

# 日本醫史學雜誌

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日 本 医 史 学 会

東京都文京区本郷1~1  
順天堂大学医学部医史学教授室内  
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昭年38年4月3日開催

会場・大阪市東区道修町 武田薬品工業本社講堂

会長・関西支部長 中野操博士

# 江戸時代酒石考

佐藤文比古

酒石、酒石酸水素カリウムは天然の漿果に含有するので葡萄果から酒を作る時、醗酵が進んでアルコール分が多くなるに従って漸時不溶解物となって沈殿するから、西洋では上古から葡萄酒 *Faex Vini* として知られていたもので九世紀に *tartarus* と名付けられた。その成分としてアルカリの含有することは1764年に *Marggraf* によって検出された。

わが邦で酒石を最初に記したのは中山作左衛門訳の『蘭陀医師療治之和』(1674)に、

「和ニ通シサセ申候薬、ケレモンタルトレイ〔*Cenoria tartari*〕チンタ〔*tin*〕酒ノヲリ」

とあるものである。ついで丹波頼理著の『本草薬名備考』(1678)には

「キリシタルアタリ〔*Krystalli tartari*〕白葡萄酒ノ事」

とある、この訳名は誤りである。元禄九年(1696)の写とある『阿蘭陀直伝』には、

「キリシタルタリ ブドウ酒ノ底ニ生シタルヲリ。タルタリ葡萄酒一石モ二石モ入置タル器底ニ フトウ酒居堅リ石トナルナリ」

とあり、また同時代と思われる写本『和蘭外科書口和』には、

「キリンシタルタリ ブドウ酒の入たる樽のそこのをり也」

等とあるから、この時代には訳名は無いがおよそのことは知ったであろう。宇田川槐園訳の『泥蘭度草木略』に、

「酒石塩酒中に生ズル石鹼ナリ 悪液ヲ下シ留飲ヲ疏滌ス」

とあり、また同氏訳の『内科撰要』(1793)には、

「酒石訳名ナリ 葡萄酒中ニ生ズル石鹼ナリ 悪液ヲ下

シ 留飲ヲ疏滌ス和蘭葉選ニ委シ」

とあるが今日見得られる『和蘭葉選』には、この部が欠けている。また槐園訳の『遠西名物考』酒の項に、

「西洋ノ酒ハ皆葡萄酒ナリ……葡萄酒絞搾シテ其汁液ヲ聚メ醸醸スル所ナリ……其桶中ニ在テ自ラ発スル所ニシテ亦自ラ其滓滓を分利シテ清淨ノ質ヲ成スコトヲ致ス乃チ是其塵穢ヲ排斥シテ……一ハ桶中ノ四周ニ附着シテ石鹼ノ状ヲ為シ 一ハ其底ニ沈着シテ聚リ積ムコトヲ為ス此ヲ酒石及ヒ物底母兒〔Wijn moer〕と云……桶中ノ四周ニ附着スル者 コレヲ酒石トス 専ラ薬用ニ供ス其底ニ沈着スルヲ物底母兒トス 之ヲ焼テ剝篤亞斯〔Potash〕ヲ製ス亦有用ノ品タリト云」

とあり同書酒石の項には

「此レ葡萄酒ヲ醸シ成ス器中ニ生ズル鹵鹼ナリ即チタルタリウス 和蘭ニ ウエインステーン〔Wijn steen〕ト云 ウエインハ酒ナリステーンハ石ナリ 故ニ新ニ酒石ト訳ス…此レ一種ノ塩ナリ…味酸ヲ帯テ少ク辛烈ナリ…各其酒ノ色ニ随テ一ナラズ 赤酒石アリ白酒石アリ常ニ白酒石ヲ以テ貴トス…性柔ニ瀉利スルノ功アリ 酸液ヲ胃及ヒ腸ヨリ送り出ス…製修種々アリ薬用亦一ナラ

ス」

なお槐園訳の『製煉術』植物製造篇には酒石の精製法がある。

「ケレモルタルタリ 製酒石〔再製酒石〕此ハリンセ〔Rijn〕酒石ノ末ニ適宜ニ水ヲ加ヘ滷過シ而石壺ニ入レ而白色ノ膜皮生スルヲ又取り去リ而乾シ凝固ス。

ケレイスタルタルタリ凝固酒石〔精製酒石〕此ハ末ニシタル酒石取り雨水ニ入レ滷過シ而煮而紙ニテ滷シ而冷処ニ置テ凝固セシム…」

同書には外に酒石の誘導體と煨焼して生じた炭酸カリウムとその誘導體及製剤の製法と応用が記されている。主なものの名称をあげてみると、

「嘔吐酒石タルタリウムエメチクム〔Tartarus emeticus 吐酒石〕、酒石塩〔炭酸カリウム〕、リグオルタルタリ〔Liquor tartari 炭酸カリウム液〕、タルタルムヒットリヲラチウム〔tartarus Viriolatus 硫酸カリウム〕、タルタルムニットラチウム〔tartarus nitratum 硝酸カリウム〕、タルタルムカレヘアトム〔tartarus Kaliferri-atus 酒石酸カリウム鉄〕、酒石色浸 チンクチユラタルタリ〔Tinctura tartari 酒精性炭酸カリウム液〕。

寛政年代に訳されたと思われる宇田川榛斎の『和蘭局方』にもほぼ同様の記載がある。また同氏著の『和蘭薬鏡』

(1820) に

「文化丁丑〔一四年〕ノ秋 甲斐州市川邑ノ医師橋本善也、同州歟沢駅 薬舗白嶺屋勇蔵 和蘭ノ造法ニ従ツテ 葡萄酒ヲ造醸シ 又酒石ヲ製シ薬舗ヲ江都ニ開テ販売ス」

とあるので葡萄酒と酒石を製造したことが知られる。

洋薬としての酒石はかなり古くから知られており、寛政時代には他の化学的薬品より詳しくなり、文化年代には本邦で製造販売される迄になったことが知られるが、これは有機の洋方薬品として最初のものであろう。(傍点著者加)

〔 〕(著者註)

(明治薬大)

## 第一六回日本医学会総会記念展示

○緒方洪庵——一〇〇年忌記念——

洪庵没後百年を記念して、大阪市と教育委員会が主催して、大阪市立博物館第八回特別展を大阪城内の市立博物館で、三月十六日より四月十日まで開催した。全国各地の収蔵家から集めた三百点におよぶ洪庵資料は本会関西支部の役員諸氏により解説が加えられ、近世の大阪の偉人洪庵をしのぶにふさわしく、写真入りのパンフレットが発行され大いに反響をよんだ。

○朝鮮アサガオから近代麻醉まで——華岡青洲をしのんで——

第一六回医学会総会のバッジが青洲を記念して麻醉に使用したマンガラの図案であったのにちなみ、和歌山の青洲先生顕彰会が中心となり、四月二日より七日まで心齋橋の大丸で開催された。青洲関係資料のほか現代の麻醉器械まで展示され、また肖像の複製と記念絵葉書が発行された。デパートという場所がら入場者多く、一般人への啓蒙に大いに役立った。(石原記)

## 日本医史学会々則（改正案）

第一条 本会は日本医史学会と称する。

第二条 本会の事務所は順天堂大学医学部医史学教授室内（東京都文京区本郷一の一）に置く。

第三条 本会は医史を研究しその普及をはかることを目的とする。

第四条 本会は前条の目的を達成するため、次の事業を行なう。

一、年一回、総会を開く。

二、本会の機関誌として『日本医史学雑誌』を発行し、これを会員にわかす。

三、随時、地方会、例会を開き、研究発表、展観などを行なう。

四、日本の医史学を代表して内外関係學術団体との連絡協力をはかる。

五、その他の事業。

第五条 本会の主旨に賛成しその目的達成に協力しようとするものは、所定の手続を経て会員となることができらる。

第六条 会員は会費として年額一〇〇〇円を前納する（とくに学生は申出により年額六〇〇円）。会員は研究発表および本会の事業に参加することができる。

本会に名誉会員と賛助（維持）会員をおくことができる。名誉会員は医史学に貢献した会員をあて、賛助（維持）会員は本会の事業を賛助するものとし、

会長が理事会の議を経てこれを決する。

第七条 本会に次の役員をおく。

一、本会の事務を処理するため理事若干名をおく。

二、本会に理事の推せんにより評議員若干名をおき本会の運営を議する。

三、理事は評議員の互選により会長一名を定める。

四、会長は本会を代表する。

五、本会の実務を処理するため幹事若干名をおく。幹事は会長の任命による。

六、役員は任期は二年とし重任を妨げない。

以上の役員は総会の決議による。

第八条 本会は支部を設けることがある。支部の設立は総会の決議による。支部長は原則として理事をあてる。

第九条 会則の変更は総会の承諾を要する。

右の会則改正案は昭和三八年四月三日、大阪で開かれた第六四回日本医史学会総会で承認されたものであるが、決定案ではないので広く会員各位のご意見をもとめ、近い将来に完全なものに改正したいと考えている。（石原幹事）

