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Eugenics, Environment, and Acclimatizing to Manchukuo: Psychiatric Studies of Japanese Colonists

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Abstract: Both the advocates and critics of what has been called "the new imperial history," which may be characterized by its focus on how colonies were not simply influenced by but also exercised an influence on a dominating foreign state, have inspired this article. The article addresses the production and dissemination of medical knowledge in its examination of psychiatric research conducted in the 1930s in Japan's unofficial colony of Manchukuo. It highlights the political dimension of studies of psychosomatic disorders, syphilis, and alcoholism among colonists by placing it in the context of contending theories of racial improvement and growing official support for mass migration, especially to northeast China. Moreover, it inquires into restrictions on the flow of ideas from the colonies by examining how these studies were received in Japan. While interest in the colonies ensured that psychiatrists in Manchukuo were able to publish their research in leading Japanese medical journals, their findings jeopardized too many political and professional interests to become more public. In much-publicized debates stimulated by the impeding establishment of eugenic sterilization legislation, their colleagues in Japan in the late 1930s who championed the argument of environment over heredity were conspicuously silent about conditions among Japanese colonists, using instead examples of European and North American colonists to make their case.

Key words: psychiatry, emigration, Manchukuo, propaganda, eugenics

Associated with what has been called the "new imperial history," more recent studies of imperialism have emphasized the mutual constitution of countries and their empires and the reciprocal influences of metropole and colonies.[1)] In adopting this approach, they have examined how colonies figured in debates over economic, political, social and cultural developments in the metropole. However, as two scholars closely identified with the "new imperial history," Frederick Cooper and Ann L. Stoler have noted, not all metropolitan discourses resonated in the colonies. And, in the case of some empires more than others, it might be added that not all colonial discourses could openly or widely resonate in the metropole. Still, with regard to the colonies' relationship to medical knowledge, Cooper and Stoler propose that an "interesting question is how much racist tendencies in medical science, and eugenics in particular, received new credibility in the colonies and then reverberated at home."[2)]

While scholarship on colonial psychiatry has developed to the point that works covering a number of countries are beginning to appear,[3)] Japan has yet to be included in such collections, which have the potential to reveal the similarities as well as differences in the relationship between colonies and metropole. It thus may be fruitful to consider some of the topics of study addressed in investigations of European colonialism. Inspired by the above question posed by Cooper and Stoler, this article explores two issues: one, the degree to which psychiatric research on Japanese colonists in Manchukuo in the 1930s conformed

to imperial propaganda, particularly to officially promoted ideas about the Japanese people's racial fitness and their qualifications to act as the "leading race" 指導民族 for other Asians; and two, the degree to which the results of this research could "reverberate at home."

Publishing in leading medical and professional journals, psychiatrists working in Manchukuo had conduits for familiarizing their metropolitan colleagues with their studies of colonists. However, mental health experts in Japan demonstrated no eagerness to disseminate the findings of these studies beyond professional circles, and the article examines this response through the example of the metropolitan psychiatrist Kaneko Junji 金子準二. One of the most active participants in an increasingly public debate over eugenic sterilization legislation in the late 1930s, Kaneko shared many of the research interests and beliefs of psychiatrists in Manchukuo and thus likely knew of their work. But he remained silent about conditions among Japanese colonists, referring instead to the experience of inhabitants of former foreign colonies, in making a case for the influence of environment on mental health. As critics of the "new imperial history" have observed, the linkages connecting colonies and metropole have not received a lot of attention,[4] and this article inquires into restrictions on the flow of ideas from the colonies that could have imposed some limits on the mutual constitution of countries and their empires.

However, the primary goal of the article is to contribute to the relatively nascent field of Japanese colonial psychiatry by introducing readers to what has been uncovered so far of research conducted in Manchukuo. In recent years, historians and medical specialists have produced pioneering work on psychiatry in colonial Taiwan and Korea.[5] Similar investigations have yet to appear on Manchukuo, for which source materials are less abundant or easily accessible. In comparison to Taiwan and Korea, Japan's unofficial colony had a shorter history, and not all of the psychiatric studies conducted in Manchukuo as well as other materials, such as actual patient records, may have made their way to Japan before or after 1945, being subsequently lost in the chaos of repatriation. Research on psychiatry and mental health issues in Manchukuo must rely on smaller samples of data, and this present foray into the subject utilizes reports that appeared in Japan-based medical journals or that had a potential to attract a metropolitan readership. While their opinions may not necessarily have been those of all mental health experts in Manchukuo, the authors of these publications were affiliated with the best-known medical facilities in the region and were likely viewed by their metropolitan colleagues as being representative of psychiatrists in the puppet-state.

Examining the research of these psychiatrists in Manchukuo in the context of Japan's territorial expansion, the article illustrates how their discussion of patients and the etiology of disorders functioned as critiques of colonial society and reflected converging intellectual currents and policies. In an influential study of national identity that demonstrates the widespread acceptance before 1945 of a theory of the multiethnic origins of the Japanese, Oguma Eiji notes how "the mixed nation theory appeared to a certain extent in major magazines and books in the form of an argument for the adaptability of the Japanese nation, in that it was able to move into areas that the Imperial Army had occupied or in pursuit of policies of assimilation."[6] Studies of psychological disorders among colonists amounted to assessments of the Japanese people's aptitude for living in unfamiliar environments, and this political dimension of the research of psychiatrists in Manchukuo becomes clear when one considers how it was conducted against a backdrop of contending theories of racial improvement and growing official support for mass migration, especially to northeast China. Consequently, before proceeding with an examination of the actual research

of these psychiatrists, it is necessary to discuss the intertwining issues of eugenics, emigration and Manchukuo.

The Investment in Japan's "Racial Mission": Contextualizing Psychiatric Research in Manchukuo

Promoting the belief that human populations could be "improved" by controlling heredity, eugenics was a worldwide movement that attracted the support of various governments and groups on both the political left and right.[7] In Japan, war with China and then the Allied Powers (1931–1945), which made crucial a steady supply of healthy soldiers and workers, certainly paved the way for eugenicists to influence policymaking. However, in her analysis of wartime debates about racial science among Japanese intellectuals, Tessa Morris-Suzuki has shown how issues of emigration, most notably the passage in the United States of the 1924 Immigration Act, also helped to popularize eugenic ideas.[8] The Immigration Act restricted migration from Asia and was publicly endorsed by American eugenicists for preventing undesirable "racial mixing." Responding to this U.S. legislation, the geneticist Tanaka Yoshimaro 田中義麿 claimed that there were indeed "inferior" and "superior" types among the Japanese and that officials in Japan faced the dual challenge of maintaining good diplomatic relations by preventing the inferior from emigrating and yet safeguarding the eugenic quality of the population by discouraging the superior from leaving the country. These opinions expressed by scientific experts in the 1920s on emigration policy, Morris-Suzuki contends, galvanized "a demand that Japanese scholars should embark on a major program of eugenic research, including 'comparative eugenic studies of foreigners and Japanese,' 'studies on the results of exogamy,' and 'research into the means of promoting the multiplication of superior genes.'"[9]

On the issue of exogamy, like their counterparts elsewhere, Japanese racial theorists argued against intermarriage with colonized peoples, and, as these eugenicists began to exercise more influence in government ministries, these opinions found expression in policies promoting Japanese emigration. According to the 1943 Ministry of Health and Welfare-sponsored report, "An Examination of Global Policy Centred on the Yamato Nation" 大和民族を中核とする世界政策の検討, the "mixing of blood" with peoples of areas that came under imperial control was not only dysgenic but lowered cultural standards and could diminish native respect for the leadership and superiority of the Japanese. The authors of this massive, secret report, which was distributed only within the government, instead recommended that settlers be accompanied by their spouses and that, as a measure to promote proper values in younger generations, their children born overseas be obliged to study in Japan for a certain period of time.[10]

