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CONTEMPLATING PLACES: THE HOSPITAL AS MODERN EXPERIENCE IN MEIJI JAPAN

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THE DISCOURSE OF THE HOSPITAL

Beginning around the turn of the century, the pages of Japan's newspapers and literary journals, as well as the shelves of its bookstores, came to be filled with texts that attempted to speak of and from a new kind of space, that of the hospital, the sanitarium, and the asylum. The texts that comprised this discourse took a variety of forms. Some were posed as sickbed journals or diaries, such as Ozaki Kōyō's *Byōkotsu roku* (1905) and Kunikida Doppo's *Byōshō roku* (1910). In these works, the authors recorded and commented upon their own experiences of illness, speaking from the site of the hospital. Other texts take the form of narratives, such as Tokutomi Roka's *Hototogisu* (1899-1900), Kōyō's *Aobudō* (1896), and Shimazaki Tōson's *Byōin* (1913). In these works, the experience of illness is portrayed and related from the perspective of the family and friends of, as well as the professionals who care for, the patient. The hospital appears explicitly as a problem as those around the patient consider the issue of confinement. A third category of texts includes Nakae Chōmin's *Ichinen yūhan* (1903), Tsunashima Ryōsen's *Byōkanroku* (1907), and Taoka Reiun's *Byōchū hōrō* (1913). These texts differ from the others I have mentioned in that they do not deal thematically with the experience of illness. For example, although the "year and a half" of Chōmin's title refers to the length of time he is told he has to live after he is diagnosed with cancer, the work itself is a collection of essays on social and political topics. Thus, although these works do not attempt to explore the experience of illness, the fact that the hospital is the place of inscription is evoked to mark the text as somehow special.

This prolific production and publication of these kinds of texts suggest that, in this period, the experience of illness—associated specifically with the space of the hospital and related institutions—acquired an opaqueness and an eventfulness that it had not possessed before. The question I would like to pursue in this paper is the significance, within the period we call Meiji Japan, of these attempts to speak from and about this space. What meanings did these authors and readers attach to the experiences of sickness and disease, confinement and treatment, that occurred within this place? Within this discourse, how was the "hospital" deployed as metaphor and symbol?

THE STATE, THE BODY, AND THE HOSPITAL

In part the discourse of the hospital reflects the very newness of this institution, which had a history in 1900 of less than fifty years. The hospital was, literally, a Meiji invention, and the birth of the Meiji state and of the modern Japanese hospital can be said to have occurred simultaneously.[1] It was in fact in the course of the fighting between imperial and *bakufu* forces that some of the earliest hospitals were established to house and treat those wounded in the Boshin warfare. The most prominent example of this kind of genealogy is the hospital associated with Tokyo Imperial University which had its roots in the military hospital established in April 1868. In the months and years following the formation of the new government, institutions termed "hospitals" began to proliferate at an amazing rate, sponsored not only by the new national government, but also by the various domains and municipal governments. A national hospital was founded in Kyoto in 1868, and in Osaka and Sapporo in 1870. Domainal hospitals too were being established rapidly: Suruga-*han* created a hospital in 1868, Shimazu in 1870, and Fukui, Mikuni, Okayama, Nagoya, Kumamoto, and Kanazawa all established hospitals in 1871. From this point on, the number of new hospitals increased almost expo-

[1] Some scholars have attempted to construct a "prehistory" of the Japanese hospital by pointing to such institutions as the hospices established by Catholic missionaries in Kyushu in the sixteenth century and the *bakufu*-sponsored Koishikawa Yōjōsho (founded in 1636). I find these arguments unconvincing because of the extraordinary nature of such institutions and also because of the lack of historical continuity with the true hospitals of modernity. See for example, Sugiya Akira, *Nihon no byōin* (Chūkō shinsho, 1981), 13-20, and Kawakami Takeshi, *Gendai Nihon iryō shi* (Keisō shobō, 1990), 172-173.

nentially. There were fifty-two hospitals in Japan in 1875, six-hundred and twenty-five in 1883.[2]

On one level such statistical evidence is misleading, for it must be noted that many of the facilities labeled hospitals in these early decades bear little resemblance to the institution as we know it today. Often the building itself was an abandoned temple that housed ten or fewer patients. These early hospitals were in many cases staffed by local doctors on an ad hoc basis and any "nursing" that occurred was left in the hands of the patients' families. Moreover, the history of any single institution emerges not as a neat series of "developments" that can be aligned with notions such as "technological advancement" or "increasing professionalization," but very often as a series of fits and starts as institutions were founded, then folded, then re-opened in response to problems of organization, funding, and often a sheer lack of patronage by the sick they were supposed to treat. However, the unprepossessing nature of some of these early institutions should not blind us to the fact that their very existence is indicative of a cultural transformation in which the relations of notions such as public and private spheres, individual and social needs and responsibilities, and charity and control came to be redefined.

