

## **The *Dōjinkai* and the Promotion of Japanese Modernity in China, 1902-1937**

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Japan's relations with the world were in transition at the turn of the twentieth century. Having in quick succession experienced the high of victory in the Sino-Japanese War in 1895 and the shame of the Triple Intervention, in which Tokyo bowed to foreign pressure to restore Chinese territory, Japan then watched as Western powers divided China into spheres of influence in the Far Eastern Crisis of 1897-98. The Boxer Rebellion in 1900, however, allowed the Japanese an opportunity to enhance their position in the eyes of West when Japanese soldiers joined their Western counterparts in breaking the anti-foreign Boxers' siege in north China. After acquitting themselves well against the Boxers, Japan's status climbed even further with an alliance with Britain in 1902 and a victory over Russia in 1905. By the end of the first decade of the twentieth century Japan had successfully joined the ranks of the Western powers.

In conjunction with this rise in Japan's international status was the evolving framework of Japanese Pan-Asianism. Moving away from calls for a union or alliance based on equality with their Asian neighbors, Japanese Pan-Asianists, in general, came to regard other Asian nations in the same light as the Western imperialists: as uncivilized countries that needed to be helped along the path to modernity. Unlike the Western imperialists, however, many Japanese believed that Japan, having recently modernized themselves and sharing historical cultural heritage with China, could mediate China's development as a modern nation. Rather than viewing China as an equal partner in their effort to stop Western

encroachment, Japanese Pan-Asianists began advocating that Japan take the lead in saving China from its backwardness.

Despite professing this goal, Japanese Pan-Asianists often struggled to implement programs that offered tangible benefits to China's modernization. However, there was at least one Pan-Asianist organization that took an active and, in some instances, a beneficial role in aiding China: the *Dōjinkai* 同仁会 (Association for Universal Benevolence). Founded in 1902, this association supported the advancement of medicine and medical science in China by establishing medical schools, clinics, and hospitals, as well as by exporting Japanese medical expertise and technology to the continent. Its members went beyond simple platitudes of a shared cultural heritage to convey to the Chinese a non-Western alternative path to reaching modernity, one which, while founded on Western scientific principles, was translated in a more accessible Asian cultural paradigm by the Japanese. The *Dōjinkai*, in effect, attempted to harness ideological power of two competing notions, the societal benefits of a future looking modernity based on advanced medicine and science and a shared cultural heritage between China and Japan rooted in the past, to achieve its Pan-Asianist goal of a collectively stronger East Asia.

Until the establishment of the *Dōjinkai*, the development of Western medicine in China had been frequently linked to Christian missionaries from the West. The Japanese, through the *Dōjinkai*, provided the Chinese with a secular approach to medicine that advanced modernization without, they believed, threatening Chinese cultural heritage. In this way, the *Dōjinkai* represents a concrete effort by Japanese Pan-Asianists at the turn of the century to effect change in China. Scholars have often maligned the *Dōjinkai*, and Pan-Asianism in general, as an agent of Japanese imperialism owing to its activities on behalf of the Japanese army in China after the beginning of the Sino-Japanese War in 1937. This article argues, however, that the Pan-Asianism that inspired the *Dōjinkai* at the turn of the century was more complicated and nuanced than that which would later justify Japanese expansion and lead to the coopting of the *Dōjinkai* itself as an imperial agent. In examining the organization's earlier activities prior to the 1930s, it becomes clear that the

*Dōjinkai* was not so much an agent of Japan's expansionism but a conduit for the promotion of the Japanese model of modernization in the making. While the *Dōjinkai*'s goals were not purely altruistic, neither were they pursued with the intent of conquering the Asian mainland, at least initially. In fact, a more influential motivating factor behind the organization's activities in its early years seems to reveal its goal of assisting their seemingly struggling neighbor China in its modernization process.

Scholarship on the *Dōjinkai*, while not extensive, has undergone some revisions in its short history. Early work on the organization stressed its connections to Japanese aggression on the mainland by cooperating with Japanese efforts to pacify the population and by assisting Unit 731, the Japanese Army's infamous biological and chemical research and development unit in China.<sup>1</sup> Ding Lei offers a more comprehensive study in his four article series on the organization but concludes similarly that, in the end, the main impact of the *Dōjinkai* was to facilitate and participate in the Japanese domination of the mainland.<sup>2</sup> Echoing this interpretation is Miriam Lo who discusses the *Dōjinkai* in the context of Japanese medical activities in China but similarly concludes that these were "used as a quick fix for the immediate obstacles in the empire's aggressive plans there."<sup>3</sup> Other scholars, when examining the organization within the history of Japanese cultural policies for China, have tended to offer more positive appraisals, emphasizing the medical benefits the *Dōjinkai* afforded the local population.<sup>4</sup> Finally, Chieko Nakajima, in a recent article, has

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<sup>1</sup> Nakayama Shigeru, "Nitchū kagaku gijutsushi ni okeru kokusai kankei" in *Nitchū bunka kōryūshi sōsho*, Vol. 8: *kagaku gijutsu*, edited by Oba Osamu, et al. (Tokyo: Taishūkan, 1998), 476-502; and Takasugi Shingo, *731-butai saikinsen no ishi o ote* (Tokyo: Tokuma shoten, 1982), respectively.