Yet, another reason for encouraging couples to emigrate was that in 1932 a number of settlers, unable to endure their solitary existence, had returned to Japan complaining of "colonial development sickness." Officials believed that individuals who could enjoy the comforts of family life would be more likely to stay in places such as Manchukuo.[11] For all intent and purposes on the part of policymakers in the region and back in Japan, Manchukuo was a colony. But to the international community and to the public in Japan, it was presented as a new, independent country that, in contrast to lands under North American and European control, welcomed Japanese emigrants. The Japanese presence at the time of Manchukuo's establishment in the early 1930s was insignificant, accounting for about 1 percent of an estimated total population of 30 million, and consisting primarily of soldiers of the Kwantung Army, employees of the

semi-privately-held South Manchurian Railway Company, small-scale entrepreneurs and migrants known as “continental drifters” 大陸浪人. The consolidation of Japanese control resulted not only in a demand for more military and bureaucratic personnel. It led to state sponsorship of an unprecedented emigration project, which increased the Japanese presence in cities, but which maintained as its goal the exporting to the region of 5 million farmers or roughly one-fifth of the 1936 Japanese rural population within a period of 25 years.[12)]

Although initially conceived by many as a solution to the problem of widespread poverty in the Japanese countryside, government propagandists and the mass media mobilized popular support for the migration project’s enormous expenses by declaring that it was a Japanese racial mission. The mission was, in other words, portrayed as an effort to provide leadership and enlightenment for other peoples in Manchukuo but also as a contest for supremacy over them. As Louise Young states in her study of Japanese discourse on race in Manchuria,

> academics in 1932 used Darwinian theories to depict Manchurian settlement as a kind of test of racial hardiness. As one writer explained, racial struggle historically determined who dominated Manchuria .... For promoters of the “racial mission” thesis, it was imperative that settlers be “selected carefully” from among the “superior elements of society” so that Japan would win the “racial struggle” with China: Manchuria must not become a dumping ground for “inferior elements” — the poor or unemployed, who represented the “losers in the struggle for existence.”[13)]

As settlement was also “test of racial hardiness” and thus an issue of national pride, authorities in Manchukuo were prepared to support facilities and sponsor research on both the natural and social environment of the region in order to promote the adaptation of the Japanese to it.[14)]

In a 1933 article published in a journal dedicated to public health, a medical officer of Japan’s Kwantung government-general, Kuroi Chūichi 黒井忠一 made no pretense of hiding these ethnocentric concerns in discussing the formulation of medical policy for “Manchurians.” Although most of the population of Manchukuo consisted of persons of Han Chinese ethnicity, the Japanese authorities preferred not to advertise this fact as it could be used to support China’s claims to the region. Instead, policymakers paid considerable lip-service to the multiethnic quality of Manchukuo, and it became the convention of researchers to use the blanket term “Manchurian” 満州人 to refer to the Other of Han Chinese and the Tungusic peoples of the region. As the colonial slogan of “impartiality and equal favour under the emperor” 一視同仁 was not used in the puppet-state,[15)] Kuroi apparently felt no need to even pretend to uphold such ideals and stated that the true goal of formulating medical policy for Manchurians was finding ways to preserve the health of the Japanese residing among these people.[16)] The Manchurians, he suggested, were less of a medical concern because over a long period of time they had supposedly developed a degree of immunity to certain sicknesses. In contrast, Japanese residents were reputed to be 19 times more likely to contract contagious diseases and, in Kuroi’s opinion, were following the negative example of Manchurians and Koreans by indulging in narcotics.[17)]

In addition, Kuroi claimed that there was an annual increase in the number of psychiatric patients, with many of the afflicted being settlers from the southern prefecture of Fukuoka. While there was the Dairen Seiai Hospital 大連聖愛医院, which was established around 1906 and which served to confine the mentally ill, as well as the South Manchuria Medical College’s psychiatric department 満州医科大学精神神経科 that was established in 1919,[18)] Kuroi contended that these facilities alone could not possibly deal with what

could become a serious mental health problem.[19)]

Psychiatrists in Manchukuo, but especially in Japan, who had been waging a long-standing campaign for more mental hospitals, would have welcomed such cautionary observations. Although the state had sponsored the introduction of psychiatry as a medical specialty by having in 1886 courses in psychiatry offered at Tokyo Imperial University and then creating in 1889 a mental hospital affiliated with the University, officials were reluctant to assume greater responsibility for the treatment of the mentally ill.[20)] As a result, although one prominent psychiatrist in the 1890s estimated that the country needed about 23 public mental hospitals, as of 1937, there existed in Japan itself only six state-run facilities with a total of 2,328 beds.[21)]

Mental Health Hazards of Colonization: Psychosomatic Disorders, Syphilis, Alcoholism and Life in Manchukuo

More than a few psychiatrists thus expressed concerns about official and public respect for the profession, often attempting to highlight the political and social relevance of their medical specialty, and in a short piece published in 1944 in a well-known mental hygiene journal, one psychiatrist working in Manchukuo, Hamano Rokuichirō 濱野麓一郎 discussed how research on "environmental psychiatry" 環境精神病学 could assist the Japanese in both adapting to their new surroundings and maintaining their commitment to the nation's sacred mission. According to Hamano, the environment exercised a great influence on the psychological life and conduct of a people, particularly those less culturally developed who were driven by primitive ambitions and desires, and, in his article, he warned that there was a danger that the resident Japanese of Manchukuo might become like these other peoples, lose their sense of "Japanese-ness" 日本的自覚 and neglect their duty to establish a Greater East Asia Co-Prosperity Sphere. Arguing that no one could be permitted to forget this duty, Hamano made a pledge to the readers of *Seishin to kagaku* 精神と科学 that he would diligently pursue research on psychiatric pathology in order to promote the "superior and excellent character of the Japanese people" 日本民族の優秀なる素質.[22)] The piece was apparently intended to be simply propaganda for empire and psychiatry, and Hamano offered no detailed information on his research, only noting that he had discussed his findings at a meeting of the Japan Psychiatry and Neurology Association 日本精神神経学会総会.

Through their presentations at professional conferences and publications in major medical and psychiatry journals, these Manchuria-based psychiatrists had at their disposal an intellectual network or "imperial circuit" that spanned the empire to disseminate their findings to colleagues in Japan and in other colonies. For example, in a two-part article published in 1936 in the obviously metropolitan medical gazette, the *Tōkyō iji shinshi* 東京医事新誌, the director of the Dairen Seiai Hospital, Doi Masanori 土井政徳, and Kuji Kōzō 久慈孝三 reported on a recent increase in patients, observing that from 1931 to 1936 the number of Japanese in the city who sought psychiatric treatment had reached 300. They admitted that this increase could be attributed to the rapid growth of the resident Japanese population, which in Dairen alone had risen from 89,993 individuals in 1929 to 139,359 in 1935. But they also insisted that these rising rates of mental illness were a consequence of "the continuous psychological burdens of colonial life" 植民地生活の持続的精神的加重.[23)]

In discussing how they developed a greater appreciation of the impact of sudden changes in environ-

ment or living conditions on mental health, Doi and Kuji mentioned Doi's own arrival in 1935 from teaching in the Department of Psychiatry at Tōhoku Imperial University and his surprised reaction to the types of disorders among the region's inhabitants.[24] As they were also emigrants to Manchukuo, psychiatrists such as Doi and Kuji could have easily identified with their Japanese patients, but more so with their fellow urban dwellers, who led far more comfortable lives in settings similar to that of Japan than those residing in remote outposts. As historian Yamamuro Shin'ichi reminds us, life back on the Japanese home islands was being replicated in the cities of Manchukuo but not in the countryside, where "there was no end of people who suffered from homesickness and such neuroses as 'colonial development sickness' and 'nostalgia illness.'"[25]

With one exception, the psychiatrists examined in this article never used these exact terms to describe their patients' afflictions and rarely provided information to indicate if they were dealing with an urban dweller or rural settler when discussing the resident Japanese who received psychiatric treatment. While one can assume that urban dwellers constituted the majority of their patients, it is apparent that psychiatrists were referring specifically to patients from rural settlements when they were addressing problems arising from homesickness and boredom due to a lack of familiar cultural facilities and recreational diversions. These psychiatrists, however, saw little need to make such distinctions among patients as they considered the harsh climate and interactions with potentially or openly hostile foreign peoples as serious psychological hazards confronting all Japanese coming to Manchukuo.

