

分別される生命—二十世紀社会の医療戦略

Osama Kawagoe and Akihito Suzuk, eds., *Bunbetsu sareru seimei: nijisseiki shakai no iryo senryaku* [Classifying Lives: Social Modernity and Medical Strategies in the Twentieth Century]

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A multidisciplinary project, *Bunbetsu sareru seimei: nijisseiki shakai no iryo senryaku* (*Classifying Lives: Social Modernity and Medical Strategies in the Twentieth Century*) is the work of nine experts on the history, sociology, and philosophy of medicine in Japan and Europe.

In Osamu Kawagoe's introduction, "Life and Medicine in the Twentieth Century", the rise of a "risk society" is described, a zone in which increasing numbers of destabilized lives are governed by measures composed jointly by medicine and society. Kawagoe illustrates this by referring to the improvement of life expectancy in nineteenth-century Germany, to which he attributes a growing value placed on life and a view of death as unusual. Factors that jeopardized health were countered by public hygiene, population control, birth control, and medical insurance. Twentieth-century medicine—not just in Germany, but in all industrialized Western states—pursued the goal of reducing the risk in human life. Working from this model, the book's authors examine the advent of risk society in Japan, with a number of German and English case studies added for comparison.

In Chapter 1, Mima examines how physical risk was constructed as a social risk, showing that twenty-first-century bodies at risk are controlled for the sake of social stability. In a case study of a new strain of influenza, he identifies the social construction of risk. Borrowing from Ulrich Beck's 1986 study of *Risikogesellschaft* (risk society), he argues that industrialization has changed how we see disease. While the body was long perceived as a source of national and individual wealth, a

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wave of quickly moving global diseases has cast the body as a risk in the campaign against sickness, disaster, terror, and environmental toxins. This may be seen especially clearly in the panic that surrounds the announcement of new flu strains. Early American reports about the recent outbreak of H1N1 influenza identified it with the Spanish flu and predicted another health disaster—which never occurred. Such panics, Mima argues, suggest how events that appear to be scientifically grounded are in fact subject to the most subjective readings. Mima's study should be set alongside recent historical studies of science and medicine in Asia—for instance, Kai Khiun Liew's study of the social construction of the flu pandemic in Southeast Asia (Liew 2007; see also Sleight et al. 2006).

In Chapter 2, Ikai presents an original work on the historical sociology of hospitalization in modern Japan. To understand why Japanese hospitals rarely admit elderly patients, Ikai considers the historical competition among general practitioners whose clinics—complete with beds—came to offer more and more nontherapeutic treatments. Unlike the West, which has inclined to a rigorous distinction between urgent care and long-term care, Japanese hospitals have historically been far less compartmentalized, increasing the number of beds available for general purposes.

In Chapter 3, Yamashita considers the historical debate on the “quality and quantity of nurses”. Yamashita has uncovered this topic by carefully examining contemporary arguments about how nurses should be trained and certified. With the rise of what one might call “the Age of Hospitalization”, the need for properly trained nurses became acute, as both the public and local governments strongly advocated formal educational and licensing procedures. Yamashita concludes that the Japanese age of hospitalization gave birth to a new culture in which health authorities and the public called for the improvement of nursing services.

In Chapter 4, Suzuki pursues an approach that he calls “horizontal”, distinguishing his contribution from the others in a book that concentrates on the controlling, or vertical, aspects of modern medicine. Reading over 2,000 replies to a health survey issued in 1938 permits him to illuminate how people, not governing bodies, chose their own health strategies among a number of possible options. The survey, carried out in Tokyo's Takinogawa district, was prompted by the wartime shortage of commercial medicines. Licensed physicians were convinced that the pressures of the time demanded a ban on traditional medicine. But Suzuki is able to show that at least one urban sample did not rely on alternative treatments to the extent that doctors trained in Western techniques had imagined. Some substituted commercial medicines for visits to physicians, but when their illness was grave, even members of the lower classes did not hesitate to see doctors. This finding permits Suzuki to argue that patients behaved like rational consumers, choosing treatments according to the seriousness of their own sickness. This horizontal view presents twentieth-century medicine as pluralistic, rather different from the view of modern clinical medicine as a mechanism of control over society.

Chapters 5, 6, and 7 address different medicopolitical strategies applied to the health risks of modern European society. Hattori examines the late nineteenth-century shift in German homeopathy toward chronic diseases. He finds that alternative medicine focused instrumentally on new medical risks rather than epidemic disease. To survive, homeopaths elected not to compete with mainstream medicine. In Chapter 6, Otani seeks to provide a new way of understanding “mental

deficiency” in England, a theme that has been scrutinized intensively for a decade. Otani explains that previous studies have focused on the role of eugenics in institutionalizing mental retardation among the lower classes. Little attention has been given to the care and treatment of the upper classes. Exploiting the familiar materials related to this topic, such as the minutes of the Royal Commission, he argues that after many debates, English psychiatry and related political bodies decided to provide public institutional care and familial care in equal measures. Like Hattori, Hara looks at a moment in the late nineteenth century when Germany altered its health strategy. Her focus is on menopausal women. By reading the publications of a female doctor, she finds a gender politics in which menopause was constructed as a risk faced by aging women, who were forced to manage the syndrome by themselves. This is, she argues, the moment when menopause took on the individualized quality that characterizes it in modern German medicine and society.

The closing chapter is rather provocative. Kakimoto problematizes the current medicopolitical debate over dementia. In current Japan, elderly sufferers of dementia are not hospitalized; thanks to policies formulated by the Liberal Democrat government, they are cared for by their families. This process, Kakimoto argues, excludes the elderly from universal welfare services. Along with this move, however, the government and health authorities have considered how to restore to these men and women a measure of respect. Their answer was to change the official terminology from *chiho* 痴呆 to *ninchi-sho* 認知症, an effort to shed the pejorative associations with the earlier term. Drawing on the work of G. E. Berrios, Kakimoto attacks this as an essentialist approach to dementia, treating those who suffer from a medical condition as “other”. Kakimoto calls for a new process that permits the sufferers a degree of agency, not a process that deprives them of their subjectivity.

Overall, this book is a useful, fresh contribution to the history of medicine in modern Japan and Europe. Kawagoe and Suzuki have assembled a variety of solid papers linked by their interdisciplinary approaches. Asian readers will learn a great deal about modern medicine and its political strategies in modern Japan, England, and Germany.

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