

American Evangelists and Tuberculosis in Modern Japan

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Introduction

The Story of Something That Did Not Happen

This is the story, in large measure, of something that did not happen. Implicitly, it is also the story of what happened instead. It answers the question as to why the nationwide threat of tuberculosis was viewed as not within state purview in Japan in the late nineteenth and early twentieth centuries but was relegated instead to the private sphere, to be struggled against by foreign Protestant evangelists, often to the detriment of the victims of the epidemic. It will accordingly consider the reasons for this dismissal with respect to bureaucratic infighting, to concerns over possible loss of economic progress, and to avoidance of public health expenditures. Conversely, it will analyze both the motivations of the evangelists who would shoulder the burden in place of the government—their desire to find a place in society and their hope for converts. No less significant, it will detail the plight of the tubercular victims, who were primarily young female factory workers, as it was among them that the epidemic began, only to spread to the rest of society.

Tuberculosis ran rampant in Japan during the late Meiji and Taishō years (1880s–1920s) and the government seemed ill disposed to combat it. Perhaps this was not surprising. Politically, this was a time of action. After all, these were the years of nation building in the archipelago, and the creation of a nation takes considerable political effort. Yet inaction is equally the domain of politics, and willful governmental inaction, as much as its actions, shaped Japanese national modernization from the 1880s and 1890s to the 1920s. That politicians overlooked considerable swaths of constituents—suffrage being a conspicuous example—is hardly surprising. What is perhaps surprising is that among those who were overlooked were the new nation's victims of tuberculosis. As the proverbial “modern epidemic” (a disease whose devastation worsened with the accomplishments of modernity),¹ tuberculosis struck the modernizing nation hard. Among its victims were the women (and later, men) populating first the factories and then the villages of Japan's so-called family-state. Their collective existence and their shortened individual lives brought into question the nature of both Japanese society and the Japanese state. How could a nation like Japan, whose medical and scientific achievements were extraordinary, justify inaction in the face of a terrible epidemic? The answer lies

1. See William Johnston's *The Modern Epidemic: A History of Tuberculosis in Japan*.

in a desire not to stall the nation's modernization. From that, therefore, was a fear that the acknowledgment of the cost of this modernization—namely, thousands of lives—would impede the efforts made on behalf of the nation. So long as the victims remained primarily young rural women, a seemingly endless resource, the sacrifice seemed nearly ineluctable. To top this off, bureaucratic infighting plagued the political sphere, and addressing the epidemic was often bogged down by political strife.

This monograph looks at how outsiders attempted to fill gaps in health care, largely without success—yet another version of something that did not happen. The scientists at the forefront of disease research and prevention, here represented by Kitasato Shibasaburō, the mentee and friend of tubercle bacillus isolator Robert Koch, were prone to political backbiting and superciliousness, and proved unable to combat the epidemic effectively. Instead, these outsiders (namely, American Protestant nondenominational evangelists, prominently including those associated with the Young Men's Christian Association (YMCA), the Salvation Army, St. Luke's Hospital, and the Omi Mission) sought to assist in Japan's nation building as a way to garner converts among a land untouched by missionizing for centuries. In this respect, concentration on the years between the 1880s and 1920s is necessary—not solely because this was when the modern Japanese nation was substantially created, but because it was similarly when evangelists were first able to proselytize, with varying degrees of success, in the nascent nation. It was these evangelists, rather than Catholics, Russian Orthodox, and even native Buddhists, who saw the opportunities offered by various lacunae in nation building as a means to an end.

Such a consideration—looking at these lacunae thus—brings up questions of the moral enterprise: How did both the Japanese government, often represented here by politician Ōkuma Shigenobu, and foreign evangelical organizations paint themselves as the more moral party vis-à-vis the Japanese public in relating to each other? How did each convince the public that theirs was the one with the best interests of the Japanese people at heart? How did they paint themselves as moral entrepreneurs? Originally identified by sociologist Howard S. Becker, the moral entrepreneur was one who defined behavior and sought to codify moral rectitude. However, the concept was altered by Jack Nelson, who established a definition whereby the Salvation Army in Japan, by undertaking work on prostitution, sought to alter a nation's moral consideration of an issue. My work is an analogue to Nelson's, in that I argue that the relationship between the Japanese government and the Salvation Army (among other organizations), with regard to its work on tuberculosis, was one of moral entrepreneurship on both sides. This was also the case, with differing levels of success, with respect to the efforts of other foreign evangelical organizations to combat tuberculosis and to the government's interactions with them. In these various cases, each side maneuvered to maintain the appearance of the moral high ground in their presentations of the situation to the other side.²

2. Becker, 162; Nelson, 35.

Neither were these relationships solely between evangelical organizations and the Japanese government, as the organizations themselves were constantly maneuvering with each other—the YMCA, the Salvation Army, and, to a lesser extent, St. Luke's Hospital and the Omi Mission. All four were constantly aware of the work of the others, including their respective evangelical shortcomings. This, therefore, created a rather complex web of moral enterprise, yet one that failed adequately to consider a vital component—namely, the tubercular themselves. This was an unfortunate yet obvious oversight that calls into question the validity and utility of the moral enterprise. If those upon whom one's claim to morality is established are considered only as chattel, how moral is this enterprise really?

This consideration, in turn, brings up the question of the soteriological value of potential converts, as well as their suffering, both from the point of view of the Christian organizations and of the sufferers of the disease themselves. What is the worth of a human life, and to whom? The question in analyzing these relationships was, therefore, *cui bono*? Who benefits and how, as the nature of the work was on some level self-interest, particularly when it involved so little reward for the evangelical organizations, both in terms of influential converts (or any converts at all) and of funds earned through such work. Ostensibly, the tubercular themselves were the beneficiaries, when the work was undertaken, but to what end? Since the disease remained incurable during this time, evangelical organizations could offer little pharmacological medicine. Often claims to assist the tubercular were founded on attention drawn to their plight. Yet this made individuals with a disease into a collective and, in doing so, removed their agency, essentially making them pawns in the constantly evolving chess games between the organizations and the government. At best, of course, those organizations that did attempt to assist the tubercular medically could alter the game, but only to a minimal extent. Even if the infirm were no longer merely pawns, they remained without full agency, reduced to afflicted passivity, even in a place of love and acceptance within which they could convalesce.

Should this moral enterprise be condemned as little more than a farce? Yes and no. Certainly, in this case it seems that moral entrepreneurship more often than not failed those it used to justify itself, but that does not mean that the enterprise itself is wholly bankrupt. After all, the moral enterprise sparked the relationships that allowed for care of the tubercular, although, as we shall see, such care only proved successful after the entanglements of moral entrepreneurship were cast aside.

If the tubercular benefit from these relationships in which they are considered currency only after the entanglements are abandoned, who benefits before then? These relationships benefited the Japanese government writ large, allowing it to maintain that it was dealing with an epidemic at a grassroots level without actually expending resources on it. The Japanese Diet itself, often embodied by the prime minister, likewise benefited through the ties such relationships maintained with the home countries of the evangelists. Similarly, the evangelical organizations benefited,

as these relationships allowed them to proselytize in Japan with the complicity of the Japanese government, so long as they proved themselves useful to it.

The nature of these relationships and of the roles of each of the participants in them help to shed light on a variety of topics, including the nature of subjection within an imperial state, albeit expected by both the state itself and its subjects. In addition, it illuminates the value of women within that society as subjects, as workers, and as national resources, and it also limns the American evangelical movements' valuation of both foreign and native women, as the majority of the epidemics' early victims were the young women in the textile mills of the nation (and it is with them that I analyze the costs of both the epidemic and the relationships surrounding it). An analysis of these interactions also involves the role of class in Japanese society in the early twentieth century, both independent of and as related to gender, since most of the early victims of the epidemic, these women, were poor and from rural regions. Finally, with tuberculosis as a nexus within the machinations of a government and a series of both nationally and religiously foreign organizations, the character of a disease can be seen to follow the progression from diagnosis to definition, wherein tuberculosis itself consumes the identity of an individual again and again.

With these themes as its subject, this monograph respectfully follows in the footsteps of such works as *The Modern Epidemic* (William Johnston), *Factory Girls* (E. Patricia Tsurumi), *Kekkaku to Nihonjin* (Tsuneishi Keiichi), *Kekkaku toiu bunka* (Fukuda Mahito), *The Formation of Science in Japan* (James Bartholomew), and *A World of Crisis and Progress* (Jon Thares Davidann). Hopefully, the current work combines various thoughts of each to create a cohesive synthesis. Standing on the shoulders of such giants in medical history, history of science, women's history, and evangelical history permits us to touch on ramifying issues that previous scholars did not address. For instance, this monograph is the first to analyze the work performed by the evangelical groups with regard to ministering to the tubercular and, more important, the desired effects of such missionizing, in terms of the aforementioned questions: To what end the moral enterprise? What is the value of a human life? Who benefits?

This book is divided into eight chapters, an afterword, and a conclusion. The first chapter looks at the history of factory girls in Meiji and Taishō Japan. These individuals proved the backbone of Japan's modernization, as the funds for nation building came directly from coffers of the textile industry. This workforce comprised almost entirely women, many of whom were children. So, too, were these women—living and working, as they did, in insalubrious conditions—the majority of tuberculosis' early victims. As long as the disease remained confined to these girls, mostly from rural communities, the government could devote but scant attention to the scourge.