Having taken note of the increase in the Japanese population in the region, Doi and Kuji nevertheless warned that there was no guarantee that new arrivals would or could truly set down roots, and they attempted to demonstrate how unfavourable conditions in Manchukuo that could dissuade individuals from remaining were also responsible for certain unusual psychiatric disorders. Although they found nothing remarkable about the rates of schizophrenia and manic-depression among their patients in comparison to individuals in Japan and the colony of Korea, they were intrigued by numerous cases of psychogenic or psychosomatic disorders among both Japanese and Manchurians. In their analysis of psychogenic/psychosomatic disorders 心因性精神病, which they described as an overlooked subject of psychiatry, Doi and Kuji did not discount the role of temperament and culture. This was especially true in their analysis of non-Japanese patients, many of whom they viewed as backward and primitive. Although the two psychiatrists admitted to having had less of an opportunity to evaluate Manchurians, they found among them a greater incidence of psychogenic/psychosomatic disorders. In describing symptoms of these disorders, they noted that patients frequently suffered from sudden violent and delusional episodes associated with manic-depression. Such symptoms among some groups of Manchurian patients, they noted, supported theories that manic-depression was more prevalent among less culturally advanced peoples who were given to primal, emotional responses to their immediate surroundings.[26]

Unlike Hamano Rokuichirō who expressed concerns that environmental conditions in Manchukuo might cause Japanese colonists to become like the other inhabitants of the region, Doi and Kuji did not propose that the incidence of psychogenic/psychosomatic disorders among resident Japanese was an indication that these colonists were culturally de-evolving and "going native." Psychosomatic/psychogenic disorders seemed a likely response to life in Manchukuo. The stresses of living in a physically harsh and politically unstable environment and having to interact with foreign peoples whose customs appeared strange and whose actions aroused suspicion took a toll on the psychological health of individuals. It was

an explanation that Doi and Kuji did not reserve to the resident Japanese, but also applied to certain Manchurians, who, in this case, they presumably meant individuals who were ethnic Han Chinese.

Before the First Sino-Japanese War of 1894–95, they pointed out, Dairen was little more than one frozen village, and many of Dairen's Manchurians were originally from Shandong. In the opinion of Doi and Kuji, these Manchurians, cut off from their place of origin and forced to live among foreign peoples, led an "emigrant" 移住民 existence little different from the resident Japanese.[27] Whether it was their intention or not, by depicting Manchurians or Han Chinese as emigrants, Doi and Kuji undermined the argument that these people possessed any more claims to the region than the Japanese by virtue of being more indigenous or native to it. Moreover, if these Manchurians suffered from the same disorders, this indicated that the Japanese were also not unique in experiencing difficulties in adapting to unfamiliar surroundings and social milieux.

Despite their appreciation of the supposed mental health hazards of the environment, Doi and Kuji presented an assessment of conditions among the resident Japanese that was comparatively more positive than those of other psychiatrists in Manchukuo. They could not completely dispute but attempted to qualify widespread negative perceptions of the region entertained by individuals in Japan, observing, for instance, that "colonial life in Manchuria is immediately associated with sexual diseases and drinking" 滿州の植民地生活と云うと性病と酒精飲用とが直ぐに連想せられ….[28] As early as 1914 it was reported that 15 percent of the patients in general hospitals and 30 percent of troops were infected with active syphilis.[29] And Doi and Kuji admitted that more recent statistics had revealed an annual increase in sexual diseases, which had compelled them to investigate the incidence of mental disorders arising from these diseases. In examining Japanese patients in Dairen, they found 80 cases (58 men and 22 women), which, with the exception of 10 individuals, involved general paresis, a neuropsychiatric disorder caused by syphilitic infection. These individuals constituted 26.7% of the total number of psychiatric cases that they had assessed. However, Doi and Kubo noted that this figure of 26.7% was on par with rates of general paresis and neurosyphilis found in many regions and cities of Japan and was actually much lower than the 41.6% for the city of Sapporo in 1930 as well as the 35.2% for the Japanese residents in the Korean city of Keijo in 1931.

As for Manchurian patients, Doi and Kuji found only 23 cases of general paresis and one case of neurosyphilis, but this number constituted 27.1% of all the patients classified under this ethnic category who were studied by the two psychiatrists. With regard to sexual disease-related mental disorders, the situation in Manchukuo appeared to be the opposite of what it was in the colony of Korea, where the percentage of Japanese patients suffering from general paresis was 32.2% and that of Koreans was only 10.6%. Doi and Kuji were thus able to provide rather reassuring picture: the percentage of Japanese patients suffering from disorders such as general paresis in Dairen was not only lower than the percentages for some Japanese and colonial cities, but was slightly less than that of Manchurian patients.[30]

The psychiatrists' assessment of alcoholism and alcohol-related mental disorders among the Japanese was equally positive. They found that individuals suffering from mental illnesses arising from excessive alcohol consumption accounted for 5.7% of Japanese patients, a figure that at first glance would not arouse concern. However, Doi and Kuji were not alone in conducting such investigations, and colleagues in Mukden, such as Tamura Yukio 田村幸雄, pointed out that rates of alcoholism among the Japanese in Manchukuo were actually the highest in the empire. That is, according to Tamura, a professor of psy-

chiatry at the South Manchuria Medical College, the percentage of 5.7% for patients in Dairen was more than twice the average of 2.2% for patients suffering from these disorders in Japan.[31)]

Whereas the Dairen Seiai Hospital, which was a private facility that received some assistance from regional authorities, was established in 1906 and maintained by 1937 a psychiatric staff of 50 persons, the psychiatry department of the more officially-sponsored South Manchuria Medical College came into existence in 1919 and employed in the late 1930s only half the number of persons.[32)] While the psychiatry department in Mukden had a shorter history and fewer staff, it may have nonetheless enjoyed more prestige and benefits due to the reputation of the College. In their study of the South Manchuria Medical College, John and Akiko Bowers described the school as being very well-funded, equipped with research laboratories that easily rivaled those of leading medical institutions and thus able to attract "first-rate staff from Japan."[33)] As institutional rivalries are fairly common, there is the possibility that some element of competition existed between psychiatrists of the Medical College and the Dairen Seiai Hospital. And in comparison with Doi and Kuji, whose interpretations and observations they some times disputed, psychiatrists at the Medical College presented more critical assessments of the state of mental health in Manchukuo and of the ability of individuals to deal with the challenges of living in the region.[34)]

In an account of his activities during his tenure at the College, Tamura Yukio recalled that in response to the grave importance that the state assigned to the recruitment of agrarian workers he and his colleagues focused much attention on the disorder called *tonkonbyō* 屯墾病. This appears to be the "colonial development sickness" mentioned earlier by Yamamuro Shin'ichi that afflicted many Japanese residing in remote areas, and regrettably, publications on this sickness, either those of Tamura or other psychiatrists, could not be found. Although Tamura did not provide the exact date, he recalled that after the commencement of hostilities with the Allied Powers in 1941 he presented his findings on the disorder before the Japan Psychiatry and Neurology Association, reporting on its prevalence among young people mobilized to contribute to the war effort in Manchukuo. He proposed that homesickness, physical exhaustion, anxieties about attacks by anti-Japanese forces, difficulty adjusting to the long, dark winters, which was exacerbated by wartime shortages of fuel for lighting rooms, were resulting in a variety of disturbing symptoms, including hysteria and hallucinations.[35)] The investigation of such illnesses addressed official concerns about maintaining the health of settlers, but also validated Tamura's decision to work in Manchukuo, which he suggests was made necessary by the shortage of positions for psychiatrists in Japanese medical schools and hospitals. Tamura stated that upon arriving at the College, he was initially a bit disheartened to find that he had few colleagues and patients. Conducting research similar to his metropolitan peers seemed pointless, and, as Tamura noted in his article on alcohol addiction, he soon came to the conclusion that he and other psychiatrists in the region had a rare opportunity to study the effects of environment on the inhabitants of Manchukuo.[36)]