## 寺院の過去帳は疫史の

## 研究に役立つか

青 木 大 輔

私は戦前「日本医史学雑誌」に宮城県の『安政六年のコレラ』『文久二年の麻疹の流行』について掲載し、戦後は本学会で宮城県の『天明・天保の飢饉』について報告したが、これらの資料として寺院の過去帳を多分に引用したのであった。爾来、閑暇を利用して東北各地の寺院を訪れたが、その数は多数に上った。これらの寺院の過去帳を採録して、これを「日本疫病史」および「日本疫史及び防疫史」その他の文献と対照して研究して来たので、今回果して寺院の過去帳が疫史の研究に役立つかどうか卑見を述べてみる。

まず、過去帳が当時のものか、あるいは火災などにて焼失したため、墓碑あるいは位牌より写しとったものか確か

める必要がある。次に過去帳は死亡者のみを取扱っていること、従って該症で治癒したものについては、何ら手懸りがつかぬこと、病名などは明治以前のものにはほとんど記されていないこと、などを忘れてはならない。

以上のことを念頭において、採録・整理してみると、次の事がわかる。即ち死亡者の季節的増減、終始、性別、大人子供の別、地域的死者の多寡、時には法名によって、病名が推定されることがある。また稀ではあるが、過去帳の余白に流行病の名が記されていることがある。

私はこうした資料を基として文献と照合してみると、よく合致することを知った。また文献をみて、その時その土地の寺院の過去帳をみると、ハッキリその様相が現われていることがあり、また流行病の伝播の状況がわかることがある。また逆に過去帳からその地に何らか流行病のあったことが推定され、文献涉獵の目標が与えられる。

以上によってみると、過去帳は疫史の研究資料として調

査する価値あるものと思われる。特に具体的文献のきわめて少ない東北地方では、一応調べてみる必要ありと思われる。(宮城県立衛研)

## 宗教家の寿命の年代的考察

### ―特に浄土宗を中心として―

杉田 暉道

一般に宗教家は長命であるといわれているが、これを科学的に立証したものは数少ない。

演者は、浄土宗関係の僧侶について、主として「浄土宗辞典」を参考として、百名に及ぶ僧侶の寿命の長さを年代的に算出し、一般庶民のそれと比較検討を行なったので、その成績を報告する。(横浜市大・公衆衛生)

## 敦煌医薬文書の研究の二、三

三木 栄

大英博物館蔵のスタイン収集並びにパリ国立図書館蔵のペリオ収集にかかる敦煌文書中の医薬関係書の写真コピー

を、東洋文庫の好意によって入手したので、これにその他、二、三図書館蔵のものを加え、これらの書の内容を検討し、敦煌の医薬史上に占める意義を少しく考えてみたいと思う。(大阪・堺市熊野町、開業)

### 「運氣論」について

岡西 為人

「運氣論」とは宋の劉温舒が著わした「素問入式運氣論奥」のことで、自序は元符二年(一一〇九九)に成っている。この書は「素問」の運氣七篇とその王氷注とによって編成したもので全三巻、その内容は五運と六気とによって甲子六〇年の歳化とそれによる疫病・脉候・治方などを五行説に基づいて論じたものであるが、抽象的理論が主で具体的記述はない。

このような説が何時から起ったかという点については諸説があるが、はっきりした最初の文献は、唐の宝応元年(七六二)にできた王氷本「素問」の運氣七篇である。しかし、宋の淳化三年(九九二)にできた「太平聖惠方」には全く取上げられていないにもかかわらず、政和六年(一一



一六)に成った「聖濟總録」には巻頭に運氣図が掲げられておいて、温舒の著作を境としてその説が流行するようになったことを示している。南宋の紹熙二年(一一九一)以後に置かれた太医局の試験問題では、七六問中九問が運氣の問題となっており、元の至元五年(一三三九)刊行の古林書堂本「素問」にはこの書が附刻され、その後同系の版本は悉くそれを踏襲した。また元の呂復以下明清の代表的医学全書「普濟方」や「医宗金鑑」にも大きく取上げられている。かように北宋末以降この説が広く信奉されたことは疑がないが、反対者も少なくなき「医籍考」にそれらの説が集録せられている。

前述のように運氣の説は抽象論が主で、具体的な記述がないから、実際的な影響はほとんど見られないが、思想的には運氣七篇を中心として「素問」の思想を綜合したものであり、その点でいわゆる金元流の医学とは極めて密接なつながりがあるものと推定せられ、そういう意味から本書の出現は中国の医学史上画期的な意義を有するものとして注目に値すると考える。(大阪・塩野義研究所)

## 「医学天正記」における

### 福島正則と淀君の症状について

王丸 勇

曲直瀬玄朔著の「医学天正記」には、当時の名士の診療経験が集録されているが、このうち、福島正則はその性格からみて病的酩酊があり、かつ酒精中毒が進み変質化し、外様大名としての徳川氏への配慮を誤り、没落したものと思われる。淀君はその性格、年令、境遇からして、「鬱」とあるは神経症性鬱病であったと解せられる。(久留米大・精神神経科)

## 阿波藩医師学問所創設者

### 小原春造の事績

福島 義一

小原春造(一七六二—一八二二)は就正、あるいは岫山とも号し、もと阿波藩出身の本草学者沢玄佳の第二子として京都に生れた。長じて小野蘭山の門に入り本草学を修め、傍ら医学の道にも通じた。寛政七年(一七九五)阿波

藩に招かれて赴任し、医師学問所を興し、医育につくした他、本草学の興隆に一生を捧げた。

その著書には「竜骨一家言」「逍遙漫録」「葉竈本草」「揆穴寸法」の他、その没後子孫三代にわたって完成した「阿波淡路両国産物志」の大著がある。

演者は小原春造の事績を中心として、阿波藩の医育史ならびに本草史の概要を述べる。(徳島大・医史学)

## 杉本周徳翁とその学統

吉田 一郎

杉本周徳翁は新潟県中魚沼郡中条村の人にして、医を終生の業とした。翁は同地に弘化元年(一八四一)一月二十一日に生れ、昭和三年(一九二八)十一月十五日に死去している。

父祖の業を継いで、辛苦勉励して江戸に遊学、業ほぼ成つて帰省、父業を補佐し、次いで亡父の後を襲つて地方にとどまり、病者救済と青少年の育英および社会事業に力を尽くすなど徳行が高かった。

なお、翁は江戸にて、本邦において独得の工夫発達を起

した謂うところの「古医方」の開祖、吉益東洞の直流を大成した同郷出身の尾台良作(榕堂)に師事し、その影響を伝承している点を特筆すべきである。(埼玉・深谷市、葉業家)

## 浅田宗伯の学統について

森田 幸門

浅田宗伯の師匠は中村仲宗であつて、中村仲宗は中西深齋の子の中西鷹山の弟子であり、中西家の吉益東洞の門下であるから、源は吉益流であるが、中西深齋とその師吉益東洞の間には既に、その治療理念に著しき差違があるから、浅田先生は中西深齋の流れを多く汲んでいる。この間の関係をくわしく論じたい。(大阪・堂島町、開業)

## 沢野忠庵伝補遺

大鳥 蘭 三郎

南蛮医学またはクリシタン医学からオランダ医学への移行期における重要な、また興味のある人物である沢野忠庵

(ポルトガル名 Christovao Ferreira) の事績については、すでに数氏の研究によって詳しく調べあげられている。忠庵の医学的業績は、その口述に係わるものとして「南蛮流外科書」またはその他の数種の写本により窺い知ることができ、それらのものはすべて忠庵自身が著述したのではなく、忠庵について医学の教えを受けた人達が編集したものである。従って忠庵自身の医学的知識を知るに最も適切なものとは厳正には言えない。この意味において、これを幾分なりとも補うものとして、私が年来読んでいっているいわゆる「蘭館日誌」のなかに忠庵のことが記されているので、これを抄録して参考に供したい。(慶応大・医史学)