At the center of this historical shift was the Meiji state's concern to define its relationship with its citizenry by articulating its authority over their bodies, so that after 1868, health (and its opposition, illness) very quickly acquired a significance it had not possessed in the Tokugawa period, for the achievement of the goal of "Rich Nation, Strong Military" required the production of healthy workers and soldiers.[3] The articulation of this new authority took a variety of forms. On issues of nutrition and hygiene, the government addressed the populace directly, so we find numerous exhortations to eat meat, drink milk, and use soap in order to "improve the race" and thereby "establish the nation." But more significantly, the state also began to exercise control over the body of its citizens by making medical knowledge, practice, and institutions subject to its control. The apparatus that effected this new object of state control was the promulgation in 1874 of a vast body of laws and policy statements under the rubric "medical policy" (*isei*). The seventy-six articles that made up the new medical policy not only put into place a national system of public health, but also, through the establishment of professional standards and the granting of licenses, began to define what constituted medical expertise and acceptable practice.

[2] These statistics are drawn from the "official" history of Japanese medical policy compiled by the Ministry of Public Welfare. Kōseishō Imukyoku, ed., *Isei hachijū nen shi* (Gyōsei, 1955), 818.

[3] The relationship between the ideology of *fukoku kyōhei* and the new government's concern for public health policy has been recognized by several Japanese scholars, including Sugiya, Kawakami, and Tatsukawa Shōji.

The locus of the new public health system envisioned by the state's medical policy in 1874 was the Public Health Bureau (Eisei Kyoku), originally established within the Ministry of Education. It was resituated in 1876 within the Home Ministry so that the police force of the country could be better utilized to enforce public health policy. Beneath this central administrative body, the entire country was divided into a system of seven public health districts. A public health office was established in each district and empowered to direct local authorities in the enforcement of health directives issued by the central government. Moreover, physicians in private practice were specifically required to report all cases of contagious disease to these local authorities. Criss-crossing the public health districts was a system of medical schools established in the education zones defined by the Ministry of Education. Significantly, each of these medical schools was to be affiliated with a public general hospital that was required to offer free medical care to those who were sick and impoverished. The system of public health was to be financed by funds produced by taxing the manufacture and sale of pharmaceuticals.[4]

According to the new policy, the standard-bearers of the new state-authorized medical practice were to be the products of the new medical schools. The new standards of education and licensing not only excluded whole categories of practitioners by recognizing only those trained in Western medicine, but also certain kinds of medical care that had heretofore been routine. A case in point was the practice of abortion, traditionally performed by midwives in both urban and rural areas. The new schools of midwifery that emerged in response to the professional standard laws

[4] For the background of the medical policy, see Kawakami, *Gendai Nihon iryō shi*, 105-113. The actual statutes and laws can be found in Kōseishō, ed., *Isei hachijū nen shi*.

issued in 1874 were required to exclude any discussion of abortion from their curriculum. The decision to terminate a pregnancy was thus transformed into an act in which the state had an interest. The relationship of doctor and patient was also fundamentally altered by the promulgation of these laws. For example, doctors were specifically called upon to establish systems of payment for services rendered, a departure from the existing custom of "thanking" the doctor by giving gifts of goods at the Bon Festival (*O-bon*) at the end of the year, which had linked the patient, his family, and his doctor into a web of social relations. The care provided by the doctor thus became a commodity, the value of which was explicitly defined.