Chapter 2, in turn, examines the history of the scourge itself during the same period. The cultural baggage of the disease would come to be as victimizing as the disease itself. Yet what about the epidemic? Though attempts like 1911's *Factory*

Law were passed (though often unenforced, especially for the first five years), how could a nation whose industrial achievements were as extraordinary as Japan's justify action that would result in reduced productivity, much less a work stoppage? Moreover, what really could be done? After all, there was no cure for the disease until the 1920s, and even then it was not until the 1940s that a cure was considered effective. Of course, and with this in mind, if the government could pay lip service to combative efforts, like the Factory Law, it could reap the moral sense of paternalism that such constituent care connoted. Naturally, actually addressing the issue would be to acknowledge problems inherent in the state's effort to modernize along industrial lines. So long as the epidemic remained limited to society's neglected, primarily the young, impoverished female textile workers (upon whose backs the society was built), both the epidemic and its victims could be, and were, written off as a sacrifice the government was willing to sustain, having already saved face with passage of ostensibly ameliorative legislation.

Chapter 3 analyzes the scientific battle against the disease, waged primarily by an eminent bacteriologist and colleague of Robert Koch, Kitasato Shibasaburō. Both a government scientist and an independent researcher, Kitasato was well placed to deal with the disease, and to convince the government to do similarly. Yet Kitasato, a man who refused to suffer fools, gladly or otherwise, including those above him bureaucratically, was also precariously positioned. His political and personal peccadilloes interfered with the nation devoting the necessary attention to its glaring public health lacuna.

This lacuna comes further into focus in Chapter 4, which evaluates the political role of Meiji and Taishō Japan, particularly in light of the leadership of the remarkable Ōkuma Shigenobu, two-time prime minister and member of the nation's political elite. Ōkuma's relationship with foreigners in general and evangelists in particular is analyzed here, as the former's was notoriously complex, but more so, exceedingly politically savvy and adept. To wit, Ōkuma was a man who knew how to be a moral entrepreneur par excellence.

But so, too, were many of his counterparts among the foreign evangelical community. In Chapter 5, an analysis of evangelical work in Japan, summarizes that if politics, in all its actions and inaction, ruled the Japanese politicians, so, too, did it rule the American Protestant evangelists seeking converts in Japan. To them, Japan seemed to be a promising land full of intelligent potential converts. Certainly, they were acting according to a charitable impulse—namely, the salvation of mankind—but both salvation and charity, in practice, required a judiciousness no less and possibly more at home in politics than in philanthropy. After all, unfocused soteriological work was fruitless. So as not to waste energy and resources, evangelism required a targeted approach, to both subject and technique. The American evangelists in Japan were no less aware of the necessity of this approach than they were of the need they perceived for evangelism in Japan.

Most of these evangelists sought to concentrate their evangelism within Japan's cities—not so they could pursue proselytizing work among the urban slums and industrial settings, but so that they might concentrate on the nation's educated elite, particularly those connected politically, intellectually, or economically to the upper echelons of Japanese society. Among these men and, occasionally, women, American evangelists sought to sow the seeds of both faith and support, an act of moral entrepreneurship, wherein gaining funds or access to funds was equally as promising as gaining converts. The emphasis on the former required accepting not necessarily the faith itself or reward in the next world but instead that the work pursued was of use to the nation in this world. This meant that the interaction between the state that permitted their work (particularly since their religion had been banned until barely a decade prior) and the evangelists themselves required finesse. For the latter, proof of utility was in order, and for the former, a constant reconfiguring of the relationship to ensure that the interactions remained wholly utilitarian, and not ones that could be considered pretextual. Often, for the evangelists, utility could be found in education, particularly the teaching of English. But there were many teachers, and restrictions against religious discussion could, as can be seen throughout this work, be pursued on a whim.

Turning to a specific organization, Chapter 6, an examination of the role of the YMCA in Japan, notes that, what first began in teaching and education, quickly sought a niche in war work, particularly with the start of the Russo-Japanese War in 1904. Indeed, like the YMCA, some evangelical organizations, given their personnel and their expertise, endeavored to assist Japan's leadership in other ways. The medical missionary movement had gained strength, although much of the work was done on the Asian mainland, and less on the Japanese archipelago, as most of the evangelical efforts in this sphere were devoted to military medicine, on the battlefield and in the encampments. Ministering to the bodies and souls of the nation's soldiers certainly assisted evangelists' efforts to ingratiate themselves with the nation's government, supporting, as they were, both their own religious missions and Japan's national mission of parity with the rest of the world's great powers. Certainly, Japanese medical science was at the forefront of work on the frontlines, but the ministrations among stable casualties could be time consuming and arduous, and much of this work was easily fobbed off onto grateful foreign Christian women, who were often happy to play a significant role in the evangelical movements that might have otherwise marginalized them.

In Chapter 7, which looks at the workings of the Salvation Army, however, we see another form of the moral enterprise at work. Indeed, among those whose medical missionary work was not concerned with nursing war wounds, a handful of evangelists considered turning their attention to the throngs of subjects suffering from an as yet incurable disease. For many, it seemed an obvious religious choice. Although, unlike leprosy, tuberculosis is not a disease mentioned in the scriptures, its consumption of the body, leaving only the soul, seemed a poetic analogue to

Christianity's emphasis on the valuation of the soul above the body, and the incurability of the disease was a challenge to be met by the power of faith in health. Its afflicted, the victims of stigma as much as of their illness, often desired acceptance and love, a currency Christians felt assured they could offer.

More than its symbolism, however, tuberculosis as an area of medical missionary work in Japan was a political choice. Although the medical missionaries who chose this work were hardly stepping on the toes of Japan's leadership, by emphasizing this area of medical work, whether the concentration was on treatment or hospice, foreign evangelists were choosing to take responsibility for a community on the neglected social periphery. By highlighting, however unintentionally, a deficit within Japan's public health sphere, their efforts to fill this need changed the nature and dynamic of their relationship with the nation's government. Regardless of whether evangelists believed this work was the responsibility of the government and regardless of whether they felt that the state had intentionally neglected it, they sought to address this lacuna, in part, to maintain a mutually beneficial relationship with the Japanese state. They hoped thereby to continue their religious work within the nation. This shaped the interaction between evangelist and nation sufficiently to ensure that it remained one of moral entrepreneurship.

Chapter 8, which analyzes the individual evangelists Rudolf Bolling Teusler (of St. Luke's Hospital) and William Merrell Vories (of the Omi Mission), sees the fruition of evangelical moral entrepreneurial efforts. While these men certainly did not stanch the tide of tuberculosis deaths in the nation, they did seek to answer the question of who benefits. Who benefits is as significant as who fails to benefit, and the victims of tuberculosis were primarily nonbenefactors. Although records are incomplete, to put it mildly, official estimates of tuberculosis mortality—as noted in the *Kekkaku nenpō* (Tuberculosis statistical yearbook), no. 5—reached 5,735,981 during the period from 1900 to 1950. However, this number does not include the casualties from tuberculosis between 1944 and 1946, when the war and its aftermath made record keeping difficult. Nor does it address, as historian William Johnston noted, the numbers who hid their disease or the families who refused to disclose the true cause of death of their relatives. Suffice it to say, Japan's tuberculosis epidemic caused a considerable loss of life and manpower.³

The numbers also fail to address the fact that the majority of the victims were young and destitute factory workers, many of whom were female. The nature of gender politics, as much as the importance of Japan's modernizing mission, meant that theirs was already the plight of the periphery. Given an epidemic that reduced its victims physically (by killing them) and politically (by rendering them invalids unable to protect their own interests), these sufferers could easily be forgotten as individuals, even as attempts to quantify them (and thus dehumanize them) were made. Yet Teusler and Vories sought to remember them far more than had both the

3. Johnston 1995, 4, 309.

nation in which they worked and the evangelical organizations under whose auspices they had once tenuously belonged. These men knew that the work of caring for the tubercular in a time without a curative treatment was one first and foremost of love.

The afterword of this monograph briefly examines the work of the evangelical organizations to the end of World War II and the ultimate conquest of the scourge under the occupation of Japan by General Douglas MacArthur's SCAP forces. Thus, the majority of the work concentrates on these American Protestant nondenominational evangelical organizations and individuals who would fill this lacuna of responsibility for the nation's subaltern sick. The men and women populating the ranks of these organizations—namely, the YMCA, the Salvation Army, and additional foreign proselytizing organizations often under the auspices of the previous two, proved willing to accept this burden beyond the fact that it was a Christian mission, but also in exchange for the opportunity to attempt to proselytize in a new religious market.⁴

This would be a near miracle for the evangelists. After all, in order to enter into a new nation that had only just repealed the ban on their religion in 1873, some five years after the Meiji Restoration, evangelists sought to prove their utility and mettle to the leaders of a nation still indisposed to conversion. It was not merely about proving the worth of Christian soldiers; rather, by assisting the nation's leaders, evangelists hoped they could earn new patrons, either as donors or as converts (or better still, both) among the nation's elite. As we shall see, seeking out a niche in a potentially still "heathen" landscape came easier to some groups than others. While work among the subaltern was considered by all four groups discussed in this book—namely, the YMCA, the Salvation Army, Rudolf Teusler's St. Luke's Hospital, and William Vories' Omi Mission (later Omi Brotherhood)—the YMCA would find a more advantageous prospect of assisting Japan's military on the frontlines and the home front, beginning with the Russo-Japanese War of 1904–1905. The Salvation Army, a later entry into the field, would focus more work on the victims of tuberculosis as an avenue for missionizing, but their endeavors were often diverted for work abolishing prostitution and other social ills. The signal efforts made by St. Luke's and the Omi Mission, however, though on a considerably smaller scale, ended up proving a miracle for the few victims of tuberculosis who would attend their sanatoriums, though no medical breakthroughs were yet forthcoming.