<sup>2</sup> Ding Lei, "Kindai Nihon no tai-chū iryō bunka katsudō: Dōjinkai kenkyū: Parts 1, 2, 3, and 4," *Nihon ishigaku zasshi* 45, no. 4 (1999): 543-562; 46, no. 1 (2000): 23-45; 46, no. 2 (2000): 193-209; 46, no. 4 (2000): 613-639 (hereafter cited Ding I, II, III, and IV, respectively).

<sup>3</sup> Ming-Cheng Miriam Lo, *Doctors Within Borders: Profession, Ethnicity, and Modernity in Colonial Taiwan* (Berkeley: University of California Press, 2002), 153.

offered perhaps the most nuanced appraisal of the *Dōjinkai* by stressing the multi-faceted nature of its activities in China. According to Nakajima, these activities allowed the *Dōjinkai* not only to simultaneously strengthen Japan's ties with China, compete with the Western powers, and assist in Japanese colonial expansion, but also provide practical help for the Chinese people medically while appealing to their cultural sensibility.<sup>5</sup> This article is an attempt to examine this less explored area of the organization's initial ideological position and its activities during the first three decades or so since its establishment. In particular, it seeks to analyze the *Doijinkai*'s activities in relation to its original organizational vision to promote Japanese modernity for the sake of a struggling China at the turn of century.

### **The Historical Context of the Founding of the *Dōjinkai***

It was natural for Japanese Pan-Asianists to utilize medicine as the means to assist Chinese modernization since science and medicine had been signifiers of modernity in China from the mid-nineteenth century. First introduced by Western missionaries, modern (Western) medicine competed with traditional Chinese medicine in establishing itself as the most effective way to relieve suffering and cure ailments. This competition between the two styles of medicine would continue well into the twentieth century.<sup>6</sup> By the 1890s, however, Qing government officials

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<sup>4</sup> For two such examples, see See Heng Teow, *Japan's Cultural Policy Toward China, 1918–1931* (Cambridge: Harvard University Press, 1999); and Sophia Lee, "The Foreign Ministry's Cultural Agenda for China: The Boxer Indemnity," in *The Japanese Informal Empire in China, 1895-1937*, eds. Peter Duus, Ramon H. Myers, and Mark R. Peattie (Princeton: Princeton University Press, 1989), 272-306.

<sup>5</sup> Chieko Nakajima, "Medicine, Philanthropy, and Imperialism: The *Dōjinkai* in China, 1902-1945," *Sino-Japanese Studies* 17, no. 6 (2010): 83.

<sup>6</sup> Generally, the Chinese who had access to Western medicine appreciated its curative powers but this population was limited to urban areas and often those with significant wealth. Carl F. Nathan, "The Acceptance of Western Medicine in Early 20<sup>th</sup> Century China: The Story of the North Manchurian Plague Prevention Service," in *Medicine and Society in China*, eds. John Z. Bowers and Elizabeth F. Purcell (New York: Josiah Macy, Jr. Foundation, 1974), 71.

were actively pursuing programs to train the Chinese in Western medicine. Hospitals run by Protestant missionaries were perhaps the first place budding Chinese doctors looked but these institutions offered evangelism along with medical training.<sup>7</sup>

In the late 1890s, during a positive period of Sino-Japanese relations, the Qing government increasingly turned to Japan as the source of medical knowledge and instruction. Japan was a logical choice given its recent transformation into a modern nation but also because of its geographical and cultural proximity. The Chinese considered Japan a success not only because it was well along the path to modernization but because Japanese identity had not been sacrificed. Maintaining Chinese identity while modernizing the country was a central concern of the Chinese reformers at this time. The Japanese had been able to do this, in part, by coming to regard science and medicine as modern and universal, not as Western. The transformation of the conception of science as Western to universal began in the late Meiji era (1868–1912) in Japan and was complete by the second decade of the Taishō period (1912–1926).<sup>8</sup> With Japan as a model, the Chinese, then, could modernize without necessarily Westernizing.<sup>9</sup> Dovetailing with this idea was the belief in China that there were multiple modernities and paths leading to them.<sup>10</sup> This belief, too, allowed the Chinese to pursue modernization programs and also maintain Chinese identity, even when those programs in medicine directly challenged the traditional medicine that was a major part of

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<sup>7</sup> Ka-che Yip, *Health and National Reconstruction in Nationalist China: The Development of Modern Health Services, 1928-1937* (Ann Arbor: Association for Asian Studies, 1995), 20.

<sup>8</sup> Hiromi Mizuno, *Science for the Empire: Scientific Nationalism in Modern Japan* (Stanford: Stanford University Press, 2009), 12.

<sup>9</sup> Tina Phillips Johnson, *Childbirth in Republican China: Delivering Modernity* (Lanham: Lexington Books, 2011), xxiii.