As even this cursory summary of the new medical policy suggests, this system of statutes and laws was organized around a number of new, but not entirely consistent, principles. Thus, there were provisions for social welfare, but also for commodification, coercion, and centralization, though with a heavy reliance on private individuals for enforcement and private commerce for finance. The inclusion of these kinds of contradictory principles within the medical policy is reflective of the intersection of at least two emergent discourses. These were the discourse on public health, which held that the good of the state and the society it managed required the maintenance of certain standards of health and hygiene, and the discourse on poverty, which held that the poor were a source of disease and disorder and thus a threat to society as a whole. The formation of the latter, which until the 1890s emanated mainly from official centers, had its foundation in the profound social disruption of the early Meiji period.[5] The months of civil war, the disruption of the Tokugawa class system, the process of land tax reformation, and so on, led many people to flee the countryside for the seemingly better prospects of life in the city. The consequence was the production of a class of urban poor, as well as indigent vagrants who moved from place to place living by begging and theft.

[5] As Narita Ryūichi points out, the discourse on "the poor" increasingly came to emanate from popular sources after 1890, as is evidenced by the appearance of texts such as Sakurada Bungo's *Hintenchi kikankutsu tankenki* (1893) and Matsubara Iwagorō's *Saiankoku no Tōkyō* (1893). See Narita, "Kindai toshi to minshū," *Toshi to minshū*, vol. 9, *Kindai Nihon no kiseki* (Yoshikawa kōbunkan, 1993), 16-17.

Beginning soon after the Restoration, the discovery of "poverty" as a social problem began to be reflected in state discourse in the form of new sets of rules and regulations. In 1871, for example, the central government issued a statement entitled "Rules for the Management of Vagrants," and this was followed four years later by the "General Principles for the Management of Poverty During Epidemics." Both of these statements articulated the necessity of extending aid and treatment to the indigent, a new government imperative that also found articulation in the creation of new forms of institutions. In 1869, for example, an institution called the Kyūikosho was established in Tokyo to house orphans, the poor, and the aged. In 1872, another institution was established in Ueno Park. Termed the Yōikusho, it had the capacity to house 126 people. The directives of the institution describe its function as housing not only impoverished children and the aged, but also the mad and the sick. The "asylum" established by Kyoto City two years later was of a similar nature; it was to confine not only the mad, but also "vagrants" and "those with no means of support."[6] As the inclusion of these various groups in the same institutions suggests, the intersection of the discourse on public health and that on poverty led to a profound ambiguity between the goals of social welfare and social control. The same ambiguity ordered the role of the public hospitals defined by state medical policy. Thus, while these institutions were required to treat impoverished patients for free, such patients were in turn required to sign a statement in which they agreed to submit completely to the "care" of the doctors and not to leave until officially released.

However, in practice the system of public hospitals proved to be a less than satisfactory vehicle for providing medical care to the country's poor. In 1876 the authorities at the Bureau for Public Health themselves noted that "The hospitals of our country are very different from those in Europe and America in that they are for the most part places that offer treatment to those above the middle class."[7] Staffed by the products of Japan's new elite

[6] Narita, "Kindai toshi to minshū," 18.

[7] Quoted in Yoshida Hisaichi, "Meiji ishin ni okeru kyūhin seido," *Nihon no kyūhin seido* (Keisō shobō, 1960), 86. As this statement suggests, the emergence of the affluent as the primary clientele of the public hospitals in Japan is at odds with the pattern of development that shaped the formation of hospitals in Europe

educational institutions, the public hospitals had emerged as sanctuaries for the upper classes who filled their beds to the exclusion of the poor. This continued to be the case in the 1880s when the government's de-inflationary policies led to a loss in revenue for public hospitals throughout the country. As prefectural and municipal hospitals closed their doors, a new form of the hospital emerged, particularly in the urban areas. This was the private hospital founded—and run for profit—by the bright and ambitious young men who had filled the many medical schools established in the 1870s when the role of the doctor was redefined as the quintessential modern profession. In Tokyo, for example, Surugadai in Kanda became known as the "hospital district" because of the proliferation of private hospitals that lined its streets.[8] Competition for patients was intense and the advertisements of private hospitals, characterized by claims promising such things as "the complete cure of epilepsy in seventeen days," soon became a standard fixture in both the large and small newspapers.[9] Like the public hospitals before them, these private clinics sought their clientele from among the affluent, as well as the expanding middle class.

