



FORUM ARTICLE

Simultaneously ‘national medicine’ and ‘East Asian medicine’: A cross-boundary network of medical exchange in wartime East Asia

Yun Xia 

Department of History, College of Liberal Arts, Shanghai University, China
Email: Yunxia_shu@shu.edu.cn

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Abstract

This article examines a transnational network of advocates for *Kampō* (traditional) medicine in Japan, occupied China, and Manchukuo during the Sino-Japanese War (1931–1945), shedding new light on collaborationism, Asianism, and the modernization of traditional medicine in East Asia. In the 1930s, despite deteriorating Sino-Japanese relations, the *Kampō* revival movement in Japan joined forces with the struggle to preserve traditional medicine in China. In 1938, the Association of East Asian Medicine was founded in Japan, gathering together Chinese, Korean, and Japanese advocates under the banner of ‘East Asian medicine’. This article delineates the evolution of what I call ‘medical Asianism’ and how it was institutionalized in different parts of the Japanese empire. Participants in this network differed in their priorities and ideological commitments, yet they tactfully utilized the Japanese imperial infrastructure and wartime circumstances to promote traditional medicine. Their work laid important intellectual and institutional foundations for the postwar development of traditional medicine across East Asia. This study also contributes to a more nuanced understanding of collaborationism. The type of collaboration examined in this article was preceded by a long history of intellectual exchange, based on a shared body of knowledge and morals, motivated by mutual empathy, and for a cause that was much valued in postwar Asia. As a result, unlike most Chinese collaborators who were prosecuted as ‘traitors’, protagonists in this study continued to prosper professionally and became valuable assets in the postwar rebuilding of Sino-Japanese relations.

Keywords: *Kampō*; Chinese medicine; collaborationism; Pan-Asianism; Traditional Chinese Medicine (TCM)

Introduction

In 1989, Yakazu Dōmei, a distinguished Japanese *Kampō* (漢方) physician, wrote a reflective piece for the fiftieth anniversary of the establishment of the Association of East Asian Medicine (AEAM hereafter) and its bulletin *East Asian Medicine* (*Tōa Igaku 東亞醫學*). This piece traced the vicissitudes of *Kampō* in some of Japan’s most tumultuous decades. Founded in 1939, the AEAM claimed to promote ‘cultural exchange,

friendly relations and political activities through traditional medicine' between Japan, China, Manchuria, and other 'East Asian countries'. In particular, Yakazu identified a transnational network of individuals who were devoted to preserving traditional medicine, including Zhang Jiyou, a former official of the Ministry of Civil Affairs in Manchukuo; Ye Juquan, president of the Suzhou Hospital of National Medicine; and Yang Yiya, founder of the National Medicine Foundational Association in Beijing. Yakazu described their relations and postwar encounter as follows:

When the People's Republic of China was founded, these individuals became active board members of the Chinese Traditional Medicine Association. They have been my mentors and dear friends for fifty years; and as soon as exchange with China resumed after the war, I was fortunate enough to meet them face-to-face at a memorable academic conference.

Yakazu concluded this nostalgic piece by claiming that 'hidden in the journal *East Asian Medicine* was fifty years of unknown history of East Asia', a comment deeply intriguing for historians.¹

Indeed, little has been written about 'East Asian medicine' (*Tōa igaku* hereafter), either the organization or the pan-Asianist construct. The term did not exist before 1933, and it was no coincidence that it was coined at a time when Japan was expanding its imperial influence in Asia. Previously, traditional medical systems were respectively known as *zhongyi* in China, *Kampō* in Japan, and *hanbang* in Korea. *Kampō* and *hanbang* originated from traditional Chinese medicine (Chinese medicine hereafter) but developed unique clinical methods and identities during the process of localization. This article explores the terms of and the context in which *Tōa igaku* was created, and how this newly coined, inclusive category helped traditional medicine compete with Western medicine and gain official support at a time of total war. By examining the previously overlooked phenomenon of wartime collaboration between Chinese and Japanese medical professionals, this article hopes to bring fresh perspectives to the vexed issues of Asianism (often known as Pan-Asianism) and collaborationism, as well as the history of medicine during the Sino-Japanese War of 1931–1945.²

For several decades after the conclusion of the Second World War, Asianism was cast in a negative light as a result of its association with Japanese imperialism. The term 'Greater East Asia Co-Prosperty Sphere' (*Dai Tōa Kyōeiken* 大東亜共榮圈) was similarly dismissed as 'a slogan for Japanese imperialism and regional control' and 'the ultimate expression of a virulent Pan-Asian ideology'.³ Fortunately, in the last decade, scholars have provided nuances to these ideologically loaded terms, treating them as contested

¹Yakazu Dōmei, 'Tōa igaku shi ni tuite' [東亜医学』誌について] (Regarding the journal *East Asian Medicine*), online archive of *East Asian Medicine*, available at: <http://aeam.umin.ac.jp/touaigaku/setumei.htm>, [accessed 23 November 2023].

²In China this war is commonly referred to the War of Resistance against Japan. Its full outbreak is marked by the Marco Polo Bridge Incident of 1937; however, some historians in China and Japan consider it a 'fifteen-year war' which started with the Mukden Incident of 1931. In 2017, the Chinese government officially adopted this 15-year periodization.

³Jeremy A. Yellen, *The Greater East Asia Co-Prosperty Sphere: When total empire met total war* (Ithaca: Cornell University Press, 2022), p. 5.

and dynamic processes in which multiple actors had taken part, rather than as simply discursive or propagandic tools of the Japanese empire. Scholars have also pointed out how some strands of Pan-Asianism were compatible with—and even inspired—various nationalist movements in Asia.⁴ Based on such scholarly work, this article explores the idea of *Tōa igaku*—what I call ‘medical Asianism’—and how it was institutionalized in different constituents of the Japanese colonial empire through a network of local medical practitioners and administrators. Because of *Kampō*’s marginal role in Japan’s imperial construction, this network operated on a voluntary, reciprocal, and more or less equal basis, allowing non-Japanese actors great leeway to fulfil their own agendas. In this sense, ‘medical Asianism’, unfolding in the 1930s, resembled earlier and more liberal forms of Pan-Asianism.⁵

In this story emerges another controversial issue—wartime collaboration. All of Yakazu’s Chinese ‘mentors and dear friends’ resided in areas controlled by Japanese colonial and military authorities. They collaborated with the Japanese by liaising with the AEAM and working in and/or with collaborationist regimes. There is a rich body of case studies on wartime collaboration in occupied nations in Asia and Europe, which help us see the varied motivations and circumstances of collaboration, as well as post-war retribution against collaborators.⁶ In China’s case, Chiang Kai-shek’s Nationalist government put tens of thousands of ‘traitors’ (漢奸 *hanjian*) on trial between 1945 and 1948. The indicted ranged from leaders of the national ‘puppet regime’ to ‘cultural traitors’ such as Zhou Zuoren and Qian Daosun.⁷ This study presents a unique scenario of collaboration in which the Chinese collaborators did not end up as legal or social outcasts. Rather, they continued to lead the regional development of Chinese medicine after 1945 and after 1949. One important reason for this was the state’s increasing recognition of the value of traditional medicine in the postwar era, and also the fact that these individuals’ expertise in medical administration made them indispensable. Moreover, their unique experiences illustrate important, yet understudied, premises and conditions of collaborationism. Their collaboration with the Japanese was based on a shared intellectual and medical tradition, the millennium-old practice of medical exchange, and a cause that was endorsed by postwar governments across East Asia.

Standing at the crossroads of Second World War studies and medical history, this article also provides a transnational account of traditional medicine in a fraught period in East Asia. For a long time, studies of medical history in East Asia have centred around the establishment of public health systems following Asia’s encounter with the West. A number of scholars, most notably Ruth Rogaski, have placed such issues at

⁴Eri Hotta, *Pan-Asianism and Japan’s war 1931–1945* (New York: Palgrave Macmillan, 2007), p. 44.

⁵Christopher W. A. Szpilman and Sven Saaler, *Pan-Asianism: A documentary history* (New York: Rowman and Littlefield Publishers, 2011), introduction.

⁶See, among others, Rana Mitter, *The Manchurian myth: Nationalism, resistance, and collaboration in modern China* (Berkeley and Los Angeles: University of California Press, 2000); Timothy Brook, *Collaboration: Japanese agents and local elites in wartime China* (Cambridge, MA: Harvard University Press, 2007); David P. Barrett and Larry N. Shyu (eds), *Chinese collaboration with Japan, 1932–1945: The limits of accommodation* (Stanford: Stanford University Press, 2001); István Deák, *Europe on trial: The story of collaboration, resistance and retribution during World War II* (Boulder: Westview Press, 2015).

⁷See Yun Xia, *Down with traitors: Justice and nationalism in wartime China* (Seattle: University of Washington Press, 2017). For Qian Daosun’s case, see Naoko Kato, ‘Saving China and admiring Japan: Cultural traitor Qian Daosun’, in this Forum.

the centre of East Asian experiences with modernity and the construction of nation-states.⁸ Under the modernization paradigm, scholars have explored in depth topics such as medical reforms in China and Japan, development of modern medical professions, control of epidemics, changing perception of diseases and the diseased, as well as changing state-society relations in this struggle for ‘hygiene modernity’.⁹ Through the lens of colonial medicine, scholars have also examined Japan’s rapid Westernization of its medical system and how such policies extended to the peripheries of the Japanese empire, including Taiwan, Korea, and Manchuria.¹⁰ In either strand of scholarship, bio-medicine introduced from the West plays a dominant role, with traditional medicine being marginalized in the modernization process and in historiography.