<sup>10</sup> Carol C. Chin, *Modernity and National Identity in the United States and East Asia, 1895-1919* (Kent: Kent State University Press, 2010), 5.

China's cultural heritage. Having already experienced this, the Japanese were a natural template for the Chinese.

Some of the first efforts at modeling Chinese development after the Japanese came in the field of medicine. The Qing government began a program of translating Japanese medical books in the late 1890s. These books provided foundational medical expertise in China but the government was slow in translating, publishing only 88 books in Chinese by 1912.<sup>11</sup> Around this time, Japanese science texts were also adopted by the Chinese in the reform program for their education system. Given similarities in written language, the Chinese came to prefer Japanese texts, which often presented the most up to date knowledge, even when compared to Western science books.<sup>12</sup> Another area in which the Chinese adopted modern Japanese models was in the field of public health. Like the Japanese, the Chinese incorporated public health administration into the duties of the local (mostly urban) police force, a modern organization that itself was modeled after Japanese police in the home islands.<sup>13</sup> In addition to translations and police work, the Chinese government drew on Japanese expertise by sending students directly to Japanese medical schools. The first future Chinese doctors trained in Western medicine arrived in Japan in 1902, and a stream of students from China would last for decades.<sup>14</sup> By the first decade of the 1900s, then, the Chinese were well into their program of modernization with the help of their Asian neighbor.

The *Dōjinkai* sprang from this atmosphere of Chinese acceptance of Japan as model for a way to modernize without Westernizing. Japanese Pan-Asianism at this time also reflected not only China's interest in Japan as a model but also Japan's willingness to lead their Asian neighbor along

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<sup>11</sup> Ding, IV, 615.

<sup>12</sup> Benjamin Elman, *A Cultural History of Modern Science in China* (Cambridge: Harvard University Press, 2006), 216-217.

<sup>13</sup> Johnson, 15-16.

<sup>14</sup> Ding, I, 551.

the path of modernity. This was a change from earlier Pan-Asianism that viewed China as equal to Japan and desired to establish Sino-Japanese relations on a foundation of cooperation.<sup>15</sup> Rather than cooperating or even allying with China as equals, Japanese Pan-Asianists around the turn of the century believed that their interactions with China should take on the familiar relationship roles of teacher (Japan) and student (China). As a successful modernizer, the Japanese sought to create an alternative East Asian civilization, one that was modern but not necessarily Western. Subscribing to a social Darwinist interpretation of competition between civilizations and nations, these Pan-Asianists believed that the creation of an alternative civilization would allow Japan to evade subjugation by the Western “civilized” powers.<sup>16</sup> As a part of an alternative East Asian civilization, China was central to Japanese Pan-Asianist programs, which, in general, sought to help China reach Japan’s level of “civilization.” In the late 1890s, this view extended beyond Pan-Asianists to include the majority of the Japanese population who held that Japan had the responsibility as a nation to assist Chinese development.<sup>17</sup>

With this goal in mind, Japanese Pan-Asianists in 1898 founded the *Dōjinkai*’s parent institution, the *Tōa Dōbunkai* 東亜同文会 (East Asian Common Culture Society). Formed by merging two Pan-Asianist organizations, the *Tōa Dōbunkai* was built on the romantic notion that common cultural and biological links between Japan and China established a bond that could not be broken. This sentiment was typified in the society’s manifesto, which read, “Contacts between Japan and China go well back in time. Our cultures are related and their customs and

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<sup>15</sup> Kuroki Morifumi, “The Asianism of the Kōa-kai and the Ajia Kyōkai: Reconsidering the Ambiguity of Asianism,” in *Pan-Asianism in Modern Japanese History: Colonialism, Regionalism and Borders*, ed. Sven Saaler and J. Victor Koschmann (New York: Routledge, 2007), 51.

<sup>16</sup> Prasenjit Duara, “The Discourse of Civilization and Pan-Asianism,” *Journal of World History* 12, no. 1 (2001): 101.

<sup>17</sup> Urs Matthias Zachmann, *China and Japan in the Late Meiji Period: China Policy and the Japanese Discourse on National Identity, 1895-1904* (London: Routledge, 2009), 65.

religions are the same. Emotionally, we are as close as brothers; strategically, we are as near to each other as the lips and teeth.”<sup>18</sup> The mission of the society was to promote mutual understanding between leaders in both countries and to also develop Sino-Japanese trade and commerce. To be sure, the society placed Japanese interests ahead of those of their Chinese friends. Despite the fact that the *Tōa Dōbunkai* sought to help China for Japan’s own interests, assisting China’s development was still central to its mission. The exact way to offer this aid to China, however, was not abundantly clear. This realization was actually written into the mission statement of the society when it stated that one of its goals was to “investigate the current state of affairs in China and decide on appropriate action.”<sup>19</sup> The society knew China had problems modernizing, but it just did not immediately know how to solve them.