But throughout the record that this book traces, it is primarily about something that did not happen. Tuberculosis was not cured by the Japanese government or its scientists or the American evangelists who served at the behest of the former. This imposes a more speculative and, perhaps, challenging task for the author than would a text in which something does, in fact, happen. Yet the study of history often obligates one to such an analysis.

4. Garon 2010, 317.

When seeking the causes of something that happened, one may begin with an occurrence and scrutinize that which is prior and proximate to it. Since the causes of an occurrence must have preceded it in time and must have been proximate to it in time and space, one can start with the event and consider what occurred either shortly before it, culminated in it, or, at least, bore some plausible relation to it. Causality is much more discernible if it depicts a recurrent relationship.

Attempting to explain why something did not happen, however, is more notional and difficult. One must first justify why one might reasonably have expected something to occur that did not occur. Such an analysis, which is necessarily normative, must deftly navigate the twin risks of ethnocentrism and presentism. Accordingly, the normative expectations against which one must judge what did and did not happen should be founded on the values, priorities, and exigencies of the actors in the period studied. Why was tuberculosis neither cured nor addressed in Japan? Why did the government not act in the nation's putative interests? One must set aside one's assumptions and instead consider countervailing factors.

Furthermore, one cannot analyze those things bearing on a known event in time and space. After all, something that did not happen has neither moment nor locus. How can one determine if something preceded anything that did not happen? Nothing was prior to it. How can one determine if something was proximate in space to something with no existence, and hence has no location? Nothing can be proximate to something that does not exist.

In such cases, one has to consider not a moment in time but a period in time when something might have been expected to occur, but did not. One cannot consider those realities in a particular time and place but must examine a wider set of phenomena that might have been expected to lead to something in any of a number of locations, but did not.

Only then may one describe phenomena that arguably could have (and perhaps normatively should have) led to something but ultimately did not. One may then finally account for those factors that, one imagines, operated on the contrary to suppress or prevent it. Hence, we look to the late Meiji period and continue to the start of the Shōwa period.

In this case, those countervailing factors were the decisions of the actors in their calculations attendant on the moral enterprise, especially in the pursuit of perceived benefit, and in the service of soteriological value. Thus, one approaches the analysis from the viewpoint of *cui bono*. How did the Japanese government and foreign evangelists benefit from the epidemic, and what informed their decisions and actions such that there was a relatively long delay in realizing an effective national response to the tuberculosis epidemic? This book answers that question.

“The Nazareth of the Orient”

The Particular Work of the Evangelists

For many Western evangelists, Meiji Japan seemed, if not a promised land, certainly a promising land. In it they sensed both a need and a yearning for salvation among an intelligent populace they believed was desperate to ameliorate its ignorance. And, for most evangelists, the desire to assist in that salvation was neither naive nor imperious but was motivated by a deep faith in the rectitude of their beliefs and a true devotion to their mission. Often highly educated, these men and women volunteered for the difficult life of the evangelist, many turning down a myriad of other opportunities, including evangelical work closer to home. One such person was William Merrell Vories, whose work we shall consider in a later chapter. Vories trained as an architect yet still planned to pioneer evangelism in “some Nazareth of the Orient where no missionary enterprise had ever been established, or would ever be established otherwise.”¹

Nevertheless, as Vories evidenced, the desire to serve did not preclude the desire to merit acclaim. For evangelists, working for the common good also included working for one’s own benefit, regardless of whether personal preference was defined by an aesthetic or ascetic life. So, too, did it include the good of the nation, although what evangelists considered that to be did not necessarily correspond to the considerations of the government, as defined by many of the government’s employees, as I shall discuss later. What the common good did seemingly preclude was often the specific goals of other, though not of all other, missions.² The desire to serve, therefore, did not prevent a sense of competition with other missions, particularly those affiliated with other Christian sects.

Complicating the competition was the fact that its currency was denominated in the souls of Japanese converts. This soteriological value was the basis for moral entrepreneurship with the evangelists. This was obviously a slippery measure. Besides the difficulties of haggling over actors, not objects, evangelists in Japan and back home had no standard by which to measure success. What constituted

1. Vories 1936, 7.

2. Ransome, 108. This, however, was natural, as many felt that those who subscribed to a “false” religion or “false” interpretation of the same religion were much further beyond educating in the “correct” religion or interpretations than those wholly ignorant of, in this case, Christ’s gospel. Thus, while not wishing other missionaries ill, there existed a tendency in Japan to focus evangelical work solely on the Japanese populace.

victory? Conversion generally indicated an individual saved, but converts were difficult to define and even more difficult to procure. Victory also meant an increase in donations and income for the mission, but the monetary economy and the human economy were not necessarily symbiotic, as we shall see. What many evangelical organizations discovered was that in Japan there was a fine balance between attracting converts domestically and acquiring funds abroad. This would become even more important in medical missionary work, as among the victims of tuberculosis. Yet, as conversion rates rose, or were perceived to rise, evangelical supporters in the States often assumed that domestic income would supersede their donations. This, however, was rarely the case. In part, this was the nature of the work: most converts lacked the funds of the wealthy philanthropists abroad. More important, however, was the fact that all evangelical organizations promoted supplemental programs, from English lessons to the sporting events that distinguished the “muscular Christianity” of the YMCA, and many counted mere participants as professing Christians.³ This was somewhat disingenuous. The majority of the Japanese subjects who attended the extrareligious offerings of the evangelical organizations did not consider themselves Christian, nor did they intend to become Christians.⁴

Nevertheless, as no coercion was involved, those who attended extrareligious events were identifying themselves as supporters of the organization, though not necessarily ideologically or economically. And, in a country with a history of hostility toward Christianity, evangelists marked this support as a significant triumph. In many ways, this became analogous to the relationship between many evangelical organizations and the Japanese state.⁵ Rather than professing belief in Christ, such supporters maintained a belief in the efficacy of Christianity. Just as Ōkuma was staunchly not a follower of Christ, he was a believer in the effectiveness and utility of evangelists in Japan. Still, at best, such a believer was, in the words of Motoda Sakunoshin, the first Japanese Anglican Bishop, “the Pseudo-Christian,” who might “believe in ethical Christianity but know(s) nothing of spiritual Christianity.”⁶ Despite Motoda’s disappointment, “Pseudo-Christians” would become the most important Japanese figures in the maintenance of the evangelical movement in Japan, particularly in work with the tubercular.

The very existence of “Pseudo-Christians” among the public enabled a number of Japanese government officials to reconsider their hostility to the cultural

3. I. Abe, 119.

4. That sentiment can be deemed somewhat moot, as many people who convert to a religion begin to study it without intending to convert. Nevertheless, the majority of the Japanese subjects discussed above continued to attend organizational events and programs without showing an interest in converting to Christianity. For most, it seems, the activities and services offered filled the void that evangelists hoped Christianity would.

5. It is important to note the difference between evangelical organizations and churches in Japan, particularly with regard to the relationship to the Japanese polity. Most evangelical organizations had foreign connections that many churches lacked, either in terms of foreign leadership or counterparts. Thus, the relationship between the government and the YMCA or the Salvation Army is not mirrored by that of the government and, say, Uchimura Kanzō’s mukyōkai.

6. “Attitude of the Japanese People towards Christianity,” 146.

imperialism they feared manifested by the evangelical presence. Among the offerings of the evangelists were linguistic training, physical fitness, moral education, and, eventually, medical work, all of which contributed to a populace that assisted the nation in its quest to modernize along the lines of the Euro-American colonial powers. To lose a few individuals to a foreign religion that placed its god above the nation was not desirable, of course, but neither was it unacceptable. So long as the foreign Christians did not attack the government itself, there was little harm in allowing them a handful of converts.⁷ What proved particularly appealing was the fact that the potential betterment of the populace, whether spiritual or physical, was funded by the evangelists and their supporters, and not by government coffers. Moreover, at little to no cost to the government, apart from its tacit acknowledgment of Christianity, were the beneficial international relations it could nevertheless claim to have fostered by utilizing the work of the evangelists.

