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SHO KONISHI

FOUNDED IN 1887, THE JAPANESE RED CROSS SOCIETY (JRCS) was already the largest and among the most active and emulated national Red Cross societies in the world by the early twentieth century. The level of popular participation in the organization was unusually high by global standards. The French branch of the movement was the first national Red Cross Society in the world, and historians consider it to have been very successful in attracting volunteers for the patriotic defense of the nation.¹ However, whereas the French society had 55,000 members in 1907, membership in the JRCS had already reached 900,000 four years earlier, in 1903. The success of the Japanese Red Cross led King Edward VII to personally send his head surgeon to Japan in the early twentieth century to study the organization so that the British society could be modeled after it.² The American Red Cross, headed by Henry Davison, a partner in J. P. Morgan and Company, was regarded as a perfect example of the successes of American mass philanthropy, driven as a capitalist venture in social betterment by wealthy U.S. industrialists, and supported by the mass donations of millions of Americans of modest means. Yet in 1916, the American Red Cross was dismayed to learn that membership in Japan's Red Cross was 1.8 million, while its own organization had only 31,000 members. While the European societies saw

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¹ Rachel Chastil, "The French Red Cross, War Readiness, and Civil Society, 1866–1914," *French Historical Studies* 31, no. 3 (Summer 2008): 445–476, here 446.

² Beryl Olivier, *The British Red Cross in Action* (London, 1966), 184. John Hutchinson demonstrates the influence the JRCS had in the international movement's later metamorphosis into a highly organized, non-voluntary, state-run medical care apparatus to serve the war aims of the nation-state. However, just how the society's hundreds of thousands of members, supporters, and medical practitioners understood and participated in it remains unclear. The findings of this essay suggest the need to go further in our attempts to understand the "success" of the JRCS in the twentieth century. John F. Hutchinson, *Champions of Charity: War and the Rise of the Red Cross* (Boulder, Colo., 1996), 202–224.

severe declines in membership outside wartime, the JRCS maintained its membership even in times of peace.³

Histories of the rise of humanitarianism often begin with the founding of the International Committee of the Red Cross (ICRC) in 1863. Given the size and influence of the Japanese branch of the Red Cross movement, the global history of humanitarianism cannot be written without incorporating the JRCS.⁴ Yet how are we to make sense of the JRCS when mid-nineteenth-century Japan lacked practically all those elements regarded as essential to the rise of leading Red Cross societies in the West: a Christian missionary base, tens of thousands of wealthy industrialists, and, according to some historians, a spirit of volunteerism?⁵ To answer this question, we must look beyond discussions that attribute the emergence of global humanitarianism and the idea of humanity to the development of evangelical Christianity, Enlightenment values, imperialism, and capitalism. Such distinctions limit from the outset the possibility to see humanitarianism as a truly global phenomenon with multiple intellectual sources and expressions.

In the late Tokugawa period (1603–1868), a number of the leading figures in the wartime societies for medical aid were educated at or had close ties with private Dutch medical academies, most notably the influential Juntendō School of Medical Studies in Sakura. It was this group of physicians who, with their ethic and practice of “saving the people” through medical care, served as a bridge between the humanitarianism of late Tokugawa medical practitioners and the modern JRCS. In fact, the JRCS headquarters and Red Cross Hospital were later built on the estate of Juntendō patron and Sakura lord Hotta Masayoshi. The founding site of the JRCS was a physical tie to the society’s Tokugawa inheritance that has been long forgotten.

The epistemological premise of these physicians was that because nature was the first and only reliable source of knowledge, it must serve as the intellectual ground for moral practice in human affairs. Their belief that each individual human life was a gift from nature resulted in a conception of medical practice as a compassionate art of healing (*jinjutsu*), inspiring an understanding of the universality of compassion and unprejudiced medical care for humanity absent artificial boundaries. This humanitarian ethic and practice based on the nature principle, which was widely shared among late Tokugawa physicians, was an important foundation for the establishment

³ Olive Checkland, *Humanitarianism and the Emperor's Japan, 1877–1977* (Houndmills, 1994), xiii. During World War I, American Red Cross leader Mabel Boardman lamented that the JRCS was significantly better organized and funded than the American organization. Olivier Zunz, *Philanthropy in America: A History* (Princeton, N.J., 2011), 8, 48, 57–58, 243. The early American Red Cross (ARC) departed from the aims of the International Committee of the Red Cross (ICRC) by concentrating on providing disaster relief. However, medical care was not a priority of the early ARC in the way it was in the JRCS. Indeed, ARC founder Clara Barton was reluctant to use nurses in ARC operations. Marian Moser Jones, *The American Red Cross from Clara Barton to the New Deal* (Baltimore, Md., 2012), 46. On the role played by the ARC in American foreign policy, see Julia F. Irwin, *Making the World Safe: The American Red Cross and a Nation's Humanitarian Awakening* (New York, 2013).

⁴ It is not just the extraordinarily high membership numbers and popular support that have long made the Japanese branch a leading constituent of the International Red Cross Society, but its principled adherence to humanitarian policies, the quality of its work, particularly by women, and its reliance on the latest advances in medical knowledge to treat its patients. To date, the JRCS has the highest number of recipients of the Florence Nightingale Medal, awarded by the ICRC to outstanding nurses worldwide.

⁵ For example, Checkland, *Humanitarianism and the Emperor's Japan*, xii–11, 180.

of the Red Cross in Japan. It was a nonreligious current distinct from the religiously inspired humanitarianism and philanthropy characteristic of this period.⁶

Physicians' reliance on nature as the first principle of knowledge and action as the basis for their idea of humanitarianism was also very different from our existing understanding of the rise of global humanity as a departure from nature. According to global historian Bruce Mazlish, human civilizational evolution toward a more "humane" existence necessitated the development of the modern institutions, laws, states, and communications and technology that have been integral to attaining an understanding of a shared humanity. Mazlish writes that in order for a global humanity to take root, our "base and basic instincts must be hedged around by barriers and restraints. These must be of both a legal and a cultural/social nature."⁷ Political scientist Michael Barnett similarly points out that modernity, Enlightenment, and the belief in the possibility that progress could be engineered gave rise to humanitarianism in ways that distinguished it from charity, compassion, and philanthropy.⁸ Certainly the Red Cross has long represented the development of rationality and civilization in its pursuit of international law and reasoned negotiation between national leaders and a handful of committed Swiss to mitigate the horrors of war. However, such constructs of historical progress have their limitations as "global history."

The fact that the JRCS was founded synchronously with other leading national societies of the Red Cross in the West would seem to make it an exemplar of the global rise of the international society, or "world culture."⁹ Historian Akira Iriye has made an important intervention in the field of international history by treating international nongovernmental organizations (INGOs) such as the Red Cross as a critical lens for understanding the development of international affairs. He recognizes that INGOs have been instrumental in forming an alternative peaceful world order that has coexisted in both imagination and practice, distinct from the conflictive and anarchic order of the international system of nation-states. While the anarchic order of states has traditionally been the focus of international historians, INGOs have been characterized as expressing a shared world opinion and common human values.¹⁰

It has been assumed that the conceptualization of this alternative world order and the corresponding emergence of a global community of INGOs originated in Western intellectual traditions. Martha Finnemore claims, for example, that the nation-states that became parties to the Geneva Convention acceded to its terms in accordance with a "world culture" founded on Christian values and a principled belief in the superiority of Western civilizational order. Finnemore suggests that nation-states made the uncharacteristic decision to comply with the terms of the Geneva Convention, which limited their own sovereignty in times of war, in order to align

⁶ For an account of the Muslim tradition of charity, see Jonathan Benthall and Jérôme Bellion-Jourdan, *The Charitable Crescent: Politics of Aid in the Muslim World* (London, 2003).

⁷ Bruce Mazlish, *The Idea of Humanity in a Global Era* (New York, 2008), 23–24.

⁸ Michael Barnett, *Empire of Humanity: A History of Humanitarianism* (Ithaca, N.Y., 2011), 20.

⁹ The JRCS was founded in 1886, five years after the American Red Cross, for example.

¹⁰ Akira Iriye, *Global Community: The Role of International Organizations in the Making of the Contemporary World* (Berkeley, Calif., 2002).

with Christian religious and moral beliefs shared among self-perceived civilized nations.¹¹

In turn, the rise of INGOs such as the International Red Cross Society has been understood as an expression of the maturing of international relations since the nineteenth century. In this understanding, supersession of the nation-state by the “global” and of nationalism by internationalism is naturalized within a macrohistorical view of progress in the Western liberal tradition. The interlocking concepts of a global metanarrative of the progression of modernity have easily fused with the dominant narrative of postwar Japanese history, according to which the rise of INGOs and other civic associations and organizations in Japan has been viewed as a post-World War II, post-U.S. Occupation phenomenon.¹² Olive Checkland, author of the only English-language monograph on the history of the JRCS, explores why the society initially welcomed the “new humanitarianism” imported from the West, given Japan’s later abuse of Allied POWs during World War II. She concludes that this embrace was a superficial adoption of Western values by a super-patriotic organization in Japan that had been established from above by nationalist policy-makers to garner international recognition.¹³ She contends that the Western spirit of volunteerism was introduced into Japanese society for the first time only with the reorganization of the JRCS by the American Red Cross Society following the war.¹⁴ Historian of the Red Cross Caroline Moorehead has similarly suggested that the volunteer and humanitarian spirit of the international Red Cross was unnatural to Japanese society in the first sixty to seventy years of its existence.¹⁵ Moorehead and Checkland’s shared interpretive prism mirrors a larger historical narrative of Western modernity that, from its very design, leads to the interpretation of local difference as an immature understanding and mistranslation of the global.