A potential solution came in 1902 with the *Tōa Dōbunkai*’s founding of the *Dōjinkai*. In that year, prominent *Tōa Dōbunkai* members Konoe Atsumaro 近衛篤磨 (1863-1904) and Kishida Ginkō 岸田吟香 (1833-1905) met with Japanese medical professionals to establish an organization that would foster an East Asian medical community. The first step would be to bring modern medicine to Asian countries, including to Korea and even Southeast Asian countries, but most importantly to China. The formal mission of the new organization was to “spread medical knowledge and skills to China, Korea, and other Asian countries to protect public health and treat the sick in these populations.”<sup>20</sup> In doing so, the *Dōjinkai* would “contribute to the development of the civilization of each country.”<sup>21</sup> Japan’s newly established expertise in modern medicine would

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<sup>18</sup> Urs Matthias Zachmann, “The Foundation Manifesto of the *Tōa Dōbunkai*, 1898,” in *Pan-Asianism: A Documentary History, Volume 1: 1850-1920*, eds. Sven Saaler and Christopher W.A. Szpilman (Lanham: Rowman & Littlefield, 2011), 119.

<sup>19</sup> Zachmann, “The Foundation Manifesto,” 117.

<sup>20</sup> Ono Tokuichirō, ed., *Dōjinkai sanjūnenishi* (Tokyo: Dōjinkai, 1932), 6.

<sup>21</sup> *Ibid.*, 1.



thus be a concrete method by which Japanese Pan-Asianists could fulfill their goal of aiding China's modernization efforts.

The over two thousand Japanese members of the *Dōjinkai* believed that their efforts would be fundamentally different from those of their medical counterparts from Western countries who were currently operating in China. *Dōjinkai* members felt that cooperation between China and Japan was more effective and natural than that between China and the West due to their common culture. This shared cultural heritage combined with Japan's new mastery of Western medicine meant that they were in the best position to administer modern medicine in China.<sup>22</sup> The Japanese, they believed, had so effectively translated Western medicine into modern and universal medicine that it would be applicable and beneficial to all Asians.<sup>23</sup> Because the Japanese had stripped this modern medicine of its Western trappings, East Asians could accept its benefits without fear of undermining their native identities. In this way, the *Dōjinkai* used medicine to bring an alternative modernity to China separate from the Western version, one that was more befitting the East Asian environment but also one in which Japan was clearly the representative leader.

The *Dōjinkai* undertook a variety of activities in pursuing its mission of spreading modern medical knowledge and assistance to East Asia. The foremost activity was to "administer the most recent medical treatment" in each country.<sup>24</sup> The association sent *Dōjinkai* doctors to East Asian countries to carry out this mission first hand. During their time abroad, these doctors treated the sick, conducted immunizations, consulted with local governments regarding public health, and provided training to local physicians.<sup>25</sup> The *Dōjinkai* expanded its medical instruction program by also bringing students from China and Korea to study medicine in Japanese schools. Spreading modern medical knowledge (and thus

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<sup>22</sup> Nakajima, 55.

<sup>23</sup> *Ibid.*, 82-83.

<sup>24</sup> Ono, 1.

<sup>25</sup> *Ibid.*, 59.

modernity) would take place on the ground in Asian countries but also via medical students who would then continue the project once they returned to their home countries to practice this universal medicine.

While the scope of the association's activities was multi-national, its real focus was always China, especially after it curtailed activities in Korea in 1910 following Japan's annexation of the country. Indeed, at the second annual meeting in 1903 *Dōjinkai* president Ōkuma Shigenobu 大隈重信 (1838-1922) commented in a speech that the real purpose of the association was to aid Qing (Chinese) development during "this time of great change and reform on the mainland."<sup>26</sup> At a later meeting, Ōkuma stressed that as the most advanced nation in Asia it was Japan's duty to spread to China the most advanced medical and hygienic knowledge available.<sup>27</sup> As the largest and most important of Japan's neighbors, China had always been the focus of Japanese Pan-Asianists from the very first organizations in the mid-1880s through the *Dōjinkai* in the early 1900s.

### **The *Dōjinkai*'s Early Activities**

The first decade of *Dōjinkai* activities represent this Pan-Asianist effort of guiding China along the path of modernity. This was the heyday of the *Dōjinkai* as a non-governmental, independent organization that strove to realize the goal of creating an alternative East Asian civilization. One way *Dōjinkai* did this was the aforementioned dispatch of doctors and pharmacologists to China. From 1902 to 1912, 123 medical personnel travelled to the mainland to provide medical attention to the local population.<sup>28</sup> A particularly dramatic and visible instance of the *Dōjinkai* doctors coming to the aid of the local Chinese occurred during the Chinese revolution of 1911-1912, when Japanese doctors provided care to all who presented themselves in need of treatment, including rebels, government

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<sup>26</sup> Ibid., 19.

<sup>27</sup> Ibid., 59.