In this 1937 article, which was originally published in the Psychiatry and Neurology Association's journal, he assessed the role of various exogenous and endogenous factors, ranging from climate and social conditions to heredity and personality, in accounting for the higher incidence of alcoholism among the region's resident Japanese. Regarding the hereditary nature of addiction, an issue of debate among psychiatrists at the time, Tamura explained that his own efforts to address this question were hampered by difficulties in constructing reliable family histories for patients, the majority of whom did not reside with relatives who could back up or provide additional information. Although it appeared that more than a few

of the alcoholic patients had family members who suffered from mental illnesses and were also heavy drinkers, he cautioned against jumping to conclusions about a genetic basis for addictions.[37)]

However, while Tamura did not paint a picture of Manchukuo being populated by genetically tainted Japanese, he raised concerns about the mental health of younger generations of colonists in discussing the differences between patients suffering from delirium tremens and a more lethal condition, alcoholic hallucinosis 酒客急性幻覚症. Both delirium tremens and alcoholic hallucinosis were associated with alcohol withdrawal and involved hallucinations. But, in contrast to delirium tremens, alcoholic hallucinosis was not limited to individuals with a long history of alcohol abuse, and Tamura observed that patients being treated for this disorder were relatively young.[38)] In addition to drawing attention to the youthfulness of these patients, Tamura suggested a possible connection between the condition and schizophrenia. Alcoholic hallucinosis, he reported, required a "special character," and, unlike the older delirium tremens patients whom Tamura found to be generally "harmonious, cooperative and conciliatory," individuals suffering from alcoholic hallucinosis were more often "alienated loner types" 乖離型.[39)]

Tamura's account of the conspicuous presence of younger colonists among Manchukuo's alcoholic mental patients certainly did not lend support to emigration propaganda and colonization manuals, which declared that, "Japanese youth were uniquely capable of founding a new continental generation and a 'new continental Japan.'"[40)] Moreover, like Doi and Kuji who linked psychogenic/psychosomatic disorders to the stresses of colonial life, Tamura proposed that the temptations and deprivations facing Japanese in Manchukuo were the reason why rates of alcoholism among them were closer to those of Europeans than those of their countrymen in Japan and Korea.[41)] The majority of patients whom Tamura and his colleagues had examined were Japanese, but they had also treated Manchurians, and a smaller number of Koreans and Russians, which allowed Tamura to compare his findings with those of other studies of alcoholism among different ethnic groups.[42)]

Using information on both outpatients and individuals admitted for psychiatric treatment to the College's hospital from 1919 to 1936, Tamura provided the following information. During this period, the total number of Japanese hospitalized was 557 and, with 25 suffering from alcohol-related disorders, the resulting percentage was 4.3%. The total number of Japanese outpatients for the same period was 1,146 and, with 36 suffering from alcohol-related disorders, the resulting percentage was 3.2%. These figures were lower than the 5.7% that Doi and Kuji provided for such patients in Dairen, but, Tamura was quick to point out, they were still higher than the figures for Japan and for Korea.[43)]

As for Manchurian psychiatric patients admitted to the Medical College hospital, the total number was 227 and, with only one individual suffering from alcohol-related disorders, the resulting percentage was a mere 0.4%. Three individuals out of a total number of 455 Manchurian outpatients or 0.7% were identified as alcoholics. These extremely low figures, Tamura noted, were consistent with the findings of Doi and Kuji, who did not uncover a single case of such disorders from among the 85 Manchurian patients treated at the Dairen Seiai Hospital from 1931 to 1936. The hospital of the South Manchuria Medical College also treated 31 Russian outpatients and admitted only 19 individuals, but three of the outpatients and four of those hospitalized were diagnosed with conditions stemming from alcohol addiction. Tamura referred to various foreign studies that indicated that the number of alcoholics among Europeans and North Americans was considerably higher than it was among the Japanese in general, and the percentages for these Russian patients in Mukden, he concluded, confirmed these findings.

In accounting for this difference between these peoples, Tamura proposed that it might be simply a case of the potency of the alcoholic beverages; that is, the Japanese ordinarily drank less hard liquor than Europeans and North Americans.[44] In more multicultural Manchukuo, however, Japanese residents presumably had more access to hard liquor, and, unlike their counterparts in other parts of the empire, lived in what Tamura described as a culture or environment of habitual heavy drinking. It was not unusual for people in cold climates, Tamura observed, to turn to alcohol as a means of combating the discomfort of chilly temperatures. In addition, for many resident Japanese, the lack of leisure and cultural facilities and, until recently, unstable social conditions, created an irresistible temptation to turn to alcohol as an escape from the boredom and psychological discomforts of their colonial existence.[45] Conditions in Manchukuo, by Tamura's account, seemed like a recipe for alcoholism and alcohol-related psychiatric disorders.

While proposing that the experience of the resident Japanese population in Manchukuo invalidated any argument that the Japanese possessed some immunity to alcoholism, Tamura did not rule out the possibility of this among the Manchurians.[46] He noted that researchers had speculated about greater resistance to alcohol among certain peoples, and he proposed that Manchurians might be among those so endowed. Unlike Doi and Kuji who qualified their observations about Manchurians by stating that the patients that they examined likely represented only a fraction of this group's mentally ill and only those whose behaviour could not be controlled by their families, Tamura viewed the near absence of cases of alcohol-related disorders among Manchurian patients as indicative of the general condition of members of this group.[47] Aside from making conjectures that the physical constitution of Manchurians or their widespread use of narcotics contributed to less reliance on other addictive substances, Tamura concluded that it remained a puzzle as to why these individuals seemed better able to adapt to conditions and were less likely to become alcoholics. He observed that it was not as if the Manchurians existed outside of the region's culture of habitual heavy drinking, being known for their fondness for beverages with high alcohol content. But rarely were they seen in a drunken stupor or acting violently while under the influence.[48] Such behaviour, it was implied, was more commonly witnessed among resident Japanese, who, according to colonial propaganda, were instead expected "to 'lead and enlighten' (*shidō keihatsu*) the other races of Manchukuo, and undertake their 'moral reform' (*tokka*) and 'guidance' (*yūeki*)."[49]

As noted earlier, the nebulous term, "Manchurian," which concealed the overwhelming Han Chinese presence that could be used to support China's claim to the region, served to maintain the fiction of a new and fully independent state of Manchukuo. Whereas Tamura, Doi and Kuji abided by this political convention in their articles, never explaining who was included in the term, two other psychiatrists at the South Manchuria Medical College, Tokumaru Tateo 徳丸立夫 and Nishimura Chūichi 西村忠一 identified the Manchurians as the Han Chinese inhabitants of the region.[50] Moreover, in analyzing the differences in symptoms between the resident Japanese and Han Chinese or so-called "Manchurians," Tokumaru and Nishimura also refuted the notion that Manchukuo was for the latter, as it was for the Japanese, a foreign land that they had to adapt to. As Tokumaru and Nishimura still used the term "Manchurian," but in a different way than Tamura, Doi and Kuji, it will be enclosed in quotation marks in the discussion of their work, which did not appear in a journal but in a 1940 collection of essays commemorating their well-known director of psychiatric studies at the College, Ōnari Kiyoshi 大成潔. Although the potential readership of such a work was less than that of a leading medical magazine, the essays had a good chance of

being viewed by some of Ōnari's friends in the profession, such as the psychiatrist and famous poet, Saitō Mokichi 斎藤茂吉.[51)]