If we examine the early JRCS, however, we find considerable support for and participation in the organization’s activities before it was even officially established, almost a century before the Allied occupation of Japan (1945–1952). Thousands were already members of its forerunner, the Hakuaisha.¹⁶ Indeed, a humanitarian and philanthropic ethic without regard for political or social belonging and status—foundational for the JRCS—was practiced in the late Tokugawa period, well before the Meiji Revolution (“Restoration”) of the mid-nineteenth century and the establishment of the modern nation-state. Moreover, this ethic was firmly grounded in late Tokugawa intellectual life.

In fact, the first appearance of the Red Cross emblem in Japan suggests that well before Japan’s adoption of the international meanings of the Red Cross, before its

¹¹ Martha Finnemore, “Rules of War and Wars of Rules: The International Red Cross and the Restraint of State Violence,” in John Boli and George M. Thomas, eds., *Constructing World Culture: International Nongovernmental Organizations since 1875* (Palo Alto, Calif., 1999), 149–165, here 163–164.

¹² See, for example, the important contribution made by Wesley Sasaki-Uemura, *Organizing the Spontaneous: Citizen Protest in Postwar Japan* (Honolulu, 2001). Keiko Hirata examines the rise of NGOs and civil society in Japan as a phenomenon of the 1990s in *Civil Society in Japan: The Growing Role of NGOs in Tokyo’s Aid and Development Policy* (New York, 2002).

¹³ Checkland, *Humanitarianism and the Emperor’s Japan*, 173–174.

¹⁴ *Ibid.*, xii–11, 180.

¹⁵ See Caroline Moorehead, *Dunant’s Dream: War, Switzerland and the History of the Red Cross* (London, 1998), 150–151, 153.

¹⁶ Kawamata Keiichi, *The History of the Red Cross Society of Japan* (Tokyo, 1919), 358.

ratification of the Geneva Convention, and in contradiction to international agreements about how the emblem was to be used, the symbol of the “Red Cross” had already taken on its own local meaning. Local residents seeking a community hospital offering the latest medical care founded a new people’s hospital, the Kyoto Hospital, in 1872.¹⁷ Donations from private citizens, temples, and shops in Kyoto’s entertainment district funded the project.¹⁸ In 1873, the hospital newspaper, *Kyōto Byōin shimbun*, defended the hospital’s use of the Red Cross emblem, pointing out that the Red Cross had nothing to do with Christianity, but rather was internationally recognized as a symbol of neutral and equal treatment of all patients.¹⁹ The use of the Red Cross emblem by this grassroots initiative that prioritized the health and well-being of ordinary people was an expression of a discourse of medical care in this period that contradicted the Geneva Convention. According to the Convention, the Red Cross emblem was to be used by the signatories for the medical facilities and the physicians and nurses providing treatment to wounded members of the military in times of war. The emblem indicated the neutrality of their wartime medical activities and protected them from attack. The “Red Cross” was first used in Japan, however, to symbolize the humanitarian ethic of medical care and philanthropy for ordinary people without association with the nation-state, war, or religion.

This moment of misuse or “mistranslation” serves here not as a demonstration of the immaturity of understandings of the Red Cross in Japan, but as a key starting point for interpreting the broader prehistory of the JRCS from its origins in late Tokugawa medical discourse and practice. The divergence of the hospital’s use of the emblem from the mission of the ICRC suggests the precariousness of relying on metanarratives of the globalization of Western modernity to make sense of “local” historical developments, even when speaking of the emblematic organization of globalized humanity.

Organizational history has a limited ability to adequately explain the rise and nature of international nongovernmental organizations outside Europe in the late nineteenth and the first half of the twentieth century. By virtue of its assumed status as an INGO indebted for its origins to the West, the JRCS itself has contributed to the composition of a West-centered narrative of the global history of humanitarianism. Only by looking at intellectual life in Japan, beyond the institutional confines of the JRCS, can we unearth the local meanings that were attached to this international nongovernmental organization.²⁰

Indeed, the intellectual origins of the JRCS were erased by its own organizational history. The publications it produced, the main source of historical knowledge about the society available to historians, have themselves consistently attributed its be-

¹⁷ Miyatake Gaikotsu, *Fu han ken seishi* (Tokyo, 1941), 168.

¹⁸ Kyoto furitsu ikadaigaku, *Kyoto furitsu ikadaigaku ichiran* (Kyoto, 1939), 3–4.

¹⁹ *Kyōto Byōin shimbun* 1 (July 1873): 8; Miyatake Gaikotsu, *Fu han ken seishi*, 168.

²⁰ The very archives of the JRCS have been constituted by its interpretation and representation of itself as part of larger global processes from the West. The organization’s self-portrait of its own origins has limited and shaped JRCS archival collections as documentation of its organizational history. As a methodological strategy to gain an understanding of hidden thoughts that were essential to the founding of the JRCS, this article relies on materials beyond those published by the JRCS and the documents maintained in its central archives. It examines instead the archive of Juntendō and the private diaries, letters, and records of the school’s physicians and their medical associates who were behind the formation and early activities of what may be described as the humanitarian societies that became the JRCS.

ginnings to the Swiss founder of the ICRC, Henri Dunant, and to the imperial family of Japan. The organization's publications as a rule open with photos of the imperial family. Historians of the JRCS have similarly attributed the society's founding and popularity to its association with the imperial family.²¹ The support the empress and emperor provided was certainly considerable, but they had little to do with the society's origins. By adopting the JRCS as its own, the imperial house assumed its place as the figurehead and patron of preexisting humanitarian practices and values. While the imperial family helped to promote the Red Cross, the family in turn gained moral standing and popularity by absorbing, identifying itself with, and assuming the civilized and cosmopolitan face of a preexisting humanitarian ethic.

FOUNDED IN 1843, JUNTENDŌ WAS the first and the leading medical school in Japan dedicated to the teaching and practice of Western medicine and surgery. It was located in the castle town of Sakura, eight hundred miles from Dejima, a tiny manmade island off Nagasaki that was Japan's only trading port open to the Dutch.²² Isolated from direct contact with the Dutch like the rest of the country, Juntendō physicians practiced Western and Chinese medicine outside the realm of imperial encounters. In the absence of the colonizer, an absence enforced by the Tokugawa regime's diplomatic strategy, physicians promoted advanced methods of medical care and developed humanitarian projects to respond to epidemics, natural disasters, civil war, revolution, and famine. They couched their approach to medical practice in the moral vocabulary of *saimin* ("saving the people") and *jinjutsu* ("the art of practicing compassion"), propagating an ethic of committing oneself totally to the former and alleviating suffering through the latter. The motto of Juntendō's founder, Satō Tai-zen, "To heal the individual is to heal the world," equated the notion of healing the individual with saving society in a time of sociopolitical crisis.²³ Physicians in this period were referred to as practitioners of *jinjutsu*.²⁴ According to this ethic, each person's life spirit, the human body as its container, and his or her special calling were bestowed upon the individual by "nature." To master this art of practicing compassion was thus an expression of and repayment for that gift. It was therefore everyone's duty to nourish and value these endowments in tune with natural principles, *juntēn*. In turn, an infinite and absolute "nature" constituted the only reliable source of knowledge. Close observations of nature thereby served as the starting point and objective guideline for knowing how best to practice compassion.²⁵ To acquire knowledge of the body and the method of healing was to "follow the Way

²¹ See, for example, Kawamata, *The History of the Red Cross Society of Japan*, 354–364; Checkland, *Humanitarianism and the Emperor's Japan*, xiii.

²² The Bakufu strictly limited European trade and interaction to Dejima. As the only Westerners allowed to enter Japanese waters, Dutch traders were severely restricted in their activities by the Tokugawa regime and were not allowed to leave the island, with only a few exceptions.

²³ See Juntendō, *Juntendōshi*, 2 vols. (Tokyo, 1980), 1: 34.

²⁴ See, for example, Tetsuo Najita, "Ambiguous Encounters: Ogata Kōan and International Studies in Late Tokugawa Osaka," in James L. McClain and Osamu Wakita, eds., *Osaka: The Merchants' Capital of Early Modern Japan* (Ithaca, N.Y., 1999), 213–242; and Tetsuo Najita, *Two Lectures by Tetsuo Najita: The Maruyama Lecture and Seminar, 2000* (Berkeley, Calif., 2000), 38–41.

²⁵ On the place of "nature" in Tokugawa moral thought, see Tetsuo Najita, *Ordinary Economies: A Historical Perspective, 1750–1950* (Berkeley, Calif., 2009), 3, 110–115.

of Nature,” *juntten*. To understand the functioning of the human body was to understand natural “science,” or *shizen no kotowari* (“the logic of nature”). Juntendō would epitomize this conceptual world.²⁶ The school was open to all medical learning based on an accurate knowledge of nature, whether it came from the Netherlands, Germany, China, or within Japan.