If confinement within the public and private hospital implied a privileged experience accessible only to a social elite, another form of the hospital proved to be far more accessible to the other classes. As cholera swept through Japan in 1878, the government authorized the establishment of quarantine hospitals (*hibyōin*) in those localities where outbreaks of the disease had occurred. The infected were to be transported there by public health officers, their homes were to be sealed off, and all those who had contact with them placed under quarantine. The quarantine hospitals themselves were viewed not as places of treatment and care, but as "dump sites" from which there was little hope that the patients would return. Thus, in many cases there was not

and America, where the wealthy, well into the twentieth century, avoided hospitals which continued to be associated with their "almshouse" origins. On the formation of hospitals in the U.S., see Charles E. Rosenberg, *In the Care of Strangers* (New York: Basic Books, 1987); for the French case, see Colin Jones, *The Charitable Imperative* (London and New York: Routledge, 1989).

[8] Nagao Setsuzō, "Aa ihei," *Nagao Setsuzō shū* 1 (Shinchōsha, 1982), 177. This text was originally published in 1909.

[9] On hospital advertisements, see Oda Hisashi, *Kōkoku hyakunen shi* (Sekai shisōsha, 1976), 213-226.

even a doctor in attendance at such institutions. Consequently, these hospitals soon became the sites of a series of confrontations between the state and its citizens over the control of the body. Between 1878 and 1890, in Okayama, Chiba, Aichi, Niigata, and elsewhere, a series of so-called "cholera uprisings" occurred in which rioters violently attacked the hospitals as well as the doctors and police who established and maintained them.[10] Throughout the Meiji period, the quarantine hospital constituted the most typical form of the hospital. According to government statistics for the year 1910, of some twenty four hundred institutions recognized as hospitals, more than fifteen hundred were in fact isolation hospitals.[11] The logic of segregation that ordered the establishment of these institutions was applied not only to acute contagious diseases but also those more chronic in nature. Beginning in the 1870s, public authorities began to establish institutions to isolate those infected with a wide range of diseases, including syphilis, tuberculosis, leprosy, and mental illness.[12]

A Heterogeneity of Experience

As this outline of the history of hospitals from an institutional perspective suggests, by the turn of the century when the discourse of the hospital began to fill the pages of popular magazines, newspapers, and books, the term itself denoted a complex and heterogeneous space, a space in which the treatment of illness, disease, and injury was ordered by contesting notions of public good and private profit. The term "hospital" signified, then, not a single stable experience, but a range of possible experiences. The question I would like to pursue in this section is the status of the hospital within the popular imagination in this period when the institution had not yet been transformed into a transparent apparatus of modern life. The explosion of discourse from within and on the hospital can be said to represent a series of

[10] On the "cholera uprisings," see Tatsukawa Shōji, *Meiji iji ōrai* (Shinchōsha, 1986), 67-73; Yamamoto Shun'ichi, *Nihon korera shi* (Tōkyō daigaku shuppansha, 1982).

[11] Cited in Kōseishō, *Isei hachijū nen shi*, 482.

[12] On the formation of these kinds of institutions, see Kawakami Takeshi, *Gendai Nihon byōnin shi* (Keisō shobō, 1982).

attempts to "think through" the still opaque experience of being subject to the care of strangers within the walls of this new institution.

We can begin our exploration of this heterogeneous space by examining Ozaki Kōyō's *Aobudō*, which takes as its subject the quarantine hospital and its significance for one patient and those around him. The account, an exercise in reportage originally published in the *Yomiuri shinbun*, relates the series of events that occurred when one of the author's student-disciples fell ill with cholera.[13] Kōyō, narrating in the first person, describes the sense of fear that pervaded the household, and the shame and confusion of the patient. After calling in a number of private practitioners, the author states that he was finally persuaded to allow the illness to be reported to the public health authorities. At issue of course was that notification implied acceptance of the removal of the boy from the home to the quarantine hospital. The meaning attached to the hospital is apparent when the patient, apologizing for the trouble he has caused, asks that he be taken to the hospital, a request that evoked the following response from Kōyō: "When he said the word 'hospital,' it was a metaphor for 'kill me.'"[14] The decision to subject the body of this boy to the surveillance of the public officials is thus presented as an ethical dilemma: should one accept one's officially defined obligation to the state or should one protect the patient by harboring him within the "private" space of the home?