In the past decade, several scholars have placed traditional medicine at the centre of China’s exploration of its own modernity. Sean Hsiang-Lin Lei and Bridie Andrews delineate the co-evolutionary processes of traditional medicine, Western medicine, and the state, in which an integrated public health system took shape in modern China.¹¹ Both of them note the Japanese influence on Chinese medical reforms. Andrews, in particular, discusses the *Kampō* revival movement as witnessed by Chinese students in Japan, and how it inspired scientific research on Chinese drugs in the 1920s and 1930s. These integrated narratives of medicine, however, usually end with the outbreak of the Sino-Japanese War or gloss over the war years. Recently, a group of scholars have noticed the gap in the literature and turned to medicine during the war period.¹² Overall, our knowledge remains limited about what happened to traditional medicine during the war, a time of disruption, uncertainty, and opportunity for traditional medicine.¹³

⁸Ruth Rogaski, *Hygienic modernity: Meanings of health and disease in Treaty-Port China* (Los Angeles and Berkeley: University of California Press, 2004).

⁹See, among others, William Johnston, *The modern epidemic: A history of tuberculosis in Japan* (Cambridge: Harvard University Press, 1995); Yang Nianqun, *Zaizao ‘Bingren’: Zhongxiyi chongtu xia de kongjian zhengzhi 再造病人 中西医冲突下的空间政治* (Remaking ‘patients’) (Beijing: Renmin daxue chubanshe, 2006); Iijima Wataru, *Shuyi yu xiandai Zhongguo: weisheng de zhiduhua yu shehui bianqian 鼠疫与现代中国* (Plague and modern China: Institutionalization of public health and social transformation) (Beijing: Shehui wenxian chubanshe, 2019).

¹⁰See, for instance, Iijima Wataru, *Malaria to Teikoku: Shokuminchi Igaku to Higashi Ajia no Kōiki Chitsujō マラリアと帝国: 植民地医学と東アジアの広域秩序* (The hidden history of malaria: Colonial medicine and an integrated regional order in twentieth-century East Asia) (Tokyo: Tokyo Daigaku shuppankai, 2005); Michael Shiyung Liu, *Prescribing colonization: The role of medical practices and policies in Japan-ruled Taiwan, 1895–1945* (New York: Columbia University Press, 2009); Liu Shi-yung and Wang Wen-Ji (eds), *Dongya yiliaoshi: zhimin, xingbie yu xiandaixing 東亞醫療史: 殖民, 性別與現代性* (A history of healing in East Asia: Colonialism, gender and modernity) (Taipei: Lianjing chuban gongsi, 2017).

¹¹Sean Hsiang-Lin Lei, *Neither donkey nor horse: Medicine in the struggle over China’s modernity* (Chicago: University of Chicago Press, 2014), p. 7; Bridie Andrews, *The making of modern Chinese medicine, 1850–1960* (Honolulu: University of Hawai’i Press, 2015).

¹²See the special issue ‘War and medicine in twentieth-century China and Japan’, *East Asian Science, Technology and Society: An International Journal*, no. 2, 2023, pp. 129–282.

¹³Nicole Barnes’s work focuses on this period but not on traditional medicine. Her main concern is the role of female caretakers (nurses, doctors, and midwives) in constructing a cohesive national community. N. Barnes, *Intimate communities: Wartime healthcare and the birth of modern China, 1937–1945* (Los Angeles and Berkeley: University of California Press, 2018).

The article tells a dynamic story of traditional medicine in East Asia during this period, when Chinese medicine and *Kampō* had overcome their existential crises and were in search of ways to reform and rejuvenate. They merged forces in the 1930s and consolidated their regional networks into a transnational one. Not only did this network continue during wartime, it also developed a powerful discourse and became institutionalized in journals, conferences, hospitals, and official policies in the peak years of the Japanese empire. *Kampō* revivalists employed a pan-Asianist rhetoric to promote *Tōa igaku* and to prove the political utility of *Kampō*, while doctors in occupied China utilized the resources and connections of this network to support their own work with a nationalistic agenda. Different priorities and motivations notwithstanding, this transnational alliance functioned to maintain academic collegiality and scholarly exchange in spite of military confrontation, destruction, and chaos.

Repositioning Japan in Asia: From *Kampō* to *Tōyō igaku*

Kampō or *Kanpō*, which literally means ‘Han-style’, implies the millennium-long Chinese influence on Japanese medicine and active communication between the two cultures. Unlike many other inter-Asian connections made after the nineteenth century, the commonalities shared between China, Japan, and Korea had been developing long before their encounters with Europe. Historian Benjamin A. Elman speaks of the emergence of ‘an East Asian community of textual scholars’ in the seventeenth and eighteenth centuries.¹⁴ Across this community, physicians in Japan were as well-versed in Confucian classics as Chinese scholar-officials. This means that medical experts in East Asia, before their encounter with Western bio-medicine, not only used the same specialized vocabulary, but also shared moral values and a broader intellectual foundation. At the time, of course, they did not imagine their shared physical or cultural space as ‘Asia’, nor did they develop a sense of solidarity based on such commonalities. Instead, Japanese scholar-physicians of the eighteenth century created their own renditions of Chinese medical classics, and some even attempted to detach ‘ancient medicine from China and make it Japanese’.¹⁵

This independent identity of *Kampō* took shape in the particular political and intellectual milieu of the Tokugawa period (1603–1867). Since the Manchu conquest of China in 1644, China had been increasingly constructed as ‘that other country (*ihō* 異邦)’ against which Japan defined itself and its place in Asia.¹⁶ To many Japanese scholars, China had lost its political and cultural prestige because of its repeated subjugation by barbarians, whereas Japanese scholars now possessed the orthodoxy in interpreting and philological studies of Chinese classics.¹⁷ In the medical realm, the School of Ancient Formulas (古方派 *Kohōha*) gained popularity. This School of scholars

¹⁴Benjamin A. Elman, ‘Sinophiles and Sinophobes in Tokugawa Japan: Politics, classicism, and medicine during the eighteenth century’, *East Asian Science, Technology and Society: An International Journal*, no. 2, 2008, p. 99.

¹⁵*Ibid.*, p. 116.

¹⁶N. Mizuno, ‘China in Tokugawa foreign relations: The Tokugawa Bakufu’s perception of and attitudes toward Ming-Qing China’, *Sino-Japanese Studies*, no. 15, 2003, pp. 108–144.

¹⁷For an in-depth analysis of the intellectual trends in the Tokugawa era, see Elman, ‘Sinophiles and Sinophobes in Tokugawa Japan’.

was dedicated to studying Han dynasty medical texts, Zhang Zhongjing's *Shanghan lun* in particular, which they believed to contain the true essence of Chinese medical wisdom.¹⁸ There also existed at this time *Goseiha*, the school that followed medical theories and practices of the Song-Jin-Yuan period (961–1368), and *Setchūha*, whose members took a more eclectic position.¹⁹

The *Kohōha* and its leading figure, Yoshimasa Tōdō (1702–1773), became particularly influential among Chinese medical reformers of the Republican period (1911–1949). Zhang Taiyan, a leading scholar and revolutionary of the early twentieth century, famously said that 'our way has gone east' when commenting on *Kampō* scholars' achievements on *Shanghan lun*.²⁰ Tōdō's emphasis on clinical efficacy and dismissal of metaphysical analysis had a discernible impact on how Chinese medicine was reconstructed during the Republican period.²¹ This was in some way anticipated by Nakagawa Kōzan, a disciple of Tōdō's, who claimed that Japan, with its rediscovery of Zhang Zhongjing, now possessed the Chinese medical orthodoxy.²² Such intellectual trends and rhetoric demonstrate that although Sino-Japanese exchange remained active and Chinese learning dominated the eighteenth-century Japanese intelligentsia, *Kampō* developed its own genealogy and identity.

The more inclusive category of *Tōyō igaku* (東洋医学 'Oriental medicine') emerged when *Kampō*'s very existence was under threat and when *Kampō* practitioners tried to have it legitimized by the Meiji state. In less than 200 years, Western medicine went from being a medical alternative introduced through 'Dutch studies' (蘭学 *rangaku*) to becoming the foundation of 'state medicine' (in German *Staatsmedizin*).²³ Following the Meiji Restoration of 1868, the state launched top-down reforms to modernize Japan's political system, military, culture, and society in every respect. In 1874, the Meiji government ordered all medical practitioners to get licensed, and those who were licensed after February 1875 had to pass a qualifying examination based on Western medicine. Within one generation, this reform had greatly changed the ratio of practitioners of *Kampō* and Western medicine, as well as the landscape of medical education. According to Bridie Andrews, in 1875, physicians practising Western medicine accounted for one-fourth of the total number of practitioners (5,123 out of 22,527); and in 1879, more than half of the 39,390 licensed physicians practised Western medicine.²⁴ Meanwhile, the Meiji state abolished the *Igakukan* (医学館 Institute of Medical Learning) in Edo, the publishing and educational centre for *Kampō* medicine. Even those who wished to practise *Kampō* had to be certified in Western medicine first. In the next 15 years, *Kampō* practitioners made collective efforts to preserve their profession but to no avail. When

¹⁸Zhang Zhongjing (150–219) was one of the most eminent Chinese pharmacologists and physicians of all time. His *Shanghan lun* 傷寒論 (Treatise of cold damage disorders) was one of the canonical works of traditional medicine and highly regarded across East Asia.

¹⁹Elman, 'Sinophiles and Sinophobes in Tokugawa Japan', pp. 94, 112.