For the physician and eminent translator of Dutch medical texts Yoshio Kōgyū as well, precise knowledge of human anatomy as a manifestation of the principles of nature was necessary for the health of the people. Sound medical care made it easier for a person to realize his or her full potential for the greater good, and thus to practice his or her own talents as gifted and mandated by nature.²⁷ Physicians could “save the people” by promoting health and well-being for all, thereby maximizing each individual’s unique capabilities. This was to be achieved by seeking the most accurate knowledge of the human body without regard for its linguistic or geographical origin.

Yoshio taught the Dutch language to Sugita Genpaku, a physician and the author of the enormously influential account of anatomical discovery based on Western medical texts, *Kaitai shinsho* (*New Thesis on Human Anatomy*), published in 1774. In the foreword Yoshio wrote:

From now on, after *Kaitai shinsho*, doctors of the world who have the desire will practice healing and save others based on the proper knowledge of human growth and the positions of many bones. From the kings above to the general public below, those who are given the energy of life by the gods will no longer be prevented from fulfilling their life’s calling as mandated by the heavens.²⁸

Tokugawa physicians’ belief in a calling or talent bestowed upon each individual supported their conviction that all human beings were equal on the most basic level, even as they valued individual difference. Echoing Yoshio, Sugita expressed the radical notion of social equality rooted in nature in his *Keiei yawa*:

Other than the differences between males and females, there are no distinctive differences between human beings, from the emperor to all commoners. Where there are no differences, then, humans themselves have artificially created above and below, and the names of the four social statuses. Yet there is no difference between us, because we are all human.²⁹

Sugita subversively infers here that mere humans artificially created the classed social order upheld by the Tokugawa regime. Later generations of students of Dutch medicine would echo this same destabilizing notion of a universally shared natural human condition, obscured by artificial constructs of status officially sanctioned by the regime’s military government, the Bakufu.³⁰

The physicians’ confidence in human equality was embodied in the commonality of the human physical condition and grounded in the late Tokugawa belief that nature was the foundation of all inquiries into the truth. Knowledge of the intricate

²⁶ Juntendō continues to be a leading school of medicine in Japan.

²⁷ Yoshio Kōgyū, “Preface,” in Sugita Genpaku, *Kaitai shinsho* (Tokyo, 2005), 17–22, here 21. On Yoshio, see, for example, Katsumori Noriko, “Yoshio Kōgyū,” in Wolfgang Michel, Torii Yumiko, and Kawashima Mahito, eds., *Kyūshū no Rangaku: Ekkyōto kōryū* (Kyoto, 2009), 66–72.

²⁸ Yoshio Kōgyū, “Preface,” 21.

²⁹ Quoted in Katō Bunzō, *Gakumon no hana hiraite* (Tokyo, 2003), 88.

³⁰ See, for example, Shiba Kōkan, *Shunparō hikki* (Tokyo, 1998).

workings of human anatomy based on the study of Dutch texts substantiated this understanding of the body as a product of the logic of nature. The local town doctor Andō Shōeki was not unique in this particular sense. His energetic defense of human equality was rooted in his certitude about the epistemological reliability of nature. For Shōeki, nature was eternally infinite energy, with no beginning or end. Human beings constituted a mere part and expression of that absolute and infinite energy. “In Nature,” Shōeki wrote, “there is no distinction between high and low, rich and poor, first and last.”³¹ The title of his work *Shizen shineidō*, or “How the Truth of Nature Unfolds,” accorded with the understanding that observations of nature offered knowledge of truth. Shōeki believed that medical healing should be a highly moral practice based on the close study and accurate understanding of the inter-workings of nature. Physicians, he wrote, “should rather turn their minds and energy towards understanding the vitally significant meaning of the true Way of the workings of Nature before they practice medicine.”³² Shōeki practiced and wrote from Hachinohe, on the northern end of the archipelago. That he wrote his works in the years before Dutch medical knowledge had been disseminated in Japan emphasizes the non-European origins of moral purpose shared among Tokugawa physicians.

Physicians’ ideas grew in a wider context of popular belief in the responsibility to care for one’s body following the logic of nature. Eighteenth-century Japan saw a surge in popular interest in everyday practices to nourish health—a veritable “*yōjō* boom.” The term *yōjō*, meaning “the nourishment of life energy,” was widely used to identify this trend toward self-care. Well over 100 books on *yōjō*, commonly called *yōjō-bon* or “the life-nourishing genre,” sold and circulated widely among ordinary people in Japan. This phenomenon of popular consumption led Japanese historian Tatsukawa Shōji to call this “the nourishing-life culture of Tokugawa Japan” (“Edo *yōjō* bunka”).³³

IN THE EARLY 1800s, IN A TIME OF widespread epidemics, famine, and political and social crisis, the phrases “nourishing the life energy” and “saving the people” began to take on a critical urgency in a situation of heightened need for medical expertise. Cholera, a new and frightening disease, hit Japan in waves.³⁴ The disease joined the more familiar epidemics of measles and smallpox, which had spread in waves in Japan for centuries.³⁵ It is widely accepted that the epidemics caused fear among residents and resentment against “Westerners.” Local residents believed that the outbreaks were connected to the sudden influx of Western ships entering Japan via Nagasaki during this period. Known as the disease of the foreign “barbarians,” chol-

³¹ Quoted in E. Herbert Norman, *Andō Shōeki and the Anatomy of Japanese Feudalism* (Tokyo, 1949), viii.

³² Quoted in *ibid.*, 23.

³³ Tatsukawa Shōji, *Yōjō kun no sekai* (Tokyo, 2010), 15. Kaibara Ekken wrote the most influential and widely read health manual for the general population, *Yōjō kun* (*Principles for Nourishing Life*), in 1713.

³⁴ For example, 360,000 people died from cholera in the Edo (Tokyo) area in 1856 alone. Cholera was a waterborne disease that grotesquely disfigured the victim’s body. It seemed to spread unpredictably with tremendous speed.

³⁵ Ann Bowman Jannetta, *Epidemics and Mortality in Early Modern Japan* (Princeton, N.J., 1987), 48–49, 68–71.

era was used as a metaphor for the foreign incursion.³⁶ Yet the epidemics also elicited a humanitarian response among medical practitioners in unstable sociopolitical times. Faced with diseases that rapidly devastated the body without regard for class, gender, occupation, or geographical origins, physicians sought out the most advanced methods of medical care available to them. The epidemics intensified the shared ethic of healing among physicians, giving rise to a humanitarian response that relied heavily on existing ideas and practices. People of all statuses, ranging from physicians to elite officials to sons of poor peasants, increasingly sought to expand their understanding of the body and disease through Dutch medical knowledge, while incorporating their existing practice and knowledge of Chinese medicine.

Practicing in a space outside the fold of the colonizer, late Tokugawa physicians administered surgical and pharmaceutical care and conducted experiments that were free from Eurocentric discourses of civilizational hierarchy.³⁷ Japanese translations of Dutch texts reveal that physicians, who were the primary students of Dutch knowledge in Japan, were interested in solutions to everyday medical problems rather than concerns of “civilizational advancement.”³⁸ In the absence of colonizing powers and interests, physicians performed humanitarian medical acts on the grassroots level in response to epidemics, famine, natural disasters, and political instability. The simple, unassuming wooden buildings with rice paper doors of Juntendō and the neighboring inn that opened its tatami rooms to patients housed practices and thoughts that were aimed at local needs. Juntendō physicians’ understanding of the hospital as a space for healing and learning new medical techniques evolved to inspire the creation of the JRCS as a society of general medical care for civilians as well as soldiers.

Juntendō’s students specialized in both Western surgical methods and treatment of external physical problems and Chinese medicine and classical studies. Knowledge of Chinese medicine was considered essential for the treatment of internal health issues. Western medical practices were often ineffective and harmful in their treatment of cholera and many other diseases. Accepted treatments for cholera in Victorian England, for example, ranged from doses of mercury and opium to blood-letting and induced vomiting.³⁹ Yet in their search for knowledge in times of urgent need, Juntendō physicians nonetheless selectively promoted the accuracy of Western understandings of human anatomy and the universal applicability of that knowledge.

³⁶ Ibid., 167–171.

³⁷ In a different manner, colonial encounters provided a fascinating historical occasion for the development of global humanitarianism. For essays on the hospital in colonial contexts for comparative purposes, see Mark Harrison, Margaret Jones, and Helen Sweet, eds., *From Western Medicine to Global Medicine: The Hospital beyond the West* (Andhra Pradesh, 2009). Colonial hospitals often represented colonial rule as benevolent and symbolized the beacons of European humanity and enlightenment so that the local population would be, in the words of a French doctor, “controlled not only by military force” but also “tied to the benefits of civilization.” Anne Marcovich, “French Colonial Medicine and Colonial Rule: Algeria and Indochina,” in Roy MacLeod and Milton Lewis, eds., *Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion* (London, 1988), 103–117, here 105.

³⁸ On the practical nature of the physicians’ translations, see Ann Jannetta, *The Vaccinators: Smallpox, Medical Knowledge, and the “Opening” of Japan* (Stanford, Calif., 1997), 124.