Both organizational prerequisites of moral enterprise, endorsing the state good and the evangelical good, promoting modernization and providing independent funding, were further enhanced by the introduction of medical missionary work. Certainly, evangelical organizations had long offered spiritual therapy for the infirm, but the existence of evangelist-funded dispensaries had failed to interest government officials early in the Meiji period. This was due less to the nature of the work than the timing and intended recipients of the evangelical enterprises, the utility of this work to its beneficiaries. It was not so much that the work itself was different or better than previous attempts, but it was seen as more useful than previous attempts. After all, in order to make the work palatable to a still-unwelcoming land, missionaries needed to be seen as utilitarian. Indeed, Dr. James Curtis Hepburn, one of the first Protestant medical missionaries to Japan, garnered political renown not from his busy dispensary or his later appointment as head of a Christian medical school, but for his popularization of a romanization system for the Japanese language. This early indifference was hardly surprising. After all, many evangelical organizations themselves thought that there was far less of a need for such extrareligious work in Japan than in the rest of Asia. Hepburn's own Presbyterian Church soon abandoned his medical position, preferring to employ evangelists who specialized in teaching and moral suasion.⁸ Nevertheless, while many foreign evangelical organizations saw Japan as a nation desperately in need of spiritual guidance, they felt that it had become equal to their motherlands in terms of medical practice. The Japanese government, however, knew differently, aware that while knowledge was great, deficits

7. Indeed, the occasions of such were rare among foreign evangelists, who avoided Japanese politics. To have addressed political issues publicly was not a necessity in saving Japanese subjects, and, depending on the legislation of the time, could have seriously affected their work, to the point of imprisonment or extradition. Unlike foreign evangelists, Japanese Christians were rarely as taciturn, although, again, many were both savvy enough and compartmentalized enough to avoid addressing issues that would have proved too incendiary for the government to ignore.

8. Griffis 1913, 125; Whitney, 347; and Bradt et al., 423–25; Gordon, 172.

in distribution and lack of equity were still greater, as the tuberculosis epidemic could testify to.

Japanese scientists excelled at medical research, and the Meiji government had urged many researchers to pursue their investigations abroad, at the finest laboratories in Germany and America. In addition, toward its goal of *fukoku kyōhei* (rich country, strong army), the government had employed many of its top physicians in military medicine. Thus, while many physicians were occupied in research or military medicine, most of the populace lacked even the most basic level of medical care. Indeed, thirty years after the Meiji Restoration, only 136 public hospitals existed to serve almost forty-five million subjects.⁹ There were, of course, private hospitals, but as one bedridden doctor, Kondō Tsunejirō, remarked,

As for the [private] hospital, it is exactly like a brothel that is greedy for profit. The sick who should be pitied are viewed as shady characters. They will not be set free until they have emptied their pockets. The assets of the average man, earned over ten years, would be completely exhausted when his wife enters the hospital for a single stay. . . . The attitude of the hospital director is like that of the madame of the establishment, while the staff doctors and clerks are like accountants and bouncers, respectively, and the nurses are like prostitutes who have just started in the business.¹⁰

Their opposition to brothels notwithstanding, the state of Japanese public health provided a niche in which to work for those evangelical organizations willing to dedicate the necessary resources but a bargaining chip, namely moral entrepreneurship, with which to relate to the Japanese government.

Such was the appeal of this niche and bargaining chip that organizations did attempt to accumulate the resources needed to perform such work. While obtaining staff and funds abroad was an arduous task for any evangelical group, those offering a medical missionary branch also faced far greater difficulties acquiring buildings and equipment domestically. Foreigners were not allowed to enter into land contracts in Japan until 1899, which made early attempts to establish missionary centers, let alone hospitals, difficult without a willing Japanese intermediary. Even with the issues of legality cleared, many landlords or sellers remained unwilling to engage foreigners. Neither were medical appurtenances readily available, least of all to unknown interlopers in the community.¹¹ When the wife of Protestant Episcopal bishop John McKim prepared the small house that was to be the first home of St. Luke’s Hospital in Tsukiji, Tokyo, before medical missionary Rudolf Teusler’s arrival in 1902, she lamented, “How dismal the little hospital seemed when we went in—it was so small, so barren, so forlorn. We did our best to cheer up the rooms with flowers, and a few homelike arrangements, but could not help wondering how the

9. Anesaki, 58; Ikegami, 125; Longford, 17.

10. Irako, 19; Burns, 173.

11. “Proceedings,” 111; Gordon, 87.

place might impress the Doctor fresh from the wonderfully equipped hospitals at home.”¹²

Despite these impediments, evangelical organizations hoped to maintain a standard far above their means (or the means which they were allowed). As Dr. John Cross, stationed in China, argued at the Central Presbyterian Church meeting on April 30, 1900 in New York:

No medical missionary should be without a hospital, with a good supply of surgical instruments. It seems to me cruel and unchristian to send a man who has a medical degree to any place, and say to him, practically, “You must exercise your science, remove your tumors, set your broken limbs, cure the fevers as best you can with the title at the end of your name, or little else.”¹³

The disconnect between the desires of the evangelical organization headquarters and the reality of the situation in which evangelists in the field found themselves continued, often until the prospects became so prohibitively expensive as to require immediate action. In part, organization headquarters needed the medical missionaries’ work to continue—not merely for its proselytizing potential, but also because their institutions were frequently the only ones in which foreigners, including evangelists, felt comfortable seeking treatment and convalescing. It was to Teusler’s credit, therefore, that he was able to build a working hospital from the small house he was given, as his became one of the most famous medical missionary enterprises in Japan, if not in East Asia. (We shall meet Dr. Teusler again in a later chapter.)

It was also a testament to the power of the “Pseudo-Christians” who recognized the great service evangelists were performing with regard to public health. As awareness of the hospitals grew, so too did the assistance provided by the wealthier Japanese subjects. This was often given as much out of a charitable impulse as out of a self-serving one. Such a sentiment ruled the minds of a few government officials as well. Unlike a donation to a church, such gifts could be seen as assisting all subjects, regardless of religious conviction. They could also be seen as promoting cross-cultural relationships. Thus, a small handful of Japanese politicians chose to donate (and donate vociferously) to evangelical organizations as “private” citizens. Doing so allowed them the freedom to garner the rewards of encouraging international relations and assisting the national welfare without the potential imbroglio that could arise from trying to push for charitable funding politically. Moreover, in donating as individuals, these men could dissimulate as though they were merely philanthropists, not seeking political gain from their donations. They could present themselves as officials who felt so strongly about Japan’s welfare that they were unwilling to chance sacrificing it by politicizing it, a clear instance of moral entrepreneurship. Take Ōkuma, for example, whose donation of trees to Riddell’s mission among the victims of Hansen’s disease could be seen as supporting missionary work privately.

12. Robbins, et al., 29.

13. “HEATHEN CRUELTY.”

Nevertheless, evangelically promoted public health remained enough of a controversial prospect that many were reluctant to provide monetary gifts without also limiting its prospective beneficiaries to those politically acknowledged to be in the national interest, specifically the Japanese military forces. With the stipulation that the donations fund evangelical assistance to Japan’s fighting men, more top Japanese officials were willing to be identified by evangelical organizations as “Pseudo-Christians.” Again, to do so was also seen as promoting international relations, and it was not as suspect or as politically controversial as donating to an evangelical dispensary in some working class slum. It was with this intent that the imperial household, intended to be viewed as transcending politics, donated a few times to such organizations, as for instance when it presented the YMCA with a gift of 10,000 yen on April 19, 1921, for its work with Japanese soldiers (and their Soviet prisoners of war) on an extended, and governmentally unpopular, deployment in Siberia following World War I and the Bolshevik Revolution.¹⁴

Let us not forget that, above all, this was the epitome of moral entrepreneurship. By supporting foreign work, which might otherwise appear suspect, the imperial house was promoting its moral suasion and appeal, just as the foreign evangelists, by working on an unpopular expedition, were. Both the imperial family and the YMCA could then proclaim itself to be sacrificing money or work for Japan’s greater good, here represented by the deployed soldiers.

The success of work with the military, however, meant that evangelical organizations, gratified by the growing acknowledgment of influential Japanese officials of the organizations’ utility to the armed forces of Japan, often abandoned plans to initiate or to continue public health promotion outside Japan’s army bases. From the first recognition of such work during the Sino-Japanese War of 1894–1895, many evangelical organizations placed their hopes for acceptance in their assistance to Japan’s war effort, in terms of charitable donations, and winning souls. They were assisted by their pronouncements of ideological support for Japan’s wars. In his polemic *What Shall I Think of Japan?*, George Gleason, YMCA secretary in Japan, wrote not only for foreign Christians but also for domestic officials when he proclaimed that the “outbreak of hostilities [in 1894] does not show that Japan had any other desire than self-protection,” and that “Japan’s demands were the customary rewards of successful conflicts with China, as the dealings of the European nations with the Celestial Empire clearly prove.” Where their Japanese Christian compatriots were often the loudest voices denouncing Japan’s modern wars as imperialist (particularly those after the Sino-Japanese War)—as did Uchimura Kanzō, whom we will discuss below—foreign evangelists were quick to voice their support, both to demonstrate their allegiance to their new home and to promote sympathies abroad for purposes of fund-raising. Indeed, Gleason’s epigraph provides his own

14. This was not even one-sixtieth of the cost of the services provided, to add a bit of perspective.

KFA: Letter from S. Saito to A. C. Bookwalter. May 12, 1921.

