions imposed on Westerners as well as the language barrier created new obstacles to the flow of information. Euro-Japanese communication remained insufficient and unstable throughout the century, whereas educated Japanese could read the literature from China. A remarkable influx of Chinese science and technology during the 16th century had led to the adoption of a number of innovations and opened up the Japanese mind towards China. It was in the 17th century, moreover, that Chinese

Confucianism was embraced as a comprehensive system. This served to enhance the prestige of Chinese medicine. Although European barber-surgeons and even some university-trained physicians, who all paid great attention to human anatomy, again and again gave instructions in Nagasaki and Edo (Tokyo), the Japanese perception of Western surgery was restricted to a few subjects regarded as useful: plasters, ointments, the treatment of wounds, fractures and the like. Phlebotomy, cauterization, cystolithotomy of bladder stones, bone trepanning, amputations and other similar types of treatment were rejected. Due to the lack of sufficient information and to the overwhelming power of traditional approaches even self-proclaimed Western-style doctors sticked to Sino-Japanese pathology.

The reception of Western medicine remained highly selective and additive in nature. Surgery happened only on the surface of the body. Nevertheless, it was always the Japanese side that kept up these scientific contacts, persistently requesting information, instructions, books and instruments from the rather passive Dutch East Indian Company (VOC). The signs of change appeared slowly and in many areas. At one hand there was a growing dissatisfaction among intellectuals with the rigid and often unpractical doctrines of Zhuxi's Confucianism, which formed an ideological pillar of the Tokugawa regime. On the other hand, the use of imported European mirrors, lenses, spectacles, microscopes, telescopes and zograscopes had a substantial impact on the way things were seen. This was increasingly reflected both in language and in art and had its influence on scholars too.

Paradoxically the new approach to the human body in the following 18th century was initiated by a physician who aimed at restoring the ancient authorities rather than revolutionizing contemporary medicine: Yamawaki Toyo. His dissection of a human cadaver in 1754 stimulated further dissections performed by Kawaguchi in the 1770s, an outstanding man solely relying on his own observations. Finally, with the translation of Kulmus' "Anatomical Plates" into Japanese by Sugita and Maeno, the road was paved for a new conception of the body and of medicine. To question orthodox teachings by relying on observation and experiment rather than on the wisdom of ancient authorities could be considered a challenge to the Tokugawa system, but when none of the pioneers had met with a hostile reaction from the authorities, there was no more hesitation. Dissections ensued almost all over the country, accompanied by an intensive study of Western writings. This departure, combined with other disciplines, was at once an expression of and a stimulus to sociopolitical change, which is often referred to as Dutch learning (*rangaku*), and which was to lay the foundation for the rapid modernization of Japan beginning in the 19th century.