³⁹ For an account of the evolution of medical treatments of cholera in Victorian England, see, for example, Sandra Hempel, *The Medical Detective: John Snow and the Mystery of Cholera* (London, 2006). Only surgery, limited in usefulness before the advent of anesthesia, and Jennerian vaccination for smallpox, widely introduced in the early 1850s, were effective medical treatments introduced from the West in this period.

The academy epitomized the ethic and practices shared by late Tokugawa physicians. Behind what has been described as the “practical pursuits” of Japanese practitioners of Dutch medicine was a firm conviction regarding the principles of nature and the resulting idea and practice of *jinjutsu*.⁴⁰ We can examine the humanitarian commitment to *juntēn* through the example of Seki Kansai, who attended Juntendō in the early 1850s and became a prominent figure in the school. Seki would later lead in the establishment of a network of neutral field hospitals and physicians during the Meiji Revolution that was a precursor to the JRCS. He left behind a number of diaries from which we can draw on his experiences as a Juntendō student and physician in the early 1800s. By tracing the thought put into practice by Seki and other physicians of Dutch medical practice at a time of sociopolitical crisis and epidemics, we can identify the concrete foundations of the Red Cross Society in Japan.

Juntendō's name reflected the cosmological view of the natural world shared by the students of Dutch medicine. “Juntendō” means “The School That Examines How to Follow the Way of Nature/Heaven.”⁴¹ The name suggests the epistemological premise of divine nature as the first principle for medical practice as *jinjutsu*. Healing as an expression of benevolence and compassion was to be practiced according to the Way of Nature. The school's particular focus on practical medical training reflected its emphasis on doing as an expression of the virtue gifted to everyone by nature.

Juntendō was a leader in advanced medical learning, practical training in surgical techniques, and medical experimentation. Surrounded by forest and rice fields in the Sakura domain, the school was peripheral to the thriving urban centers of commerce, culture, and the arts. But the students made their presence felt on a national scale through their moral commitment to saving the people by means of the compassionate practice of the art of medicine and their emphasis on the essential equality that human beings were endowed with by nature. The school kept only a rough record of its students, which makes tracing their individual histories a difficult task. We do know, however, that students came to the school from across Japan to commit themselves to the rigorous pursuit of medical experimentation, advancement of surgical methods, and hands-on medical training.⁴² Those from southern domains often bypassed nearby schools of Dutch medicine in Nagasaki and Osaka in order to study and practice medicine at Juntendō.⁴³ Students also transferred there from other

⁴⁰ The term “practical pursuits” is used by Ellen Gardner Nakamura, *Practical Pursuits: Takano Chōei, Takahashi Keisaku, and Western Medicine in Nineteenth-Century Japan* (Cambridge, Mass., 2006).

⁴¹ No one knows who was responsible for the name “Juntendō.” It is certain that it was based on Neo-Confucian thought and that all students of the school clearly understood the name to be a reflection of the school's principles. For speculation by the compilers of historical material on Juntendō about who may have been responsible for naming the school, see Juntendō, *Juntendōshi*, 1: 70–72.

⁴² Ibid., 1: 234–243; Ibaraki Prefectural Archive, Tsukara Koichi Family Archive, Diary of Tsukara Shuzo; Tosa Hirobumi, “Sakura Juntendō monjin to sono hirogari—monjinchō nimiru monjin to sono shiryō wo megutte,” *Kokuritsu rekishi minzoku hakubutsukan kenkyū hōkoku* 116 (2004): 255–274. Juntendō was situated within a broader network of schools of Dutch studies in Japan. On this network of schools, see Jannetta, *The Vaccinators*.

⁴³ Like Hashimoto Sanai, Okumura Yūsai from the town of Tango Tanabe transferred from Tekijuku to Juntendō, for example. Sakura Cultural Section, Sakura Town Archive, “Sakura Juntendō Monjin chōsa hyō,” no. 76; Juntendō, *Juntendōshi*, 1: 234–243. According to the student register from 1865, students from Matsumae-han (Hokkaido) to Saga-han (Kyushu) attended Juntendō.

schools of Dutch medicine.⁴⁴ Diaries written by Seki and other students reveal that Juntendō had an intense curriculum that required them to actively treat patients. Surgical procedures often took place in local inns nearby. Seki wrote in his diary about assisting with a Caesarean delivery and operations for breast cancer, hernias, and the urinary tract at the school. At a time when anesthesia was not yet available, surgery was an eye-opening experience made all the more vivid by patients' screams.⁴⁵

If existing historical understandings of the JRCS are that it was an organization led by the imperial family and founded to promote the status of the Japanese state in international affairs, its prehistory indicates that the humanitarianism of the society was fueled by a deeper critical energy founded on the principles of nature. Medical practice at Juntendō was coupled with a critical view of the ruling ideologies of the time. This critical intellectual environment and the accompanying tensions with the Tokugawa regime were constantly felt behind the physicians' practices of compassionate healing. In the context of the Bakufu's arrest and execution of Japanese students and translators of Dutch language and medicine and the suppression of Dutch studies in the 1830s, the physicians practiced their ethic at great personal risk. The Bakufu was watchful of Juntendō partly because of Taizen's close connections with Takano Chōei, an influential physician who fell victim to "the imprisonment of barbarian associates" (*bansha no goku*) when he was sentenced to life in prison in 1839 for his criticism of the shogunate's isolationist policy. Zealots seeking to protect the country from Western powers perceived the physicians' compassionate practices of healing based on the pursuit of universal knowledge as radical. Juntendō came under threat from armed idealists (*shishi*) from neighboring Mito whose motto was "Revere the emperor, repel the barbarian" (*sonnō jōi*). The militant samurai visited the school to demand that it stop disseminating "Western learning." It was in this environment that Hashimoto Sanai, an educator trained in medical studies and a well-known critic of the Tokugawa regime, transferred to Juntendō from the Tekijuku medical school in Osaka in 1854.⁴⁶ He would be executed five years later, at the age of 25, for his criticism of the Bakufu's handling of its relations with Western imperial powers. Hashimoto's younger brother, Hashimoto Tsunatsune, would take a similar but more cautious path. Tsunatsune became a leading medical figure in the early JRCS and the first director of the Red Cross Hospital in Tokyo. Satō's own belief that one had to be free from the influences of those in political power in order to "save the people" led him to refuse even the progressive Lord Hotta of Sakura when Hotta invited him to serve as Sakura's domainal phy-

⁴⁴ In contrast, students at another leading medical school in Japan, Tekijuku in Osaka, recalled that the most important activity at Tekijuku was reading and translating Dutch texts. Ishiguro Tadanori, *Kaikyū Kyūjūnen* (Tokyo, 1936), 103. Anatomical dissections at Tekijuku were more often performed as a means to observe what had already been studied in books; Fukuzawa Yukichi's diary of his time as a Dutch studies student at Tekijuku records bouts of drinking and socializing in Osaka followed by intervals of independent reading and translation. Fukuzawa, *Fukuou jiden* (Tokyo, 1978), 63–94. We can contrast this with Juntendō, where students dissected the corpses of those who had died of illness for experimentation, research, and surgical practice. Seki Kansai Archive, Tenji shūzo shiryō, no. 284, Seki Kansai, "Juntendō."

⁴⁵ Ibaraki Prefectural Archive, Tsukara Koichi Family Archive, Diary of Tsukara Shuzo; Tosa Hirobumi, "Shinshutsu shiryō: Juntendō juku seimei roku nit suite"; Seki, "Juntendō keiken."

⁴⁶ Hashimoto studied at Juntendō from 1854 to 1856. Juntendō, *Juntendōshi*, 1: 628.

sician. Although Juntendō owed much to Hotta's support and personal devotion to promoting advanced medical knowledge in Sakura, the academy remained private and maintained its autonomy from the Sakura clan throughout its existence.

Underscoring their commitment to equal treatment of their patients without regard for social status, the physicians themselves came to Juntendō from a variety of social backgrounds. Knowledge and learning at the school were thereby bordered neither by status nor by inheritance. Satō Taizen himself came from a peasant family in the far north of Japan. Juntendō's admission policies reflected its principles. Students from a range of social classes attended the school for free. The son of a peasant, Seki was typical of a good number of the students at the school.⁴⁷ Students paid for their studies through the medical services they provided for patients. Seki, who was nicknamed "Penniless Kansai" ("Kojiki Kansai"), relied on such work-study arrangements for his daily survival.