KFA: “Imperial Grant to The Y.M.C.A.” *The Japan Times and Mail*. Wednesday, Apr. 20, 1921. p. 8.

my own experience & from what I have observed in China & Japan it seems as if a strong hold on the latter idea, such as will awaken the enthusiasm of humanity, is attained only by those who are filled with the former idea.⁴³

Similarly, Gulick noted later, “The fact that although I had always worked in scientific lines and was one of the earliest believers in evolution” only served to emphasize the importance of Christianity, because “I still retained my faith in Christ and considered Christian evangelism the one work most worth while.” This fact, perhaps more than Christ’s teaching, “had a strong influence on the young Japanese men with whom I was brought in close contact through the school in which I was a teacher.”⁴⁴

Besides, without religion, there was neither impetus nor strength to make the sacrifices necessary in the struggle of the survival of the fittest. Thus, Gulick maintained that when a man “sacrifices himself to the good of his family, or nation, or race, he knows that he is making sacrifice. He cannot, like the beast and bird, sacrifice himself without any thought of the consequences.” Sacrifice was not to be avoided, Gulick noted, but was to be supplemented: “The law of nature seems to provide for the success of the race, without regard to the fate of the individual. But religion offers the highest blessedness to the individual while devoting himself to the service of the race, through love of God.” Kato Naoshi, however, a Japanese writer for the YMCA publication *Kaitakusha*, saw neither a need to supplement sacrifice nor to juxtapose individual and nation, particularly with regard to the role of Christianity: “Christianity will bring to fruition the spirit of the nation. . . . The spirit of the nation cannot be realized until the spirit of the individual is in harmony.”

Like Gulick, many Japanese Christians, too, saw no reason to view evolution as antithetical to Christianity. Kozaki Hiromichi, one of the Kumamoto band and a student of Gulick, who would become a leader in the upper echelons of Tokyo’s YMCA, dedicated a considerable amount of time to explaining the symbiosis he saw as inherent to both Christianity and to evolution. As man progresses through history, Kozaki maintained, so, too, does he come to better understand the divine.⁴⁵

Discussions of both the fate and role of the individual became of utmost concern to the methodology of evangelists in Japan, particularly with regard to the moral enterprise. It was Christianity, such men maintained, that not only affirmed but introduced the Western concept of the individual in Japan. Individuals were to be valued as part of creation—not solely as a part of a gestalt, but as an end in and of themselves. Part of the moral enterprise in Japan at the behest of the evangelists was having converts and “Pseudo-Christians” cherish the individual at every level. By valuing the individual, each Japanese subject became worthy of salvation—either of the nation or the church, or, ideally, both. As missionary author Ernest Wilson

43. JTG Papers, Bancroft Library: Letter to George H. Romanes, Mar. 7, 1861; later sent to Thomas Gulick, Jan. 5, 1892; sent by Thomas to G. F. Wright for publication in *Bibliotheca Sacra*, Jan. 1896, pp. 1–2 of original letter.

44. JTG Papers, Bancroft Library: Outline of my life by John T. Gulick (18 May 1906), p. 50.

45. Amundson, 128; Davidann, 106; Miyahira, 118; Dohi, 30–31.

Clement contended, “In 1853, the individual was swallowed up in the family, the clan, the nation; by 1903 the word ‘personal’ had been introduced into the language by Christian teaching, and individual worth, rights, and responsibilities were acknowledged in the codes, the courts, and the Constitution, the latter itself a fruit of Christian civilization.”⁴⁶ In many missionary fields of endeavor, such work would have been seen as too meager, too simplistic to qualify as evangelism.

But Japan, pioneering evangelists of the late nineteenth century quickly realized, was not like other such domains. For some twenty years after the Meiji Restoration, foreign Christians acknowledged the continued unique nature of much of their work. In an 1871 letter to his elder brother and fellow evangelist, Orramel Hinckley Gulick, John Thomas Gulick advised him that the “surest way to reach the people & make your work tell will be to start a newspaper. The people are so eager to learn foreign news & foreign science that a paper well managed would pay for itself & in time would have a very great influence. I believe Yokohama or Yedo would be the place for gathering news, rather than Hiogo. If you are to stick to the ordinary lines of missionary work China is the place.”⁴⁷ This letter is from June 22, 1871, not long after the Meiji Restoration, and thus, the restoration of a foreign evangelical presence in Japan (although two years before the repeal of the ban on Christianity). What is notable is not merely that Gulick believed that Japan was not ready for “ordinary lines of missionary work”—that is, direct preaching—but that he also promoted the newspaper as a potential proselytizing vehicle (presumably somewhere beneath all the “foreign news & foreign science”) that would not require outside support. While missionary boards were always eager for self-supporting evangelism, Gulick seemed to acknowledge that such a newspaper, without its overt Christian teachings, would not garner the same kind of philanthropic support from Christians back home that “ordinary lines” of evangelism would elsewhere, that the moral enterprise would be more difficult when not couched in soteriology but in practical terms, including scientific information.

Many evangelists utilized their fluency in English to proselytize outside ordinary lines. Such men and women were far more sought after for their cultural currency than for traditional preaching. In a nation where everyone was ostensibly equal, the promise of a meritocracy led many Japanese subjects to pursue English literacy, even with a dose of Christianity. Eliza Talcott, a missionary and cofounder of Kobe College, suggested, in 1873, the same year that the ban on Christianity in Japan was lifted, that English teachers take advantage of the situation and “use the ‘Peep of Day’ for a Reader.” *The Peep of Day*, written by British evangelical author Favell Lee Mortimer in 1836 with the subtitle *A Series of the Earliest Religious Instruction the Infant Mind Is Capable of Receiving*, became a “standard textbook” of English in Japan within three years. Julia A. Gulick, John’s sister and Talcott’s assistant and coevangelist, found the work extremely helpful: “The children are

46. University of Chicago Alumni Council, 68; Clement, 145.

47. JTG Papers, Bancroft Library.

learning the Old Testament stories while studying the corrected English language,” and they continued to do so for another two years. It was telling that Talcott saw Kobe College not as a school but as a pretense for Bible study. During her tenure, the school had no commencement ceremonies.⁴⁸ Thus, despite the lifting of the ban on Christianity in 1873, evangelism continued to take place within the confines of some trade: teaching, reporting, medical work. This was, of course, the epitome of the moral enterprise—appearing to serve the nation selflessly while seeking acceptance and promotion of one’s own agenda.

By the late 1880s, however, for some evangelists, their work had become seen as commonplace and ubiquitous within Japan enough to merit a division of labor between employment and proselytization. The promoter of extraordinary lines of missionary work, John Thomas Gulick wrote to his brother Halsey that the Japanese Christians in Kyoto wanted Julia, his sister, “to train the nurses to be Bible Readers & evangelists while acting as nurses. There are of course opportunities for such work but of course it would be easy to overdo that line, as in the case of a dentist who always preaches to those whose teeth he is filling.”⁴⁹ But such a division was not to compartmentalize the evangelist’s Christianity. In all work, such men and women understood, one’s values and morals could and should be imparted, but there was no longer any need for subterfuge. As Gulick suggested to the home mission in the late 1890s, “The necessity for a miss’y [missionary] to devote himself to mere teaching is largely past, unless he sees in that work a wide opportunity to influence his pupils for X’y [Christianity] as well as others whom he may reach through them. It is our thought that the miss’y should be always an evangelist in whatever lines of work he may be engaged, & that he should seek those places in which he can best accomplish his work.” It was, of course, a fine line between being the sermonizing dentist and being the missionary who imbued his work with the spirit of evangelism.⁵⁰

It was this delicate distinction that medical missionaries had to respect. Arriving later than many of their counterparts in English language education, they were not as limited in their evangelism, but remained sensitive to the division between science and religion that so many philosophers had distinguished after the Enlightenment in Europe, and certainly after the growing acceptance of the veracity of Darwinism. Although certainly not medically naive, these men and women also perceived illness as a spiritual problem, and medicine as concomitant to a spiritual salve. Neither could spiritual health and physical health be separated, nor could spiritual obligations and medical responsibility be divided, and the medical missionary knew that better than anyone. “The aim of the medical missionary is twofold,” noted Canon Charles Henry Robinson of Ripon Cathedral, the editorial secretary of the Society for the Propagation of the Gospel in Foreign Parts:

48. Ishii, 83.

49. JTG: Letter to Halsey Gulick, Dec. 8, 1887.

50. JTG: Suggestions to the Mission, n.d. (but likely 1896–1898).

(1) To alleviate suffering and to train those who in non-Christian lands are ignorant of the art of medicine in order that they may be enabled to alleviate the sufferings of their fellow-countrymen. (2) To co-operate with the Christian evangelist by interpreting the Divine compassion and breaking down the prejudices of those who would not otherwise be willing to listen to the gospel message. Some of those who have advocated the extension of medical missions have laid exclusive emphasis upon the latter objects, but have failed to grasp the importance of the former. The charge given by Christ Himself to His first missionaries was to preach the gospel and to heal the sick, but there is nothing in the context to suggest that in places where the preaching of the gospel was welcomed they might consider themselves absolved from the obligation to heal those who were sick. It may with confidence be asserted that apart altogether from any consideration of the fact that medical missions have proved a powerful evangelistic agency, it is the duty of the whole Christian Church to establish missions which have as their object the alleviation of bodily suffering, and that it is the duty of the individual missionary who possesses a knowledge of medicine that is not shared by any of those amongst whom he works to use his knowledge with the object of alleviating human suffering, and to continue his labours with this object in view until such time as the medical practitioners of the country are in a position to carry on the work which he has inaugurated.⁵¹

The Right Reverend William B. Stevens, Episcopal bishop of Pennsylvania, voiced similar thoughts, in his Epiphany missionary service on “Medical Missions; their Origin, Scope, and Influence, Especially in Connection with China, Japan, and Mexico,” as reported in the *New York Times*. Caring for the infirm and ill was “a Divine command. . . . In nearly every land where early hospitals were founded they came in with Christianity, and Christian charity supported them.” The bishop was quick to point out, incorrectly, that China and Japan, though populous, “have no medical science.” Instead, “they have quacks and magicians. They know nothing of anatomy or physiology. They do not know of the circulation of the blood; they know nothing of the lungs, the eye, the ear, or the brain. All their medical works contain doctrines long since exploded by science. The medical profession there is a very low one. The first missionaries to those countries saw the necessity of introducing medical service.”⁵²

The first missionaries (and, indeed, those who followed) also saw the benefit to the mission of the divine command. In practical terms, those who required medical care had both the time and the desire for guidance, be it spiritual or otherwise. In convalescence, Dr. Sarah Craig Buckley wrote in 1887, “the people are very willing to hear the truth, and we certainly have them where their minds are most plastic to mould. In hours of sickness the Japanese, like ourselves, think most seriously. I often think we have the most promising Christian work in Japan.”⁵³ She was not mistaken;

51. Robinson, 28.

52. “HEALING THE HEATHEN SICK.”