²⁰Lu Yuanlei, *Shanghan lun jin shi* 傷寒論今釋 (A contemporary annotation of *Shanghan Lun*) (Beijing: Xueyuan chubanshe, 2011), Preface by Zhang Taiyan.

²¹Lei, *Neither donkey nor horse*, Chapter 4.

²²Elman, 'Sinophiles and Sinophobes in Tokugawa Japan', p. 111.

²³Keiko Daidoji and Eric I. Karchmer, 'The case of the Suzhou Hospital of National Medicine (1939–1941): War, medicine and eastern civilization', *East Asian Science, Technology and Society: An International Journal*, no. 11, 2017, p. 163.

²⁴Andrews, *The making of modern Chinese medicine*, pp. 76–77.

the Meiji Constitution was passed in 1889, *Kampō* supporters organized a new round of petitions to have *Kampō* legitimized by the first Imperial Diet in 1890. They established an Imperial Sino-Japanese Medical Association, in whose name a formal petition was sent to sympathetic Diet members.

This petition listed economic, cultural, and practical reasons for preserving traditional medicine, and in particular, it discussed *Kampō*'s Japaneseness and its suitability to Japan in racial terms. Petitioners admitted the Chinese origin of *Kampō* 'in name', while emphasizing the methodological differences between *Kampō* and 'Han medicine' (in Chinese *hanyi*; in Japanese *kanyaku*) in contemporary China. Since *Kampō* 'contained indigenous medical philosophies, it might as well be considered a unique Japanese way of medicine'. Moreover, according to the petitioners, 'Eastern people and Western people belong to difference races, and thus differ in their *Qi* and blood circulation', among other bodily and emotional divergences. Therefore, 'Asian diseases could only be cured by Asian doctors, whereas European diseases have to be treated with European remedies.' The petition landed on the conclusion that 'Eastern and Western medicine should be allowed to co-exist and learn from each other.'²⁵ The term 'Sino-Japanese medicine' (和漢醫學 *Wakan igaku*) was used throughout the petition as well as in the name of the Association. Whereas *Kampō* supporters made a clear distinction between Chinese and Japanese medical traditions, they borrowed racial terms imported from the West to argue that both belonged to a broader strand of medicine that worked better on Asian bodies.

Another term that *Kampō* supporters used interchangeably with 'Sino-Japanese medicine' was 'Imperial Han medicine' (皇漢醫學 *Kōkan igaku*). The Han (*kan* in Japanese) originally referred to *hanren* (the major ethnicity in China), or the Han dynasty (202 BCE–220). It was gradually applied to a wide variety of cultural imports from China, most of which were localized enough to become cultural symbols of Japan.²⁶ 'Imperial Han medicine', which can also be rendered as 'glorious Han medicine', denoted its cultural origin with a sense of cultural pride, despite its marginalization for the time being.

This round of petitions failed partly because of the rising Sinophobia amid the Sino-Japanese War of 1894–1895. More importantly, trend leaders of the day had already started to envision Japan and its relations with China in different terms. The most vocal and powerful opponent to *Kampō* was Surgeon-General Ishiguro Tadanori (1845–1941), who argued that *Kampō* had nothing to contribute to the building of a modern nation-state. Tadanori elaborated on how the control of epidemics, first aid on the battlefield, and forensics could only rely on bio-medicine. Low calibre physicians in 'old medicine', on the other hand, could never meet the demands of modern public health, the military, and the law.²⁷ As the head of the Medical Bureau of the Ministry of the Army, Tadanori apparently valued medicine's utility to state-building and Japan's international standing above any other factor. In a speech against *Kampō* in

²⁵A translation of the petition can be found in Pan Guijuan and Fan Zhenglun, *Riben hanfang yixue* 日本汉方医学 (*Kampō* medicine in Japan) (Beijing: Zhongguo zhongyiyao chubanshe, 1994), pp. 270–272.

²⁶For this reason, *Kampō* is sometimes translated as 'traditional Japanese medicine' or 'Sino-Japanese medicine'.

²⁷Ishiguro Tadanori, *Kayikyū kyūjūnen* 懷舊九十年 (An autobiography of Ishiguro Tadanori) (Tokyo: Hakubunkan, 1936), pp. 202–206.

1892, he also mentioned a recent trend of calling traditional medicine *Tōyō igaku* and juxtaposing it with *seiyō igaku* ('Western medicine'). From denoting different schools of *Kampō* to adopting the inclusive terms *Tōyō igaku* or *Kōkan igaku*, traditional medical practitioners demonstrated an evolving view of the world, divided along civilizational lines, and an awareness that they needed to preserve their cultural identity in an age of rapid modernization.

Kampō entered a dark age in the 1890s, and its supporters did not see a ray of light until the publication of *Ikai no tetssui* (The Hammer of Medicine) by Wada Keijūrō in 1910.²⁸ This book, which almost did not find a publisher, propelled the *Kampō* revival movement two decades later and greatly inspired traditional medicine supporters in China. In 1911, it was translated into Chinese by Ding Fubao, a prominent Chinese physician who was also known for his selective adaptation of Japanese medical texts.²⁹ Deeply concerned with the average Chinese doctor's lack of systematic training, Ding urged his contemporaries to all read Wada's work.³⁰ By 1930, *Ikai no tetssui* had already been reprinted three times. Neither Wada nor Ding questioned the validity of Western medicine; instead, they advocated the continued relevance of traditional medicine and its potential to evolve if provided with the opportunity. During the Taisho era (1912–1926), *Kampō* masters usually adopted a restrained and tactful approach when promoting *Kampō*. Yumoto Kyūshin (early in his career as a practitioner) and Kimura Hakushō, for instance, branded themselves as 'hybridizing *Kampō* and Western medicine', or 'western medicine for diagnosis, *Kampō* for treatment'.³¹

From late Taisho to early Showa, Japan's rise and frustrations on the international stage led to dramatic ideological and social changes at home. By 1911, Japan had become the first independent nation in Asia and had annexed the Ryūkyū islands, Taiwan, and Korea. Consequently, Japan perceived itself as the equal of Western powers and expected to be treated as such, especially after its victory in the Russo-Japanese War (1904–1905). However, deeply entrenched white supremacy and dynamics in international relations shattered such an illusion. The Anglo-Japanese Alliance was superseded by the Washington treaty system in 1921–1922, and the Japanese responded with increasingly xenophobic tendencies. Japan's successful modernization added to its sense of exceptionalism, thus transforming Asianism from a doctrine of culture into one which Eri Hotta characterizes as 'Meishuron Pan-Asianism' (discourses that emphasized Japanese leadership).³² Asianism rose in the nineteenth century as discourses and ideologies emerged that emphasized an Asian unity based on racial and cultural commonalities, as a response to Western imperialism. Over time, however, 'claims that Japan's empire was an embodiment of pan-Asian ideals were voiced more frequently and much more openly than before'.³³ As a result,

²⁸Wada Keijūrō, *Ikai no tetssui* 医界の鉄槌 (The hammer of medicine) (Tokyo: Nankōdō, 1910).

²⁹See Andrews, *The making of modern Chinese medicine*, pp. 122–133.

³⁰Ding Fubao, 'Yijie zhi tiezhui xuyan' '《医届之铁椎》序言' (A preface to *Ikai no tetssui*), *Zhongxiyi xuebao*, no. 18, 1911, pp. 1–4.

³¹Machi Senjuro et al., 'Zoshu kara mita Ōtsuka Keisetsu no gakumon to hito' 蔵書からみた大塚敬節の学問と人 (Ōtsuka Keisetsu's intellectual achievements and personality seen from his book collection), *The Journal of Society for Oriental Medicine in Japan*, no. 4, 2003, p. 753.

³²Hotta, *Pan-Asianism and Japan's war*, p. 45.

³³Szpilman and Saaler, *Pan-Asianism*, vol. 2, p. 11.

Pan-Asianism was increasingly utilized to legitimize Japan's imperialist expansions, and by the 1930s, Chinese intellectuals had become largely hostile to Pan-Asianist ideas.

Amid such political and ideological changes, *Kampō* revitalized itself as a mild and culturally oriented form of Pan-Asianism. Having failed to legitimize *Kampō* in the Japanese homeland, *Kampō* supporters promoted it in the name of *Tōyō igaku* or *Kōkan igaku* in Japan's colonies. In 1928, the Oriental Medicine Association was established in Tokyo, and leading physicians and traders of Chinese medicine in Taiwan rapidly set up a local branch association and pushed for the legitimization of 'Oriental medicine'.³⁴ Yu Yan (also known as Yu Yunxiu), one of the most radical critics of Chinese medicine, dismissed the Association as a futile effort to 'patch together dying medical practices in Japan, Korea and Taiwan'.³⁵ In any case, *Kampō* revivalists had started to utilize the expanding Japanese imperial enterprise to further their own cause.

Kampō's resurgence in this wave of ideological transformation is best demonstrated in the life and intellectual journey of Ōtsuka Keisetsu, a disciple of Yumoto Kyūshin and a great *Kampō* master in his own right. The Ōtsuka family had owned a *Kampō* clinic for generations, yet the young Ōtsuka, born in 1900 at the height of Japan's Westernization, had studied metallurgical engineering and Western medicine. What had sparked Ōtsuka's interest in *Kampō* was a 1928 article from the popular nationalistic journal *Nihon oyobi nihonjin* (Japan and the Japanese), which celebrated the lives and work of two great *Kampō* masters, Yumoto Kyūshin and Kimura Hakushō. By this point, Yumoto had disregarded his earlier hybrid approach and fully embraced 'imperial Han medicine'.³⁶ Ōtsuka deeply admired Yumoto and Wada Keijūrō, for both had systematically studied Western medicine and even served as medics during the Russo-Japanese War. The fact that they eventually chose *Kampō* over Western medicine reinforced Ōtsuka's faith in the former. In 1931, already a disciple of Yumoto, Ōtsuka published an article that harshly criticized Kimura's eclectic principle. This piece was not just about different approaches to medicine. It was in accord with the spirit of early Showa—ambitious, nationalistic, and ready to lead Asia in every way.