Complicating this issue further were the polyvalent resonances of the term "public" as it figured in such terms as "public health." As our earlier discussion of the intersection of the discourses on public health and poverty suggests, within the state discourse on health policy, social requirements and individual needs were always subsumed within appeals to national interests, but the former were continually evoked in official pronouncements in order to justify and explain national policy. In this regard, we can look to the logic deployed at the time of the creation of the quarantine hospital. As early as 1879, the time of the first major cholera epidemic of the Meiji period, officials within the Public Health

[13] This text was originally serialized in the *Yomiuri shinbun* from 16 September to 1 November 1896. It is included in *Ozaki Kōyō zenshū*, vol. 9 (Chūō kōronsha, 1942), 125-214.

[14] Ibid., 168-169.

Bureau recognized that outbreaks of the disease could be prevented or halted by improved standards of sanitation and hygiene, particularly in the urban areas. However, reluctance to commit public funds to improving standards of living for the populace led to another policy being pursued—the policy of isolating those infected.[15] Needless to say, however, in official pronouncements this conscious act of prioritization was concealed by means of continual references to the need to protect the "public" and "society" by segregating the ill in quarantine hospitals. According to state discourse, of course, this "public" consisted of all Japanese, so that every individual was protected by the state's protection of "public" interest. However, as the outbreak of the many cholera uprisings revealed all too well, this equation of state, public, and private interests was never completely successful.

With *Aobudō*, the conflicting meanings of the notion of "public" are revealed in a series of negotiations with and responses to two figures, both of whom represent the state's authority and interest in the boy's illness. One of these is the police officer who arrives to oversee the transfer of the patient to the hospital. According to the text:

> [This police officer] gazed upon the outer walls of my home as though he was staring at the site of a crime...And when I thought about it, I was a criminal...I was the master of a household that had not only inconvenienced *society*, but had also troubled the *government* by becoming infected with a contagious disease.[16]

In this instance the author seems to have accepted the official designation of the unity of state and social interests, but this acceptance is never complete nor stable. Elsewhere in his account, Kōyō evokes repeatedly the "inconvenience" caused not by the illness itself, but by government policy which required that traffic in the neighborhood be stopped or diverted, that neighbors be subjected to physical examinations, and so on. Thus, there emerges at times the perception of a gap between state and society. Moreover, underlying this comment is not only acceptance, but also resentment, of the official definition of disease as a crime committed against society and the government, which compelled

[15] Kawakami, *Gendai Nihon iryō shi*, 132.

[16] Ibid., 202. Emphasis mine.

the patient, and those associated with him, to adopt the subject position of criminals who must be punished for the act of illness.

Respite from the ethical as well as emotional ambiguity of this situation arrives in the figure of the public health officer, described as a chubby, kindly old man wearing a Panama hat. According to Kōyō, the man's appearance and manner were at odds with his image of the doctor-inspector whom he imagined would be an "arrogant, unkind, and bureaucratic" man in his early forties wearing Western clothes, gold-rimmed spectacles, and an expedition hat like that worn by Henry Stanley, and the kind of person "who knew no second-person pronoun other than *omae*"—the form of address that characterized the superior-inferior relation of official to ordinary citizen. When the image of the public health doctor as a combination bureaucrat, police inspector, and colonial official is rendered questionable, that of the hospital too undergoes a sudden and rather dramatic revision, for the narrator now feels free to declare that "the notion that sending someone to the hospital means seven or eight times out of ten that their life is at an end is nothing more than unreasonable superstition."[17]

Thus, at the heart of this account is a sense of ambivalence toward the state's bureaucratic response to sickness and disease. The author, his family and servants, and even the patient himself are torn between their distrust of the hospital and the negation of personal relations it seems to imply on the one hand, and their embrace (muted and confused though it be), on the other hand, of the officially defined principle that this illness constitutes a threat not only to the state, but also to society in the form of the household and the neighborhood. It is the figure of the kindly public health officer that allows the resolution of this perceived problem. Congenial and familiar, he puts a "human face" on the coercive state medical policy, and thereby allows the private citizen represented by the narrator to be co-opted into tacitly supporting the definition of illness as "crime." What has heretofore been portrayed as a hierarchic and bureaucratic relation is now transformed, superficially and ephemerally, into a relation of individuals, albeit with strongly paternalistic overtones. Of course, the seeming benevolence of this single official did not "really" alter

[17] Ibid., 187.

the nature of the quarantine hospital or the social imperatives of its creation, but it allowed Kōyō as narrator to accept the validity of the "public" nature of health policy. Thus, *Aobudō* can be read as an exploration of individual complicity in the state's penetration of the body of its citizens. And complicity is revealed to have its own rewards: the story ends as the sick boy is transported by the police to the hospital, while the author looks on from the safety and restored privacy of his home.