53. Buckley, 67.

hers was an audience that, if not necessarily wholly receptive to her ideological message, was certainly open to her medical assistance. As William Elliot Griffis, missionary and educator, reported almost two decades later, medical missions, particularly, had proved fairly successful:

This gate of opportunity, at first view seemingly small, opens on a boundless field. As we traverse it, we see another gate of opportunity, that of charitable work, and here in Japan we note one of the great moral revolutions of the world wrought within fifty, perhaps we might say in thirty, years. The Japanese are as a nation getting to have what they did not have before,—ideas, and a conscience concerning their duty to the blind, the insane, the starving poor, the orphans, the outcast, and criminals. When first in Tokyo, I remember reading, with, I confess, an irreverent and comical feeling, the notice boards, especially the one that hung right under the anti-Christian edict and sandwiched in between the old text and the new proclamation. It read: “Human beings must carefully practice the principles of the five social relations. Charity must be shown to widowers, widows, orphans, the childless, and sick.” Why widowers should be first pitied was not clear, and why the starving and hungry were not thought of seemed strange. In pagan Japan hospitals, orphanages, schools for the insane, blind, and dumb, systematic or voluntary famine relief, reform of the criminal, tender relief of the sick paupers, were practically unknown. The Japanese were benevolent, but only in a narrow way. They answered the question, “And who is my neighbor?” in the spirit of Confucius, not of Jesus. Now, thanks to the statistics of Dr. J. H. Pettee, we see that the Christians of Japan have thirty-one orphanages, four homes for discharged prisoners, three blind asylums, three leper hospitals, two homes for the aged, five schools for the Ainos, four free kindergartens, ten industrial schools, ten other schools for the poor, ten boarding-houses for students, and fourteen hospitals. That is to say, a fraction, one two hundred and fiftieth part of the population of the empire, support about one-fourth of the organized benevolence of the land, and that fraction of people consists of the Christians.⁵⁴

As medical missionaries, more so even than as spiritual or political educators, guides, and preachers, foreign evangelists became the neighbors most acceptable to the population they sought to assist. The success of the moral enterprise was rooted in this acceptability for soteriology, as we will see shortly in the case of the YMCA.

54. KFA: Griffis 1904, 269–70.

Afterword

“Let the Work Go On”

Where would Japan go from here? It need not start from scratch. After all, besides the assistance of the evangelical organizations, by 1915, Japan’s government had recognized the need for public health care for the tubercular, founding its first sanatoriums, although it was seen as little more than a Band-Aid for a much larger problem that had spiraled out of control. Rather, the evangelists sparked what had been obvious to physicians and health bureaucrats—namely, the need for medical care of the infirmed.¹ If evangelists thought their efforts would fuel them through the remainder of the first half of the twentieth century, however, they were sadly mistaken.

If the 1904–1905 Russo-Japanese War was a watershed in Japanese political and foreign evangelical relations, the Second Sino-Japanese War and the subsequent Pacific War, unsurprisingly, marked a sea change. Having weathered the Great Kantō earthquake of 1923, a highpoint in donations to the nation, both missionary and lay, the road to war would alter the nature of the relationship between the two moral entrepreneurs, the Japanese government and the evangelical organizations, as much as it would the shape of the disease itself. Tuberculosis would run rampant during wartime, as it would in Europe, due both to the conditions in military camps, but also to the rise in heavy industrialization the war effort necessitated.² Even for the first years of the occupation, then, the disease would continue to plague a war-weary nation, with a death rate in 1947 of 1.9 per 1,000 citizens.³ This should have led to a commensurate medical response, but the role of medical missionaries would come under fire in the 1930s and 1940s.

Even before becoming regarded as the enemy with the outbreak of hostilities between Japan and the United States, American missionaries often grew increasingly discomfited in a Japan that was at odds once more with China, a country where evangelical inroads often benefited from the confusing political landscape of the Republic which allowed for rather considerable proselytizing progress. By 1939, Japan’s Shōwa government would cease to engage in the moral enterprise with

1. Johnston 1995, 195, 224.

2. *Ibid.*, 102; Tsuneishi, 18; Mori, 566.

3. Mortality Statistics, 3.

foreign evangelists, promoting the removal of foreigners with the passage of the Religious Organizations Law. The law additionally severed economic ties between the Japanese churches of all denominations and foreigners performing any sort of missionary work.⁴ Thereby the moral enterprise with foreign Protestant non-denominational medical missions would, ostensibly, be at an end. Things were not so pat, however. After all, in the decades since their entrance on the scene, foreign missionary groups had worked, in various ways, to indigenize. From attempts at the native policy of the Salvation Army (leading to the comic disembarkation in Tokyo wearing improper attire), to Teusler's entrusting hospital work to Japanese physicians, to merely attempting to be self-supporting domestically (as the Omi Brotherhood had achieved), levels of autochthonous involvement had seeped into each group.

For the Young Men's Christian Association, the move into Manchuria facilitated connections between the organizations across national borders, colonial or not. However, with the enactment of the Religious Organizations Law in 1941, the YMCA was forced to restructure itself under the auspices of the United Church of Christ in Japan (*Nippon Kirisuto Kyoudan*), with its chairman appointed by the United Church.⁵ The UCCJ was seen as a "crowning achievement" of Japanese Christians, despite the fact that its ratification was thrust upon them. According to Shinohara Taira, a Seventh-Day Adventist seminarian in 1949, "Of constant fear to Japan's ruling clique was a widespread, disorganized body of public opinion, disseminating doctrines of universalism, pacifism, and resistance to the militarists and the emperor. . . . In short, they wanted the church in a position where they could control it."⁶ The YMCA, then, with its reliance on foreign workers, despite its allegiance to the Japanese government, first solidified during the Russo-Japanese War, would fall victim to this control.

The Salvation Army, meanwhile, had increasingly come to rely on Japanese Christians to carry out quotidian tasks, both in the office and in the sanatoriums. Among the most highly regarded physician in the Salvation Army's medical mission was, as noted previously, Dr. Matsuda Sanya, a follower of Yamamuro, who pursued medicine to be, as he relayed, "a Christian doctor . . . [who] felt called to live especially for the poor and needy." His dedication to his craft would see his promotion to superintendent of Tokyo's largest sanatorium, private though it was, but also his subsequent death, in 1930, of the same disease whose suffering he sought to relieve.⁷

Matsuda's death paved the way for Dr. Iwasa Rin, Matsuda's pupil in medicine and Christ, to come into her own. Certainly one of the first female physicians to dedicate her life to medicine in Japan, Iwasa, too, sought to dedicate her life to care for the tubercular and she became "Dr. Matsuda's right-hand-man," with two hundred

4. Krämer, 204.

5. Y.M.C.A. shi, 72.

6. Shinohara, 12–13.

7. Harita, 364; Richards, 29, 27.

patients “under her care and fifty staff [who] took her directions.” As Iwasa took up Matsuda’s mantle, it was estimated that, in the population of some seventy million, one person perished from tuberculosis every five minutes.⁸ An iconoclast as both a female physician and a Christian, an officer-wife in the Army related that “she must have been one of the first [female] doctors. She made it easier for Japanese girls to start working as doctors and nurses. As for our own Japanese women-officers, many just watched and took their lead from her.” It was under her guidance that a second sanatorium was established, as Iwasa proved her business acumen alongside her medical know-how. As a fellow officer related, “The doctor was a first-class business woman . . . With the surplus of profit from the earlier sanatorium, the second could be put up. Almost everything eaten at the sanatorium was produced in the extensive grounds. Patients overjoyed at returning health worked with a will in the vegetable gardens and among the cows and pigs and chickens.”⁹ Though the sanatoriums would later be appropriated by the Shōwa government in 1939, under the auspices of the war effort, Iwasa was maintained as superintendent and chief medical officer. As one of Japan’s leaders recalled, “No one did more than Lieut[enant] Colonel (Dr.) Iwasa to fan the glow of faith and hope among the loyal officers and soldiers in the ‘liquidated’ Salvation Army.” Her public welfare efforts merited her the Medal of Honor with blue ribbon in 1944, and his continued patronage during the postwar years.¹⁰

Native command in the Salvation Army had been achieved, therefore, by 1926, and in the medical missionary world, it would follow soon thereafter. Nevertheless, the goal of complete financial self-support was more difficult. At the time native command under Yamamuro was achieved in 1926, the commander estimated that his charge was 75 percent self-supporting. In three years, it would be estimated at 100 percent, only to fall victim to the worldwide economic depression, again necessitating the use of funds from International Headquarters. For the next half a decade, international subsidies would hover around 8,000 pounds sterling per year, falling to half that from 1935 to 1937. Only in 1938, would the Army cease to receive any outside support.¹¹