With such a spirit, several champions of *Kampō* elevated their cause to the national level. Previously, the three *Kampō* schools—*Kohōha*, *Goseiha*, and *Setchūha*—had been in competition with one another while they attempted to legitimize and revive *Kampō*. In the 1930s, however, traditional medical practitioners across the board began to focus on their common interests. Ōtsuka, who attacked competing schools such as the *Setchūha* early on in his career, met the Yakazu brothers from the *Goseiha* in 1933 and they became lifelong friends and comrades. In 1934, they founded the Japanese Society of *Kampō* Medicine.³⁷ The 13 members of the Society included eight doctors

³⁴Chen Jhao-hong, *Taiwan huanghan yidao fuhuo yundong* 台灣皇漢醫道復活運動 (The Imperial Han Medicine Revival Movement in Taiwan) (Taipei: Academic Historica, 2017).

³⁵Yu Yunxiu, 'Huanghan yixue piping' 皇漢醫學批評 (A criticism of 'Imperial Han Medicine'), *Yilin Xinzhi*, no. 1, 1931, pp. 13–15.

³⁶See Yumoto Kyūshin, *Kōkan igaku* 皇漢医学 (Imperial Han Medicine) (Tokyo: Ryōgenshoten, 1976).

³⁷Yakazu Dōmei, 'Tōa igaku kyōkai sōritsu rokuju shūnen kinen' [東亞医学協会創立60周年記念] (On the sixtieth anniversary of founding of the Association of East Asian Medicine), *Kampō no Rinshō*, no. 11, 1998, online archive of *East Asian Medicine*, available at: <http://aeam.umin.ac.jp/kyoukai/kaityoaisatu.htm>, [accessed 23 November 2023].

(including Ōtsuka Keisetsu, Yakazu Dōmei, and Yumoto Kyūshin), an acupuncturist (Yanagiya Sōrei), a medical historian (Ishihara Yasuhide), and three pharmacists (including Tōtarō Shimizu). Geographically, the 13 represented the Kantō and Kansai areas. The Society, along with its bulletin *Kampō to kanyaku* (*Kampō* and Han Medicine), unified *Kampō* practitioners and enthusiasts from across Japan into a single national entity.

While the *Kampō* revival movement utilized Japan's imperial ambition and colonial resources from the very beginning, it also explored its Asian heritage. For academic outreach, leaders of the Japanese Society of *Kampō* Medicine formed a *Kaikō* Study Group (偕行学苑) in October 1935 to administer a series of *Kampō* courses at Takushoku University. The word *Kaikō* was taken from the Chinese classic *Yijing* (The Book of Change), which stated 'all good principles should adapt to changing times to remain relevant'.³⁸ Before the lecture series started, the founders paid tribute to the stele of Zhang Zhongjing located in the Josenji Temple, Tokyo, in addition to holding ceremonies dedicated to worshipping Shinto deities of medicine.

The choice of venue for the lecture series revealed the powerful backers of the *Kampō* revival movement and their ultimate motives. Established in 1900 by the Oriental Society (*Tōyō kyōkai*), a proponent of Japan's colonial expansion, Takushoku University was literally referred to as the 'colonization university'. Due to its support for militarism, it was temporarily dissolved in the postwar period by the Supreme Commander of Allied Powers. Originally established to train administrators and professionals for governing Taiwan, the school had since been 'training capable officials for Japan's newly acquired lands and colonies'.³⁹ Several prominent figures in Japan's colonial enterprise, including Gotō Shinpei, managed Tokushoku and elevated its political significance.⁴⁰ Nagata Hidejiro, an up-and-coming politician who became Tokyo's mayor a year later, was in charge in 1936. Arai Kinzō, the university's executive secretary and a seasoned diplomat, also supported the lectures. In 1936, Takushoku was under the command of a group of ambitious and knowledgeable statesmen, serving as Japan's colonial think tank. They had a clear vision of a Japan-dominated East Asia. In this vision, *Kampō*, as a shared cultural heritage, served as a perfect symbol of East Asian cultures suppressed by the West, yet could provide hope for new opportunities under Japanese leadership.

Another unexpected yet noteworthy sponsor was the legendary Tōyama Mitsuru (1855–1944). A strong advocate of Japanese nationalism and Asianism, Tōyama had tremendous covert influence on Japan's expansionist policies as well as several national independent movements in East Asia, including the 1911 Revolution in China

³⁸Yakazu mistakenly attributed this quotation to *Shijing* (Book of odes). Judging from his quotation, 道は時と偕に行わる, it should be '凡益之道, 與時偕行' from *Yijing* (Book of change).

³⁹Wang Gulu, *Zuijin riren yanjiu zhongguo xueshu zhi yiban* 最近日人研究中國學術之一斑 (A brief introduction to Japanese research on China) (Nanjing: Jingling nǚzhong Zhongguo wenhua yanjiusuo, 1936), Vol. I, p. 77. See also John L. Hennessey, 'Contextualizing colonial connections: Reevaluating Takekoshi Yosaburo's Japanese rule in Formosa', *Japan Review*, vol. 35, 2020, p. 148.

⁴⁰Gotō was successively appointed the director of civil administration in Taiwan and the first president of the South Manchurian Railway, and he demonstrated a unique Japanese ingenuity in colonial management. See Kitaoka Shinichi, *Gotō Shinpei: Statesman of vision. Research, public health, and development*, (trans.) Lain Arthy (Tokyo: Japan Publishing Industry Foundation for Culture, 2021).

that ended Manchu rule.⁴¹ To show his support, Tōyama dedicated to the *Kaikō* Study Group calligraphy scrolls in which he had handwritten ‘national medicine’ and ‘national prestige’ in Chinese characters. Such words delivered his expectations for what could be achieved through *Kampō*.

Indeed, the *Kampō* lectures enhanced the prestige of both Takushoku University and Japan. According to Yakazu’s recollection, every one of the lectures ‘attracted overflow crowds, among whom were people from the Republic of China with translators, as well as those who came a long way from Korea and Taiwan’.⁴² The seven lecturers, including Ōtsuka Keisetsu, Tōtarō Shimizu, and the Yakazu brothers, were nicknamed the ‘seven samurai’ of *Kampō*.⁴³ By 1938, four lectures had been held, with more than 350 people attending altogether. Takushoku thus incorporated the lecture series into its formal curriculum until 1949. The lectures not only helped connect *Kampō* devotees across the nation, but also positioned Tokyo in the centre of studies of traditional medicine. In the next stage, once Japan occupied large areas in China and *Kampō* joined forces with the National Medicine movement, *Tōyō igaku* was to be reconstructed as *Tōa igaku*.

Zhongyi: The movement and network of national medicine

The body of medical knowledge and practices we now refer to as *zhongyi* (中醫) had long existed in China, yet its naming occurred quite late in history. At precisely the point when faced with the challenge of Western medicine, the Chinese felt the need to categorize their own traditions. The subsequent changes in the medical realm constituted one part of a larger process in which traditional knowledge and culture overall were reformulated with ‘the indigenization of the values of modernity’.⁴⁴ The term *zhongguoyixue* 中國醫學 (*zhongyi* for short) gave a clear national identity to the indigenous medical system and associated with it other problems plaguing China at the time. In 1904, a current affairs commentary on *Cuxinbao* opined that ‘Chinese medicine has not made any progress in the past five thousand years.’ The author therefore advised ‘a complete abandonment of what’s wrong and outdated in Chinese medical classics’, replacing them with doctrines of Western medicine. Those who still identified with Chinese medicine called it ‘our nation’s medicine’ (吾國醫學 *wuguo yixue*), which was under attack by foreign medicine with its ‘sophisticated anatomical tools’.⁴⁵ As Ralph Croizier has pointed out, the debate over Chinese medicine manifested a larger conflict between cultural nationalism and scientism in early twentieth-century China.⁴⁶

As China moved into the Republican period, abolitionists of Chinese medicine gradually gained an upper hand. A majority of them were reform-minded intellectuals and professionals with tremendous influence over the government and the society. Many

⁴¹ See Saga Takashi, *Tōyama Mitsuru: Ajia shugisha no jitsuzō* [頭山満: アジア主義者の実像] (A faithful portrait of the Asianist Tōyama Mitsuru) (Tokyo: Chikuma shinsho, 2021).

⁴² ‘Tōa igaku kyōkai no setsuritsu ni tsuite’ (Regarding the establishment of the Association of East Asian Medicine), *Tōa Igaku*, no. 1, 1938, p. 1.

⁴³ Yakazu, ‘Toa igaku kyōkai sōritsu rokujū shūnen kinen’.

⁴⁴ Andrews, *The making of modern Chinese medicine*, p. 12.

⁴⁵ Wang Wenqiao, ‘Fu Chen Yueqiao jun han’ 覆陳樾樵君函 (A reply to Chen Yueqiao), *Shaoming Yixue Xuebao*, no. 12, 1909, pp. 10–11.