In light of the juxtaposition of public and private spaces—personal and social relations that shaped Kōyō's exploration of the hospital—how should we interpret the report by Nagao Setsuzō that appeared in the *Tōkyō asahi shinbun* in 1910 in which he stated, "there are many people who want to enter the hospital even though their illness could easily be treated at home. This is not because the hospitals strongly push them, they themselves want to be hospitalized"?[18] This statement may in part be a reference to a phenomenon we have already touched upon above, namely, that entry into some hospitals (the elite public and private institutions) was a privileged experience available only to the well-to-do and those with contacts. However, this fact in itself does not really explain the desire to enter the hospital to which Nagao made reference. Another point of entry into this meaning of the hospital is supplied by Kondō Tsunejirō's *Gyōga sannen*, a text which records the author's experiences within both private and university-affiliated hospitals. In describing the attitude of these institutions toward those like himself in its care, Kondō explicitly links the hospital with images of other spaces:

> 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.
>
> As for the public hospital, it is nothing more than another form of the prison. The attitudes of the hospital director and revered and distinguished doctors beneath him are

[18] Nagao, "Aa ihei," 187.

> indeed intimidating. They view the sick person as a criminal. When the doctors make their rounds, they question the patient about his symptoms just like a public prosecutor interrogating a suspect.[19]

The tone of this statement is clearly one of biting critique. However, Kondō's description of the hospital as a site that reduced the patient under its authority to the role of customer and criminal, and transformed illness into a crime and treatment into a commodity, relies upon a peculiar asymmetry. It obfuscates the very different relation of the subject to the two places evoked metaphorically—the brothel and the prison. In the case of the brothel, one entered voluntarily seeking pleasure for the body, while in the case of the prison, one entered under duress and became subject to a regime of "discipline and punishment," to borrow a phrase from Foucault. Needless to say, Kondō's intent in posing the brothel metaphor was to expose the commercial nature of the private hospital, but the particular choice of this reference, especially when juxtaposed with Nagao's statement, suggests that we have not yet fully revealed the significance of the "hospital" in the Meiji period.

A significant piece of this puzzle can be found in a number of fictional narratives produced in mid and late Meiji. In these texts the hospital is not explained by means of references to other spaces; rather, it is the hospital itself which comes to function metaphorically, signifying a place of refuge, a haven, or retreat. For example, in *Aru omna no shōgai*, a short story by Shimazaki Tōson, O-Gen, a woman in her sixties exhausted by the difficulties of family life and feeling herself falling into a state of mental confusion, retreats to a local hospital which she comes to call her *kakurega* (literally, a "hidden home"). Similarly, in the story *Byōin no mado*, Ishikawa Takuboku narrates the confusion and isolation of a young man in the city. A newspaper reporter and aspiring poet, he feels increasingly alienated from the world of work and social relationships. Throughout the story, as the man's paranoia and confusion grow, he looks again and again to the window of a certain hospital which becomes a symbol of comfort and relief.

[19] Quoted in ibid., 47.

Implied within the image of the hospital as a source of refuge, comfort, and pleasure is the notion, articulated repeatedly in mid Meiji, that modern life itself constituted a kind of illness, chronic and debilitating. Modernity, it was said, was the source of a whole range of health problems for the populace, with education, riding in trains, and indeed urban life itself, all described as the causes of a decline in health and vitality.[20] A similar understanding of the modern body—albeit now rendered in a highly commercialized mode—also ordered the many advertisements for patent medicines found in the popular magazines and newspapers of this period, particularly those that claimed effectiveness in terms of fatigue, headaches, stomach problems, and nervousness. Many of these advertisements address students, office workers, and bureaucrats, the elite of the modern age but also those who seemingly suffered under its weight.[21] Drawing upon this conception of the relation of modernity and illness, there emerged another discourse on the body that was inscribed in a proliferation of popular handbooks on health. In contrast to the discourse on hygiene and nutrition that had emanated from the Public Health Bureau and addressed the needs of the "public" and the "nation," these "self-help books" represent an inversion of the official discourse on the body. Addressing the individual subject, they articulate the "personal" concern of the subject for the health and well-being of *his* body. These texts negated the state-defined notion of health as a public concern and in effect called upon the subject to "know" *his* body and thereby reclaim it as a "private" space.