## ウイリアム・スメリーの

### 産科学書の紹介

森 優

平戸市の松浦博物館が蔵している Smellie の産科学書は一七五四年版、三九個の銅版をつけて説明を進めている。William Smellie (1697~1763) はスコットランドの

Lanark に生れ、一七五二年から一七五九年までロンドンで産科学を講じ、晩年を Lanark におくり、同地で死んだ。(九大・解剖)

## 一ノ関(岩手県)の解剖供養碑

青木 大輔  
長田 勝郎

仙台における解剖は寛政十年(一七九八)木村寿禎によって行なわれたのが最初といわれていたが、近頃、演者の一人長田が仙台の支藩一ノ関の刑場で一ノ関の医師菊地崇徳らの建てた解剖供養碑を発見した。木村寿禎の挙より遡ること約十三年、天明五年十月(一七八五)と刻まれている。しかもこれには解剖の事実を歴然と記している。木村寿禎の碑は邦文の「供養」という文字、それに蘭文と思われる文字、他に寛政十年の年月日だけで、解剖の事實は仙台に伝わる口碑によって認定されるのみである。しかも原碑は失われて今はない。この点一ノ関の供養碑は現存しており、その他時期のある点、解剖の事実をハッキリ記録した点で、東北における解剖学史上貴重な資料と思われる

るので、小川教授の「明治前日本解剖学史」の年表に追加して頂きたく、敢えてここに紹介する所以である。(宮城県衛研、岩手・一ノ関)

## シーボルトと熊谷五右衛門

田 中 助 一

熊谷五右衛門義比(二七九五—一八六〇)は長州萩藩の御用商人であった熊谷(クマヤ)家四代の主人であり、文化十四年(一八一七)から万延元年(一八六〇)まで四三年間にわたって藩政に多大の貢献をしたが、文政年間に来朝したドイツの医家シーボルトの名著「日本」に書かれたため、その名は海外にまで知られた。私は去る昭和十五年五月四日、日本医史学会例会の席上この両者の関係についてのべ、また拙著「防長医学史」にも記載したことがあるが、その後更に明確に知ることが出来たので、前の発表を訂補し、今回は特にシーボルトから贈られた日本最古のピアノについてカラスライドを用いて示説したいと思っている。(山口・萩、開業)

## 日本整形外科史上における

### 「折肱要訣」と著者加古良玄

蒲 原 宏

阿波藩医加古良玄(藍洲)の著書「折肱要訣」は文化七年(一八一九)に五巻の著述として出版されたものであるが、整形外科史的にみると特色ある著述である。

加古良玄の門人には田中良雄(讚岐)、片倉順(江戸)、藤林良伯(大和)、山崎新甫(米沢)、志賀崎健(越後)、山科治道(江戸)、多田信義(忍)、仲野婦一(淡路)、宇留野天順(紀伊)、水越輔徳(甲斐)、下江陸(備後)、宮田祐(尾張)、田中良古(阿波)、田木良、戸郷良崎、田中衆(摂津)、最上虎(信濃)、岩田貞(加賀)、村上段(大和)、近藤達(備前)、村田愿賢(上野)等がある。

良玄の父祐庵も正骨医であったが、著者は「解体鍼要」の基礎をなした阿波における解屍実見から骨関節損傷と、関節の機構を説明して独特の正骨術を系統づけたのである。

徒手脱臼整復法として扛鼎法、起羊法、由孝法、神竜法、禹尊法、電亀法、蘇桓法、顔養法、帰因法、起孫法、牡馬法の十三法にわたる法を図解し、器械的整復法及び変

形矯正法として、著者の發明した八揆復元車を用いた翔雲法をはじめとする五十法に及ぶ整復法を提唱している。

器械的矯正術はリウマチ性関節炎による四肢の障害、脊椎カリエスの治療にも及んでいるが、著者の骨関節疾患に対する病理学的見解の基礎が中国医学であり、西洋医学はその原典を消化して取られていなかったがために無意味な操作に終始したようである。

包帯法として三二種の方法が取入れられているが、大槻玄幹の「泰西外科收功」のそれと全く類似したものである。

二宮彦可の「正骨範」と全く反対の立場に立ち、各務文献の「整骨新書」とは解屍実見の同じ基礎から出発しながら、合理的な整骨書として集大成し得なかった点を整形外科史的立場から論及する。(新潟大・医史学)

## 小石元瑞の究理堂と蘭方医学

中野操

小石元瑞の誠論、淡輪貞蔵の備忘雑録、頼山陽の書簡、田能村竹田の書簡等を引用して究理堂における蘭方医学の

性格を明らかにし、併せて同塾において蘭方医学を教えた小森宗二(孟博)と小関亮造(眷齋)両氏について調べたところをのべたい。

小石元瑞撰 究理堂誠論(文政十二年冬)

一、吾家の医術は蘭説を用いるが故に、蘭書を読むといえども、医書の外は決して見るべからず。蘭書を読むについて訳官に交る事もあるべし。必ず異国の人に近付き直読すべからず。

一、国禁の書籍は勿論、医事に益なき、和蘭の翫器並に絵図扁額等好事のために求め貯ふべからず。

一、従来名称ある諸物を和蘭字を以て呼ぶべからず。すべて蘭書に対するの外、和蘭詞を言ふべからず。別して事を秘し、人を誘う等の陰語杯は断じて言ふべからざる事と心得べし。

一、和蘭の薬名並に療用の器名又は記号数量等、訳名なきは蘭語を用いざる事を得ざれども、したたむるには必ず国字を用ふべし。蘭字を用ふべからず。訳名あるものは訳名を用ふべき事勿論也。

一、医説にもあらざる異国の事を談じ、あるいは奇異の説を好み、又は奇器を翫ぶ等の人々には必ず交りを結ぶべ

からず。

淡輪貞蔵（元潜、郡山の孫）の備忘雑録（天保初

年頃）より

竜門楼（究理堂塾のこと）日課目錄

傷寒論一〇〇遍、金匱要略一〇〇遍、温疫論一〇〇遍、

解体新書三〇遍、医範提綱附内科撰要三〇遍、女科撮要一〇

遍、産論、翼附三〇遍、小児直訣一〇遍、痘科鍵三〇遍、儒

門事親一〇遍、痧脹玉衡五遍、外科正宗一〇遍以上一二部。

小石講釈 二・八朝 内科撰要 六・六夜 備用方府

小蘭講釈 六・六朝 和蘭葉鏡 一〇・一〇朝 医範

提綱

小森講釈 二・八夜 熱病論 （関西支部長）

## 小川含章の著

### 「生野銀山孝義伝」について

小川 鼎 三

小川含章（式、民徳）は帆足万里の門人で、演者の曾祖父である。文化九年豊後の日出で生れ明治二七年大分で没した。天保三年には京坂にあり、その後大坂で塾を開いて

いた。篠崎小竹の推挙により、弘化二年ごろより但馬の生野に移り、そこで官設の塾をあずかった。その著「生野銀山孝義伝」は嘉永二年の出版であって、生野の孝子、義人、節婦など十三人を選んでその行状を紹介したものである。当時の鉞夫たちの生活が具体的に示され、彼らの日常がいかに悲惨であったかがわかる（もしいくらか誇張されているにしても）。

煙毒と称して珪肺のことが二か所に述べられている。一つは孝義伝の本文で『さざひ殻に火を燃して堅石の中を掘るに石煙油煙に交り、呼吸に随ひて肺腑に入り、終に労咳の如き症となり痰を吐き血を吐き苦しみて死す。是を煙毒と云。されば命長き者三十余、短きは二十余にて必死すといへり。』他は付録の開坑略記に漢文で『石屑その呼吸に随って肺中に入り、肺漸く腐敗し、喘息を發して僅か一年にして死す。俗に煙毒と号す。曠丁十八九より業に就き三十即ち死し四十に至るもの少し』とある。珪肺に関する日本の文献として甚だ古いものとはいえないが注目に値すると思う。（順天堂大・医史学）

# 日本塵肺小史（その2）

三浦 豊彦

先に私は鉾山労働の歴史その一として、明治前の珪肺問題の歴史について記述した（『労働科学』三七巻四号参照）その後、鉾山労働の歴史その二として友子同盟について本学会で報告し、この友子制度が珪肺者の救済にも役立ったことをのべた（『労働科学』三八巻一二号参照）。