<sup>28</sup> Ding, II, 24.

soldiers, and civilians alike.<sup>29</sup> *Dōjinkai* personnel received accolades from the local population for their assistance to and cooperation with Chinese doctors.<sup>30</sup> In this effort, along with their work in small clinics in cities and trips to rural villages, these doctors brought modern medical knowledge and pharmaceuticals with which they relieved suffering and promoted health. With their understanding of germ theory, their use of anesthesia and painkillers like aspirin, and their willingness to use surgical methods in treatment, these *Dōjinkai* doctors were the very (East Asian) face of modernity in places throughout China.<sup>31</sup>

Whether Chinese patients viewed these doctors as embodying modernity is unclear given the absence of personal accounts, but we can surmise that the Chinese government regarded them as such given the fact that local municipalities consulted with *Dōjinkai* personnel on matters related to public health. At this time, public health or hygiene (Jp. *eisei*; Ch. *weisheng*) policies were regarded as a marker of modernity. Foreign concessions in several Chinese cities began administering public health as a means to prevent the spread of disease. The Western inhabitants of international cities like Tianjin and Shanghai regarded the Chinese sections as uncivilized in part because of the absence of policies designed to improve sanitation and hygiene.<sup>32</sup> In response, local Chinese city governments employed *Dōjinkai* experts to establish public health programs in an effort to modernize and avoid Western disdain. In the city of Tianjin, the Japanese concession's success in limiting the spread of the

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<sup>29</sup> Japan Center for Asian Historical Resources (JACAR; <http://www.jacar.go.jp>), Ref. B (Foreign Ministry) 08090245200, “Shinkoku no kakumei dōran no sai zai dōkoku hōkyō ryūmin narabi ni kankaku ryogun no shōbyōsha ni taisuru teikoku no kyūgo jigyō kankei zassan (Dōjinkai oyobi Dōjin iin no kyūgo jigyō ni kansuru ken 1912),” Gaimushō shiryōkan.

<sup>30</sup> Ding, IV, 620.

<sup>31</sup> Lo, 161.

<sup>32</sup> Ruth Rogaski, “Hygienic Modernity in Tianjin,” in *Remaking the Chinese City: Modernity and National Identity, 1900-1950*, ed. Joseph W. Esherick (Honolulu: University of Hawai'i Press, 1999), 34.

plague in 1911 was lauded by Chinese and Westerners alike. The *Dōjinkai* almost certainly contributed to this effort as two prominent *Dōjinkai* physicians were posted to the city.<sup>33</sup> In smaller, more rural locales, *Dōjinkai* personnel, in addition to treating the ill, also gave guidance on issues related to public health such as sanitation schemes and water purification.

Besides consulting on public health, *Dōjinkai* personnel also established two hospitals in the first decade of the association, both of which were located in northeastern China (Manchuria). The *Dōjinkai*-run hospitals in Andong Province and in Yingkou City were small operations compared to the major foreign hospitals in larger Chinese cities like Peking Union Medical College financed by the Rockefeller Foundation. Nonetheless, these *Dōjinkai* medical institutions provided comprehensive health services as well as basic medical training to Chinese and Korean students. Dozens of students received medical training under *Dōjinkai* doctors in their home country from 1906 to 1916.<sup>34</sup>

The *Dōjinkai* also instituted a program to train Chinese medical students in Japan. Students from mainland Asia attended the newly established *Dōjinkai* medical school, specifically created to provide training to students from East Asia. This school, however, was always lacking in funds and ultimately closed its doors in 1912. The *Dōjinkai* was not deterred, however. It quickly established partnerships with university medical schools, such as Waseda University and Sendai Medical School (present-day Tōhoku University School of Medicine), which began enrolling *Dōjinkai*-supported Chinese and Korean students. From 1905 to 1939, 414 Chinese students graduated from Japanese medical schools, a good number of whom were supported by the *Dōjinkai*.<sup>35</sup>

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<sup>33</sup> The two physicians were Inoue Noriyuki and Yamashina Yūji. Ding, II, 24–25.

<sup>34</sup> Following Japan's infamous Twenty-one Demands to China in 1915 enrollment dropped precipitously. Ding, II, 29.

<sup>35</sup> Ding, IV, 613.

In the *Dojinkai*'s own estimation, one of the most important projects it undertook was the publication of its journal, *Dōjin*. The journal went through a number of editorial changes that impacted its focus, which swung between presenting general medical information for a larger, non-specialized audience to a proper medical journal filled with scientific and research articles. The pieces, then, varied within the pages of the journal from surveys about conditions in China, editorials, bulletins on medicine and public health, to articles by prominent physicians and even information for Chinese medical exchange students in Japan. No matter the type of article, the content centered squarely on China and was published with the goal of either better understanding medicine and public health in China or conveying new medical knowledge to the Chinese.<sup>36</sup> While the association viewed the journal as a key means to achieve its goal of spreading medical knowledge in East Asia, the extent to which this information diffused is suspect since the articles were mostly written in Japanese.<sup>37</sup>

During its first decade, the *Dōjinkai* conducted numerous activities to fulfill its mission of providing China with the most modern medical practices. It is of course debatable if the *Dōjinkai* achieved its self-claimed goal of aiding Chinese development into a modern nation; indeed it is much safer to state that the results were at best mixed. Despite an uneven record, the *Dōjinkai* members believed in what they were doing: showing China the way to (a Japanese) modernity. In an address to Japanese cabinet ministers, association president Ōkuma Shigenobu commented that, "The power of medicine (*igaku*) has a profound role in leading the Chinese people in advancing their civilization as they are currently endeavoring to do."<sup>38</sup> According to Ōkuma, the medical education provided to the Chinese by the *Dōjinkai* would not only cure the sick but

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<sup>36</sup> For more on the journal, see Ōsato Hiroaki, "Dōjinkai to 'Dōjin,'" *Jinbungaku kenkyū johō* 39, no. 3 (2006): 47-105.

