

流通する「人体」—献体・献血・臓器提供の歴史

**Toyoko Kozai, *Ryûtsusuru “jintai”*: *kentai, kenketsu, zôki teikyô no rekishi* [Circulated Bodies: A Historical Analysis of Donation in Modern Japan]**

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### **1 A Dance Macabre Between Body and Modernity**

Imagine that the author of *Circulated Bodies* introduces herself at a cocktail party, saying that she is a historian or, more precisely, a historical sociologist of modern Japanese medicine and has just published her thesis. Her interlocutors smile, say something patronizing about how hard it is to get something published, and ask what her book is about. As she tells them, the smiles on their faces freeze: her book is a scholarly treatment of corpses. Oh my!

Although the study of dead bodies might sound odd or embarrassing, that impression vanishes immediately after one begins reading this excellent study, a *tour de force* in the historical sociology of bodies.

This book describes how dead human bodies—complete and partial—were circulated in modern Japan between the middle of the nineteenth century and the present. It “traces the historical transformation of the discourses surrounding circulating ‘bodies’ [*jintai* 人体], working from the assumption that bodily existence and what is uttered about bodies typically reflect the social system of the time” (p. 8). Kozai tries to clarify the dynamic interplay between the introduction of Western medicine and the change in the treatment of bodies triggered by the Meiji Restoration (1868). She imaginatively uses the term *donation*<sup>1</sup> to explain how human bodies were collected for dissection and other medical purposes. By doing

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<sup>1</sup>The Japanese terms for the donation of one’s body, blood, and comes are *kentai* 献体, *kenketsu* 献血, and *kengan* 献眼.

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so, she illuminates a face of Japanese modernization that is engraved on corpses but unfamiliar to us.

The first part of the book focuses on the donation of the body as a whole for use in medical schools. Kozai tells us, “Donations did not take place before the Meiji Restoration” (p. 9). Then how did medical doctors obtain bodies?

During the Edo period, the only bodies available were those of executed criminals. At that time, such bodies were also used to test the sharpness of the swords of shoguns and daimyos. Although Toyo Yamawaki performed Japan’s first known human dissection as early as 1754, bodies used for this purpose were not associated with the concept of donation; rather, such procedures were viewed as additional penalties for those who had already been subjected to society’s greatest punishment. Thus, the dissection of the late Edo period, referred to as *kanzo* 観臓 or *fuwake* 腑分, was viewed as something essentially different from Western dissection, referred to as *kaibo* 解剖.

As a part of the huge effort to follow the modernizing trajectory of Europe and the USA, the Meiji government decided in 1873 to create a national medical system. The students who enrolled in the new modern medical schools were required to practice anatomical dissection. At that time, there were three legal channels for obtaining human bodies. Poor patients sometimes agreed to donate their bodies in exchange for medical treatment. Asylums and prisons donated the bodies of unfortunates neglected by their relatives when there was no question of being able to pay for a funeral. The third channel only received donations very rarely—it relied on “special wills” (“Toku-shi 特志”), which specified that the deceased wished to give his or her body to science. For us, living in the twenty-first century, it is understandable, not to say natural, to make up one’s mind to donate his/her body to a medical school. However, in the Meiji era, the person who willingly left his/her body for dissection was thought to be somewhat bizarre.

After the defeat in the Asia–Pacific War, the bodies of the poor were no longer appropriated for dissection, no doubt a consequence of a new democratic spirit. The supply of cadavers—now limited to the destitute and those who explicitly willed their bodies to science—shrank dramatically. This shortage was met by a concerted drive to encourage donations, now relabeled “benevolent wills,” without any connotation of peculiarity. In the 1970s, the inclusion of instructions for medical donation in one’s last will and testament became a popular social movement, resulting in the enactment of the Dissection Law of 1983. The legitimate donation of the body fit well with the democratic atmosphere of postwar Japan and was also consistent with the principle of informed consent for medical procedures, an idea borrowed from the USA that became standard in the late 1970s.

The second part of the book deals with the postwar history of discrete body parts—blood transfusion and organ transplantation. Kozai points out the difference between the body as a whole and in parts by considering technology and the existence of a recipient. Before being distributed, body parts are processed, a phenomenon dependent on technology. In addition, a certain consideration for the health of the recipients necessitates a certain attention to safety, to preservation, and to a moral code.

Japan’s earliest blood transfusions took place directly from one person to another in the early twentieth century. During the 1950s, at the suggestion of the General Headquarters of the Allied Powers, a market-based network of blood banks was

established. When the health problems of frequent donors (sellers) and the risk of contracting hepatitis by transfusion provoked sensational media coverage, more attention had to be paid to the safety and ethics of the new technology. Hence, the rise of the Japanese Red Cross Society during the late 1970s. But even the highly regarded Red Cross failed to collect enough blood for modern surgical needs, and a reliance on American imports led to the tragic infection of so many Japanese hemophiliacs with HIV in 1980s and 1990s.

As to organ transplants, it is well known that the furor surrounding heart transplantation and the medical definition of death was considerable in Japan—it even attracted anthropologists' attention (see, for example, Margaret M. Lock, *Twice Dead: Organ Transplants and the Reinvention of Death*, 2001). Here, Kozai presents this controversy in a different light by carefully examining the cornea donation from the 1950s. After the mass media had pilloried the new commercial blood banks, the Cornea Transplantation Law was enacted in 1957, requiring that corneas be taken exclusively from those who had explicitly agreed—and for no reward—to be donors. Well before the Kidney Transplantation Law (1979) and the Organ Transplantation Law (1997), Japan's system for donating body parts was closely linked with the discourse surrounding the donor's explicit disposition of his/her last remains.

The third part of the book is a brief sociological sketch of the *Body Worlds* exhibition that began its seemingly endless world tour in 1995, presenting specially preserved specimens of human bodies to the general public. I found this section disappointing: potentially very interesting but still immature, it would need extensive sociological research to achieve its potential.

Although it is almost impossible to summarize this broadly learned book, I shall rely on three keywords to elucidate its unique *problematique*: modernity, donation, and voluntary will.

Kozai has done an excellent job illustrating the connections between modernity and bodies, elegantly depicting how bodies and the discourse on them were transformed during Japan's process of modernization. Her method should be evaluated in comparative contexts, as more medical histories of non-Western countries are written.

But I would like to question her rhetorical usage of the term “donation.” While the concept of donation successfully places dissection, blood transfusion, and organ transplantation on the same plane, namely, the economy and technology of bodies, the idea that one gives one's body as a gift blurs the essential role of global political economy in circulating bodies in twentieth century Japan. For example, the postwar blood distribution system had to cope with the technological developments to preserve processed blood and the global supply and demand chains. These in turn were tangled up with the military affairs of the USA in Asia—the Korean and Vietnam wars. (The military is the biggest developer of medical technology as well as the biggest consumer of blood products.)

Finally, this book teaches us that the voluntary will for the donation of bodies should be treated not as an individual freedom but as a social construction deeply embedded in the social institutions and the discursive formation of modernity.

We should think of this book not as the final word on the subject but as the first word, as a preview of Kozai's future works, and as an invitation to take up the questions surrounding bodies, modernity, and voluntary will.