今回はその後気付いた資料もあるので、それを補いながら、明治以降の塵肺問題の歴史についてのべる。

わが国で真の意味で塵肺の調査研究の出發したのは一九二〇年頃である。

山本は一九一八年九月から一九一九年六月にわたり、東北、中部、西部の金属山十六を選んで、死亡した坑内夫の遺族を戸毎に訪問調査し、その他、生野町の寺院の過去帳をしらべ、寿命その他を調査している。その結果によると死亡原因として事故を除き呼吸器疾患多く、五〇—六〇%をしめ、その二三%は鉾肺である。往時の坑内夫の寿命は極めて短く、地方によっては三〇歳前後を坑内夫の一生とした鉾山もある。現時は多少往時とは異なるが、一般には

まだ夭折を否定出来ないとしている。この報告では老坑夫の聞き書もあり興味がある。

一九二四年大西は日本におけるいわゆる鉾肺について英文で報告した。ただここで大西は「よるけ」と鉾肺は別個の疾患だとしたことは興味がある。そして花崗岩、石英粗面岩のようなものを母岩とした鉾山では必ず鉾肺の発生をみるとしている。

そしてその後多くの先覚者達の努力はあったが、この問題が真に解決への道を一步ふみ出すには戦後をまたねばならず、珪肺のみが対象とされていたものが調査研究の進展につれて、多くの塵肺の確認となり、昭和三十五年には珪肺法から一步前進して塵肺法が制定されるのである。（東京・労働科学研究所）

## わが国における化学の認識

### （蘭方製薬史第七報）

宗 田 一

製薬に必要な学問——化学への初期の認識は、宇田川槐園訳『製煉術』（原書プランカールト）にみられるように

「製煉」という語でとらえられ、この名称は坪井信道訳『製煉發蒙』、薩摩の「製煉所」（嘉永四年、一八五二）、蕃書調所の「精煉方」（万延元年、一八六〇）などにその使用をみる。

槐園はこの製煉術に分離術と付合術の二つのあることを紹介、大槻玄沢訳『厚生新編』（文化八年、一八一）では「鎖鍊疏分術といふ義なるべし、他日訳名を定むべし」として同様の認識をもったようだが、のち同書で宇田川榛齋は「分析術」の語を採用、この名は青地林宗訳『気海觀瀾』凡例（文政八年、一八二五）、宇田川榕庵『遠西医方名物考補遺』巻七（文政十一年、一八二八頃成稿）、帆足万里『窮理通』（天保七年、一八三六）等に使用され、長崎海軍伝習所でも、この名を採用している。

同系の字義の「分離術」という名は、高野長英訳『分離術』、日高涼台訳『分離学律』、広田憲寛『増補訳鍵』（安政四年、一八五七）、さらに明治四年刊『大增補和訳英辞林』にも見られる。

藤林普山はその著『訳鍵』（文化七年、一八一〇）中で Scheikunst に鎖鍊術、Chimie 及び Chimie に鍊金術の訳語を当てているが、普山には『西洋離合源本』（原書

プレんキ）という訳書があり、「離合術」との認識が窺われる。これは宇田川榕庵の『植学啓原』（天保四年、一八三三）に「蓋し離合之学なり」としているのに通じる。

榕庵は Chemie 又は Chemica の訳名に適當なものが無いとして音読みの「舍密」又は「舍密加」の字を当て、『植学啓原』に使用する以前に『遠西医方名物考補遺』巻七にも「舍密集成」なる書名に使用しており、わが国最初の系統的訳識化学書『舍密開宗』（天保八年、一八三七刊行、弘化四年、一八四七完結）以後この名が普及、広瀬元恭『理学提要』（嘉永五年、一八五二）にも使われ、河野禎造『舍密便覧』（安政三年、一八五六序）、川本幸民『舍密読本』、村上英俊『舍密明原』、上野彦馬『舍密局必携』（文久二年、一八六二）等の訳書のほか、西洋医学所の舍密科（文久二年）、明治初期の大阪・京都の舍密局などにひろく使われた（ボードウィンが医学教育から理化学を独立させ、ハラタマを専任教授とした長崎の分析究理所でも舍密学と呼んでいたし、各藩でもこの名の採用が普通だった）。

一方、現行の化学という名称は、公的には幕府の蕃書調所の精煉方が慶応元年（一八六五）に化学と改名したので



最初の使用だが、これはシナの訳語によつたことは開成所頭取の建言書にみえる（宇都宮三郎は当時シナ訳の『化学入門』が舶載していたことを述懐している）。

しかし、安政年間にすでに川本幸民がこの名を採用していたといわれ、恐らく幸民もシナの訳名が妥当であるとして借用したものと思われる。

シナの当時の反訳化学書には、化学啓蒙、化学須知、化学易知、化学指南、化学入門があり、それらの一部がわが国に舶載されていて、幕末の医学書の場合と同様、シナ訳本を通じて西洋化学の知識も吸収された筈である。

演者は、本報において、わが国で製薬化学として認識された化学が、自然科学の独立した一分科としての認識を深めて行く過程を、名称の変遷を介して考察してみたい。

（大阪・吉富製薬学術課）

## 洪庵の二子と大野藩

岩 治 勇 一

緒方洪庵の二子、平三と四郎（次男・当十四歳、洪哉、惟準）が越前大野へ無断遊学したのは、加賀大聖寺藩（洪庵門、渡

辺卯三郎）であり、安政二年十二月、洪庵の推挙により大野藩（藩主第七代土井利忠、四万石）へ招聘された大野藩洋学館蘭学教授（給禄百石）を頼つてのことである。慎蔵より親友藤野昇八郎（洪庵門、坂井郡本荘村住）宛、安政三年十月八日付書翰によると洪庵の二子は慎蔵宅に同居していたという事であり、なお慎蔵宅は当時の洋学館（安政三年五月、外郭柳町新設）に建続けになっていたということである。

二子大野洋学館への入学は大野藩洋学館開設の翌月の安政三年六月三十日であり、大野藩家老内山七郎右衛門よりの安政三年十月二四日付書翰により洪庵へ二子遊学のこと通告、同年十一月二日付洪庵より極めて丁重なる返信を内山家老宛送付、その後両者の間に非常に親密なる関係あり、物品贈答は勿論、文書の交換数通あり、文通は大坂の大野屋（安政二年五月北久太郎町農人橋に内山の創設せし藩経営の店舗）乃至大野内山家老宅の間に行なわれ、何れも極めて丁重なる文面であり、そのうち大野の地宛のもの二通には子息依頼の旨が認められている。また内山はしばしば洪庵宅を訪問、洪庵を介しエレキテル、短筒の購入、洪庵は大野藩病院済生館（安政四年冬、大野一番町新設）へ『扶杖経験遺訓』二帙一括を寄付、並びに洪庵夫人が大野屋訪問の

ことが認められる。なお、緒方洪庵より門弟布野雲平への万延元年六月十日付書翰によると、平三は安政六年秋長崎遊学、ボンベ就学、四郎は万延元年六月十日現在、大野に遊学していたことが明白になった次第である。(福井県大野市西三番・開業)

## 十九世紀、アメリカの

### 東洋における医療伝道

長門 谷洋治

十九世紀に入り、アメリカの国力はようやく充実し、その大陸西部が開かれ、その関心は海を越えてさらに西へ、すなわち東洋諸国にまで及んだ。接触に際しては武力を使用せず、プロテスタントの伝道を中心とした。平和的方法を用いたが、その伝道の最も有力な手段とされたのが医療と教育であった。ここに医療伝道が大きな意味をもったのであるが、このことはたとえば、わが国が西欧と接触した最初にキリシタンとその医療が大きな役割を果しているのと軌を一にしている。

アメリカが東洋においてまず医療伝道を行なったのは一

八三四年 Peter Parker の中国におけるそれであると考えられる。当時、わが国はなお、鎖国状態にあったが、まもなく開国、一八五九年にはわが国最初の伝道医 Hepburn の来日をみている。朝鮮は一八八四年 Allen をもって初めとするが、Hepburn, Allen とも中国にいた経歴をもっている。インドその他にもアメリカの医療伝道の手はかなり強力に、地道に続けられ、その中には幾人かの婦人医師もまじっていた。彼らは西洋の近代医学を紹介し、優れた医療を行ない、神の道を説き、各々の地で熱心な同志を得、ときには後継者を得ることに成功し、初期の成果にはみるべきものがあつた。しかしこれらの事業はすべてアメリカのプロテスタント各派による自主的な行為であり、政府などの統一した目的に向つてのものではなかつたので、各々の行動は概して孤立的であり、あまり大きな影響を与えるまでにはいたらず、このことはわが国においてとくに顕著であつた。またこの医療伝道を医療と伝道に分けてみると、その影響は伝道のそれに比し医療の方が少なかつたことが明らかであるが、これは医療伝道の目的よりみて当然のことであつた。かかる関係からか、わが国における医療伝道史などの場合、宗教史の立場からの研究に比し、医学史