⁴⁶ Ralph C. Croizier, *Traditional medicine in modern China: Science, nationalism, and the tensions of cultural change* (Cambridge, MA: Harvard University Press, 1968).

had studied in Japan. They admired the Meiji state's full embrace of modern medicine, which they considered a perfect model for China to follow. Lu Xun, an iconoclastic scholar and the most influential Chinese writer in the twentieth century, had studied medicine in Japan and commented 'compared to what I now know, practitioners of Chinese medicine were nothing more than a group of intentional or unintentional liars'.⁴⁷ Lu Xun's words, radical as they sounded, resonated among educated Chinese who had long doubted the theoretical foundation of traditional medicine and the credibility of its practitioners. Yu Yan, having graduated from Osaka Medical University and just starting to practise in China, launched the most severe attacks on 'old medicine'. Yu considered Chinese medicine obsolete and based on an 'empty philosophy of medieval times'. There were ways to bridge things Chinese and Western, Yu argued, but no way to redeem an obsolete tradition.⁴⁸ In this comment, Yu Yan discredited the efforts to syncretize Chinese and Western medicine, which a number of eminent Chinese physicians had attempted in order to save traditional medicine. Instead, Yu proposed the complete abandonment of Chinese medical theories while conducting scientific research on Chinese *materia medica*. Some clinical experiences were also worth saving, but they too should be analysed and tested with scientific methods.⁴⁹

Yu Yan published a series of anti-*zhongyi* articles that greatly swayed public opinion and affected the position of the state on this matter. In 1925, Chinese medical practitioners were pushing for the inclusion of *zhongyi* in medical education. Yu wrote a widely circulated opinion article arguing against their endeavour, which was considered the main cause for the Ministry of Education to reject such a proposal. The Ministry of Health, dominated by Western-trained statesmen and professionals, deployed terms such as 'old medicine' and 'old remedies' (*jiuyao*) in official documents.⁵⁰ Traditional medicine practitioners struggled to survive under an overall hostile government throughout the first two decades of the Republic.

A major crisis for Chinese medicine in 1929 brought it unexpected opportunities. That year, the Central Public Health Committee, staffed entirely with certified doctors of Western medicine, passed a resolution based on four proposals that would in effect eliminate traditional medicine as a profession. The resolution, which essentially prohibited the education, promotion, and advertising of traditional medicine, ignited a nationwide protest from its supporters and sympathizers. In this crisis, 'national medicine' (國醫 *guoyi*) became the term of choice for people who tried to preserve it for sentimental or practical reasons. This term sparked immediate nationalistic sentiments, just as 'national goods' (國貨 *guohuo*) did. Protesters gathered on 17 March 1929, holding banners such as 'Promote National Medicine to Prevent Cultural Invasion' and 'National Medicine to Fend Off Economic Invasion'. This new term demonstrated an

⁴⁷Lu Xun, *Nahan* 呐喊 (Call to arms) (Beijing: Renmin wenzue chubanshe, 1973), p. 3.

⁴⁸Yu Yunxiu, 'Yanjiu guochan yaowu chuyi' 研究國產藥物芻議 (Some suggestions regarding research on domestically produced medicine), *Tongde Yiyaoxue*, no. 5, 1923, pp. 15–26.

⁴⁹For the syncretism of medical systems and Yu's proposed partitioning of Chinese medicine, see Lei, *Neither donkey nor horse*, Chapter 4.

⁵⁰Zheng Hong, 'Mingfen youguan: jindai zhengzhi zhong de zhongxiyi chengwei zhizheng' 名分攸关: 近代政治中的中西医称谓之争 (Naming matters: The debate on how to name Chinese and Western medicine in modern political institutions), *Zhongguo Shehui Lishi Pinglun*, no. 13, 2012, p. 342.

awareness among supporters of Chinese medicine that they had to 'link the future of their profession closely to that of the state', so that Chinese medicine would not be ousted from the nation-building process as *Kampō* was.⁵¹

This series of events ushered in a new era for Chinese medicine and connected its practitioners from all over the country. Their cause gradually gained support from the government, who established a Central National Medicine Institute and made 17 March National Medicine Day in memory of the large-scale protests that saved Chinese medicine. In 1936 the Nationalist government passed Regulations on National Medicine, which signified the legitimization of the indigenous medical system.⁵² Chinese medicine, however, still had a long way to go to prove its indispensability in a medical realm dominated by Western-trained doctors and in a sceptical society.

Supporters all realized that traditional medicine needed to be standardized, professionalized, and proved with scientific methods. The establishment of the Wuxing National Medicine Association in 1930 showcased this self-professionalization process down to the local level. A group of doctors based in Wuxing, Zhejiang, founded the Association to 'promote the prosperity of national medicine' and to disseminate rudimentary medical knowledge among the local people.⁵³ In the mission statement, these doctors drew a clear line between themselves and three common stereotypes of old-style Chinese doctors: those who acquired mysterious healing abilities from spiritual sages, through inherited 'exclusive formulas', or by deploying witchcraft. Instead, members of the Wuxing Association advocated reforming Chinese medicine with standardized education and scientific methods. They proposed a local examination to qualify traditional medical practitioners, which equated various branches of Chinese medicine with different subjects in Western medicine. For instance, for 'physiology' one needed to master theories of visceral activities and meridians recorded in *Huangdi neijing* (Internal Classics of Yellow Emperor). In essence, the goal was to reorganize the knowledge system of Chinese medicine by fitting it into a modern scientific framework.

Although the scientification of Chinese medicine had become a consensus within the medical community, people debated on who should take on such a cause and how it should be carried out. The former abolitionists now wished to exclude Chinese medical practitioners from this process. Jin Mingyu, a board member of the Nanjing Doctors Association, questioned whether or not there was any scientific value inherent in Chinese medicine; even if there was, Jin argued, it should be researched by 'scientists from China and abroad', instead of Chinese doctors 'who had no scientific sense or training'.⁵⁴ Similarly, Fu Sinian, a leading public intellectual of the Republican period, maintained that Chinese medicine needed to be revolutionized by scientific research, a task that could only be undertaken by 'well-trained, knowledgeable modern pharmacists'.⁵⁵ Yu Yan insisted that research on Chinese medicine should be based on

⁵¹Li Bingkui, 'Mingguo yijie "guoyi kexuehua" lunzheng' 民国医界'国医科学化'论争 (The debate on 'scientification of Chinese medicine' during the Republican period), *Lishi yanjiu*, no. 2, 2017, pp. 57–58.

⁵²Ibid., p. 68.

⁵³Wang Yizhen, 'Wuxing Guoyishe chengli xuanyan' 吳興國醫社成立宣言 (Declaration of the founding of Wuxing National Medicine Association), *Wuxing Guoyi Zhoukan*, no. 1, 1911, p. 1.

⁵⁴Li, 'Mingguo yijie "guoyi kexuehua" lunzheng', p. 60.

⁵⁵Fu Sinian, 'Suowei guoyi' 所謂'國醫' (The so-called National Medicine), *Daogongbao*, 5 August 1934.

'the laws of natural science', and any attempt to reform 'old medicine' should be taken by 'people with scientific knowledge and training'.⁵⁶ No one questioned whether or not 'people with scientific knowledge and training' understood Chinese medicine enough to undertake this task.

In this context, the *Kampō* revival movement in Japan became a great source of inspiration for Chinese medical practitioners. The call to revive *Kampō*, first made in the 1910s, was in some way a critical reflection on Japan's rapid and thorough Westernization. If importing Western sciences was sufficient, what values did the Japanese see in their almost deserted tradition?

In the 1930s, as Japan accelerated its pace of aggression towards China, the exchange between China and Japan in the realm of medicine entered a more active stage. The two processes were intertwined, but the latter had its own timeline and underlying logic. Chinese medicine went through decades of struggles, as *Kampō* did when their nations embraced modernity. In the early 1930s, both the National Medicine movement and *Kampō* revival movement saw a chance of winning their cause, and they found support and inspiration in each other. Reform-minded Chinese medical practitioners had been well-informed of new progress in *Kampō*. Wada's *The Hammer of Medicine* and Yumoto's *Imperial Han Medicine* were translated into Chinese within a year of their respective publication dates in Japan; and the work of Ōtsuka Keisetsu and Yakazu Dōmei was also quickly introduced to China via various journals of national medicine. Sometimes, Chinese doctors painted a more promising picture of *Kampō* than the reality suggested. In 1933, Lu Yuanlei, who later became a nationally known scholar in Chinese medicine, claimed that in Japan '*Kampō* has been valued more highly than German medicine'. This was clearly an overstatement, but Lu's point was that 'China was disregarding its own national treasure' while a modernized nation (Japan) still saw its value.⁵⁷

Kampō revivalists also found inspiration in China's National Medicine movement and the support it enjoyed. By 1936, Chinese medical doctors were able to practise legally. In addition, a number of schools, hospitals, and journals dedicated to Chinese medicine were established. Gradually, a trans-regional network of information exchange and mutual support took shape, with Shanghai, Beijing, Tianjin, and Suzhou emerging as hubs. This network connected individuals and institutions through journals, professional organizations, and private correspondence. *Kampō* revivalists were clearly aware of such a network and its significance. Ōtsuka Keisetsu, for instance, investigated 18 different journals dedicated to Chinese medicine across China as well as the political forces behind them. In particular, he mentioned that the *Guanghua yikan* (Guanghua Medical Journal) was backed by more than 50 powerful members of the Nationalist government.⁵⁸ Moreover, Ōtsuka and Yakazu Dōmei frequently published articles in Chinese medicine journals, introducing effective formulas and sharing their

⁵⁶Yu Yunxiu, 'Duiyu guoyiguan de wojian' 對於國醫館的我見 (My opinions regarding the National Medicine Institute), *Yilin Yi'e*, vol. 1, no. 5, 1931, pp. 64–66.