In their investigation of patients afflicted with general paresis, Tokumaru and Nishimura revealed how the disorder reflected the political concerns and living conditions of both resident Japanese and "Manchurian" patients. In addition, they made it a point to demonstrate the "civilized" status of the "Manchurians" by referring to how psychiatrists had long believed that general paresis was a sickness restricted to culturally advanced peoples. Tokumaru and Nishimura explained that ever since 1904, when the famous German psychiatrist Emil Kraepelin could not identify a single case of general paresis among Javanese mental patients, numerous studies of other so-called "primitive peoples" had produced the same results. Tokumaru and Nishimura did not dispute the use of the disorder as a sort of barometer of civilization, but contested earlier research conducted on the Chinese. They asserted that their findings refuted the assumption that general paresis, the disease of the civilized, was rare among the Chinese and thereby, among members of the majority ethnic group in Manchukuo. They did not find, as Doi and Kuji had, that the percentage of "Manchurian" general paresis patients was higher than that of resident Japanese. Yet, their data, they insisted, revealed no great difference in incidence between Japanese and "Manchurian" psychiatric patients in Mukden. Among patients admitted to the South Manchuria Medical College's hospital for the disorder, 19.2% were Japanese and 16.6% were "Manchurian," and among outpatients, 10.9% were Japanese, and 9.4% were "Manchurian."[52)]

Tokumaru and Nishimura acknowledged that they could provide only a small number of cases, consisting of 183 Japanese and 54 "Manchurians," who were treated for the disorder by College staff from 1919 to 1939. They also admitted to difficulties in constructing complete patient histories as well as problems in interviewing patients who did not speak Japanese. Still, they expressed confidence that they had uncovered between resident Japanese and "Manchurian" general paresis patients some important similarities and differences that could be attributed to factors such as the daily living conditions of patients.[53)] In their opinion, the difficult colonial existence of their Japanese patients manifested itself in their psychological symptoms. Referring to Emil Kraepelin's identification of four forms of general paresis — a demented form 遅鈍型, an expansive form 誇大型, a depressive form 抑鬱型, and an agitated form 激越型, they reported that the resident Japanese at the initial stage of their sickness tended to exhibit the symptoms of the "depressive" form, becoming withdrawn and uncommunicative. This, they argued, was a predictable reaction for individuals who were overworked and experiencing difficulties adjusting to physically and psychologically challenging surroundings.

As for "Manchurian" patients, Tokumaru and Nishimura described them as often exhibiting the symptoms of the "expansive" form of general paresis, becoming agitated, talkative, emotional and often extravagant in their spending. Disputing the claim of Doi and Kuji that the "Manchurians" were also emigrants and experiencing the same feelings of alienation that arose from being cut off from their place of origin, Tokumaru and Nishimura contended that it was inappropriate to apply such notions to a people who had immigrated to the area centuries ago, who were experiencing lives not so different from the inhabitants in other parts of China, and who outnumbered every other ethnic group in Manchukuo. As they did not face the challenges of adapting to a new, harsh environment and the anxieties of living as a minority among potentially hostile peoples, it was to be expected that the "Manchurians" would exhibit symptoms that contrasted those of the resident Japanese.[54)]

However, at the same time, Tokumaru and Nishimura drew attention to certain similarities between resident Japanese and "Manchurian" general paresis patients, noting that many belonged to the intellectual class or led what the two psychiatrists described as "cultured lives" 文化的生活. Although from the information that they were able to gather, it appeared that general paresis was particularly notable among the elite of both groups, Tokumaru and Nishimura proposed that the disorder was probably more evenly spread among the classes and that it was simply a matter of the better-educated seeking medical treatment. The vast majority of the Japanese patients were salaried workers, with more than half being employed by the South Manchurian Railway Company, and 72.7% of them indicated some awareness of its etiology, disclosing that they had in the past contracted a sexually transmitted disease. Many of the "Manchurian" patients were businessmen or public servants, and 88.9% of them also admitted to having been infected with syphilis.[55)]

Tokumaru and Nishimura also observed that among these elite Japanese and "Manchurian" general paresis patients the political environment often found expression in their hallucinations. Manchukuo was the creation of officers of Japan's Kwantung Army, who first attempted to create a pretext for taking over the region in 1928 by assassinating the warlord of Manchuria, Zhang Zuolin 张作霖, who was viewed by the authorities in Tokyo as an ally in opposing the rising Chinese Nationalist Party under Jiang Jieshi 蔣介石. In 1931, these officers achieved their goal by blowing up a section of the South Manchuria Railway. Accusing Chinese military forces of the action, they imposed military control over Manchuria, paving the way for what would become in 1932 a Japanese puppet-state under the ostensible rule of the last Qing Emperor, Puyi 溥仪.[56)]

Aside from individuals whose hallucinations involved native legends or who expressed fears of being persecuted by other ethnic groups in the region, there were both Japanese and "Manchurian" patients who experienced more grandiose delusions. Among the Japanese were those who claimed that they were the Emperor of Manchukuo, that they had seized Manchuria in one move, or that they were part of special military unit. Among the "Manchurians" were patients who believed that Jiang Jieshi was residing in their home or had discussed business matters with them or that the hospital was actually the headquarters of Zhang Zuolin, who was plotting to kill them or demanding that they commit suicide. Such hallucinations, Tokumaru and Nishimura reasoned, were in keeping with the background of the patients. In addition to being members of the intellectual class, many of these general paresis patients had been the primary breadwinners of their families and, as such, they had probably been deeply concerned about the political situation in the region.[57)]

In their analysis of Japanese and "Manchurians" patients, Tokumaru and Nishimura, like other psychiatrists working in Manchukuo, expressed far more certainty about the environmental impact on mental disorders than their genetic origins. Tokumaru and Nishimura reported that they were able to retrieve information on the family background of 134 resident Japanese and 44 "Manchurians" suffering from general paresis. Of these patients, they proposed that 76 of the Japanese or 56.7% and 15 of "Manchurians" or 34.1% might have some hereditary predisposition to the disorder, which seemed to reveal itself in the existence of numerous relatives who suffered from mental illnesses and cerebral hemorrhages.[58)] Tamura also made such observations, but concluded that the presence of the same or possibly related disorders among the relatives of patients was not sufficient proof that genetics was at the root of illnesses. Similarly, Tokumaru and Nishimura hesitated to take a stand on the issue of hereditary mental disorders, explaining

that their data was limited and that the patient histories that they were able to construct could not be verified.[59)]

Consequently, in response to the question posed by Cooper and Stoler, in the investigations by Tamura, Tokumaru and Nishimura, and Doi and Kuji, it was not eugenic notions of the hereditary nature of disorders or propagandistic claims of the superior racial hardiness or adaptability of the Japanese, but instead arguments for environmental influences on illnesses that "received new credibility in the colonies." However, as an examination of the arguments of psychiatrists in Japan against the eugenic sterilization of the mentally disordered will demonstrate, their research did not enter into any public discussion and reverberate back home.