Nevertheless, an obvious link to foreigners, particularly with respect to the Army’s ties to the British, tainted the work of the mission. Under Yamamuro, then, the organization worked to purge itself of so-called servitude to foreign interests. Yet when Yamamuro was forced to resign due to ill-health, he was succeeded by a dual command, split between Colonels Victor Rolfe and Sagawa Yasoo, the one and only time an arrangement of this kind has ever existed in the Army. So unpopular was this compromise that Army members at the International Headquarters in England urged Yamamuro to come out of retirement to take up the mantle of leadership once

8. Larsson, 120; Unsworth, 4.

9. Unsworth, 5, 6.

10. Misaki, 282–88; Unsworth, 7, 5.

11. Baggs, 301–4.

more so as to oversee the Army as the Japanese army pushed deeper into China. As the fifth general of the Salvation Army, George Lyndon Carpenter, lamented in 1940, “our circle is broken by events in the Far East.”¹²

So too was it broken by Yamamuro’s own mortality. Euphemistically promoted to glory in 1940, Yamamuro’s death marked the end of the Salvation Army as an independent force within Japanese Christianity and medicine. The Army itself would be disbanded, first demoted to a “Salvation League,” and then completely annulled, and its medical work would remain under the government’s own auspices.¹³

Despite this eclipse, the postwar era would see a resurgence of the organization, and with it, an alteration of the medical work still performed by former Salvation Army physicians. As Dr. Nagasaki Taro, Chief Medical Officer of the Booth Memorial Hospital in Tokyo declared in 1970:

Since the advent of anti-T.B. chemotherapy and surgical tuberculosis treatment, our sanatorium (Booth, on the site of the first Suginami Sanatorium) has been obliged to change its designation to that of a chest hospital . . .

The change was mainly planned by Lieut.-Colonel (Dr.) Clifford Seamans, M.D., of the U.S.A. . . . Medical staff and nurses working in the Suginami Sanatorium were prepared to undertake non-tuberculosis medical and surgical care of patients with other forms of chest disease . . .

It was becoming unnecessary to run two Salvation Army sanatoria here in Japan, and after careful discussion among the administrative staff at both centres it was recommended to Territorial Headquarters that Suginami Sanatorium should function as a hospital for chest diseases and eventually Kiyose (Sei Shin) Sanatorium become a geriatric hospital.¹⁴

St. Luke’s Hospital, under the guidance of Dr. Teusler and the auspices of the American Episcopal Church, which had endured complete destruction during 1923’s Great Kantō earthquake, saw a rebuilding by 1933 and an expansion of Japanese staff, such that, by 1934, of the 390 personnel working at the hospital, only four doctors (of fifty-seven) were American.¹⁵ Nevertheless, 1934 also witnessed Teusler’s death on August 10, in the very hospital he helped revitalize. His final wish, expressed to his Japanese physician, was to “let the work go on.”¹⁶

Teusler was in luck. Due to the work performed at St Luke’s and the nature of the performers, the hospital was largely unaffected by the Religious Organizations Law, and was able to continue ministering to the ill, if not to the foreign population. Facing a name change to the Greater East Asia Central Hospital, the hospital’s work persisted unabated, and proved so successful that, in his monograph on Tsukiji Fish Market, a stone’s throw from the hospital, historian Theodore Bestor notes that the

12. *Ibid.*, 316, 329.

13. Rightmire, 161; Baggs, 329–30.

14. Richards, 138–39.

15. Lyon, 6; “Handbooks on the Mission,” 56, 59.

16. Robbins & MacNaught, 204.

presence of the hospital itself may have saved the neighborhood from the American firebombing that had destroyed the rest of downtown Tokyo near the end of the war.¹⁷

In a somewhat ironic twist of fate, St. Luke's had truly come to embody what US ambassador to Japan Joseph C. Grew had deemed in 1935 "a mighty testimonial, a lasting monument to Japanese-American cooperation and friendship," and what Japanese Foreign Minister Count Uchida Yasuya deemed "an important link in the cordial relations between Japan and the United States."¹⁸ Thus, it was hardly surprising that, a month after the end of the war, as contemporary physician Hinohara Shigeaki recalled, "General Douglas MacArthur announced the requisition of St. Luke's for 10 years."¹⁹ In a sense, and without volition, St. Luke's survived by being indoctrinated into a cross-cultural relationship with the American government long after it had proven its utility to the Japanese.

Like Teusler's St. Luke's Hospital, the Omi Brotherhood soldiered on as best it could during the war. Unlike St. Luke's, though, it continued to be led by an American. In truth, to call William Merrell Vories an American is a bit of a misnomer. As noted above, in January 1941, Vories became naturalized as a Japanese citizen under the name Hitotsuyanagi Mereru. Doing so required a demonstration of obeisance in a Shinto ceremony. Vories performed what he deemed a merely political, irreligious act. Eleven months later, Japan was at war with Hitotsuyanagi's birth nation.²⁰

It would be foolish to believe, however, that Omi was the work of one man, American or Japanese. After all, for years, Vories had lauded the efforts of his new compatriots involved in his endeavors, particularly in the establishment of the sanatorium, an architectural firm, and a manufacturing plant, in which Mentholatum was processed. By 1933, Vories was supported by some two hundred workers.²¹ Even as the mission was pressed by the Japanese government to diversify its holdings in order to remain both independent and solvent, Vories persisted in his belief that his was a cross-cultural mission. As he wrote in 1937, "the principle of *international* cooperation . . . is one of our central ideals. . . . It has become our conviction that it is impossible to establish an authentic demonstration of the Kingdom of God in our day in any single nation." To that end, Vories demanded that his mission employ "at least four Nationalities which are most closely thrown together politically and industrially in the Pacific basin—Japanese, Americans, Chinese, and Koreans."²²

In spite of this, or perhaps because of this, Japan's Shōwa government had no problem shuttering branches of his mission, save for the distribution of

17. Jaffe, xxxii; Bestor, 116–17.

18. "Tomorrow in the Orient."

19. Hinohara, 102; Otake.

20. Lyon, 40; Okumura, 35.

21. Okumura, 53; Vories 1937, 84, 102.

22. Vories 1937, 109–10.

Mentholatum.²³ After all, Mentholatum had come to permeate Japan's public sphere such that when Ozu Yasujiro, master of cinema, discussed what was necessary to take to the front in China, he noted the primacy of a "notebook, knife, and mentholatum."²⁴

Still, like its founder, the Brotherhood would survive the war, though the former only managed to do so through primarily sequestering himself in Karuizawa, far from Omihachiman. From there, he was unable to see how the Imperial Japanese Army requisitioned the sanatorium as a field hospital, practically destroying its facilities.²⁵

As historian William Lyon notes, in what has become one of the surprising stories of occupation in Japan, Vories witnessed his own rebirth as an agent of international conciliation liaison between Japan's imperial family and the Supreme Commander of the Allied Powers, General Douglas MacArthur, who had requisitioned St. Luke's Hospital for American use. Unlike St. Luke's, MacArthur would return the Omi Sanatorium to its original owners. By 1959, the sanatorium would have 180 beds, several acres of land, thirty-seven buildings, and treat "hundreds of patients annually for only the cost of their food . . . To it come health authorities from all over the Far East, modeling their institutions on its architecture and methods of treating Japan's age-old killer."²⁶

Vories would continue to work with MacArthur to establish Japan's new government structure, and, despite at times shaky relations between the two men, would, in true Vories fashion, thank the general in characteristically, if rather naively overblown poetry, proclaiming him "the first conqueror in history dared/employ the super-bomb of LOVE." For the moral entrepreneur Vories, then, the end of the war, in spite of all that had led up to it, manifested that

Love conquers all,
 However late its victory;
 Invincible, eternal is its rise.
 Love is of Life,
 Love is of GOD.²⁷

23. Lyon, 48.

24. Bordwell, 167.

25. Lyon, 49.

26. *Ibid.*, 49; C. Hall, 96.

27. Lyon, 58.

Conclusions

Cui Bono?

Tuberculosis in Japan existed long before the arrival of the first medical missionaries, and it would remain after them as well. In that it would take a public health intervention in the aftermath of war to address this lacuna adequately, this is the story of the something that did not happen, or at least, did not happen in the time frame one might have expected. Still, the epidemic during the period from the 1880s until the 1920s proved salient because of the historical questions it answered and some of the theoretical light it shed. Through the actions of the government, scientists, evangelical leaders, and the tubercular themselves, we discovered how a nation defined itself and its obligations to its subjects, and how evangelical organizations sought to utilize, as much as to assist, those in their care. In the process, we considered the following: how Protestantism allowed some of the disease's victims to withstand societal stigma, and how its proponents viewed their obligation to their fellow man; how concepts of public health changed when faced with a disease with no known cure, and how many of the attempts to respond to the disease fell victim to partisan politics and personality disputes; how gender affected national, societal, and religious rights, and how disease affected perceptions of gendered behavior. Finally, we considered how the value of human life was parsed and differentiated, particularly vis-à-vis utility to the nation. Thus, moral entrepreneurs used people as political and soteriological currency—the lives of patients of tuberculosis worth less than their souls. Some did so more deftly than others.