The relationship between modernity and illness, and between the "private" space of the body and the public sphere, was most explicitly pursued in the series of sickroom journals produced by noted literary figures in this period. Examples of this genre are Masaoka Shiki's *Byōshō rokushaku* and Kunikada Doppo's *Byōshō roku*. Within these texts, too, illness is evoked as a modern experience, but not in the sense of a consequence of modernity. Rather, sickness is articulated as a privileged state that allowed the modern subject to reflect upon himself, by engaging in an intro-

[20] Tatsukawa Shōji makes this point in *Meiji iji ōrai*, 53.

[21] Kawamura Kunimitsu, *Genshi suru kindai kūkan* (Seikyūsha, 1990), esp. 100-121.

spection and self-reflection not easily carried out while one is well and, therefore, a participant in the mundane social world of work and the family. Thus, in these works the conflict between public and private spaces, or personal and social obligations, is negotiated, albeit with a very different resolution. For example, Shiki, writing in his seventh year of confinement with tuberculosis, stated:

> At first I did not find this [life] very distressing at all, because although occasionally I would feel physical pain as the disease progressed, when the pain lessened I would forget all about it, so that there was no trace at all. It was only last year that the mental agony became such that I hoped I would go mad. It was at that point that I became a truly ill person.[22]

The implication here is that until the disease began to cause increasing physical discomfort and therefore psychological distress, Shiki was not dissatisfied with the six years he spent reading and writing within his room.

Reverberating throughout the text is its opening line in which the author declared that "this bed of mine, six feet long, it is my world."[23] As the journal (which was serialized day by day in the newspaper *Nihon*) progressed, Shiki aligned careful description of his physical condition and his daily routine with reflections on art and literature. When the world "outside" appears, it is in the context of a commentary brought to bear on articles from the newspaper and gossip relayed by visitors. However, Shiki views these events much as he regards the slides depicting faraway places that he inserts into a kind of viewing machine which renders them three-dimensional. They are "interesting playthings" for the mind that is represented as independent and complete. Thus, the sense of detachment of the private subject from the public world of political events and of social roles takes on spatial connotations. The sickroom is not a part of the state or society; it is a place apart.

Shiki's work then articulates the notion that illness, because it allows for freedom from the public world, is the condition that enabled the fullest expression of the modern subject. The sickroom appears as the site of spiritual liberation, even as it occurs in the midst of physical decline. We see a similar statement in Doppo's work written within the sanitarium as he was dying of tuberculosis. Like Shiki's work, it takes the form of a series of statements that juxtapose descriptions of his physical condition with issues such as life and death, romantic love, and literature. Rejecting the often-employed metaphor of the hospital as prison, Doppo echoed Shiki's description of this space when he declared, "The hospital is not a prison. It is a kind of small universe. It is the world. It is man no matter where he is who creates the world."[24] It is the celebration of himself as subject that becomes the object of this text, as Doppo turns again and again to speak of "I myself," "my heart," "I Kunikida Doppo," stating at one point, "see me in your eyes, hear me with your ears, know me with your heart. It is my body that rests grandly for all to see here upon this hospital bed."[25]

The other motif that orders Doppo's text is that of "knowledge." However, the way of knowing that he celebrates has nothing to do with professional expertise, but intersects instead with the calls for self-knowledge of one's private body that order the self-help health manuals. Thus, Doppo turns again and again to contrast his knowledge—gained through ill-health—with the lack of knowledge of the healthy and of the "professionals," the doctors and nurses who staff the hospital. He opens the text by stating, "I know that death is not far away...I know that I am a person who will soon take a rest from this world. Remember these words, 'I know.'"[26] In contrast, the doctors are referred to as "veterinarians for men and women" and the nurses are described as using their "pitiful knowledge as a shield" against their patients' awareness of approaching death. Doppo, like Shiki, thus transformed illness into a privileged epistemological state, a private world not available to those eking out a compromised existence in the public world. And thus the public world, the sphere effected by the state, becomes ultimately rather trivial, something to be ignored rather than confronted.