Physicians from Juntendō put the ethic of *saimin* into practice (*jinjutsu*) by coordinating with other physicians to establish vaccination stations to treat local people against smallpox. Satō recruited Juntendō students to volunteer their services at a vaccination station created in 1858. Eighty-three physicians, as well as students and other associates, used their own money to set up the station, which offered free vaccinations for the poor. A number of the donors were Satō's associates, students, and family members.⁴⁸

After Seki completed his studies at Juntendō, he opened a medical practice in the town of Chōshi in 1856, just as a severe epidemic of cholera was beginning to spread across Japan. Hamaguchi Goryō, a seventh-generation merchant and producer of soy sauce in Chōshi, took an interest in Seki and funded the doctor's move to Edo (now Tokyo) to further advance his knowledge of Western medicine in the interest of treating cholera, smallpox, and other diseases. Hamaguchi's active support of Seki's pursuit of the latest medical knowledge to save others is indicative of a broadly shared discourse on *saimin*.⁴⁹ As a merchant, the lowest status in Tokugawa society, he was widely recognized for his philanthropic contributions and for organizing a large-scale humanitarian response to natural disaster. After a massive tsunami hit his hometown of Hiromura in 1854, for example, Hamaguchi initiated various local relief projects to aid disaster victims and organized villagers to build a large tsunami wall. He privately paid for the project, hiring between four hundred and five hundred villagers daily over a number of years to work on the wall, which was six hundred meters long, and to rebuild houses in the village.⁵⁰

Hamaguchi's philanthropic efforts to "save" ordinary people extended well beyond his own village. In 1859, he funded the rebuilding of the vaccination center in Edo after it was destroyed in a fire. He also sent Seki to practice medicine and study at the vaccination center, and later donated money for it to be restructured into the new Institute of Western Medicine for medical research. Satō Ryōjun, later known as Matsumoto Ryōjun, son of Juntendō founder Satō Taizen and himself a former Juntendō student, served as director of the institute. Emblematic of the influence

⁴⁷ Toishi Shirō, *Seki Kansai: Saigo no kan i* (Tokyo, 1982), 18.

⁴⁸ Jannetta, *The Vaccinators*, 164. See Jannetta's work for an excellent study of the functioning of medical networks among physicians in the Tokugawa period.

⁴⁹ On the ethic of *saimin* among commoners, see Najita, *Ordinary Economies*, 6–8.

⁵⁰ Toishi Shirō, *Tsunami to Tatakatta no hito: Hamaguchi Goryō Den* (Tokyo, 2005), 67.

that Juntendō graduates would have in the post-revolution medical world, in 1877 the medical school became the University of Tokyo Faculty of Medicine. Twenty out of the twenty-seven original members of the teaching staff had studied at Juntendō.⁵¹

Hamaguchi's and Seki's far-reaching philanthropic practices to help others beyond their immediate community were of a slightly different order from the acts of mutual self-preservation among Tokugawa peasants in times of hardship that were expressed in *kō*, or cooperatives. *Kō* usually limited their membership to the farmers of a single village and served as a safety net for the participants.⁵² In contrast, Seki's, Hamaguchi's, and others' philanthropic practices can be classified as "humanitarian" because of their broad vision of helping anyone in need, regardless of geographical location, social status, gender, or allegiance in times of civil unrest, and their recruitment of a variety of people for this purpose. The organization of people across the spectrum of social status to pursue these aims ultimately relied on this shared ethic. In Hamaguchi and Seki, we can see two commoners—one a rich merchant, the other of peasant origins—coming together to practice philanthropy without regard for government-sanctioned social hierarchy or geographical boundaries. Their personal relationship contained notes of disagreement and tension. Nonetheless, they demonstrate the humanitarian and philanthropic practices of physicians, merchants, and peasants when faced with urgent need and a taciturn regime in Edo.

IT IS IN THIS CONTEXT OF PHILANTHROPIC PRACTICES of medical care in a time of widespread crisis that we can identify the emergence and development of today's Japanese term and meaning for "humanitarianism," *jindō* ("human way," 人道). Ogata Kōan, founder of the Tekijuku medical school and a contemporary of Satō Taizen, for example, used *jindō* in reference to the compassionate practice of medicine in the twelve-point guidelines for ethical practice that he wrote for his students in 1842, and which circulated among physicians well beyond the school. This guide was an abridged version of the German doctor Christoph Hufeland's 1836 essay of admonitions and personal advice for physicians.⁵³ Hufeland's text had no comparable word for *jindō* in the original; Kōan added the term to his translation in order to refer to the compassionate art of medicine without borders. In so doing, he conveyed the universality and thus validity of the late Tokugawa notion of the physicians' practice of *jinjutsu* as "humanitarian" practice. This sense of universality resulted from a moment of non-imperial encounter between two intellectual traditions.

In the original text, Hufeland wrote, "The office of the physician is not confined to *curing* disease; it is his duty and merit to also *prolong life* and *relieve sufferings* in maladies pronounced incurable. It is true, the artist [the doctor] may lose interest,

⁵¹ Toishi Shirō, *Seki Kansai*.

⁵² Tetsuo Najita, *Ordinary Economies*, 87. On the modern transnational meaning of the *kō* put into practice in an agricultural community in modern Japan, see Sho Konishi, "Ordinary Farmers Living Anarchist Time: Arishima Cooperative Farm in Hokkaido, 1922–1935," *Modern Asian Studies* 47, no. 6 (November 2013): 1845–1887.

⁵³ The guide would become part of Kōan's thirty-volume translation of Hufeland's *Enchiridion Medicum*, a taxonomy of illnesses and their treatment, published in Japan in 1857–1860. Hufeland's practical guide to physicians was widely known among Japanese scholars of Dutch medicine, and sections of it were translated by twelve different physicians, including Satō Taizen.

but the much bigger interest of the man not only must remain, but increase.”⁵⁴ Adding the familiar ethical language of the “human way” of the “art of compassion” from Tokugawa medical discourse to Hufeland’s text, Kōan translated it as:

It is the duty of the physician to ease the pain of the suffering and to support nature’s will to life of even the incurably ill. To fail to do so is against *jindō*. Even if you are not able to save the patient, to apply your best efforts at relief is to practice *jinjutsu*.⁵⁵

When it came to the translation of ethical practices, Kōan chose familiar Japanese terms for ingrained moral notions. By adding *jindō* as the practice of *jinjutsu* to the translated text, he did not promote the identification of native difference from the “foreign,” but rather identified the commonality and thereby perceived universality of a familiar ethical notion. In so doing, he had added a new sense of universality to the familiar term.

The medical translations elicited a sense of shared moral commitment with Western physicians absent Christian vocabulary and devoid of religion. Through carefully selected translations, an ethic of compassionate care for the body appeared to be shared across borders when physicians encountered medical knowledge from Europe. This understanding of a universal ethic of compassionate medical care set the backdrop for the establishment of the humanitarianism of the Red Cross before the organization was founded. Through the translated text, the physicians’ contact with the foreign body further reaffirmed the universality of the physical human body as the “logic of nature” beyond all borders.⁵⁶ Their examination of human anatomy as introduced in Dutch texts only confirmed the universality of equality in nature, transcending artificially bounded hierarchical meanings of the body, whether ethnic, racial, classed, or gendered. Sano Tsunetami, the founder and long-time first president of the JRCS, had been a student at Ogata’s Tekijuku. Sano’s founding of the JRCS echoed in many ways the humanitarian aspirations of his fellow students and teachers at Tekijuku, Juntendō, and other private schools of medicine.

When Japan became embroiled in civil war during the revolutionary period of the 1860s and 1870s, the moral discourse of *saimin* and the practical application of *jinjutsu*, set against the humanitarian ideal of *jindō*, became the basis for the establishment of field hospitals to treat all injured soldiers, regardless of status or which side each was fighting for. In the bitter Boshin Civil War (1868–1869), Seki and fellow physicians of Dutch medicine organized a series of mobile medical units (*yasen byōin*) staffed by physicians’ corps. (See Figure 1.) These field hospitals were the basis and indigenous inspiration for the founding of the JRCS two decades later.

⁵⁴ C. W. Hufeland, *Enchiridion medicum; or, Manual of the Practice of Medicine: The Result of Fifty Years’ Experience* (New York, 1842), 6; Hufeland, *Enchiridion medicum; oder, Anleitung zur medizinischen Praxis. Vermächtniss einer fünfzigjährigen Erfahrung* (Berlin, 1842), 560. A note of thanks to my colleague in Japanese history Dr. Judith Fröhlich at the University of Zurich for her help with Hufeland’s original German text.

⁵⁵ For a translation of Kōan’s text in modern Japanese, see, for example, Umetani Noboru, *Ogata Kōan to Tekijuku* (Osaka, 1996), 24.

⁵⁶ Ōtsuki Gentaku, a scholar of Dutch medicine and language, wrote, for example, “People say that the Dutch are born without heels, or that their eyes are like animals, or that they are giants. Is it true? Where, I wonder, do such false reports originate? . . . Perhaps because of the difference in continents, Europeans do differ somewhat from us Asians in appearance. But there is no difference whatever in the organs they possess or in their functions.” Quoted in Donald Keene, *The Japanese Discovery of Europe, 1720–1830* (Stanford, Calif., 1969), 171.



FIGURE 1: Seki Kansai (back row, third from the right) with other physicians and soldiers in the Boshin War. Photo courtesy of the Rikubetsu Town Education Department.