の立場からのそれは従前必ずしも多くはなかったようである。(大阪・日生病院皮膚科)

## 生麥事件における

### ウィリス、ヘボン両氏の活躍

鮫島 近二

文久二年(一八六二)九月十四日(陰曆八月二一日)生麥村(現在の横浜市鶴見区)で薩摩藩主島津忠義の父久光の行列を四人の英人が横切らんとしたから、警護の武士がその中一人リチャードソンを斬殺し、クラークとマーシャルとの二人が負傷し、ポラデル夫人は無事に横浜へ帰って急を伝えた。この際ウィリスが真先きにかけて、リチャードソンの屍体を発見した。また当時アメリカ領事館は本覚寺(今の横浜駅付近)にあったが、リチャードソンの屍体を持ち込みウィリスが検屍した検案書がある。また二人の負傷者もアメリカ領事館へ避難してヘボンの外科治療を受けた。私はこの事件におけるウィリス、ヘボン両氏の活躍振りを述ぶ。(東京・新宿下落合、開業)

## オランダの旅に得た印象

内山 孝一

昨年秋と一昨年の春オランダに行ってきたので、ここでは主としてオランダ人で医学および生理学の發達に貢献した学者の仕事について述べる。

ヘルマン・ベールハーヴェ(一六六八—一七三八)はライデン大学の植物学、化学および医学の教授として世界的にも重きをなしていたことはよく知られている。彼が生理学をオランダに建設したことは、医学の歴史にとっても重要と思う。

ヨハン・デ・ワールがハーヴェーの血液循環(一六二八)について動物実験を行なったのは一六四〇年で、彼はイヌの股動脈または動脈を結紮して観察している。

リユーウエンフック(一六三二—一七二三)が顕微鏡による研究の開拓者であることは周知されているが、彼は毛細血管の研究から細胞を発見したことは医学の發達にとって重要である。

十九世紀になるとフランシス・ドンドルス、彼が眼科学の發達に大きな役割を演じたことは、例えば検眼鏡の發

明（一八五三）これを用いて明らかにしたドンデルスの法則など重要な研究である。そのほか彼はウトレヒト大学の病理解剖学と生理学の教授でもあった。

またドンデルスが養成した学者は多数にあり、医学と生物科学の各方面の教授となっている。ドンデルスがいかに魅力ある学者であったかは彼の門下から多彩な学者を育成したことから明らかである。この点、ドイツのヨハンネス・ミュレル、イギリスのマイケル・フォスターと似通うものがあると思う。

十九世紀から二十世紀の初期になるとウイルレム・エーントーフェン（一八六〇—一九二七）、彼はライデン大学の生理学の教授、弦電流計の設計とそれによる人の心電図の記録とその理論は今もお忘れ不得ない偉業である。彼は、これにより一九二四年ノーベル賞を受けた。ライデンの自然科学博物館には彼が試作し改良して行った数台の弦電流計と心電図が保存されているのを見て感激した。私どもの国際生理科学会議においてカツ教授のエーントーフェンについての記念講演が行なわれたことは当然というべきであらう。（日大・生理）

## 編 集 後 記

長い間発行が遅延していた本号をもって、ようやく日本医史学雑誌もプランクを埋め、バックナンバーがともかくも連続することができた。

本号には第十六回日本医学会総会の時に開かれた第六回の本学会総会の一般発表要旨を抄録のかたちで収載し、原著二篇を収めた。

要旨はタイプ印刷のままであったので散逸をおそれて蛇足ながら活字にし、学会記録としたものである。

第六四回総会の特別講演のうち、阿知波五郎博士の「わが外科に及ぼしたヨーロッパ医学の影響」は、演者の希望で抄録をのせず、改めて書下した数百枚の原著があるので、第一一巻・第二号より連載する予定であるから何分の御期待をいただきたい。

なお、本号に収めたイルザ・ヴェース女史の原稿は、総会当日特別講演として発表される予定であったが、不慮の事故により来日が不可能となったので、原著として原文のまま活字に付した。何分のご諒承を願いたい。

（石原幹事）

the envy of the official representative of the Dutch government who felt eclipsed by the fame and popularity of this German physician. Intrigues of the Dutch officials succeeded in getting Siebold discharged from his Japanese duties and again he was requested to leave the country. After his final return to Europe in 1861, he settled in Munich and died there five years later at the age of seventy deeply mourned and long remembered by all those who knew him. His Japanese friends erected a monument in his honor on the shore of Nagasaki which reads in part: "Immortal is his name through his great deed of having appreciated the most noble essence of our country and our people and of having made it known to the nations of Europe."

The story of Philipp Franz von Siebold, like those of Schambergen, Kaempfer and Thunberg, reveals these men as great personalities rather than merely adventurous physicians. They were ambassadors of culture and good will in the best sense of the word. In return for transmitting their medical knowledge to Japan they brought back to Europe a glimpse of the beauty of Japan, its ancient culture and traditions before it had been affected and altered by its contact with the West. Although the novelty and strangeness, which give their works such particular flavor, have long since passed, these writings will always remain important landmarks in the history of intercultural relations.

(measles)

6. Ophthalmologists
7. Doctors of the mouth (also dentists)
8. Doctors who take care of fractures
9. Acupuncturists
10. Moxa doctors
11. Masseurs

Physicians of the upper ranks were permitted to dress like nobles; the personal physicians of the shogun and of the daimyos displayed the crest of their lords and were, like the aristocracy, entitled to carry two swords. Internists and gynaecologists shaved their entire heads, and Siebold speculated that this was in emulation of the Buddhist priests who first brought internal medicine to Japan. The surgeons and all other specialists kept their heads unshaven and gathered their hairs in a bun. The custom of shaving the heads was explained as a requirement of cleanliness for those physicians who came in intimate contact with the aristocracy.

Like all Western physicians who had preceded him in Japan Siebold wrote at length about the practice of moxa and acupuncture, both of which represented to him the essence of traditional Oriental medicine. On the other hand, he was also deeply impressed with the eagerness of the Japanese physicians to learn as much as they could about European practices and he gave endless demonstrations of various operations and also of vaccination against smallpox.

Siebold profoundly grieved by his banishment from Japan, and even the great recognition and honors bestowed upon him by the Dutch government did not still his wish to return. Yet it was only after nearly 30 years and following the opening of Japan that the order of banishment against Siebold was rescinded, and in 1859 he arranged once more to join the Dutch settlement in Nagasaki. Although he was then in his sixty-third year, he immediately resumed his studies and his medical practice and was much sought after as a physician. He was even consulted as political advisor by the Japanese government which found it difficult to cope with the tensions that had arisen among the various foreign powers in Japan. But Siebold's growing cultural and political influence aroused

specimens, which he later presented to the museum of Leyden. With all his intense activities during his residence in Japan, it is amazing that Siebold found the time to write two books and to gather material for many more. Completed in Japan were in 1824 *De historiae naturalis in Japonica statu* and, later, the *Epitome linguae japonicae*. Only two years after his return to Leyden, in 1832, he published his *Fauna japonica*, on which he had received the assistance of the zoologists Han, Schlegel, and Temmink. His *Flora japonica*, which followed later, was written in collaboration with the botanist Zuccarini.

Siebold's observations of Japanese medicine are recorded in his diary. They stem from his last journey to Yedo which he made in the company of Dutch traders in 1826. His diary notes were based on many long conversations with Japanese colleagues and read in part as follows: "My friends, the physicians-in-ordinary of the shogun, today gave me some interesting information about the ranks and grades of the Japanese doctors, their distinction according to their specialties, and about medical conditions in general." Accordingly, physicians were divided into those who practiced at the court of the shogun, those who took care of the daimyos and those who practiced in the cities and towns. The physicians at the shogun's court were again subdivided into the internists who occupied at highest rank and the surgeons who were of the second rank. Among the latter there were some who were permitted to enter the shogun's chambers and presence and others who were not allowed to proceed beyond the anti-chambers. Similar subdivisions also existed at the courts of the daimyos where the physicians occupied the rank of court officials. All physicians who had ever been admitted to the shogun's presence were given a special title which endowed them with many social privileges.