A Selective Discussion of the Environmental Influence on Mental Health: The Metropolitan Debate over Eugenic Sterilization

In discussing the significance of their work, psychiatrists in Manchukuo expressed the hope that it would contribute to the field of psychiatry by demonstrating the effect that various exogenous factors and, in the specific case of the resident Japanese, sudden changes in living conditions, had on mental health.[60)] By the late 1930s studies of environmental influences would have had an interested audience among metropolitan psychiatrists who were involved in a "nature versus nurture" debate that had become clearly politicized as a result of government support for eugenic sterilization. The escalation of hostilities with China after 1937 convinced policymakers of the need to safeguard the health of future generations, who might likely find themselves joining their parents in what was turning out to be a long, drawn-out war. As the state and mass media had been promoting notions of the natural adaptability of the Japanese and their ability to overcome any obstacles to expanding the empire, critics of the bill for a eugenic sterilization law, such as those in the House of Representatives, noted the incongruity of the government's demand for a so-called racial improvement law. In response to questions about the need for the legislation, government representatives could only reply that even among an obviously superior people such as the Japanese genetic disorders were bound to occur.[61)] Given the government's determination to push the bill through the Diet, critics had little hope of preventing the establishment of the National Eugenics Law of 1940, which targeted not only those diagnosed with physical and mental afflictions deemed hereditary but also their relatives to the fourth degree if they were suspected of possessing a strong predisposition for the same ailments.[62)] Still, proposals for the Law attracted considerable public interest, providing dissenting metropolitan psychiatrists with a forum for presenting before officials and laypersons some, if not all, views on the impact of environment on mental health.

Identified by both those within and outside of the psychiatric profession as the "standard-bearer" of those opposed to eugenic sterilization,[63)] Kaneko Junji shared his Manchukuo-based colleagues' interest in alcoholism and syphilis-related disorders. Kaneko had proposed in 1930 that these disorders were bound to increase in proportion to the physical and psychological stress in people's lives. He maintained that modern existence was characterized by fierce competition and was evolving into a contest in productivity. Individuals, he explained, were able to work longer hours due to technological advances such as artificial lighting, but the result was less time to rest and a greater temptation to use alcohol and what could be termed recreational sex as quick respites from the drudgery and pressures of daily life.[64)]

As with physical hardships, estrangement from others could also lead people to indulge in activities detrimental to their health, and this, Kaneko asserted, was especially true for the families of the thousands of mentally ill persons whom officials predicted would be sterilized. He predicted that the siblings of the mentally disordered, being stigmatized as carriers of genetic defects and despairing of ever finding marriage partners, could easily sink into a state of sexual debauchery and addiction to alcohol and drugs.[65] It was an argument that resonated with those of Doi and Kuji, who contended that high rates of alcoholism and instances of psychosomatic/psychogenic disorders among colonists were by-products of being alienated from one's surroundings and having to constantly interact with possibly hostile or suspicious individuals.

Like Tamura, Tokumaru and Nishimura, Kaneko did not deny the possibility of a genetic basis for mental illness. But, referring to what he called the field of "comparative racial psychiatry" 比較民族精神病学, he also echoed the arguments of his colleagues in Manchukuo that the causes, prevalence and even symptoms of illnesses might differ depending on race or ethnicity. Laws pertaining to the mentally ill therefore had to be based on Japanese statistics, which, he claimed, were still incomplete. Kaneko, moreover, observed that the actual number of hereditary mental illnesses was very small and that disorders that were more widespread, such as general paresis, were not rooted in genetics. The quality of a population, he proposed, was not determined just by heredity but also environment, which could have a degenerative and an equally regenerative effect on individuals. As an example of the positive influence of good living conditions, he referred to countries that had formerly been colonies, the United States and Australia. Both countries, he contended, had been dumping grounds for the criminals and mentally disordered of Britain, but had produced individuals of merit. According to Kaneko, even the first president of the United States, George Washington, was reputed to be the descendant of a vagabond.[66]

Kaneko's use of former British colonies rather than those of Japan as examples of the influence of environment deserves attention. It is hard to believe that, given his appreciation of environmental influences on mental illnesses and his interest in alcohol- and syphilis-induced disorders, he would have been unaware of the studies conducted by psychiatrists in Manchukuo, especially as they appeared in leading medical and professional publications. He had proposed that the effects of environment or living conditions could be beneficial or harmful and could have used Manchukuo as another negative example. But this may have placed him in conflict with a commitment to empire-building that he and other medical personnel, although aware of the physical and psychological demands that it was imposing on the people, still shared with their state. In his criticism of the government's proposed sterilization law, Kaneko expressed support for imperial expansion, which he euphemistically called Japan's "sacred mission to elevate Asia" 興亜の大聖業 by arguing that such laws could jeopardize this mission. He warned that eugenic sterilization laws, like those in Nazi Germany and the United States, denigrate certain races as inferior and could promote ethnic prejudices in Japan at a time when the empire required the cooperation of its colonized peoples in spreading the Japanese spirit throughout Asia.[67]

Kaneko obviously recognized the need to protect the image of the empire, and besides depicting Manchukuo as a paradise of racial harmony, colonial propaganda also held out the promise of rejuvenation for the Japanese, making the region out to be a land of unlimited opportunities. Literature such as that entitled "The Joy of Becoming a Progenitor," particularly targeted second sons, who had no chance of inheriting the family property, with questions that intertwined their own personal ambitions with that of

the nation: "What could be better than creating a new country and becoming the founding fathers of that country? There is no life more worth living. There is no task more worth doing."[68] The public did not need to know that prospective colonists, in supporting the authorities' mission to expand the empire, not only ran the risk of contracting infectious diseases, but possibly developing mental disorders, which were widely viewed as even more stigmatizing. Moreover, evidence of psychosomatic/psychogenic disorders, exceptionally high rates of alcoholism and alcohol-related psychoses among Japanese residents and a notable incidence of general paresis among their more elite, educated members contradicted state-promoted ideas about the people's superior adaptability and qualifications to act as the "leading race."

In the likelihood that he had read the work of his colleagues in Manchukuo, Kaneko probably came to the conclusion that, while supportive of some of his own beliefs and arguments against eugenic sterilization, their research results should be confined to medical and government personnel and not enter into discussions that could attract the attention of laypersons. While material in medical journals was rarely subject to close official scrutiny due to its limited readership, the topic of the eugenic sterilization law had captured public interest. Kaneko and other metropolitan psychiatrists opposed to the government's proposed law, who were already being reprimanded by the authorities and finding certain statements in their articles crossed out by censors, would thereby have been taking some risk and, even if they had tried, might not have succeeded in publicizing the findings of their colonial colleagues.[69] Consequently, research on the mental health of colonists in Manchukuo made its way to psychiatrists throughout the empire by means of an imperial circuit of professional journals and conferences; but it remained confined to medical and official circles and thus, the extent to which it "reverberated at home" was limited.

Conclusion: Psychiatry, the "low, strained voices" against the ideal of Manchukuo, and the linkages between colonies and metropole

The question posed by Cooper and Stoler at the beginning of this paper required an enquiry into both the content of medical knowledge in the colonies and into the quality of the linkages by which this knowledge was transferred back to the metropole. Critics have argued that advocates of the "new imperial history" have not devoted enough attention to how colonies entered into the culture of the ruling country and thus have insufficiently explored the processes by which the representation of empire was constructed. As Richard Price observes, "[s]ome of these processes operated in full public view; others were more obscure, hidden behind the secrecy of policy making and veils of deception and denial."[70] In the case of the representation of Manchukuo, there was undeniably much deception and denial, which scholars such as Yamamuro Shin'ichi believe, did not end with the destruction of the state.