Although anti-Bakufu forces had hired Seki, the hospitals he directed were neutral in that they systematically treated the wounded and ill from both sides of the war and of all military ranks, from foot soldiers to military leaders, following the principle of *juntan*. Medical services were also extended to local residents. In the northern part of Japan, where prolonged heavy fighting was concentrated, the mobile hospitals relied on networks of local doctors from across the region to treat troops from both sides.⁵⁷ The networks enabled the hospitals to treat up to 150 patients at any one time in a war that followed the retreat of Bakufu forces across vast regions of northern Japan.⁵⁸

In later uprisings and civil wars in the violent years of the early Meiji period (1868–1877), doctors trained in Western methods of surgery would continue their neutral and equal treatment of the wounded and ill. In the acrimonious Seinan War of 1877, the doctors organized neutral field hospitals to care for ill and wounded soldiers and local civilians without regard for which side their patients had been defending.⁵⁹ Sōha Hatono was among the local physicians who set up field hospitals. They treated two hundred people in private homes, temples, and schools during the

⁵⁷ Seki writes about the field hospitals in the Boshin War in his diary in the Seki Kansai Archive, “Ouushuchō byōin nikki.”

⁵⁸ Rikubetsuchō kyōiku iin kai, *Seki Kansai* (Rikubetsucho, 1994), 21; Seki Kansai Archive, no. 18, “Kakuhan nyūin seimei roku.”

⁵⁹ The Seinan War, often known as the “Satsuma Rebellion,” was an uprising by disaffected samurai from the former domain of Satsuma. Saigō Takamori, the war hero of the Meiji Revolution who had resigned from his post as minister of war and turned against the very government he had helped form, led some 40,000 rebels against soldiers of the new Meiji government.

war. Their principle was to treat civilians and soldiers on both sides of the war equally. Similar practices were followed elsewhere.⁶⁰

In response to these practices, future JRCS president Sano established the Hakuaisha during the Seinan War. This “Society for Universal Compassion” united the private-level activities of physicians who had already been treating soldiers and civilians regardless of political or geographical belonging. Branches of the Hakuaisha in Osaka and Nagasaki rented houses for medical treatment and collected donations from local people.⁶¹ The emblem the Hakuaisha physicians used for their hospitals was the “Sekiichi,” or “Red One,” which was written as a simple red horizontal line on a white background. Hakuaisha printed the emblem of the “Red One” on the banners of its wartime field hospitals. The single horizontal line of *ichi*, the number one, was absent the Christian symbolism in the Red Cross emblem.

In this context, the “One” appears to have expressed the uniformity of diverse human beings through the blood or life energy universally gifted to them by nature. The emblem could well have suggested universality and unity, or more specifically nature as the universal source of reliable knowledge and life, *juntan*. The “Red,” then, would have denoted blood as the universal energy that sustains the life with which everyone is endowed by nature, without reference to the Japanese nation. The “Red One” thereby expressed the universal compassion, *hakuai*, rooted in the interior equality of all human beings. In keeping with Sano’s words “Universal compassion is benevolence” (“Hakuai kore wo jin to iu”), the emblem represented humanitarian care (*jindō*) for the life of each individual without regard for the hierarchical orders of status, gender, and nation that had been artificially imposed by humans.⁶² This understanding of universal equality and compassion originating in Tokugawa-era medical discourse would easily lend itself as a foundational concept for the establishment of the Red Cross Society of Japan.

The doctors’ humanitarian efforts attracted the attention of a number of people at the time. Physicians and orderlies wearing the “Red One” in war are depicted in paintings and drawings from the period, such as the watercolor in Figure 2, painted by Kawaguchi Takeisada in his diary of the war.

Numerous people from regions across Japan responded to donate money and support the effort.⁶³ Their voluntary contributions to the new Hakuaisha, a society that still lacked any ties to the West or promise of public recognition, expressed the ethic of *saimin*, *jinjutsu*, and *juntan*. The first private donation came from a woman who brought in a barrel of home-processed sesame seeds. The society could have traded the seeds for enough money to pay one doctor trained in Western medicine to work one month in the war, but instead it went out of its way to preserve the literal spirit of this demonstration of grassroots support. As an act of compassion in ac-

⁶⁰ In the far north of Japan, for example, a former student of Tekijuku, Takamatsu Ryōun, established a neutral field hospital to treat soldiers from both sides of the civil war in the Battle of Hakodate (1868–1869).

⁶¹ Kawamata, *The History of the Red Cross Society of Japan*, 39.

⁶² According to his biographer Yoshikawa Ryūko, Sano’s use of the word *hakuai* originated from the Japanese translation of Chinese Neo-Confucian thought. Yoshikawa, *Nisseki no sōshisha: Sano Tsunetami* (Tokyo, 2001), 80.

⁶³ Japanese Red Cross Archive at the Toyota Red Cross Nursing College, Hakuaisha, file no. 1, “Nyūsha oyobi kifu kankei shorui,” June 24, 1877; file no. 986, “Nyūsha oyobi kifu kankei shorui,” January 12, 1881; file no. 1000, “Dainihōkoku furoku kifukin oyobi buppin hyō,” May 1887.



FIGURE 2: Watercolor of physicians with a flag of the “Red One” in a battle during the Seinan War, by Kawaguchi Takeisada. Note how Kawaguchi made the Red One banner stand out by applying a bright red pigment. From Kawaguchi Takeisada, *Jūsei nikki* (1878; repr., Tokyo, 1988), n.p.

cordance with the Way of Nature, it used the money to purchase a new batch of sesame seeds at the battle site, distributing them to ill and wounded soldiers to take home with them for the nourishment of life energy (*yōjō*).⁶⁴

In early Meiji, the “Red One” emblem would continue to be worn and carried by Japanese physicians in times of armed conflict. (See Figure 3.) It had first been registered in Japan as early as 1872, after attempts by Juntendō-affiliated doctors to officially register the Red Cross emblem were rejected by the Japanese government. Government officials refused the petition to use the Red Cross emblem by Satō Taizen’s son Matsumoto Ryōjun because Japan had not ratified the Geneva Convention. Its use of the emblem would therefore violate international agreements. Officials also problematized the association of Christianity with the cross. A colleague of Matsumoto’s, the physician Ishiguro Tadanori, recalled that he and Matsumoto had been surprised to hear that the officials associated Christianity with the emblem. The doctors’ intended use of the emblem had nothing to do with Christianity. The “Red Cross” was literally translated as “Red Ten” (“*Seki jūji*”), since the number ten (十, *jūji*) in Japanese is the symbol of a cross. In that particular sense, then, both doctors and government officials agreed that the physicians’ humanitarian practices should not be represented by Christian symbolism. Rather, the doctors

⁶⁴ *Asano shimbun*, June 22, 1877.



FIGURE 3: Medic wearing the “Red One” emblem, early Meiji period. From Rikugun gun-i gakko, ed., *Rikugun gun-i gakko 50-nenshi* (Tokyo, 1936), 57.

believed that the Red Cross was internationally recognized as a nonreligious emblem for relief and humanitarianism, *jindō*.⁶⁵

The doctors settled on the “Red One” instead, seeing it as a much more fitting expression of the thoughts behind their medical practices. Their move to “internationalize” Tokugawa medical discourse and practices was expressive of the universal nature of their leanings, yet accorded with the particularist norms of the “interna-

⁶⁵ Kitano Susumu, *Sekijuuji no furusato*, 98.

tional society” of Western nation-states and its world order. This led to a tension between the perceived universal notion of the “One,” on the one hand, and the particular notion of “international society” represented by the “Cross” emblem, on the other.

FOLLOWING THE SEINAN WAR, the Hakuaisa expanded its work and revised its regulations in order to conform to the Geneva Convention and to receive the sanction of the Meiji government.⁶⁶ Sano placed a red circle over the “Red One,” creating a new humanitarian emblem tied to the Japanese nation. From the universal “one,” which signified the shared essence of humanity gifted by nature, the organization would thereafter be marked, and delimited, by reference to the Japanese nation-state. The empress and emperor became the figureheads and benefactors of the organization, effectively replacing the notion of “nature” in *jinjutsu*.⁶⁷ The imperial family thus came to symbolize benevolence, compassionate action, and the nation, and the organization became a moral entity of the national body beyond the state itself.

When Japan acceded to the Geneva Convention in 1886, Sano registered the physicians’ practices of healing without borders with the international body of the Red Cross. Japan then became an official member of the International Red Cross Society, with Sano serving as president. In the first year of its founding, the Japanese branch of the society already had 5,000 members. Perhaps even more telling, 3,800 had been members before the Japanese Red Cross Society was even established.⁶⁸ That is, well before Japan even became a part of the international organization, the Hakuaisa, the direct predecessor of the JRCS, had already attracted considerable support.

If Sano was clearly a product of Tokugawa medical humanitarian ideals, he was also, like many figures of the early Meiji period who rose to power, motivated by the perceived need for the military defense of the nation. National membership in the Red Cross as a society for aiding wounded soldiers easily served the purposes of national defense. Sano not only founded the JRCS, but he also assisted in the establishment of the Imperial Navy following the Meiji Revolution. His joining of the humanitarianism of fellow physicians to the larger INGO of the Red Cross movement served as a milestone in Japan’s adoption of a modern military and its international recognition by the West.

INGOs such as the Red Cross have largely been embedded in the international system of nation-states. The ICRC, which was devoted to treating combatants wounded in war and protected by international agreement between modern nation-states, functioned within and was fully reliant on the modern international system

⁶⁶ Kawamata, *The History of the Red Cross Society of Japan*, 48.