<sup>37</sup> Ono, 131.

<sup>38</sup> *Ibid.*, 69.

civilize them as well. Moreover, it should be noted that, at least in these first ten years of the *Dōjinkai*, the Japanese received cooperation and willingness from their Chinese counterparts. In this decade, some Chinese genuinely aspired to emulate the healthy and modern Japanese who stood before them on both the mainland and in Japan. A wide range of Chinese people including government officials, students, and revolutionaries regarded Japan and organizations like the *Dōjinkai* as both a model and source of assistance for their own modernization efforts.<sup>39</sup>

### ***Dōjinkai* Activities from 1914 to 1937**

Beginning in 1914, the *Dōjinkai* reoriented its activities away from small scale medical missions throughout China to founding and running large hospitals in major Chinese cities. This shift resulted from the *Dōjinkai*'s belief that they could more effectively fulfill its mission by concentrating efforts in the population centers. The hospital, the epitome of a modern institution, would be the vehicle by which the *Dōjinkai* would help China modernize. While this logic is certainly sound and the decision did result in the treatment of hundreds of thousands of Chinese patients, the *Dōjinkai* came to be less an expression of an alternate Japanese style path to modernity and more a symbol of Japanese imperial ambition, literally taking its place alongside the hospitals of the Western colonialist powers.

An important reason for this change in perception on the part of the Chinese was their gradual turn away from Japan to the West for all things related to culture and education.<sup>40</sup> The fall of the Qing government brought the end of China's focus on the Japanese model of civilization as the newly energized Chinese looked to Western sources for inspiration in transforming their new country. This continued after World War I when it became obvious that the Japanese were not the leaders in the race for civilization. Far from being at the front, Japan and its imperialist policies

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<sup>39</sup> Zachmann, *China and Japan in the Late Meiji Period*, 145-155.

<sup>40</sup> Teow, 16.

in China during the war suggested that it was clearly moving backwards.<sup>41</sup> Given the above trends, it could be argued that the *Dōjinkai* had no other choice but to establish visible and substantial hospitals in large cities in order to remain active and relevant as a model for China's modernization.

The *Dōjinkai* founded its first hospital in Beijing in 1914. With this flagship hospital, the association sought to distinguish itself from other Western hospitals in the city, especially the palatial and impressively outfitted Peking Union Medical College (PUMC) that had been established by the Rockefeller Foundation to bring modern American medicine and medical instruction to China.<sup>42</sup> Much smaller in size than the PUMC, the *Dōjinkai* Peking Hospital maintained a relatively larger Chinese clientele than the Western hospitals by offering care at reasonable rates and even a sliding fee schedule based on patient means.<sup>43</sup> It also provided immunizations at drastically reduced rates and in some instances at no charge.<sup>44</sup> This seems to indicate the enduring spirit of the *Dōjinkai*'s original mission of helping China, something they had done in smaller cities and villages since 1902. The local Chinese public was, for the most part, very grateful for this *Dōjinkai* approach with 571,226 visiting the hospital as outpatients from 1914 to 1937.<sup>45</sup> Even during times of anti-Japanese sentiment in the late 1910s and 1920s, patients still sought medical attention at *Dōjinkai* facilities.<sup>46</sup>

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<sup>41</sup> Frederick R. Dickinson, *War and National Reinvention: Japan in the Great War, 1914-1919* (Cambridge: Harvard University Press, 1999), 3.

<sup>42</sup> The PUMC was run under the "Johns Hopkins Model," which was characterized by a clinical practice supplemented by laboratory research and funds for research fellowships. Ka-che Yip, *Health and National Reconstruction*, 6.

<sup>43</sup> Lee, 299.

<sup>44</sup> JACAR Ref. B05015001000 "Bunka jigyōbu kankei hojo dantai oyobi sono shisetsu no taiyō Taishō jūyūgonen ichi gatsu (1926)," Gaimushō shiryōkan. Cited in Lee, 299.

<sup>45</sup> Lee, 297.

<sup>46</sup> *Ibid.*, 299.

While the *Dōjinkai* Peking Hospital was relatively successful, this new focus on hospital management required considerably more funds than the association was able to secure via their traditional methods of private donations. The Chinese Revolution exacerbated this problem by removing a major source of *Dōjinkai* funding, the Qing government. Following the First World War, the *Dōjinkai*, in part to stabilize their finances, began receiving more financial support from the Japanese government. Interestingly, when private donations dried up, the Japanese government began actively pursuing cultural policies for China, and the *Dōjinkai* came to be an important part of those policies in Tokyo.