Medical specialization had reached a high degree and led to the following categories of doctors, listed in their social order :

1. Internists
2. Surgeons
3. Herb specialists
4. Gynaecologists and obstetricians
5. Pediatricians and those especially concerned with " children's pox "

be helpful in improving the Dutch-Japanese relations which had suffered greatly through the Napoleonic wars.

Initially, Siebold was successful beyond all expectations in fulfilling this mission. He arrived in Nagasaki around 1823 and remained there until 1830. His activities—or rather adventures—during these years were much more varied than those of any other foreigner who had ever been permitted to reside in Japan during the period of national seclusion.

Ever since Caspar Schambergen had initiated this custom, almost 200 years earlier, the physicians attached to the Dutch settlement had accompanied the embassages which twice a year were commanded to appear at the court of the shogun. But no other physician since the great Caspar had received permission to remain in Yedo. When Philipp Franz von Siebold was presented at court, the shogun extended to him the privilege of travelling about freely and remaining in Yedo for long periods in order to teach the physicians of the Capital. Siebold conscientiously fulfilled his duties as an instructor and gained the confidence of his students and with their help explored as much of the forbidden country as he possibly could. An article devoted to Siebold in the *Japan Weekly Mail* of December 27, 1879 reported that his students introduced him to state secrets never before heard by any non-Japanese, that they brought to him objects of art and even gave him treasures from Shinto and Buddhist temples.

It seems that Siebold was accustomed to remunerate those who enriched his collections and that this practice brought about his downfall. One of the courtiers procured for Siebold a copy of the master map of the country, heretofore inaccessible even to most Japanese. Siebold's token of gratitude apparently did not meet the expectations of the official, whose complaints indirectly reached the shogun. Aware at last of Siebold's secret activities the shogun had him thrown into prison and ordered him to commit suicide. Siebold, decidedly unwilling to end his life by his own hands, remained in prison for more than a year, during which time his friends and students worked for his release which was finally achieved but under the condition of his permanent banishment from Japan.

In spite of the haste of his forced departure Siebold was able to carry away with him most of his art treasures and his zoological and botanical



so frequent and massage of the whole body seemed especially helpful.”

Of special interest are Thunberg's observations of the social esteem accorded to the various classes of Japanese healers: “Those who concern themselves with the treatment of internal diseases are considered of the highest rank. They distinguish themselves from the other physicians by shaving their heads entirely. They never use any but the simplest remedies and generally some diuretic decoction or one that promotes perspiration. Of compound medicines they know nothing and, although they could obtain such medicines in their own country, they frequently buy them from the Chinese. Occasionally, also, the physicians feel the patients' pulse which is a lengthy procedure first on one hand and then on the other . . . . Their knowledge of fever and other internal disease must be rather meager since they have no knowledge of anatomy and physiology and are as yet uninformed of the circulation of the blood.”

Among the diseases that he had observed in Japan, Thunberg also mentions syphilis which, he asserted, had been introduced by the Europeans. As the Japanese treatment of this disease consisted largely of ineffectual herb extracts, he took the occasion of acquainting the medical profession with the mercury treatment of this disease. Thunberg respected the Japanese doctors in spite of their limited theoretical knowledge, because their open minds and intellectual curiosity appeared to him superior to that of many of his European colleagues.

While Kaempfer's and Thunberg's writings on Japan were widely read in the Western world, it was a third physician, Philipp Franz von Siebold who attained the reputation as the scientific discoverer of Japan. Siebold was born in Würzburg, Germany, in 1796, the very year when Thunberg's *Voyage to Japan* was published. As the descendant of a prominent family of physicians, von Siebold also chose a medical career and, in 1820, obtained his medical doctorate from the University of Würzburg where his father had been professor of medicine and surgery. After two years in general practice, young Siebold decided to obtain a more varied experience and joined the Dutch East India Company with the hope of being sent to Japan. This wish was fulfilled almost at once. The Dutch were glad to employ a man of his qualifications and background as such a person might

of the following year (1776) when he joined the Dutch embassy on its mandatory visit to the Shogun's court in Yedo. His observations and the material he collected on this voyage are embodied in two of his famous books, the *Flora Japonica* and his *Voyage to Japan* which were published in 1784 and 1796 respectively. Many of the plants he identified subsequently became a permanent part of the Japanese materia medica. Six months after his return from his journey to Yedo Thunberg left Japan. His homeward voyage to Sweden proceeded at a leisurely pace and was prolonged by stop-overs in Ceylon and South Africa. He was thirty-six years of age when he finally reached Sweden after a total absence of eight years.

Thunberg's further career took a far more fortunate course than that of Kaempfer. When the famous botanist Linné died in 1784, Thunberg was chosen to be his successor as Professor of Medicine and Botany at the University of Upsala. Here he spent nearly fifty happy and productive years and died in 1828, famous, beloved and mourned all over the world at the age of 85.

His *Voyage to Japan* with its sympathetic and penetrating portrayal of the country, its people and customs and its medical practices was the most widely read of his books. He characterized the people of Japan with a long array of favorable adjectives, stating that they were intelligent, cautious, free, obedient and polite, curious, industrious, skillful, thrifty and sober, friendly, upright and just, honest and faithful. At the same time, he also found them haughty and proud, brave and indomitable.

The extraordinary cleanliness of the Japanese impressed Thunberg deeply and he noted that it far surpassed that of Europe. In this connection he especially remarked on the frequent hot baths taken by young and old regardless of class or wealth. The customary use of thin disposable paper in the place of handkerchiefs struck him as an equally important hygienic achievement. In his portrayal of the Japanese medical profession Thunberg distinguished several categories: "Some limit their studies to that of medicine proper and concern themselves only with internal diseases. Others practice surgery only. And others again specialize in moxa treatment and acupuncture; and the final group only give massage." The last named practice he deemed of particular value in Japan "where colds were

fessor had taken a deep interest in young Thunberg and suggested a trip to the Orient as an invaluable means of enlarging his knowledge of the materia medica and to gain general medical experience. Burman particularly suggested a voyage to Japan because none of the plants of that country had ever been brought to Europe, although it seemed probable that they would flourish there. Since the wealthy burghers of Holland were eager to embellish their gardens with exotic plants they were glad to contribute their help in arranging an appointment for Thunberg with the Dutch East India Company.

“However,” he related, “since no other nation than the Dutch is permitted to set foot on Japan,” it was necessary for him to become completely fluent in the Dutch language before embarking on this venture. There is no record as whether Kaempfer, too, had learned to speak Dutch, but it is well possible that in the intervening decades the Japanese had become even more rigorous in their investigation of the background of the employees of the Dutch factory in Deshima. At any rate, Thunberg’s sponsors arranged for him a three-year interval in the employ of the Dutch East India Company in South Africa with no other fixed duty than that of obtaining a fluent command of the Dutch language. Having accomplished this, Thunberg embarked for Japan on a Dutch ship as surgeon extraordinary. In August, 1775, he arrived in Nagasaki after a six months’ voyage. He reports that immediately upon setting anchor the captain of the ship ordered the sailors to surrender their bibles and hymnbooks. “These were packed into a large box which was nailed shut. The box was then given to the Japanese who kept it until the departure of the ship when all the books were returned to their owners. The intent was to prevent the importation of any Christian or Catholic books. . . .” During the first months in Japan Thunberg, like Kaempfer, practiced and taught medicine at Deshima. He was particularly successful as a teacher and attracted many physicians some of whom even came from the Capital to study under him. The notes taken during his lectures were published by his Japanese students; they also copied his surgical instruments which surpassed all those previously seen in Japan.

Thunberg’s ardent wish to travel to Yedo found its fulfillment in March

moxibustion to the West, Kaempfer felt that the use of both of these remedies should be determined by climatic conditions. He felt that neither treatment would have the same beneficial result were it employed in the colder climates of Europe, where perspiration was less strong, the fluids thicker, the pores narrower, and the muscles and membranes tenser. After this slight digression Kaempfer proceeds to describe the technique of the operation.