⁶⁷ During the war, Sano made a request to the emperor for his support of the Hakuaisa and its field hospitals. The imperial family put its support behind the field hospitals to serve both the rebels attempting to overthrow the Meiji government and the Meiji state forces. The emperor conferred 1,000 yen to the association, the empress conferred medical materials that she had made and prepared for the wounded, and H.I.H. Prince Komatsu Akihito became honorary president of the association. *Ibid.*, 36. The imperial family has been closely associated with the society ever since.

⁶⁸ Statistics on the early membership of the JRCS can be found in *ibid.*, 358.

of diplomatic relations and international law centered on the nation-state as primary actor. By offering medical comfort to soldiers and raising their morale through citizens' voluntary activities, the various national Red Cross societies were also effective handmaidens to the nation-state in times of war. In contrast to our existing understanding, the moment of crossing the "Red One" (一), which marked the establishment of the Red Cross in Japan and the society's joining the international community of the Red Cross, signaled the beginning of a shift from the perceived universal, humanitarian aims of late Tokugawa physicians to the modern, nationally bordered, militarized, and particularist aims of the Red Cross and the world order it belonged to.⁶⁹

Internationalization would organizationally confine the activities of the Red Cross to service to the nation-state. Japan became an eligible member only by ratifying the Geneva Convention. Thus, from the outset, legal acts of the modern nation-state constituted the category of membership in the international body of the Red Cross, which effectively precluded other forms of belonging and participation. The very process of registration indicates that one had to become a part of civilizational discourse centered on the West in order to join the international society. Members also had to be from a full-fledged nation-state of a form acceptable to the West. The activities of the JRCS were officially delimited, signaling the beginning of its move from its subversive and potentially universalistic origins in Tokugawa medical discourse, to an organization that directly served the Japanese Imperial Army and Navy in times of war. By 1900, the society had announced to the world its new focus: promoting patriotism and alleviating the pains of war in Japan's imperial projects of territorial expansion.⁷⁰

It was at this time that Ariga Nagao was assigned to redirect and centralize the JRCS following the Sino-Japanese War (1894–1895). Ariga was not a physician, but a scholar of international law, a new academic discipline in Japan designed to master the Western rules of international relations. His French-language publications about the JRCS for Western audiences and his leading role in creating a new JRCS that departed from Tokugawa medical discourse on compassionate medical care for ordinary people were part of his effort to convince the West that Japan deserved recognition as a sovereign nation-state.⁷¹ In a speech at the Exposition Universelle in Paris in 1900, Ariga ascribed the success of the JRCS to its promotion of service to the nation in wartime and its highly organized and centralized nature, the very direction that he himself was taking the society. He stated that with patriotic service to the nation and help for its soldiers as the driving idea of the Japanese Red Cross,

⁶⁹ For a transnational history of an early-twentieth-century departure from this concept and practice of world order, see Sho Konishi, "Translingual World Order: Language without Culture in Post-Russo-Japanese War Japan," *Journal of Asian Studies* 72, no. 1 (February 2013): 91–114.

⁷⁰ See Nagao Ariga, *La Croix-Rouge en Extrême Orient: Exposé de l'organisation et du fonctionnement de la Société de la Croix-Rouge du Japon* (Paris, 1900). For a general account of the Red Cross movement's accommodation of the nation-state apparatus in the form of patriotic societies and its facilitation of war, see Hutchinson, *Champions of Charity*.

⁷¹ Certainly Japan was not the only nation to use its national Red Cross Society as a tool for diplomatic ends. On Ariga's efforts to convince the West that the Sino-Japanese War was waged and fought legally according to international law, see Alexis Dudden, "Japan's Engagement with International Terms," in Lydia H. Liu, ed., *Tokens of Exchange: The Problem of Translation in Global Circulations* (Durham, N.C., 2005), 165–191, here 184–186.

the society had become much more efficient and effective at helping the wounded and sick on either side of any conflict.⁷² With Ariga's own rewriting of the history of the JRCS for Western audiences, the ideals foundational to the society's emergence were obscured with the crossing of the "One." The universal possibilities latent in these ideals became limited when they merged with Western notions of civilizational hierarchy and progress at the moment of the society's founding.

However, the crossing of the Red One did not go smoothly. The JRCS would carry both the translated, limited meaning of the society and the earlier humanitarian notions of compassionate medical care uncoupled from the ethnic nation-state. The fact that the Kyoto Hospital used the Red Cross emblem, in contradiction to international agreements and despite the government's rejection of its use, reveals that the emblem was co-opted on the grassroots level *against* government attempts to gain recognition by the international community of nation-states. We see here the beginning of a process of negotiation between competing sources of knowledge. In later years, physicians such as Seki Kansai carried on the humanitarian medical ethic of the Tokugawa era, albeit hidden to historians more interested in the modern nation-state, war, and international relations. Seki Kansai's son Seki Yosaku would follow in Kansai's footsteps to train as a medical doctor. The younger Seki traveled privately to Russia during World War I and volunteered his services to the Imperial Russian Army to treat sick and wounded Russians in a provincial field hospital. In 1916, he worked closely with Japanese Red Cross physicians stationed in Petrograd during the war.⁷³ Seki Kansai himself rejected a financially lucrative invitation to serve the Meiji government and moved to an unsettled region of Hokkaido in northern Japan, where he treated local Ainu and carved a small farm out of the wilderness.⁷⁴ Writing from his farm, he told a former colleague from Juntendō that he had vaccinated 250 Ainu. In reflecting back on his life, Seki wrote in 1910 that he had simply followed "hito taru no michi" ("the human way," 人たるの道).⁷⁵

HISTORIANS OF THE EARLY JRCS MAY THEREFORE need to differentiate the visions, expectations, and experiences of those who joined the society from its organizational dictates as part of the larger international body. Juntendō, along with other schools of Western medicine, supplied the JRCS with a number of its leading medical practitioners. Reflecting its rootedness in late Tokugawa physicians' thought and practice, the JRCS from its very founding was strongly associated with civilian medical

⁷² Ariga, *La Croix-Rouge en Extrême-Orient*, 5–6.

⁷³ The popular writer and Tolstoyan Tokutomi Roka initially introduced Yosaku to the post in Russia. See *Tokachi Mainichi Shimbun*, January 7, 1997, 17. Little is known about Yosaku's life in Russia. His postcards and letters from Russia are now preserved in the Seki Kansai Archive in Rikubetsu. No archival list numbers exist for this material.

⁷⁴ At this time, Seki initiated relations with the leading representatives of Tolstoyan thought in Japan. He developed a close friendship with Roka. Roka and Seki exchanged visits to each other's farms on a number of occasions. Letters from Roka and his wife, Aiko, to the Seki family are preserved in the Roka Kōshun-en Archive and the Seki Kansai Museum. For an introduction to Tolstoyan religion in Japan, see Sho Konishi, "Conversion beyond Western Modernity: Tolstoian Religion in Late Meiji Japan," in Dennis Washburn and A. Kevin Reinhart, eds., *Converting Cultures: Religion, Ideology, and Transformations of Modernity* (Leiden, 2007), 235–266.

⁷⁵ Seki Kansai Archive, no. 195, *Mezamashi gusa*.

care and surgery that combined humanitarianism with the latest advances in medical knowledge. In 1886, a year before the establishment of the JRCS, doctors associated with Juntendō founded the Hakuaisha Hospital, or “Hospital of Universal Compassion,” in Tokyo to treat ill and wounded civilians and train nurses and physicians in peacetime. This same hospital would be renamed the Red Cross Hospital to coincide with the founding of the JRCS one year later. Together with the various other local Red Cross hospitals established across Japan in later years, the hospital in Tokyo served as the main vehicle for JRCS practices in peacetime. Hashimoto Tsunatsune, Japan’s surgeon general and the brother of Hashimoto Sanai, the Juntendō student who was executed for his opposition to Tokugawa policies, helped found the hospital and served as its first director. Tsunatsune had studied under the Juntendō student Matsumoto Ryōjun, son of the school’s founder, Satō Taizen.

The most highly qualified surgeons in the nation who had trained at Juntendō and other schools of Dutch medical learning to “follow the Way of Nature” gathered at the new hospital. Its staff maintained the humanitarian (*jindō*) and philanthropic ideals of medical discourse from an earlier era. Hashimoto brought a number of junior surgeons to serve with him. They volunteered their time and donated their own money for the establishment of the new hospital. Reflecting its intellectual grounding in late Tokugawa medical discourse, not only did the Red Cross Hospital serve the more elite residents of Tokyo, but it also served the poor for free. It was recognized for offering the most advanced surgical techniques and medical practices in the nation.

By reconstructing the archaeological inheritance of certain physical sites from the past, we can sometimes trace the thought behind the practices undertaken in those spaces. The Tokyo headquarters of the newly founded JRCS were built next to the preexisting Hakuaisha Hospital. The identity of the JRCS from its very founding thus resonated with the medical humanitarianism of an earlier era. Moreover, both buildings were constructed on the site of the Sakura clan’s former official residence in Tokyo, a forgotten link to late Tokugawa medical humanitarianism in the history of the JRCS. Lord Hotta had actively supported the expansion of Juntendō and Dutch medical studies in his domain from the 1840s. He had also used his residence in Edo as a vaccine distribution center for the children of his domain.⁷⁶ That the buildings of both the Red Cross Hospital and the JRCS headquarters were located on the grounds of Hotta’s former residence further emphasizes the intellectual inheritance of the early JRCS from Juntendō and the broader late Tokugawa discourse of *saimin* and *jinjutsu* in its medical activities. (See Figure 4.)