This was perhaps not completely surprising given the resurgent ideological power of Pan-Asianism following the Great War. Even as Japan joined the Western allies as a victor at the Paris Peace Conference, there was a growing movement within Japan to follow its own Asian path in its international relations.<sup>47</sup> This echoed back to earlier Pan-Asianism but this strain more strongly emphasized Japan's role as the leader of the region and China and other Asian nations as second-class followers. Much more so than before, the mission of this new(er) Pan-Asianism was almost entirely centered around Japanese interests. As such, Pan-Asianism came to be espoused by government leaders and party politicians throughout the 1920s.

When Imperial Diet members argued for *Dōjinkai* funding, they often used rhetoric from the *Dōjinkai*'s own mission statement. In 1916, Yamada Shuichi advocated government funds for the association by explaining that *Dōjinkai* activities, particularly in its Beijing hospital, contributed to Chinese public health and thereby increased feelings of trust and friendship between the two countries.<sup>48</sup> Similarly, Akiyama Kanetada,

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<sup>47</sup> Sven Saaler, "Pan-Asianism in Modern Japanese History: Overcoming the Nation, Creating a Region, Forging an Empire," in *Pan-Asianism in Modern Japanese History: Colonialism, Regionalism and Borders*, eds. Sven Saaler and J. Victor Koschmann (New York: Routledge, 2007), 6.

<sup>48</sup> *Kanpō gōgai*, 11 February 1916 (Taishō 5 nen), "Zaidan hōjin Dōjinkai jigyō kokko hojo ni kansuru kengian," *Shūgiin giji sokkiroku*, No. 23. Available online at [teikokugikai-i.ndl.go.jp](http://teikokugikai-i.ndl.go.jp). National Diet Library.



in 1919, backed his argument for government appropriations by explaining that through the *Dōjinkai*, “Japan imparted advanced medical knowledge to the four hundred million Chinese, which improved public health and treated the sick, all in the spirit of universal benevolence and brotherhood.”<sup>49</sup> These arguments won the day as the *Dōjinkai* received an increasingly significant sum of money from the government. In 1923, Japan’s Foreign Ministry, under direction of the Diet, established a special account to provide monies to cultural programs for China. The account was underwritten by using the remaining funds of Japan’s Boxer indemnity from China. A substantial portion of this account was earmarked for the *Dōjinkai*. For example, the China Cultural Affairs Bureau within the Foreign Ministry gave the *Dōjinkai* 17.30 percent of its budget for Sino-cultural activities.<sup>50</sup> Given the growing anti-Japanese sentiment in China, this money was perhaps well spent. For, although Chinese critics often complained that Japan had no culture of its own and thus offered China nothing of cultural value, Japan’s mastery of modern medicine meant that the *Dōjinkai* could at least provide valuable medical assistance to (skeptical) Chinese patients.<sup>51</sup>

By receiving funds from the Foreign Ministry, the *Dōjinkai* became increasingly integrated into Japan’s foreign policy establishment. This integration continued in 1925 when former four-time foreign minister Uchida Yasuya became association president. The *Dōjinkai* by this time regularly reported to the foreign ministry and was subjected to ministry oversight, including the implementation of new guidelines and regulations.<sup>52</sup> Despite the *Dōjinkai*’s new status as a quasi-government institution, its mission was still limited to medicine and education. In addition to the Peking hospital, the association administered three others:

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<sup>49</sup> *Kanpō gōgai*, 19 March 1919 (Taishō 8 nen), “Dōjinkai ni kansuru Akiyama Kanetada no shitsumon,” *Shūgiin giji sokkiroku*, no. 25.

<sup>50</sup> Teow, 72.

<sup>51</sup> Lee, 280.

<sup>52</sup> Ding, II, 37.

Hankou (1923), Qingdao (1925), and Jinan (1925). In all of the *Dōjinkai* hospitals, Japanese doctors worked side by side with Chinese medical staff (doctors and nurses), though the directorship of each hospital was always occupied by a Japanese physician. Like the hospital in Beijing, these newer hospitals provided care to a majority of Chinese patients at discounted rates. While local Japanese residents also patronized the hospitals, the focus was on caring for the native population. The hospitals were more or less similar but there were a few differences. The Hankou hospital, for example, was the only one to open a branch hospital, in this case in the more remote region of Jiujiang (Kiukiang) in Jiangxi province.<sup>53</sup> The Qingdao hospital opened a medical school for Chinese students in 1924. Lacking funds, the *Dōjinkai* closed the school in 1930 but it did graduate about a half dozen students who, upon graduation, were granted a month-long study tour of medical schools throughout Japan.<sup>54</sup> Also peculiar to the Qingdao hospital was the maintenance of a dairy farm, the cows from which supplied the hospital patients and staff with fresh milk.<sup>55</sup> With their reasonably priced medical care, free immunizations and even fresh milk, the *Dōjinkai* hospitals seemed to have engendered trust and positive feelings between the Chinese patients and Japanese doctors.<sup>56</sup>

*Dōjinkai* personnel also conducted non-medical activities based out of the hospitals with the goal of extending medical knowledge to the community. First, the association maintained contact with Chinese medical associations by offering seminars, lectures, facility tours, and medical instrument demonstrations. They also held larger medical conferences and invited the participation of Chinese doctors. Scheduled periodically throughout the 1920s and even into the 1930s, the

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<sup>53</sup> JACAR, “Bunka jigyōbu kankei hojo dantai oyobi sono shisetsu no taiyō” (January 1926).