The Chinese and Japanese physicians widely differ in their opinions concerning the parts of the human body, which it is proper to burn with the Moxa, in order either to cure, or to prevent particular distempers. And although superstition and self-conceit have a very considerable share in their reasonings, yet they all plead either their own experience, or that of their master, for what they assert. If their different opinions were to be brought together, I believe, that in some distempers there would be scarce any one part of the human body left, but what some of them would single out as the most proper to be burnt with success. The common people seldom recede from the common places and rules, handed down to them from remotest antiquity, and represented for the benefit of the publick, in particular printed schemes. They are still more superstitious about choosing the proper time, when particular parts of the human body ought to be burnt in particular diseases: And here great regard is had to the situation and the influence of the Constellations of the Heavens, for it is agreed on all hands, that . . . the operation ought not to be perform'd on an ill day, and in an ill hour, when according to their way of reasoning, the less favourable influence of the Stars gives room to apprehend an ill success.

After Kaempfer's departure, nearly a century elapsed before another great figure among European physicians arrived in Japan. Carl Peter Thunberg from Sweden was, like his famous predecessor, in the employ of the Dutch East India Company. Never beset by economic difficulties like Kaempfer, his youth had been happy and secure. He obtained his medical degree from the University of Upsala in 1770, and was subsequently awarded a government grant for three years' travel to engage in foreign postgraduate study in the fields of medicine, surgery and natural history. One of these years he spent in Paris observing the methods of the French hospitals, the Hôtel Dieu, the Charité and the Bicêtre, and he then went to Holland to obtain advice for his further studies from the Dutch botanist, Johannes Burman. This eminent pro-

its application and then the method of the preparation of the cones. Moxa is the soft down collected from the dried leaves of the *Artemisia vulgaris*, The plant must be young and tender and should be picked early in the morning and only on certain days which are determined by the astrologers.

The burning of the Moxa hath nothing in the least to terrify the people, and to deter them from going through the operation. . . . The pain is not very considerable and falls far short of that which is occasion'd by other Causticks, or actual Cauteries. I have been many times the very boys suffer themselves to be burnt in several parts of their body, without showing the least sense of pain : For they burn indifferently, and without regard, old and young, rich and poor, male and female : only women big with child are spared, if they have not been burnt before. The intent of burning with Moxa is either to prevent or to cure diseases. But it is more particularly recommended by their physicians as a preventive medicine, for which reason they advise the healthy, more than sick people, to make use of it. This practice of theirs they ground upon the following principle, that by the very same virtue, whereby it dispells and cures present distempers, it must of necessity destroy the seeds of those to come, and by this means prevent them. Hence it is, that in these extremities of the East, all persons who have any regard for their health, cause themselves to be burnt once every six months. This custom is so thoroughly and religiously observed in Japan, that even those unhappy persons, who are condemn'd to perpetual imprisonment, are not deprived of this benefit, but are taken out of their dungeons once in six months, in order to be burnt with the Moxa. The burning with the Moxa, by way of prevention, requires but a few cents (cones), and those very small ones, but if it be intended to cure a distemper, there must be more, and larger, particularly if the cause of the distemper lies deep, and is consequently so much the more difficult to be removed.

If you ask either the Chinese or Japanese, in what distempers it be proper to burn with the Moxa, they return the following answer, That it is proper in all those distempers, where an occult vapour, and which lies, as it were, imprison'd within the body, occasions a dissolution of their solids, and a sense of pain, and hinders the affected part from duly performing its functions. . . . Even the Dutch in the Indies have lately experienced, what a good effect may be expected from burning with the Moxa in arthritick, gouty, and rheumatick distempers. This Caustick breaks the forces of the saline and tartarous particles, which the too plentiful use of Rhenish wines leaves in the blood, and which being fix'd about the joints, and particularly irritating that sensible membrane, which encompasses the bones, are the cause of gouty paroxysms.

Yet, in contrast to Dr. ten Rhyne who had introduced acupuncture and

consequences, that particularly in men it will occasion a swelling in either of the testicles, which often suppurates and turns to an abscess, in women tubercula or pustules in the anus and on the pudenda, commonly attended with the falling of the hair. It must be observ'd however, that both tumors of the testicles . . . and the said pustules in the privities are likewise endemial distempers of the Country.

For these diseases, Kaempfer goes on to say, the Japanese employ acupuncture and moxibustion. Both operations, he points out, shocking as their names may sound to the Western reader, are in reality tender compared to some methods of treatment then practiced in Europe.

The use and application of both these remedies are a thing of such consequence, that the very knowledge of the parts, which are the most proper either to be burnt with the Moxa, or to be prick'd with the needles, is the object of a peculiar art, the masters of which are called Tensasi, which is as much as to say, touchers or searchers of the parts, because the main business lies in the choice of the part, on which either of these operations is to be performed. . . I now make haste to give a description of these needles. It would be scarce possible to thrust a very thick needle into the body without some dangerous consequence or other; For this reason, the needles, whereby this operation is to be performed, must be exceedingly small, made of either gold or silver so pure and fine as it is possible to get them. . . It is a particular art to temper these needles, and to bring them to a certain degree of hardness, requisite to make them fit for this operation, which art, although it be known but to very few persons, yet even those who know it, are not allowed to make them without a particular license granted under the Imperial seal.

But to come to the operation itself, the same is performed after the following manner. The surgeon takes the needle near its point in his left hand, between the tip of the middle finger, and the nail of the forefinger, supported by the thumb and so holds it toward the part which is to be pricked, and which must be first carefully examined, whether it be not perhaps a nerve, then with the hammer in his right hand, he gives it a knock, or two, just to thrust it through the hardish resistant outward skin. This done, he lays the hammer aside, and taking the handle of the needle between the extremities of the forefinger and thumb, he twists it till the point runs into the body to that depth, which the rules of art require, being commonly half an inch, sometimes, but seldom, an inch or upwards, in short, till it runs into the place, where the cause of the pain and distemper is supposed to be hid, where he holds it till the patient hath breathed once or twice, and then drawing it out, compresses the part with the finger, by this means, as it were, to squeeze out the vapour and spirit.

In his chapter on moxibustion Kaempfer first describes the history of

became a great literary success; it was translated into many languages and was the main source of information on Japan throughout the 18th century. Of special interest to his European readers were Kaempfer's extensive medical observations. The following excerpts from his description of an unusual gastro-intestinal disease and his accounts of acupuncture and moxibustion will convey the flavor of his writings.

### Of the cure of the COLICK by the ACUPUNCTURE or NEEDLE-PRICKING, as it is used by the Japanese

That particular kind of Colick which the Japanese call Senki, is an endemial distemper of this populous Empire, and withal so common, that there is scarce one in ten grown persons, who hath not some time or other felt its attacks. Foreigners are no less subject to it, than the natives, when once they are come to taste the liquors of the Country. This we found to be true by our own sad experience, when upon our arrival in the Country we endeavour'd, as is usual amongst sea-faring people, to wash away the memory of the dangers, we had been exposed to in our tedious and difficult passage, by a plentiful use of the cold beer of this Country, call'd Sakki. . . . The name of Senki is not given indifferently to all Bellyachs, but only to that particular sort, which besides a most acute pain in the guts, occasions at the same time convulsions in the groins. For such is the nature and the violence of this distemper, that all the membranes and muscles of the abdomen are convulsed by it. As to the cause of it, and of colicks in general, the natives are of the opinion, that it is not all a morbid matter lodged in the cavity of the guts, which they say, would occasion but a very slight pain, but that the seat of it is in the membranous substance of some other part of the abdomen, as for instance of the muscles, the peritonaeum, the omentum, the mesentery, or the guts, and that by stagnating there it turns into a vapour, or rather into a very sharp sower spirit, as they express themselves, which distends, cuts and corrodes the membrane wherein it is lodged.

Upon the same theory is grounded their method of cure; whenever this spirit is let out of the narrow prison it hath been confined to, and set at liberty, that very moment, they say, the pain which it hath occasioned by distending those sensible parts wherein it lay, must cease. . . . Some very particular symptoms of this endemial distemper of Japan are, that mimicking the hysteric affection, it often puts the patient under an apprehension of being suffocated, the whole region from the groins up to the false ribs, and higher, being strongly convulsed, that after it has for a long time miserably tormented the patient, it will end in tumours and swellings arising in several parts of the body, and attended with dangerous

the country, the Buddhist and Shintoist services he attended and the temples he visited during his stay. He also tells of the Portuguese influence in Japan, their missionary activities and the subsequent proscription of Christianity, and finally of the commercial interests of the Dutch in Japan.