In his study of Manchukuo, Yamamuro demonstrated not just the dominance but also the perseverance even after 1945 in Japan of the view of a truly unique and ideal state that was dedicated to ethnic harmony and peaceful prosperity:

> There are many who, supported by a sense of personal pride in the accomplishments of Manzhouguo, survived down into the postwar era. This being the case, we have to redouble our efforts to listen to the low, strained voices behind the loud, booming voices propounding the idea of an ideal state and try to ascertain the realities of this

'ideal' in which not only Japanese but Chinese, too, gambled their lives.[71)]

As an example of the "low, strained voices," Yamamuro referred to the professor of colonial studies at Tokyo Imperial University, Yanaihara Tadao, who would be forced to resign from his position in 1937 due to his criticism of the war with China. Traveling to Manchukuo in 1932 when the Japanese public's enthusiasm for the so-called new state was at its peak, Yanaihara suggested that the absence of a comparable mood of jubilant anticipation among the inhabitants was indicative of their recognition that, despite the lofty propaganda, the region was just an object of colonial exploitation.[72)]

However, there were other "low, strained voices" that warned of the hardships and sacrifices that mass migration would entail and that cast doubts on the ideas of Japanese racial fitness and adaptability that supported such imperial enterprises. In a 1927 article entitled "The Problem of Acclimatization of the Japanese in Manchuria" published in *The China Medical Journal*, professor of hygiene at the South Manchuria Medical College, Miura Un'ichi 三浦運一 summed up in one sentence his assessment of the Japanese emigrants' ability to adapt to the environment of the region: "They are able to season themselves more easily to the tropics, considering the character of the climate in Japan and the mode of living of Japanese."[73)]

With the establishment of Manchukuo, Miura did not change his position. In what appears to be a 1933 report for a lecture series sponsored by the Medical College, he could not muster much enthusiasm for the state's push for migration and expansion into the region, stating that "for better or worse, the mission of moving into the north has been adopted" 幸か不幸か北に進む運命を背負はされる様になったのである and continued to point out the obstacles to emigration.[74)] Up until the present, he observed, there have been various emigrants, individuals involved in commerce or mining and not just agriculture, residing mostly in the southern half of the region where the climate was slightly more hospitable. But even these emigrants had to contend with a variety of infectious diseases, and the threats to agricultural emigrants who would be moving to northern Manchukuo were bound to be even greater. Among these threats to health, Miura included being confined indoors during the long winters, which could result in neurasthenia or nervous breakdowns 神経衰弱, particularly among settlers' wives who, he assumed, would be less hardy in body and mind than men.[75)]

Psychiatrists working in Manchukuo were thus not alone in going against colonial propaganda in describing living conditions in the region as psychologically hazardous. Their studies of disorders specific to settlers in Manchukuo, such as so-called "colonial development sickness," unfortunately, have not as yet been located. The authorities in Japan and Manchukuo may have found the information too sensitive, preventing psychiatrists from widely disseminate their findings. But even articles on disorders that were not necessarily unique to but had a high rate of incidence among the resident Japanese, such as alcoholic-induced or psychosomatic/psychogenic conditions, contradicted the arguments of the innate adaptability of the Japanese and their ability to follow their troops into occupied territories, which Oguma Eiji found to be promoted in popular magazines and books during the wartime. Psychiatrists in Manchukuo were instead confirming the predictions of other researchers, such as Miura, that colonizing the region would involve risking the physical and mental health of more than a few individuals.

In their analyses of disorders, these psychiatrists were also providing interpretations of Manchukuoan society, which at times included political opinions. This was particularly notable in the work of Tokumaru

and Nishimura. In their definition of the "Manchurians," which they identified as Han Chinese, Tokumaru and Nishimura depicted Manchukuo as a Han Chinese region by virtue of demographics and culture: the Chinese constituted the majority of the population and led lives no different from their peers in other regions of China. This view was diametrically opposed to that of military personnel, such as Ishiwara Kanji, who was a key figure in the creation of the state and who in 1928 declared that, "Manchuria does not belong to the Han Chinese ... those who speak of racial self-determination must understand that Manchuria belongs to the Manchus and Mongols, and that the Manchus/Mongols are closer to the Japanese race."[76)]

Moreover, although psychiatrists did not or could not directly comment on the emptiness of the Manchukuoan ideology of racial harmony 民族共和, they provided evidence of its falsehood. For example, they alluded to the problematic relations between different ethnic groups by citing concerns about personal safety and having to interact with strange, suspicious foreign peoples on a daily basis as the cause of their Japanese patients' psychological stress or exhaustion. It was a diagnosis that hinted at the less than ideal situation between the resident Japanese and other inhabitants of the region, which was an inevitable result of the blatantly discriminatory and exploitative policies of the political authorities in Manchukuo.

Differentiations were made between Japanese and non-Japanese individuals when it came to salaries, with the latter receiving markedly less remuneration, and even the food provided for children at schools. Whereas officials saw to it that Japanese pupils had meals with white rice, they argued that the Manchurians did not customarily eat the grain and instead had these schoolchildren consume sorghum, which often led to chronic digestive problems. Moreover, while the "Manifesto on the Establishment of the State of Manchukuo" promised that "[a]ll people living on the terrain shall ascend gloriously to great prosperity," the authorities only attempted to fulfill this promise for Japanese settlers who were moved onto lands that had been opened up over a period of decades by Chinese and Korean farmers. Under these circumstances, Japanese residents had reason to fear that they were the object of the enmity and resentment of other ethnic groups, and, in the case of rural settlers, the possible targets of reprisals by those whose lands had been confiscated on their behalf.[77)]

Although there is nothing to suggest that these psychiatrists had any seditious motives, their analyses and opinions, if spread among metropolitan officials, especially those in charge of censorship, could have invited reprimand. They thus benefitted from being able to conduct their research in Manchukuo, which has been described as occupying a different and more liberal "intellectual time-zone" than Japan. Whether they worked at the Dairen Seiai Hospital, which received support from local authorities and the South Manchuria Railway Company [SMR],[78)] or a the South Manchuria Medical College, psychiatrists were connected to the Company. Until 1942, the SMR could maintain a priority on research excellence, and scholars have noted that, "[e]very memoirist and every critic who has written about SMR research institutions, regardless of their political views, recalls the vibrantly open and free atmosphere there."[79)] However, it appears that despite the investment that the SMR and the political authorities in Manchukuo made in research they often chose to ignore findings that could not be used to support their policies.

This leaves us with the question of the influence and significance of colonial psychiatrists. In a recent work entitled *Psychiatry and Empire*, historian Megan Vaughan proposes that

> their ambitions lay in elaborating and promoting a psychological language with which to discuss the dilemmas

faced by colonial administrations.... Once we rid ourselves of the ideas that colonial psychiatrists were engaged in a large-scale project of direct social control, a more nuanced and interesting history emerges. Their influence is less direct and more difficult to gauge, but they contributed to and generated a number of discussions which are central to our understanding of the workings of colonial rule. Amongst these were the influence of "race" on mind and behaviour, the question of cultural difference, the possibilities and limits of social transformation in the colonies, and the political evolution of colonial subjects.[80)]

With regard to the psychiatrists working in Manchukuo examined in this article, some qualifications must be made. While they certainly investigated issues of race and cultural difference and were able to disseminate some of their research to colleagues in the metropole, their findings never found their way into the very public debate over nature versus nurture that arose in response to the government's support for eugenic sterilization. The influence of these colonial medical experts was thereby limited. And yet, it is the restricted nature of their influence that adds rather than diminishes the significance of their experience. They were certainly among the "low, strained" voices that were drowned out by the louder imperial propaganda depicting Manchukuo as some promised land, an image that, according to Yamamuro, has outlasted the puppet state. The confinement of their research findings to strictly professional circles, moreover, reminds us that propaganda and political ideologies, which could result in the official promotion as well as rejection of medical knowledge, might call for greater unity within an empire but ultimately necessitate the isolation of the metropole from the colonies or, specifically, news of negative developments in them.

Notes

1) For noteworthy examples in English-language scholarship on Japan, see Louise Young (1998) and Brandt (2007).
2) Cooper and Stoler (1989), p. 612.
3) Notable examples are Bhugra and Littlewood (2002) and Mahone and Vaughan (2007).
4) Price (2006), pp. 624–25.
5) For example, Rhi (1994); Teng (2004); Kato (2006).
6) Oguma (2002), p. 296.
7) For an in-depth and multidimensional study of eugenics in Japan, see Otsubo Sitcawich (1998).
8) Morris-Suzuki (1998), pp. 360–61.
9) Morris-Suzuki, p. 361.
10) Oguma, pp. 217–218; p. 220; p. 224.
11) Yamamuro (2006), p. 273.
12) Tamanoi (2005), pp. 8–9; Young (2004), p. 287. Although Tamanoi refers to official statistics that indicate that the Japanese population in Manchuria had increased to about 1.5 million by 1945, Young estimates that the number of farmers who made their way to Manchuria was only about 300,000.
13) Young (2004), pp. 290–1; pp. 287–8.
14) For more information on the resources expended to promote migration to Manchukuo, including massive funding to create and maintain research networks to assess the progress of settlements, see Young (1998), particularly the chapter, "The Migration Machine," pp. 352–98.
15) Tamanoi, p. 11.
16) Kuroi (1933), p. 12.
17) Kuroi, pp. 9–10.
18) Kan (1937, p. 873; Tamura (1983), p. 3.
19) Kuroi, p. 3; p. 9.