The emphasis of the JRCS on pioneering medical knowledge and the moral practice of medical healing for common people differentiated it from other Red Cross societies, for which civilian and peacetime medical care for ordinary people represented only a small fraction of their activities.⁷⁷ The JRCS expanded by opening other branch hospitals across Japan, which treated local residents and served as

⁷⁶ See Jannetta, *The Vaccinators*, 144.

⁷⁷ See, for example, Chrastil, “The French Red Cross, War Readiness, and Civil Society,” 465–466; Foster Rhea Dulles, *The American Red Cross: A History* (Westport, Conn., 1950), 14–31. Dulles finds an exception in the New York Red Cross Society, whose formation of a corps of physicians, surgeons, and nurses “went considerably beyond [the aims] contemplated by Miss Barton.” Clara Barton was the founder and first director of the American Red Cross.



FIGURE 4: Former building of the Japan Red Cross Society Central Hospital, constructed in 1890. Photo courtesy of Hakubutsukan Meiji Mura Museum.

training hospitals for nurses and physicians in peacetime. Although the hospitals were officially oriented to wartime service in accordance with the model of the international Red Cross Society, they in fact placed a major emphasis on the peacetime treatment of patients.

A year after its founding, continuing its tradition of humanitarian medical assistance, the JRCS organized the first peacetime relief effort by a Red Cross Society in response to the 1888 eruption of Mount Bandai in Fukushima Prefecture, which buried villages and caused hundreds of deaths.⁷⁸ In the devastating Nōbi and Meiji Sanriku earthquakes and tsunamis of 1891 and 1896, the society helped to coordinate railway and shipping companies, local government, merchants, and private individuals in their humanitarian efforts to aid victims.⁷⁹ The humanitarian work of the JRCS, and the work of its Red Cross hospitals in times of peace, can be understood as resulting as much from an indigenously arising humanitarian ethic as from participation in a shared “world culture.”

IN JAPAN TODAY, POPULAR ASSOCIATIONS of the Red Cross with the notion of skilled care for the health of the human body as an art of compassion are firm. The JRCS

⁷⁸ “The Centenary of the Japanese Red Cross Society,” *International Review of the Red Cross* 17, no. 193 (April 1977): 202–206, here 203.

⁷⁹ Japanese Red Cross Archive, file nos. 958, 932, 931, 930, and 965, “Sanriku kyūgo shoryū,” June 18, June 22, July 9, July 17, and June 18, 1896; file no. 1554, “Aichi Gifu shinsai ikken, Meiji 24 nen,” November 11, 1891; file no. 5, “Aichi Gifu shinsai ikken, Meiji 24 nen,” November 27, 1891; file no. 981, “Aichi Gifu shinsai ikken, Meiji 24 nen,” December 14, 1891; file no. 1011, “Aichi Gifu shinsai ikken, Meiji 24 nen,” October 29, 1891. For a comprehensive overview of the event, including some details of Red Cross activities and the society’s coordination with private citizens, see Chūōbōsai kaigi saigai kyōkun no keishōni kansuru senmon chōsakai, *1891 Nōbi Jishin hōkokusho* (Tokyo, 2006).

is heavily involved in providing public medical care and medical training in Japan through its ninety-two Red Cross hospitals, twenty-five nursing training colleges and facilities, and a network of mobile clinics that visit mountain villages, secluded areas, and remote islands where medical service is often lacking.⁸⁰ Despite its continued popularity and international recognition, the society today claims that the meaning of the Red Cross emblem has been misused. The homepages of JRCS branches introduce the Red Cross to the public by first clarifying that the emblem is *not* a mark for the general medical care of people in everyday life, or for any hospital, pharmacy, or medical product.⁸¹ (See Figure 5.) While misuse of the symbol is not uncommon in other countries, what stands out in this case is the level of public reliance on Red Cross medical care for ordinary civilians in ordinary times. The society's ongoing need to correct the public's misunderstandings about what the Red Cross represents suggests that the organization has yet to fully acknowledge that its own success in Japan has depended on that same localized use of the symbol, meaning, and purpose of the Red Cross.⁸²

In the art world, the term "pentimento" refers to the traces left behind after an initial artistic attempt has been painted over. The study of pentimento reveals an act that is reflective of an artist's change of mind about a work.⁸³ Underneath the changes, hints of the original remain, making it possible to get a glimpse of earlier images and ideas. Since its founding, the JRCS has covered over its own intellectual foundations much like pentimento. A pattern is revealed, however, when we chip away at the society's image of itself as a beneficiary of the imperial family and the nation-state and as an inheritor of humanitarian values circulated from the Christian West. Only by uncovering the traces of its earlier history can we make sense of the emergence of the largest national branch of any international nongovernmental organization in modern Asia.

The emergence and early development of the JRCS can be described as a melding of different epistemologies that have come in contact with one another. This disclosure of the society's indigenous origins suggests the need for a new look at the multiple yet interconnected origins of the international Red Cross movement, and of global humanitarianism at large. This case study is suggestive of the existence of other local forms and meanings of humanitarianism around the world, and of the dialogue between these various expressions of humanitarianism and the development of INGOs. The global reach of international humanitarian organizations such

⁸⁰ Japanese Red Cross Society, "Activities of JRC: Medical Services," <http://www.jrc.or.jp/english/activity/medical.html>, with data on Red Cross hospitals from 2013. By comparison, Red Cross hospitals outside of Japan include just one in each of several cities: Delhi, New York City, Stockholm, Qinghai, and The Hague, with five Red Cross hospitals in Korea. Compare also the missions of the American Red Cross and the JRCS as stated on their respective homepages, <http://www.redcross.org/about-us/mission> and <http://www.jrc.or.jp/english/activity/medical.html>.

⁸¹ <http://www.jrci.jp/mark.html#3>.

⁸² Of course, this is not to say that the same meanings of the Red Cross have remained unchanged throughout the 125-year history of the JRCS. The elements of the JRCS incongruous with the master narrative of the history of the international Red Cross, and indeed with its global mission, remain as traces and echoes from the past.

⁸³ See Patricia Seed's metaphoric use of "pentimento" in *American Pentimento: The Invention of Indians and the Pursuit of Riches* (Minneapolis, 2001). Gerald Figal also used the metaphor in his presentation "Let's Get Physical: Archives and Artifacts in Okinawa" at the Second Japan at Chicago Conference, "Methods and Metaphors in Japanese Studies," University of Chicago, May 2004.

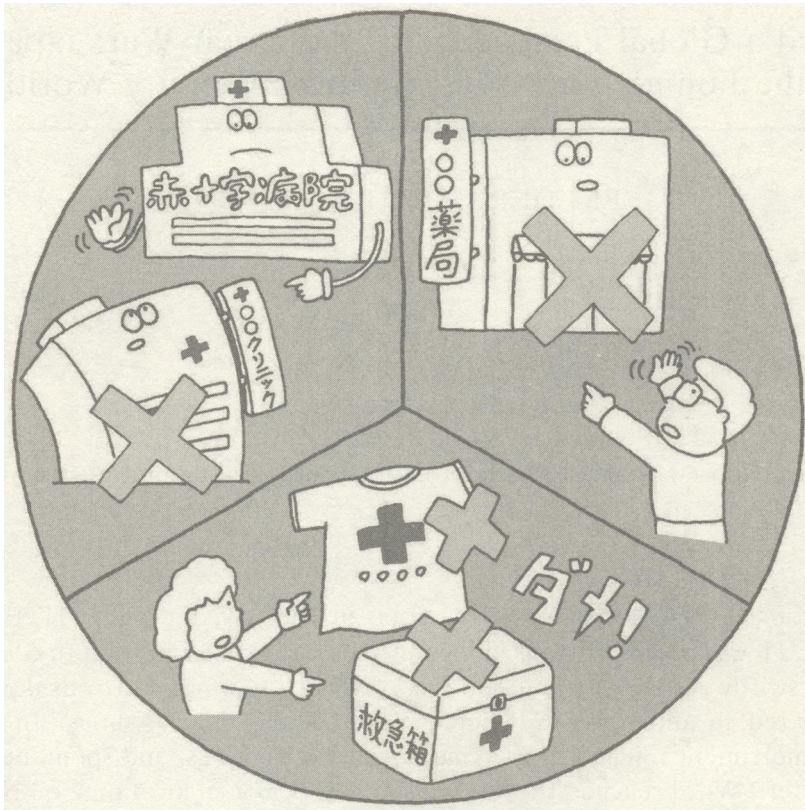


FIGURE 5: “NO!” An illustration for the page “What’s the Red Cross?” on the website of a local branch of the JRCS. Courtesy of the Japanese Red Cross Society.

as the Red Cross calls for us to seek out the history of their diverse origins, and in so doing to reflect on the historical nature of their universality.

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