Kaempfer was privileged to accompany the Dutch traders on two of their journeys from Nagasaki to the Shogun's court at Yedo. The wealth of information gained by him is all the more remarkable in view of the strict supervision which was imposed upon every move of the travellers. The highlight of each of these trips was the reception at court. Here the foreigners were ordered to dance, sing, converse and engage in other performances before the Shogun so that he could study European behaviour. Throughout the entire audience the Shogun and his retinue sat behind a bamboo curtain and remained invisible to his visitors; but he was able to observe them clearly. Kaempfer concluded his report with a "History of Japanese Tea" in which he described the plant, its cultivation, and its ceremonial use.

In October 1692, Kaempfer's employment with the Dutch factory on Deshima came to an end, and a year later he arrived in Holland after an absence of ten years. While in Holland he wrote his book on tropical diseases and subsequently returned to his home town, Lemgo in Germany, where he engaged in the practice of medicine and became the personal physician of the local ruler. Overwhelming of his practice and the adversities of his personal life shattered his hopes to find enough leisure to arrange his many writings for publication. The unhappiness of his final years were an anti-climax to his exciting career. A bachelor throughout most of his life he married, at the age of fifty, the sixteen-year-old daughter of a wealthy merchant. His incongruous marriage was doomed to fail. The relationship became so unhappy that eventually he disinherited his wife and began divorce proceedings. He died in Lemgo in 1716 at the age of 65. Fortunately, his writings came into the possession of Sir Hans Sloane, President of the Royal College of Physicians and the Royal Society of England, who soon thereafter arranged for the publication of Kaempfer's magnificent *History of Japan*. This book at once



a number of modern languages, his musical and artistic talents he failed to secure a fitting position in Germany which—more than three decades after the conclusion of the Westphalian Peace Treaty—still suffered the economic after-effects of the Thirty-Year-War. Kaempfer therefore went to Sweden, attracted by the fame of two men: the physician and naturalist Olaf Rudbeck and the political scientist Samuel Pufendorf at the University of Lund. With Pufendorf's help Kaempfer obtained a position as secretary and physician with a delegation that was sent to Persia by Karl XI of Sweden for the purpose of political and commercial negotiations.

Kaempfer's journey from Sweden to Persia took one year and was followed by a two-year sojourn at the royal court of Persia. His account of this voyage remains a classic in world travel literature. His interest in exotic lands was now thoroughly aroused. After the Swedish delegation had completed its mission he decided to take service as chief surgeon with the Dutch East India Company whose fleet happened to be anchored in the Persian Gulf. His initial duties took him to the arid heat of the Middle East where he endured three years of hard work, personal unhappiness and illness. Yet even his brilliant mind did not rest. He produced two notable monographs on the date palm and the therapeutic use of asafoetida. In 1689, he finally obtained his transfer to the Dutch East Indies and there recorded his astute observations on the flora and fauna of the islands. These were incorporated in a volume entitled *Amoenitas* which also contains several important and novel medical observations especially on the Madura-foot, elephantiasis and the narcotic drugs of Asia. While he was in Java he gathered whatever information he could on the "Island of Japon" and conceived the fervent desire to be sent there so as to gain a personal impression of this secret and forbidden country. His efforts finally succeeded; he was appointed physician to the Dutch trade settlement in Deshima and reached Japan in September 1690.

Kaempfer's magnificent writings on Japan impress one as the fruits of a lifetime's study rather than as the result of a sojourn of only two years. His observations are not confined to the medicines and medical practices, they also encompass the geography and geology, the flora and fauna of the Japanese islands. His descriptions further extend to the religion of

which later became the rule. . . also the physician Caspar Schambergen has a name which suggests a German; some weeks before the court journey four young Japanese were brought to Deshima and were here duly instructed by him in surgery.

The establishment in Japan of the "Caspar School of Surgery (*Caspar-Ryū Geka*) attests to the impact of Schambergen's teaching on Japanese medicine. While his writings on Japan are lost, it is largely owing to his success at court that from then on physicians were permitted to accompany the delegations of the trade settlement. Among them only one Dutchman, William ten Rhyne is noteworthy, not so much for his contributions to the Japanese practice of European medicine, but rather because upon his return to Holland he tried to transplant Japanese medical methods into Europe. Deeply impressed by acupuncture and moxibustion, he introduced these treatments to the Western world and especially to France, where they had a short vogue. They continued to be practiced sporadically until in the early nineteenth century they were brought to the United States, where they did not meet with an enthusiastic reception. The current revival of acupuncture in Europe stems from a more recent impetus.

In Japan, however, the changes and innovations introduced by European medicine were so gradual that they never entirely displaced the ancient belief in traditional medicine and, particularly, the effectiveness of acupuncture and moxibustion. This was related in great detail by Engelbert Kaempfer, a brilliant German physician who served with the Dutch East India Company in Japan from 1690-1692.

In contrast to that of Schambergen, much is known about Kaempfer's personal life. He was born the son of a protestant pastor in Lemgo, Germany, in 1651 (two years after Scambergen was said to have traveled to the Shogun's court in Yedo). His first scholarly paper "*De Majestatis divisione*" he wrote upon his graduation from the Gymnasium and spent the next two years traveling and studying philosophy and theology, he concluded his academic education in Koenigsberg where, at the age of thirty, he obtained his doctorates in medicine and the natural sciences. In spite of his superb formal training, his knowledge of the classical and

at different times between 1640 and 1840, took employment in Japan, largely as a means of exploring the country and studying its customs and people. Although they were identified with Holland through its trade settlement, it is a curious accident that none of them was of Dutch nationality. Three were Germans and one was a Swede, and all of them were exceptionally learned and imaginative. The names of these four men are Caspar Schambergen, Engelbert Kaempfer, Carl Peter Thunberg and Philipp Franz von Siebold.

In Japan they are remembered as excellent physicians and medical teachers; in the Western world, however, they are famous for their superb and detailed reports of Japan, its customs, its flora and fauna and its medicine. Indeed, during the entire period of Japanese isolation they were the only ones who carried home any information from this distant and forbidden part of the world. Their writings, therefore, were avidly read. Astute observers as well as great admirers of Japan, they sought to comprehend all that was new and strange to them, and were convinced that many of their observations might be instructive and even of benefit to the West.

Very little is known of the early life of Caspar Schambergen beyond the fact that he arrived in Japan on a Dutch ship sometime around the year 1644. Some Japanese sources report that he and other members of the Dutch trading post in Deshima were sent on an expedition to Yedo, where Schambergen remained and gave medical instruction to the physicians of the court and the capital; according to other sources, Schambergen arrived in Yedo in 1648, and there taught European medical practices, not to the physicians of the court but to Japanese interpreters. Oskar Nachod in his *Beziehungen der Niederländischen Ostindischen Kompagnie zu Japan im Siebzehnten Jahrhundert* (Leipzig, 1897), tells of Schambergen's appearance upon the Japanese scene in the following manner:

On the tenth of November (1649) the permit for the Embassy arrived from Yedo and on the 25th of November Frisius left accompanied by Brockhorst with a stately retinue of Dutch and Japanese amongst which there were three interpreters of the Dutch factory. In the train were also persons of importance requested by the Shogun. . . . Also we heard for the first time that a physician would make the court journey, an arrangement

## European Impression of Japanese Medicine during the Tokugawa Period\*

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The early introduction of Western medicine into Japan during the centuries of national isolation (the Tokugawa period) is a familiar story. The pioneer Japanese physicians who were involved in this achievement are well-known in Japanese medical history. Of equal importance, although much less frequently recognized, is the role of the Western physicians who not only brought European medicine to the East but, in turn, acquainted Europe with the totally strange world of Japan. Among the Japanese, men like Sugita Gempaku, Mayeno Ryōtaku, Kagawa Genteki and Katakura Kakuryō are justly famous, not only for their enterprise, but also for the sheer courage which was required to defy the traditional and official opposition to new and foreign ideas. The Occidental physicians on their part displayed similar initiative. To a degree, they also faced comparable hazards, for in their efforts to acquaint themselves with Japanese thought they had to overcome many restrictions and handicaps imposed by the Tokugawa Shoguns upon the foreign visitors.

In the period from the early 17th century until the opening of Japan, there were many European physicians who served with the trade settlement of the East India Company on the island of Deshima and participated in the work of the "Dutch School of Medicine" (*Oranda Ryū Geka*). But this small medical outpost owed most of its fame to four men who,

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\* This was to be read at the Assembly of the Society of Medical History of Japan at the 16th General Assembly of the Japan Medical Congress, 1963.

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