For so much of this work, as with historical studies in general, the question that seems to guide our study is *cui bono*—to whose benefit? How do the actions of politicians, scientists, and evangelical leaders serve themselves, and how do these actions serve others? And to what extent does an unfortunate, yet seemingly expendable group, the tubercular, get to exercise their own actions within the overarching machinations and manipulations of the other three?

Let us begin with the tubercular. The victims of social stigma as much as of the disease, Japan's tubercular comprised a wide swathe of society—poets, bureaucrats, and soldiers—but the disease became most strongly identified with its numerous victims in the textile mills. Young, impoverished workers, primarily female, caught and spread the disease in droves. *Cui bono?* First and foremost among beneficiaries

was the nation, as determined by Japan's politicians. Presumably assisted, as subjects, by the benefits they wrought, to what extent could these women and girls have exercised agency and altered their situations? The need of women to support families and their relative lack of technical skills had led just as many to the brothels, rarely far from the factories. It was a double bind.

Yet it was the factories and the conditions therein with which tuberculosis became associated. Analyses along these lines have been made by physicians, sociologists, and historians—Hosoi Wakizō, Ishihara Osamu, Janet Hunter, E. Patricia Tsurumi, Sharon Sievers, and Mikiso Hane. As they questioned what recourse these females had. As subjects, they had little or none. Suffrage was, of course, limited. Most males remained unable to vote until the end of the Taishō period, to say nothing of the women. As workers, again they had scarce recourse. The opportunities for labor disputes and unionization were limited; on the rare occasions that such disputes came to a head, a mediator could be encouraged to participate, but these men were outsiders. Even sympathetic labor leaders could not maintain a presence in the factory as labor organizers. There could be no real representation, only advocacy, and only when it suited the advocates. And who would step up as advocates?¹

National politics remained tied to industry. As the basis for the goals of developing a modern military-industrial complex, many of Japan's politicians pandered to bureaucrats, and vice versa. For research scientists who pursued science in its own right, not as a national bulwark or tool for teaching Japan's future elite, the priorities of the politicians did not always match up to their own. As we have seen, most notably in the case of Kitasato Shibasaburō, the resultant friction rarely permitted either side to fulfill its objectives entirely. More importantly, politicizing science, and making it a victim of partisan and personality clashes, failed to benefit those who looked to medical science or politically driven public health to ameliorate their conditions.

Public health was privatized, the realm of families and villages. But misconceptions about illness prevailed, even after the acceptance of germ theory. Within these misconceptions, stigmas about illness and the infirmed blossomed. Not merely contained in the literary works of the day, these stigmas often proved as hurtful as the disease which they claimed to illustrate.

Thus, the tubercular were placed in the custody of people too often ruled by misconceptions and fear. Secrecy, hatred, and dread kept proper care from being administered. Few experienced the care and divine healing that Kagawa Toyohiko claimed to have received when, suffering from tuberculosis, he felt "an ecstatic consciousness of God; a feeling that God was inside me and all around me. . . . I coughed up a cupful of clotted blood. I could breathe again. The fever was reduced. I forgot to die." When visited by his theological teacher, Dr. Myers, during his next episode a

1. Kishimoto, 48.

little over a month later, the same love radiated. Whereas previously, “people didn’t like to get close to me because of my terrible disease, so I was very lonesome.” With Myers’ visit, however, the two men “stayed in that cottage about four days. We slept in the same bed. I asked if he wasn’t afraid of me. ‘Your disease is contagious,’ he said, ‘but love is more contagious.’”²

Yet love was not the only weapon in the foreign evangelists’ arsenal. Acceptance, assistance, assuagement, and a promise of salvation rounded out their cache. But sometimes this was not enough to garner the support of a new population. Evangelists seemed to hit a point of diminishing returns and conversion rates plateaued without a novel approach. For many, but not for all, medical missions provided the innovation with which to counter the trend as well as the social utility, which was an essential component of moral entrepreneurship.

One of the first Protestant evangelical organizations to arrive in Japan, the YMCA had attracted Japanese followers even before its official entry into Japan in 1889. However, because it was an organization in a foreign country, unlike unaffiliated evangelists who had arrived earlier, it was answerable not only to Japan’s government, but the American board who headed the YMCA. At times this was constricting, since the goals of each were not always complementary, but it also granted it a sense of legitimacy in Japan, a nation that was interested in revising its international position. This meant that a few of the nation’s political and bureaucratic elite were open to working with the YMCA (or allowing it to work for them), in the hopes that it would raise international opinions of the new nation.

The leadership of the YMCA in Japan, American men, similarly believed in the importance of good relations with the influential elite of Japan. Though they longed to add Japanese politicians among the ranks of their followers, they were almost equally happy winning their support if not their souls. Careful not to antagonize Japan’s leadership, the YMCA quickly fell into the less controversial role of assisting soldiers both on the front lines and those convalescing at home, providing university students with housing and entertainment, and, eventually, offering similar entertainment to the urban middle class, all of which benefited Japan’s government, and did so in the least offensive way possible.

Although a few among the leadership of Japan’s YMCA assisted the working class, mostly these men sought to create favorable relations within the factory, and, since they worked at the behest of the factory owners, were hardly of a rabblousing inclination. It was, of course, hard to ignore Japan’s tuberculosis epidemic, but such medical missionary work was abandoned by the YMCA in favor of more rewarding work, both in terms of political prestige and fundraising, although not in the number of converts won.

For both the Japanese government and the YMCA, theirs was a utilitarian arrangement masked as a symbiotic relationship. Both sides assumed that it had the

2. Kagawa 1998, 16–17.

a focal point, essentially currency between moral entrepreneurs. Where souls had been the previous currency, now there was trade in individuals.

But individuals also assisted. From the larger organizations, a few evangelists broke off to form their own medical missions. When work was performed on a more atomized level, by individuals and for individuals, the Japanese government was less likely to interfere, and the evangelists were less likely to negotiate terms. Working in Japan's capital, Rudolf Teusler had a more difficult time performing work uninterrupted, but he also was not unaided. With a network of foreign and, increasingly, Japanese contacts, both medical and governmental, Teusler traded full autonomy for assistance. He traded specialization for general practice. Neither exchange seemed to trouble him, and his staff knew that, in working at his institution, they, too, were aligning themselves not only with Teusler's mission writ large, but also with his quotidian mission. As a moral entrepreneur, of course, Teusler succeeded. After all, the fact that St. Luke's exists to this day is part of the testament to his success.

Yet it was William Merrell Vories who had the most success at his sanatorium on Lake Biwa. Vories had become self-sufficient in a way no other foreign evangelical group had, and his Omi Mission was staffed by a group of native Japanese Christians to the point that it seems silly to identify it as foreign at all. Yet, with Vories at the helm, it was, which allowed it a liminal status vis-à-vis Japan's government, as did its location and the number of its adherents. The Omi Mission did not extend to Tokyo; it barely crossed the then relatively remote lake on which it was located. The patients at the sanatorium were few, and were isolated from the rest of the villages from which they came, and from which they remained quarantined. And, like the Salvation Army, the Mission had no desire to work outside the law or mores of the society in which its members and their families lived. Save for the peccadillo which resulted in his losing his position at the high school soon after his arrival, Vories did little to annoy the local politicians, let alone the national ones.

Like Kagawa's Dr. Myers, Vories treated his charges with love, as did those who staffed the sanatorium for him. And though, for most, it was better to be loved than despised or feared, the rapport between physician and patient remained an unbalanced relationship. If the physician was caretaker, the tubercular was child. Vories' ideal sanatorium was built upon these archetypes. And, though it was hardly a novel relationship, it seemed the best attention that the patients could have expected. More significant, it was merely a redefinition of the stigmas that plagued them elsewhere. Christianity, it seemed, for all its love, was not free from stigmatizing the victims of the epidemics, albeit more subtly. It merely tarred them as incapable of independent salvation. The tubercular men and women alone could not ensure the salvation of their souls or their lives, remaining dependent upon the medical missionaries who, in caring for them with loving kindness, could facilitate both.

Perhaps it was a small price to pay—survival but with loss of control—and perhaps it was a false dichotomy, for who, in the face of illness, really controls his

own life? But it remained disconcertingly antithetical to the sense of empowerment that the evangelists claimed Christianity could offer. What Christianity could rightly claim to offer, in the case of the medical missionaries, was a modicum of public health, an authoritative presence to ensure future control of infection in the absence of governmental work. Whether Christian care of the tubercular was the “ideal care” was irrelevant when it was the only care available.

Why was there no governmental care for so long? Why did there need to be, a public official might have wondered? If the Christians could hold the illness at bay in absence of a certain cure, why waste the funds? Why bother when it remained beyond the realm of the military? If the question of who benefited ruled the pragmatism and the utilitarianism of Japan’s government, it was not an unknown question to many foreign evangelists either. Salvation, be it of souls or lives, was a large part of the mission, but it remained only a part. Evangelical enterprises were just that—and required capital and official approbation to continue the work of salvation, no matter how beneficial that work seemed or was. Though many evangelists were well intentioned, they worked within a larger system, and that system was peopled by those who, like the evangelists, needed to perpetuate it. Whether many of them understood this consequence, a question that might have been better in keeping with their doctrine was not *cui bono*, but who deserves to benefit?

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