

CHAPTER FOUR: Empire and the Making of a National Disease¹

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“Beriberi research,” wrote an anonymous doctor in 1907, “must be the enterprise of the nation.” Beriberi prevention was a duty for all Japanese, “as imperial subjects,” and “as great citizens of the empire.”² This sentiment represented the new importance assigned to controlling beriberi after the Russo-Japanese War. As a nation of modern citizens under the Emperor and at the center of a wider empire, Japan had to mobilize all its strength to address beriberi—a disease increasingly highlighted as a *kokuminbyō* or an affliction of the people.

Scholars agree that the Russo-Japanese War and especially Japan’s victory over a western power consolidated a new sense of the nation based on Japan as an imperial power.³ Having secured an empire that stretched from Karafuto to the north, Taiwan to the south, and Korea and the Liaodong peninsula on the continent, Japan came to maturity as a modern nation. It was in this context that medical men began talking about beriberi as a national disease that required national attention. William Johnston, in *The Modern Epidemic: A History of Tuberculosis in Japan*, argues that it was only in the 1930s after public health officials could show that tuberculosis threatened Japan’s war-making ability, using data on incidence rates among army recruits and factory workers,

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² A Z, “Kakke kenkyūkai no setsuyō,” *Ikai jihō* 690 (1907): 4 (974).

³ For example, see Peter Duus, *Modern Japan Second Edition* (Boston: Houghton Mifflin Co., 1998), 147-49, James H. Huffman, *Creating a Public: People and Press in Meiji Japan*, (Honolulu: University of Hawaii Press, 1997), 305-09.

that the state proactively addressed prevention throughout society. That is, disease prevention became a necessary support for imperial expansion.⁴

Social medicine historian Tatsukawa Shōji writes that, “In the Meiji period, beriberi was so prevalent that it should be paired with tuberculosis as one of the two great *kokuminbyō*.”⁵ TB is, as many scholars have noted, a quintessential disease of modernity.⁶ Urbanization, factory work, modern military service, and the development of a class of working poor all facilitated the spread of this disease in urban and back to rural environments. In the case of Japan, TB became a national issue not at the time when nation and empire were being built, but when an established imperial power used aggressive disease prevention to harness more national resources. Both tuberculosis and beriberi were *kokuminbyō*, but the story of beriberi as a national concern is a bit different. Medical men had a new sense of the nation in the post-Russo-Japanese War era, they could both know and imagine it numerically. In 1906, the Statistics Bureau published the first national survey of beriberi. Through an analysis of work-days lost to beriberi, the Statistics Bureau made clear the harm caused by this disease. The war with Russia also highlighted the military’s susceptibility to beriberi. Because of the scale that beriberi afflicted the nation, doctors called beriberi both a social problem (*shakai mondai*) and a national disease (*kokuminbyō*) within the medical press. Lobbyists concerned with public

⁴ William Johnston, *The Modern Epidemic: A History of Tuberculosis in Japan* (Cambridge, MA: Harvard University Press, 1995).

⁵ Tatsukawa Shōji, *Edo Yamaisōshi* (Tokyo: Chikuma shobō, 1998), 271. Tuberculosis was the reigning king of *kokuminbyō*, with *kakke* was a close second. For example, a 1902 article argued that “*Haikekkaku* [tuberculosis] has been called *kokuminbyō*, disease of the people, [but it really should be changed to *hinminbyō*], disease of the poor people.” “*Hinminbyō no shōketsu!!!*” *Yomiuri shinbun* (6/2/1902): 3. Also, the medical journal *Eiseizasshi* called tuberculosis the “biggest affliction of the people, (*saidai kokuminbyō*).” “*Saidai kokuminbyō/Eisei zasshisha*,” *Yomiuri shinbun* (6/24/1923): 1.

⁶ For example, see William Coleman, *Death is a Social Disease: Public Health and Political Economy in Early Industrial France* (Madison: University of Wisconsin Press, 1982), David S. Barnes, *The Making of a Social Disease: Tuberculosis in Nineteenth-Century France* (Berkeley: University of California Press, 1995).

health issues campaigned for the establishment of a state-sponsored research council in the National Assembly; and in 1908, the government established the Beriberi Research Council, a committee that included several world-renowned doctors, organized around the eradication of the national disease.

There is no doubt that TB was a disease of modernity; I argue that beriberi was a disease of empire. The war with Russia, fought over Japan's interests on the Korean peninsula, created a mountain of data concerning beriberi etiology, at the same time, empire could not have been won or been maintained without beriberi prevention. By aligning strategies for disease prevention with the aims of national defense, medical discourse constructed a national disease.

The current field of science, technology and medicine studies (STMs) has done away with the older historiographical boundaries of the natural and the social worlds. Instead, STMs approaches the both science and politics as intertwined and impossible to divide into separate groups.⁷ A new approach is to examine scientific and political developments as objects of co-production. The “idiom” of co-production is useful here because it seeks to analyze the “natural and social orders as being produced together.”⁸⁹ It asks how knowledge production supports the construction of new state and institutional forms, as well as how states and institutions use and support the production of scientific knowledge. Drawing upon these assumptions, I examine the emergence of medical

⁷ Sheila Jasanoff, “Ordering Knowledge, Ordering Society,” *States of Knowledge: The Co-production of Science and Social Order*, ed. Sheila Jasanoff (London: Routledge, 2004), 21 (13-45).

⁸ Sheila Jasanoff, “The Idiom of Co-production,” *States of Knowledge: The Co-production of Science and Social Order*, ed. Sheila Jasanoff (London: Routledge, 2004), 2 (1-12).

⁹ Sheila Jasanoff, “The Idiom of Co-production,” *States of Knowledge: The Co-production of Science and Social Order*, ed. Sheila Jasanoff (London: Routledge, 2004), 3 (13-45) writes that the co-production argument is that scientific knowledge “embeds and is embedded in social practices, identities, norms, conventions, discourses, instruments, and institutions – in short all the building blocks of what we term the *social*.”

discourse identifying beriberi as a *kokuminbyō* and the development of institutional practices—the establishment of a state-sponsored research council—as a case of co-production. The nexus of this case of co-production was empire: Only in the context of imperial expansion can we understand how beriberi became an object that evoked similar scientific and national interests.¹⁰

¹⁰ Here, I am drawing upon Philip D. Curtin’s approach to studying medicine and empire. In his book on military medicine, Curtin examines, “the relation between disease and imperialism in the European conquest of Africa [and] the disease cost of that conquest, and the way policy-makers reacted to it.” P.D. Curtin, *Disease and Empire: The Health of European Troops in the Conquest of Africa* (Cambridge: Cambridge University Press, 1998), xi-xii.