⁵⁷Lu Yuanlei, *Lushi lunyiji* 陸氏論醫集 (A collection of Lu Yuanlei's work on medicine) (Shanghai: Lu Yuanlei yishi, 1933), vol. I, pp. 17–21.

⁵⁸Ōtsuka Keisetsu, 'Zhonghua Mingguo guoyi xuejie guanjian' 中華民國國醫學界管見 (My humble opinions regarding the circle of national medicine in the Republic of China), *Suzhou Guoyi Yiyuan Yuankan*, no. 1, 1939, 'Translated work', p. 1.

reflections on medical developments in both countries.⁵⁹ During a decade when China and Japan entered war, their physicians found more common ground with each other than with a significant portion of their respective fellow countrymen, who remained hostile to traditional medicine.

'Medical Asianism' and the cross-boundary network of exchange

From 1935 to 1939, the claimed mission of the *Kampō* revival movement increasingly corresponded with an evolving pan-Asianist ideology. It also resonated with the change of terminology at the forefront of Japan's imperial expansion. In 1933, the Japanese colonial authority in Manchuria changed the name of its pharmaceutical research centre from Chinese Medical Research Center (中國醫學研究室) to East Asian Medical Research Center (東亞醫學研究室). In the next year, the Manchukuo government mandated the substitution of *zhongyi* (Chinese medicine) with *hanyi* (漢醫 Han medicine), which shifted the political and cultural weight inherent in the term from China to Japan.⁶⁰ On 25 November 1938, the 'seven samurai' expanded the Japanese Society of *Kampō* Medicine to become the Association of East Asian Medicine (AEAM) to embrace a larger membership and grander goal for their cause. The AEAM aimed to 'promote close collaboration among Japan, Manchuria, and China based on *Kampō* medicine, and build the eternal peace of East Asia'.⁶¹ This mission statement echoed Prime Minister Fumimaro Konoe's announcement of a 'New Order in East Asia' made a month previously, which called for 'co-prosperity of East Asia' through political, cultural, and economic collaboration. Two months after the founding of the AEAM, its leaders made a strong appeal to the Japanese government to base its continental medical policies on *Kampō*.⁶²

Examining the tone and opinions expressed in the journal *Tōa Igaku* leads to questions arising about the ulterior motive of these Japanese physicians in promoting *Kampō*. In their study of the Suzhou Hospital of National Medicine, Daidoji and Karchmer argue that 'leading Japanese *Kampō* doctors began to imagine Japan's new military power in East Asia as a means to fulfill their professional aspirations'.⁶³ This 'means fulfil goals' argument may work for some *Kampō* revivalists. Flipping through 26 issues of *Tōa Igaku* that covered the pivotal war years of 1938–1941 and the work of more than 50 contributors (including six Chinese), however, one sees a much more dynamic and complicated picture. Publications in the journal fell into several categories: academic exchange on *Kampō*, *Kampō*'s contributions to Japan's internal and external policies, *Kampō*'s efficacy in preventing and treating battlefield diseases, recent developments in medicine, and AEAM affairs and activities. Contributors and

⁵⁹See, for instance, Yakazu Dōmei, 'Minjian liaofa yiwen' 民間療法異聞 (Effective folk formulas), *Guanghua Yiyao Zazhi*, no. 7, 1935, pp. 23–24; Ōtsuka Keisetsu, 'Hanfang yixue yu minjian liaofa' 漢方醫學與民間療法 (*Kampō* medicine and folk formulas), *Kexue Shibao*, vol. 2, no. 1, 1935, pp. 1–12.

⁶⁰Zhang Meng, 'Goujian zhimin yixue: Riban hanyao yanjiu zai jindai Zhongguo de zhankai' 构建殖民医学:日本汉药研究在近代中国的展开 (Constructing colonial medicine: The Japanese pharmaceutical research on Chinese *materia medica*), *Shijie Lishi*, no. 3, 2022, p. 6.

⁶¹'Tōa igaku kyōkai no setsuritsu ni tsuite'.

⁶²'Tōa igaku kyōkai sōritsu gokujū shūnen shuyō nenbyō' 東亜医学協会創立五十周年主要年, online archive of *East Asian Medicine*, available at: <http://aeam.umin.ac.jp/touaigaku/toua50.htm>, [accessed 23 November 2023].

⁶³Keiko and Karchmer, 'The case of the Suzhou Hospital of National Medicine', p. 170.

editors demonstrated a range of positions on such issues, and their envisioned role for *Kampō* evolved with the changing war situation.

In the inaugural issue, *Tōa Igaku's* editors and contributors constructed an Asianist discourse based on the shared medical legacies of East Asia. No one embodied better this transition of *Kampō* from a nationalistic cause to an Asianist one than Ōtsuka Keisetsu. He devoted himself to studying *Kampō* because of the highly nationalistic journal *Nihon oyobi nihonjin*; and by 1939, Ōtsuka had not only considered the role of *Kampō* in terms of civilizational conflict but also embraced war as the necessary condition for East Asian culture to prevail:

Chinese classic culture reached its peak during the warring state period, while the cultural prosperity of Tokugawa Japan was conceived in its own warring state period. There were similar patterns in the history of the West. While it is difficult to predict how long this Incident would last, it will certainly give rise to a new culture. In my opinion, through war an old culture will be destroyed, and a new culture shall be born. In the current scenario, the old culture is the Euro-centric culture, and the new culture will be centered around East Asia.⁶⁴

According to Ōtsuka, this new East Asian order had to be based upon a Sino-Japanese alliance, in which traditional medicine could serve as a solid cornerstone. Ōtsuka further claimed that the current policy of suppressing *Kampō* would only alienate Japan from China and 'endanger the peaceful state in the East'. In other words, Ōtsuka found a legitimate reason for promoting *Kampō* in Japan's imperial cause, which was to help construct a Japan-led Asian solidarity based on a shared medical tradition.

Ōtsuka based his judgements on a thorough understanding of current affairs in China. He repeatedly reminded his readers of the popularity Chinese medicine still enjoyed and its 'considerable influence on political figures'.⁶⁵ As previously mentioned, Ōtsuka gained such understanding through routinely reading and publishing in Chinese medicine journals. He firmly believed that cooperating in the field of traditional medicine was the key to winning the trust and affection of the Chinese people.⁶⁶

Some contributors to the journal positioned *Kampō* within a more Western-style empire-building scheme. Arai Kinzō, one of *Tōa Igaku's* patrons, had lived in China for 30 years and witnessed how Western colonialism had taken root there and the effect this had on Chinese society and psychology. He admired the Western approach of having churches and hospitals to extend its influence, and lamented the Japanese oversight of their unique and historically bestowed colonial weapon, *Kampō*. Therefore, Arai supported the revival of *Kampō*, which he believed would significantly facilitate Japan's continental policy.⁶⁷

⁶⁴Ōtsuka Keisetsu, 'Sensō wa bunka no haha' 戦争は文化の母 (War breeds new culture), *Tōa Igaku*, no. 2, 1939, p. 2. The 'incident' in this paragraph referred to the Sino-Japanese War.

⁶⁵Ōtsuka Keisetsu, 'Chūgoku kampōikai no genkyō wo nikkateikei ni tsuite' 中国漢方界の現況を日華提携について (Regarding Japanese-Chinese collaboration based on current state of Chinese traditional medicine), Part II, *Tōa Igaku*, no. 3, 1939, p. 4.

⁶⁶*Ibid.*, pp. 3–4.

⁶⁷Arai Kinzō, 'ShinTōa kensetsu no ichiyoku tare' 新東亞建設の一翼たれ (An important role in constructing the New East Asia), *Tōa Igaku*, no. 1, 1939, p. 2.

As the war with China entered a stalemate, articles in *Tōa Igaku* increasingly focused on specific contributions *Kampō* could make to the empire. Many of them explored how to use *Kampō* formulas to cure malaria or local variations of dysentery suffered by Japanese soldiers. On 15 July 1939, the journal published an editorial on the two-year anniversary of the Marco Polo Incident, discussing the ‘prospect of East Asian medicine’ and current priorities of medical policies. According to the editors, *Kampō* could make great contributions to Japan’s governance of China and the well-being of the domestic population. Since Japan now controlled vast areas in China and ‘170 million Chinese people’, it should replace earlier policies with ‘moral and benevolent governance that would improve their lives’. The Japanese themselves, now shouldering the responsibility for ‘creating an extremely historic East Asian new order’, should build stronger physiques among the population. *Kampō* could play its due part in both respects, the editors maintained, and thus should receive more support from the government and society at large.⁶⁸ In addition, this editorial highlighted the importance of research on Chinese *materia medica*, which Japan had been doing in Manchuria and other regions.⁶⁹

The ultimate goal of the AEAM was to usher in a new era for ‘authentic East Asian medicine’ through supporting the expansion of educational facilities, establishment of hospitals and libraries, and proper cultivation of East Asian medicinal herbs. Such goals were in alignment with what Chinese doctors had in mind for their own nationalistic cause. Without much official support from the government, the AEAM strove to achieve these goals through a network of individuals with greater power and leeway in different localities of the Japanese empire.

