

Invited Lecture

From the Capital of Smoke (Kemuri no Miyako) to the Livable City (Sumigokochiyoki Toshi): “Doctoring” to the Industrial Metropolis of Osaka**Jeffrey E. HANES***Associate Professor of History**Director, Center for Asian and Pacific Studies,
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Today, at the turn of twenty-first century, it is commonplace to hear politicians, bureaucrats, and citizens across the globe discuss the “health” of the world’s great cities. As the term “health” is used today, of course, it has little more than figurative meaning; yet this has not always been the case. At the turn of the twentieth century, when the “developed” world loudly celebrated the advent of modernity and confidently projected a fantastic future for human civilization, one cautionary note that crept into the narrative had to do with the deteriorating condition of the world’s great cities. As these concerns grew, a new breed of urban reformer was born who invoked a new conception of “the city.” Rather than looking at cities as *physical objects*, these urban reformers saw them as *social subjects*. In other words, they defined cities human communities and diagnosed their problems accordingly. In modern Osaka, where urban industrialization was a double-edged sword of robust economic production accompanied by worrisome social problems, one urban reformer in particular rose to the challenge. This was the renowned interwar Mayor of Osaka, Seki Hajime (1876-1935), about whom I have written a book entitled *The City as Subject: Seki Hajime and the Reinvention of*

Modern Osaka (University of California Press, 2002; forthcoming in a Japanese translation from Keiso Shobo, 2007) .

In this lecture, I take a closer look at the way in which Seki Hajime recast Osaka's "urban problems" (*toshi mondai*) as fundamentally "social problems" (*shakai mondai*). Rather than identifying the city as a technological "mechanism," Seki identified as a social "organism" (*yukitai*). In other words, he defined the city as a social *body*; and, approaching its social problems as ailments, set out to restore its "health." Both literally and figuratively, in short, Seki Hajime acted the part of family doctor to the industrial metropolis.

In order to place Seki Hajime's perspective on urban reform in historical perspective, it is important first to step back and recall the changing public attitudes toward cities in the modern age. In the nineteenth century, during the heyday of urban modernization, metropolises such as London, Paris, and Berlin were viewed as monumental symbols of the technological and industrial progress that had changed the face of the modern world. But, beset by pressing problems ranging from smog to poverty, these metropolises had steadily lost their glitter in the public eye. At the turn of the twentieth century, as the developed world looked optimistically toward a bright future, modern industrial cities, in particular, cast a troublingly dark shadow over the prospects for a future of urban bliss.

Under close scrutiny, thriving cities such as Manchester and Chicago revealed a disquietingly gritty underside of urban poverty, pollution, disease, and moral decay. The stark social reality of life in these cities contradicted the conventional wisdom about modern progress. Rather than demonstrating that technological/industrial progress inevitably engendered social progress, the great cities of the world seemed to illustrate instead that universal progress was anything but a foregone conclusion. Notwithstanding the moneymaking din of factory production, the hustle and bustle of motorized urban transport, and the shining lights of commerce and consumerism that continued to mesmerize the public in 1900, the modern metropolis

was viewed with increasing ambivalence.

Although leaders across the developed world were beginning to call into question the wisdom of untrammelled urban industrial expansion, public recognition of the social problems that had accompanied urban modernization was still slow to materialize. Not only were the pundits of progress loathe to relinquish the myth of modern civilization, the economic agents of urban material development were adamant about their pivotal role in carrying cities to the pinnacle of progress. Industrial capitalists especially, whose factories had come to symbolize modern urban progress, continued to preach *laissez-faire* and to reassure nervous urbanites that social progress was an inevitable outgrowth of industrial development.