20) Kaneko (1965), p. 6; Okada (1982), pp. 111–13.
21) Kure (1982), p. 21; Kumasaka and Yoshioka (1968), p. 110.
22) Hamano (1944), pp. 23–24.
23) Doi and Kuji (1) (1936), p. 37. Whereas the Japanese population in Dairen in 1935 consisted of 139,359 individuals and the recorded number of mentally ill persons was 300, in Tokyo in the same year the population stood at 6.36 million and the recorded number of mentally ill was 7,837. Kan, p. 795.
24) Doi and Kuji (1), p. 36.
25) In major cities such as Dairen, where Doi and Kuji worked, there were paved roads, central heating, flush toilets and numerous Japanese department stores, restaurants and amusement sites. This stood in stark contrast to rural life, where colonial settlements might not possess even a single radio and where cultural events consisted of occasional community sports events and religious festivals. Yamamuro, pp. 267–68; pp. 269–70.
26) Doi and Kuji (1), pp. 36–37; Doi and Kuji (2) (1936), pp. 29–30.
27) Doi and Kuji (1), pp. 36–37; Doi and Kuji (2), p. 30.
28) Doi and Kuji (1), p. 37.
29) Bowers (1977), p. 3.
30) Doi and Kuji (1), pp. 36–37; Doi and Kuji (2), p. 30.
31) Tamura, p. 229.
32) Kan, pp. 873–74.
33) Bowers, p. 5.
34) According to the definition of political "insider" and "outsider" provided by Andrew E. Barshay, Tamura and his colleagues as college professors/researchers would fall into the category of insiders, such as "those in direct service to the state," and Doi and Kuji as staff of a private hospital would be outsiders, "individuals and groups in a structurally dependent or contestatory position *vis-à-vis* the state." One could expect insiders to be more compliant to the demands of official superiors and policymakers, but Barshay has provided examples of a "paradox of insider resistance, outsider compliance" on the issue of contributing to the war effort. Unfortunately, more personal information on the abovementioned psychiatrists is necessary to determine if the abovementioned psychiatrists could also be considered examples of this paradox. Barshay (2004), p. 266; p. 268.
35) Tamura, p. 229; p. 15; p. 21.
36) Tamura, pp. 4–5.
37) Tamura, p. 229; pp. 233–34; p. 242.
38) Tamura reported that, whereas the youngest patient who suffered from delirium tremens was 38 years old, the youngest who suffered from alcoholic hallucinosis was 25. Tamura, p. 236.
39) Tamura, p. 240; p. 243; pp. 237–38.
40) Young (2004), p. 290.
41) Tamura, p. 232.
42) Tamura, p. 229.
43) According to psychiatrists working at Korea's Keijo Imperial University, for the period extending from 1912 to 1929, the percentage of alcohol-related disorders among Japanese patients was 1.21% and for Korean patients, it was 1.18%. Tamura, p. 230.
44) Tamura, pp. 230–32; p. 229.
45) Tamura, p. 242; pp. 232–33.
46) Tamura, p. 232; p. 240.
47) Doi and Kuji (2), pp. 28–29.
48) Tamura, p. 232; p. 242.
49) Young (2004), p. 291.
50) Tokumaru and Nishimura stated that a more accurate anthropological definition could refer to a small minority of indigenous peoples who, as a result of Chinese assimilation, were now indistinguishable from the Chinese and whose numbers were so small that they might not be included in their statistics. Tokumaru and Nishimura (1983), p. 260.
51) Saitō also wrote a memorial essay on Ōnari, which appeared in his complete works (1974).
52) Tokumaru and Nishimura, p. 262.
53) Tokumaru and Nishimura, pp. 282–83; p. 261.

54) Tokumaru and Nishimura, p. 260; p. 275; p. 273.
55) Tokumaru and Nishimura, pp. 264–66.
56) Gordon (2003), pp. 187–89.
57) Tokumaru and Nishimura, pp. 276–77.
58) Tokumaru and Nishimura, p. 265; p. 283.
59) Tamura, p. 234; Tokumaru and Nishimura, p. 261.
60) Doi and Kuji (1), p. 36; Tamura, p. 29; Tokumaru and Nishimura, p. 260.
61) Yūseihō bōchōki (1940), p. 45; Dai 75 kai teikoku gikai shūgiin kokumin yusei hōan iinkai giroku, March 1940 (1990), pp. 104–08.
62) Dai 75 kai teikoku gikai kizokuin kokumin yūsei han tokubetsu iinkai giji sokkiroku dai 3 go, March 24, 1940 (1984), p. 259. The Law, however, was not widely enforced. In the period from 1941 to 1945 less than 500 operations were conducted on Japanese psychiatric patients, a stark contrast to the 200,000 to 400,000 persons in Nazi Germany sterilized from 1934 to 1939. Yoshimasa, Inoue, Kamide and Takemura (1961), pp. 187–88; Isei hachijūnenshi (1955), p. 828; Weiss (1990), p. 44. In the decades after Japan's defeat in the Asia-Pacific War, moreover, psychiatrists have contended that comparatively few operations were performed in Japan because members of the profession were not enthusiastic about assisting officials in selecting candidates for sterilization. Okada, p. 120; Uchimura (1968), p. 204.
63) Nitto (1938), p. 37; Danshu mondai ni kansuru riji kondankai, (1938), p. 33.
64) Kaneko (1930), pp. 25–28; pp. 23–24;
65) Kaneko. Shakai mondai toshite no seishinbyō no yūseigakuteki danshuhō (1938), p. 18; pp. 23–24; Kaneko. Seishinbyōsha no yūseigakuteki danshu ni tsuite (1938), pp. 37–39; p. 36.
66) Shakai mondai toshite no seishinbyō no ysūeigakuteki danshuhō, p. 24; p. 17; Seishinbyōsha no yūseigakuteki danshu ni tsuite, pp. 36–40.
67) Seishinbyōsha no yūseigakuteki danshu ni tsuite, p. 40; p. 36; p. 38; Shakai mondai toshite no seishinbyōsha no yūseigakuteki danshuhō, p. 23.
68) Young (2004), p. 288.
69) According to Okada Yasuo, the Health Ministry's Hygiene Section Chief actually reprimanded Kaneko Junji for criticizing the bill for the National Eugenics Law. At the time, Kaneko held an official position in the Home Ministry's Metropolitan Police Board, and, at their meeting, the Hygiene Section Chief reminded Kaneko that officials do not oppose national policy and warned him that he could lose out on future promotions if he continued such activities. Okada (1999), p. 470. Moreover, in a 1938 publication, Kikuchi Jin'ichi complained of censors blacking out sections of an article on eugenic sterilization that he had published in the psychiatry journal, *Nō*. Kikuchi (1938), p. 21.
70) Price, p. 624.
71) Yamamuro, pp. 4–6.
72) Yamamuro, pp. 129–31.
73) Miura (1927), p. 797.
74) Miura (1933), p. 6.
75) Miura (1933), pp. 2–3.
76) Tamanoi (2000), pp. 253–54.
77) Yamamuro, pp. 199–200; pp. 202–4; pp. 234–35.
78) Kuroi, p. 5.
79) Fogel (1988), pp. xv–xvi; xii.
80) Mahone and Vaughan, pp. 2–3.

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