Seen from various sources, this network was built on several regional networks that had existed much earlier than the AEAM itself. The AEAM wove them together under the umbrella of *Tōa igaku*. In November 1940, the AEAM mapped out and formalized this network by listing its sponsors, strategic partners, branches, and connections (see Figure 1). In the first row were its powerful consultants (including Nagata Hidejiro and Arai Kinzō), as well as the seven ‘liaisons and collaborators’ from six offices and institutions across East Asia. The ‘liaisons and collaborators’ are listed as follows in order of their appearance:

Zhang Jiyou and Toyōta Ariyasu	Ministry of Civil Affairs, Manchukuo
Ishidoya Tsutomu	Keijo Medical University, Department of Pharmacology
Okanishi Tameto	Medical University of Manchuria
전원배 (Jeon Wonbae)	Oriental Medicine Society, Keijo
Ye Juquan	Suzhou Hospital of National Medicine
Yang Yiya	National Medicine Foundational Association

⁶⁸Editorial Department, ‘Jihen nishūnen to Tōa igaku no kibō’ 事变二周年と東亜医学の希望 (Two-year anniversary of the Incident and the new hope for East Asian medicine), *Toa Igaku*, no. 6, 1939, p. 1.

⁶⁹As for how such research was carried out, see Zhang, ‘Goujian zhiminyixue’.

as translation and promotion of each other's work. Private correspondence sustained this network much longer than connections through the AEAM, which became inactive in October 1941 and did not become active again until after the war.⁷⁰ The correspondence between Ye Juquan and Yakazu, for instance, lasted for several more decades.

Occasionally, less well-known Chinese doctors (or those known at the county level) were interwoven into this network through the groundwork of Japanese officers or medics stationed in different localities. Pharmaceutical Lieutenant Nakashima Norio recorded how he became acquainted with a doctor in Shandong.⁷¹ When he was stationed in Yanzhou of Shandong, Nakashima went out of his way to seek out locally known doctors and was introduced to Zhang Zhu'an. Nakashima paid many visits to Zhang, learnt from him, and applied Chinese medicine to diseased soldiers in his unit. He then approached other local scholar-physicians through Zhang and had the opportunity to show them Yumoto's *Imperial Han Medicine*, which gave him 'a sense of superiority' over the Chinese. Apparently, Zhang's friendship with Nakashima earned him some practical benefits too. Zhang contributed articles to *Tōa Igaku*, and later became director of the medical branch of the local New Citizens Association (新民會 *Xinminhui*), a collaborationist institution through which the Japanese controlled local Chinese society. Not only had Zhang entered this network of medical exchange, he also became a collaborator in the political sense.⁷² Zhang was also the only Chinese in this network who deliberately used the term 'East Asian medicine'.⁷³ Although others actively participated in this network and did their share of work, they all primarily associated their work with Chinese 'national medicine', except for the colonial official Zhang Jiyou who opted for 'Han medicine'.

Among the three Chinese liaisons, Ye Juquan and Yang Yiya were regionally (later nationally) known doctors who took the lead in promoting and reforming national medicine in China. Both had been educated in Chinese schools dedicated to traditional medicine. Zhang Jiyou's training and early career, on the other hand, were closely tied to Japanese colonial medicine. He originally studied Western medicine at the Southern Manchuria Medical College established by Japan in 1911. After the founding of Manchukuo in 1932, Zhang worked in the Ministry of Civil Affairs, primarily in the Division of Public Health. In years of medical practice and administration, Zhang discovered the cost-effectiveness of Chinese medicine compared to Western medicine. He then trained himself in Chinese medicine and took pains to integrate it into the educational and licensing system.⁷⁴

As a colonial empire, Japan had different visions and plans for its various colonial constituents, including Taiwan, Korea, Manchuria, occupied areas in China, and

⁷⁰'Tōa igaku kyōkai sōritsu gokujū shūnen shuyō nenbyō'.

⁷¹Nakashima Norio, 'Senjin nisshi' 戦陣日誌 (Diaries on the warfront), *Tōa Igaku*, no. 1, 1939, p. 6.

⁷²Membership of the *Xinminhui* alone constituted the 'hanjian' crime as stipulated in the 'Regulations on handling *Hanjian* cases', 6 December 1945. See Xia, *Down with traitors*, 194.

⁷³Zhang Zhu'an, 'Lüetan hanyi zhi xuanli' 略談漢醫玄理 (On the metaphysics of Han medicine), *Tōa Igaku*, no. 25, 1941, p. 2.

⁷⁴Li Xiang, 'Zhang Jiyou yishi jingli yu xueshu sixiang shulüe' 张继有医事经历与思想述略 (A brief introduction to the medical career and academic thoughts of Zhang Jiyou), *Jilin Zhongyiyao*, no. 9, 2016, p. 963.

parts of Southeast Asia of which Japan never gained firm control. Japan by and large copied its domestic medical policies in Taiwan and Korea, promoting biomedicine and repressing traditional medicine.⁷⁵ After all, both were annexed during Japan's high point of Westernization. Ōtsuka Keisetsu considered medical policy in Taiwan a failure as the outlawing of Chinese medicine upset the local people and gave rise to a large number of underground clinics.⁷⁶ At the point when Japan occupied large areas of China, the *Kampō* revival movement was well underway. Japan resorted to indirect rule through collaborationist regimes, and in the medical realm it noticeably embraced Chinese medicine and local resources. The case of Manchukuo showed Japan's medical policies in transition. Upon the foundation of Manchukuo, Chinese medicine was excluded from the educational and medical system. In 1932, the government terminated the licensing of Chinese medical practitioners, only allowing those already licensed to stay in business. Those who wished to obtain a licence, according to laws made in 1937, had to take a 'Han medicine' examination which, as it turned out, did not take place until 1941.⁷⁷ The government gradually came to realize how unrealistic it was to rely solely on Western medicine. In 1934, there were 2,497 doctors of Western medicine and 10,317 practitioners of traditional medicine in Manchuria.⁷⁸ For many local diseases and ailments, Western medicine proved to be less effective than traditional remedies.

Having witnessed the ongoing research in local *materia medica* as well as the revival of *Kampō*, Zhang Jiyou opened the door for 'Han medicine' in his official capacity and through his connections with the AEAM. In 1938, the Division of Public Health initiated the compilation of *Manzhouguo Yanjufang* (The Manchuria Pharmacopoeia) as well as *Manzhouguo Hanyaojufang* (The Manchuria Pharmacopoeia of Han Medicine). Zhang Jiyou was in charge of both projects.⁷⁹ Moreover, Zhang's collaborative efforts with Yakazu Dōmei prompted the Ministry of Civil Affairs to finally hold the qualification examination for traditional medicine practitioners. In July 1940, Zhang invited Yakazu, along with another renowned *Kampō* expert Okanishi Tameto, for an official visit to Hsinking, the capital of Manchukuo. They made a list of suggestions regarding the education, assessment, and development of Han medicine, all of which were adopted by the Ministry.⁸⁰ Zhang Jiyou then made an official trip to Japan to study its public health system and touch base with the AEAM, which appointed him as a liaison a month later.⁸¹ In 1941, Zhang administered the qualification examination for Han medicine practitioners, a hard-earned victory for himself and for practitioners all

⁷⁵Liu, *Prescribing colonization*.

⁷⁶Ōtsuka, 'Chūgoku kampōikai no genkyō wo nikkateiki ni tsuite', pp. 3–4.

⁷⁷In early 1937, the Manchukuo government passed the Physicians Act and the Chinese Medicine Practitioners Act. 'Manjūkoku sefu koho niyaku' (Japanese translation of the Manchukuo government gazette), Japan Center for Asian Historical Records, Tokyo (hereafter JACAR) (Ajia rekishi shiryō sentaa), Ref. A06031001200 (January 1937, no. 836), p. 88.

⁷⁸Zhang, 'Goujian zhiminyixue', p. 17.

⁷⁹Ibid., p. 19.

⁸⁰'Tōa igaku kyōkai sōritsu gokujū shūnen shuyō nenbyō'.

⁸¹'Invitation of Manchukuo Officials by the Kyushu Okinawa Medical Association', JACAR, Ref. B0515776700, October 1940.

across Manchuria.⁸² Meanwhile, the Manchukuo government established the Central Han Medicine Association and established schools to train Han medical professionals. Zhang soon invited five lecturers from the Takushoku *Kampō* series to serve as consultants for the Han Medicine Association as a way to ensure its existence.

Zhang Jiyou also institutionalized *Tōa igaku* through constructing a higher education system. Working with Manchukuo's Ministry of Education, Zhang's office established the Oriental Medical College, which started to enrol students in the summer of 1945. Although Manchukuo ceased to exist three months later, Zhang Jiyou's responsibilities continued. The Oriental Medical College was renamed the Oriental Medical University under the Nationalist government, which appointed Zhang to be its president. Zhang's career continued to prosper after 1949.⁸³ Under communist rule, he served as academic dean of a Chinese medical school which he reorganized into the Changchun College of Chinese Medicine in 1958. Despite the changing political status of Manchuria, the development of Chinese medicine in this region showed an impressive continuity owing to his work. The curriculum he designed for Chinese medicine majors laid the foundation for higher education in Chinese medicine in Northeast China. Coached in the colonial system, Zhang utilized the imperial infrastructure and *Tōa igaku* network to the fullest and changed the medical landscape in Manchuria.