Not everyone, however, was transfixed by the myth of urban progress. In the great cities of Europe and North America, muckraking social critics such as Charles Booth in London and Jacob Riis in New York exposed the gritty underside of modern urban industrial life—and in particular the sad realities of slum life. In their turn, public officials in these same cities conducted shocking surveys of urban life that revealed a growing urban underclass of the poor and down-trodden that cast the prospect of urban progress into doubt. It was in this historical context of skepticism about urban progress that a new breed of social reformer was born. Across the developed world—from Europe and the United States, and all the way to Japan—a fellowship of like-minded urban social reformers was emerging that recognized “the urban problem” as a global issue of equal and comparable concern to all great modern cities. As the historian Daniel Rodgers has observed in his pioneering work *Atlantic Crossings*, these social progressives shared one key idea: that “the most pressing of the great cities’ urgencies was [urban] *health*” (Harvard University Press, 1998, 116).

In Japan, muckraking journalists such as Yokoyama Gennosuke (for Tokyo) and Suzuki Umeshirô (for Osaka) led the charge. Reconceptualizing modern cities as animate social subjects, instead of

inanimate technological/economic objects, they drew attention to the looming social problem of poverty and slums. This critical conceptual shift paved the way for public figures such as Seki Hajime in Osaka to propose practical solutions to the “urban problem” (*toshi mondai*) as a “social problem” (*shakai mondai*). Most such urban social reformers saw the city as an “organism” and employed an explicitly biological metaphor to understand its inner workings. They did not define cities primarily in terms of their roads, lights, sewers, tracks, and buildings, in other words, but rather in terms of the social networks and neighborhoods that made them urban communities. While some urban social policymakers applied this biological definition more literally than others, even those who invoked it metaphorically approached the business of urban social reform in a manner that would be familiar to many medical practitioners today. That is, they treated cities as social bodies and strove to diagnose and treat their ailments.

One of the most innovative urban social policymakers of the prewar era was Seki Hajime (1873-1935), who served as Mayor of Osaka from 1923 until his death in 1935. Seki took a holistic empirical approach to diagnosis of Japan’s “urban social problems” (*toshi shakai mondai*) that was not far removed from the “evidence-based medicine” that is typically practiced by family doctors today. As documented for me by a doctor friend in my hometown of Eugene, Oregon, this evidence-based approach to medicine involves a social scientifically empirical process of treating patients: identifying the chief complaint, doing a survey of relevant systems, reviewing the family history, conducting a thorough physical examination, and coming up with a comprehensive assessment and plan for the patient. I would argue that Seki Hajime applied precisely this sort of diagnostic regimen in the identification and treatment of the ailments that afflicted the urban social body of Osaka.

Yet, while Seki played the part of family doctor to Osaka in the short term, he had a much loftier goal in mind for the long term.

Beyond implementing mechanisms of “social welfare” (*shakai fukushi*) to treat nagging problems such as unemployment, he proposed to implement “social policy” (*shakai seisaku*) as a means of eradicating systemic ones such as urban poverty. In the end, that is, Seki viewed himself not so much as a family doctor, but as a medical scientist whose job was not merely the *treatment* of Osaka’s pressing urban social problems, but their *prevention*. Not only did Seki a cure to the urban social problem, that is, but the vaccine that would avert a future outbreak.

In my earlier work, I have stressed one key aspect of Seki’s attempt to achieve a transformation of what he identified as the urban social organism of Osaka: the construction of “garden suburbs” (*den’en kōgai*) for the working classes who had previously been condemned to slum life in the industrial metropolis. But Seki’s vision of Osaka’s transformation from an overextended, crowded, polluted industrial metropolis into a “livable city” (*sumigokochiyoki toshi*) involved much more than this vision of residential reform. In much the same fashion as the general practitioner who compiles a “comprehensive exam form” for his/her patients, Seki Hajime took a holistic approach to the problems of the urban social body that comprised the “urban community” (*tokai*) of Osaka. This Special Lecture reviews the “comprehensive exam” that Seki administered for Osaka, reviews the breadth of his diagnosis, and seeks to identify and assess the significance of what my doctor friend would call his “assessment and plan.”