[22] Masaoka Shiki, *Byōshō roku shaku* (Iwanami bunko, 1993 [39th printing]), 106.
[23] Ibid., 7.

[24] Kunikida Doppo, "Byōshō roku," *Kunikida Doppo zenshū*, vol. 9 (Gakushū kenkyūsha, 1976), 35.
[25] Ibid., 19.
[26] Ibid., 17.

Conclusions

I began this paper with the assertion that the emergence of the Meiji discourse of the hospital suggests that in this era this space possessed an opaqueness that was lost as the institution became routine, commonplace, and therefore a transparent part of everyday life. Perhaps nothing better indicates the "specialness" of this experience of the hospital than Ishikawa Takuboku's decision that the entries in his journal recorded during his stay in a university hospital ward for treatment of tuberculosis should be inscribed in red ink, in contrast to the black ink he used to write of the stuff of ordinary experience. We have seen some of the contesting metaphors that were used to make sense of this site: the hospital was a prison, but also a business, and at the same time a haven; the sick within it were criminals, but also commodities, and certainly prophets; and illness was simultaneously both the consequence of and the way to be modern. The production of this kaleidoscope of meanings points to the problematic experience of this place wherein one submitted to the ministrations of strangers clothed in white who spoke an odd and incomprehensible language, wherein one's body was poked and prodded by shiny steel instruments, and wherein one's contact with family and friends, movements, and actions were controlled and limited. And all this at a price. To be within the hospital, then, was to expose oneself to the full range of the apparatus of modernity.

But more interesting than the set of metaphors used to describe the experience of the hospital in the modern world is the complex set of negotiations over public and private spheres, social and personal obligations, and indeed the body itself, that took place within the discourse of the hospital. The texts of Kondō, Kōyō, Shiki, and Doppo reveal that those who "entered" the hospital, literally or figuratively, were never blind to or passive before the modern imperatives of bureaucratic authority, professional expertise, and the marketplace that ordered the new institution. Rather, these texts engage the hospital—and through it the state and the profession that supported it—by means of critique, exploration, and appropriation. The writers of these texts, as well as those who read them, were not merely subject to the hospital; they were also subjects that succeeded in resisting it, by assigning to this modern space a range of meanings that had the potential to expose and even subvert its state-defined role.

VISIONS OF MODERN SPACE: EXPOSITIONS AND MUSEUMS IN MEIJI JAPAN

Kentaro Tomio

A Mode of Cultural Production: Collecting, Exhibiting, and Viewing

In tracing back the history of the modern museum to the second half of the nineteenth century, I have stumbled upon not the humble "chimera of origin," but rather an abundance of concreteness, heterogeneous in nature, that pertained to the practices of collecting, exhibiting, and viewing objects.[1] These practices suggest an excess that cannot be contained within the conceptual contours of the present-day museum. This is because they were reduced and abstracted in the "modernizing" history of this institution in which these contours were defined.[2] It is to such practices, some accidental and fortuitous no doubt, that I would like to turn in order to explore the wider cultural significance of museums and other related institutions in the Meiji period so as to contribute to an alternative understanding of their history. As we shall immediately see, one set of these practices took the historical form (not entirely by coincidence) of the exposition, which is one of the sister institutions of the museum generally understood in a more "commodified" register.[3] This is because the exposition provided the immediate cultural conditions in which the modern museum was spawned; to wit, the museum was the exhibition made "permanent" in the very early years of Meiji.[4] Thus,

[1] See Michel Foucault, "Nietzsche, Genealogy, History" in *Language, Counter-Memory, Practice*, ed. Donald F. Bouchard (Ithaca: Cornell University Press, 1977), 139-164.

[2] This is not to deny the fact that we see today a proliferation of many different kinds of museums that are no longer modeled after the state-run citadels of culture.

[3] For the commoditization of the museum, see Theodor Adorno, "Valery Proust Museum," in *Prisms* (Cambridge: The MIT Press, 1981), 173-186.

[4] See endnote 16.