<sup>54</sup> JACAR, Ref. B05015234900, “Chintao igakkō sotsugyōsha rokumei ni kansuru ken” (1930), Gaimushō shiryōkan.

<sup>55</sup> JACAR, “Bunka jigyōbu kankei hojo dantai oyobi sono shisetsu no taiyō” (January 1926).

<sup>56</sup> Ding, IV, 619.

conferences were designed for Chinese government and military medical specialists but local physicians also attended. Perhaps the most significant way the *Dōjinkai* contributed to modernizing Chinese medicine was its translations of Japanese medical texts into the Chinese language. The *Dōjinkai* established a translation institute in 1927 to carry out the work. The editorial board made up of *Dōjinkai* members would meet periodically to determine the medical fields and the texts that were to be translated.<sup>57</sup> While the output of the institute was not prodigious—numbering roughly 100 texts—the effort to bring the latest medical knowledge to China was appreciated and respected by Chinese doctors. These translations provided tangible and long-lasting contributions to Chinese modernity on the part of the *Dōjinkai* for, while the hospitals are no longer standing, the texts have remained.<sup>58</sup> Moreover, the nature and expansive number of activities undertaken by the *Dōjinkai* in China makes it difficult to characterize the association, at least in the period before 1937, simply as a vanguard agent of Japanese aggression. Chinese charges against Japanese organizations of aiding Japan’s political and economic expansion on the mainland may not be applied in the same way to the *Dōjinkai* prior to 1937.<sup>59</sup>

### **Conclusion**

The mission of the *Dōjinkai* radically changed following Japan’s invasion of China in 1937. The Japanese army assumed control over association hospitals and personnel, directing them to care for the Japanese wounded and sick returning from the front. *Dōjinkai* public health specialists participated in the management of newly occupied cities. Immunization teams spread across the occupied countryside to provide vaccinations to prevent the breakdown of the social order due to disease.

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<sup>57</sup> JACAR, Ref. B05015278900, “Dōjinkai yakusho kankōkai kitei” (1927), Gaimushō shiryōkan.

<sup>58</sup> Teow, 210.

<sup>59</sup> Teow, 152.

In participating in Japan's occupation of China, *Dōjinkai* personnel truly became agents of Japanese imperialism and aggression and thus could be seen as functionally equivalent to soldiers in the Japanese army.

The *Dōjinkai* of the Asia-Pacific War was nothing like the association that was established in 1902 and contributed to the spread of medicine in China for the next three decades. Founded on the earlier vision of Pan-Asianism to aid the Chinese along the path to modernity for their own sake, the *Dōjinkai*'s early activities sought to better Chinese lives by providing medical care and the latest knowledge. Members did this by travelling to China to attend the sick and assist in creating local public health programs. Through their mastery of Western medicine *Dōjinkai* personnel promoted modernity with an Asian face to the Chinese. They seemed to represent a way forward in which the Chinese could modernize without losing their Asian identity. Done in the spirit of Pan-Asianism in Japan prior to the 1930s, even the Chinese themselves subscribed to the *Dōjinkai*'s mission by cooperating and contributing to the efforts of the Japanese organization.

Even when the *Dōjinkai* adjusted the focus of its activities around hospitals in major cities and came under the influence of the Japanese Foreign Ministry, it still pursued its mission of advancing "civilization" in China. An important difference, however, was that the Chinese no longer regarded Japan as a leading modernizer to emulate. Instead, since the time of World War I with its imperialist policies vis-à-vis China, Japan essentially fell from grace, landing alongside the other imperialist powers from the West. The new *Dōjinkai* hospitals took their place not far from Western hospitals as landmarks of imperialism in Chinese cities. Nonetheless, the *Dōjinkai*, still into the 1920s, tried to play against type by providing medical care and medicine for reduced or even no fees to its Chinese patients. Moreover, the translation bureau continued the association's mission of spreading the latest medical knowledge by publishing fundamental Japanese medical texts in Chinese. While the particular spirit of Pan-Asianism, on the part of both the Japanese and Chinese, might have changed following World War I, the *Dōjinkai*'s

overriding goal of assisting China in becoming “modern” seemed to have remained.

By 1937, the cooperation and collaboration that marked the first decade of the *Dōjinkai*'s efforts in China, which had been eroding in the intervening years, was replaced by acrimony and enmity. In the end, the Japanese undermined their own activities by engaging in an aggressive war against China. This fact, however, does not deny the significance of the *Dōjinkai*'s first decade to our understanding of the history of Japanese and Chinese modernity. Had the spirit of the universal benevolent and humanitarian Pan-Asianism espoused by the founders of the *Dōjinkai* continued, our reference point for modernity today could very well have been what the earlier generation of Pan-Asianists had envisioned rather than Western.

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