The promotion of traditional medicine in occupied China largely depended on local scenarios and circumstances. Ye Juquan's role in the Suzhou Hospital of National Medicine (Suzhou Hospital hereafter) provides a particularly interesting case. Suzhou Hospital was closely associated with the Japanese and a puppet regime, yet it managed to save 'our fellow countrymen' during a most desperate time in the war.⁸⁴ Ye Juquan received medical training first from a locally known doctor, then from one of the earliest schools dedicated to Chinese medicine—the Yun Tiejiao Correspondence School of Chinese Medicine. By the 1930s, he had become a reputable Chinese medical doctor and an enthusiastic fighter for Chinese medicine. Inspired by Japanese research on traditional drugs, Ye founded a Study Society for the Research on National *Materia Medica* (國藥單方實驗研究社) to collect popular folk formulas and test their effects with experiments and clinical study.⁸⁵ More importantly, Ye shared similar medical philosophies with *Kampō* scholars in terms of their emphasis on clinical efficacy and the use of 'classic formulas' (經方 *jingfang*). Ye's preference for classic formulas distinguished him from local doctors in the lower Yangzi delta, where 'current prescriptions' (時方 *shifang*) had been prevalent since the late imperial period. This also explained Ye's active communication with *Kampō* physicians in Japan, especially those from the *Kohōha*.⁸⁶

⁸²Shouci quanguo hanyi kaoshi chengji lianghao yuanman zhongliao', *Shengjing Ribao*, 22 November 1941.

⁸³Li, 'Zhang Jiyou yishi jingli yu xueshu sixiang shulüe', p. 963.

⁸⁴Chu Minyi, 'Tizi' (Accolades), *Suzhou Guoyi Yiyuan Yuankan*, no. 1, 1939, p. 8.

⁸⁵Ye published hundreds of articles in *Xinwenbao*, a widely circulated newspaper, and self-identified as 'a doctor of national medicine'. See, for instance, 'Heli de minjian danfang (42)' (Effective folk formula: no. 42), *Xinwenbao*, no. 1, July 1935.

⁸⁶For Ye's criticisms of *shifang*, see Ye Juquan, 'Zhiliao shili' (Cases of treatment with national medicine), *Suzhou Guoyi Yiyuan Yuankan*, no. 1, 1939, p. 32. For a more detailed discussion of *shifang* in secondary literature, see pp. 171–174.

During the 1930s, Ye established himself as an educator and administrator in national medicine, which won him the position of medical director at the Suzhou Hospital founded in 1939.⁸⁷ The Japanese invasion put China through years of destruction and political instability, causing tremendous loss of life. However, the Suzhou Hospital presented a unique case, demonstrating how the special circumstances of occupation can produce opportunities and resources that may not be available in normal times. Suzhou's distinctive position in the landscape of national medicine, coupled with the fateful encounter of a group of people, allowed for the creation of this hospital. It stands as the only facility of its kind that was established in occupied China.

The chief sponsor of the Suzhou Hospital was Chen Zemin, provincial governor of Jiangsu appointed by the 'puppet' Reformed Government in Nanjing (1938–1940).⁸⁸ Chen had a law degree from Nihōn University and was passionate about traditional medicine. Ye Juquan told Ōtsuka in a letter that Chen 'wholeheartedly supports Chinese medicine', whereas the Department of Health of the Reformed Government was 'strongly influenced by Western medicine'.⁸⁹ A hospital of national medicine became a reality mainly because of Chen's personal devotion to Chinese medicine and his connection to the Reformed Government. His nephew Chen Kangsun, aged 34 in 1939, was a registered mid-ranking traditional medicine practitioner and, more importantly, an official in the Secretariat of the Reformed Government. Chen's political and professional qualifications earned him the position of deputy president of the Suzhou Hospital. The medical team that staffed the hospital was inherited from the Suzhou National Medical School established in 1934, which dissolved in 1937 upon the outbreak of the war.⁹⁰

The Suzhou Hospital showed how the National Medicine movement could bear institutional fruit under the banner of *Tōa igaku* in particular local circumstances. The transnational network of exchange was maintained through friendly communication and a sense of camaraderie, yet its participants had different motives and priorities. One detects such divergence in the subtle wording of various prefaces and accolades in the inaugural issue of Suzhou Hospital's eponymous journal. A number of leading Japanese *Kampō* physicians, including Yakazu Dōmei, Yumoto Kyūshin, and Ōtsuka Keisetsu, dedicated inscriptions or prefaces to the journal. Yumoto's preface reiterated the civilizational discourse found in the articles in the journal *Tōa Igaku*. He considered East Asian civilization better at metaphysical things, whereas Western civilization excelled in the physical. Medicine, in Yumoto's opinion, particularly showed such essential distinction. He praised the establishment of the Suzhou Hospital as the first

⁸⁷Cao Lijuan introduced in detail the institutional set-up, management, as well as the professional background of doctors and nurses employed in the hospital, yet overlooked the inherent ambiguities in the hospital's background. Cao Lijuan, 'Mingguo zhongyi kexuehua de dianfan: Suzhou Guoyi Yiyuan', 民国中医科学化的典范: 苏州国医医院 *Yatai Chuantong Yiyao*, no. 1, 2007, pp. 27–31.

⁸⁸The Reformed Government (1938–1940) was sponsored by Japan to administer the Lower Yangtze delta region. It was integrated into Wang Jingwei's National Government in 1940. See David P. Barrett and Larry N. Shyu (eds), *Chinese collaboration with Japan, 1932–1945: The limits of accommodation* (Stanford: Stanford University Press, 2001), pp. 79–101.

⁸⁹Keiko and Karchmer, 'The case of the Suzhou Hospital of National Medicine', p. 168.

⁹⁰Deng Tietao, *Zhongyi jindaishi* 中医近代史 (Guangzhou: Guangdong gaodeng jiaoyu chubanshe, 1999), p. 203.

step to rejuvenate 'East Asian medicine'.⁹¹ Similarly, Miyamoto Moritarō, representing *Kampō* Authentic Books Association (漢方真書頒布會), commented that 'our collaboration in promoting and reforming *Kampō* medicine would strengthen the essence of East Asian culture'.⁹²

Chinese medical professionals and sponsors of the Suzhou Hospital, on the other hand, unanimously stressed its significance in the development of national medicine and to the Chinese nation. Even the 'puppet' provincial governor Chen Zemin iterated such a discourse. Chen considered having a hospital of national medicine as having the same effect as 'saving the nation' (功同醫國).⁹³ In the preface, Chen articulated the reason for establishing such a hospital:

National Medicine is our nation's unique cultural heritage, and it had supported the life and wellbeing of our people in the past thousands of years. It is truly unique in the world for its superbly sophisticated theory and its miraculous clinical effect... People in our friendly neighbouring nation have been deeply engaged in the way of Chinese medicine (漢醫) and elaborated on various Chinese materia medica (漢藥) ... The mission of the hospital is to save the poor from pain and possibly death without causing them economic burden. It is also to apply Zhang Zhongjing's classic formulas to clinical cases and demonstrate their effectiveness through statistical analysis. Most importantly, our mission is to promote our unique national culture and preserve the essence of our medical heritage.⁹⁴

Not a word in Chen's preface identified Chinese medicine as an 'East Asian' heritage. Rather, Chen stressed that Chinese medicine was the 'unique culture of our nation' (吾國固有之文化), and 'our friendly neighbouring nation' just engaged in its studies, in effect claiming China's authentic ownership of this heritage.

Similar to Chen's concern with the poor and sick in difficult times, other supporters of the Suzhou Hospital commented on the significance of the hospital in wartime. Chu Minyi, already a key figure in the Wang Jingwei clique and later a notorious collaborator, praised the hospital for 'saving our fellow countrymen' (拯我民黎).⁹⁵ Chen Kangsun, who had made the hospital possible through his position in the Reformed Government, asserted that 'this hospital is committed to save and help those who suffered from sickness and poverty following the fall of Suzhou'.⁹⁶ Indeed, the launching and running of the hospital relied largely on donations and government funds, and it charged patients little money, as revealed in [Table 1](#).

⁹¹Yumoto Kyūshin, 'Xu' 序 (Preface), *Suzhou Guoyi Yiyuan Yuankan*, no. 1, 1939, p. 5.

⁹²Chu, 'Tizi' 題字 (Accolades), p. 11.

⁹³*Ibid.*, p. 7.

⁹⁴Chen Zemin, 'Yuanqi' 緣起 (Origin of the hospital), *Suzhou Guoyi Yiyuan Yuankan*, no. 1, 1939, pp. 21–22.

⁹⁵Chu, 'Tizi' 題字 (Accolades), p. 8.

⁹⁶Chen Kangsun, 'Benyuan choubei jingguo baogao' 本院籌備經過報告 (Report on the launching of this hospital), *Suzhou Guoyi Yiyuan Yuankan*, no. 1, 1939, p. 24.

Table 1. Standard charges for patients at the Suzhou Hospital of National Medicine

Itemized costs	Morning	Afternoon	Doctors' visits
Registration	10 cents	10 cents	10 cents
Consultation or follow-ups	Free	20 cents	1 yuan 2 yuan specifying a doctor
Medication	Free medication available for the poor upon application		
Other costs	40 cents for transportation within the city; 80 cents if outside of Suzhou		
Inpatient services	First-class rooms: 5 yuan per day Second-class: 3 yuan per day Third-class: 1 yuan per day Fourth-class: free of charge, with application and proof of poverty Special care: 4 yuan per day		

Source: *Suzhou Guoyi Yiyuan Yuankan*, no. 1, 1939, pp. 21–22.

At a time when a pot of tea cost 10–20 cents, the Suzhou Hospital functioned almost like a charitable organization.⁹⁷ It indeed strove to achieve the goals set in the mission statement. Precisely because it was a non-profit hospital and faced serious problems in fundraising, the hospital closed down in early 1941. As the Reformed Government merged into the Wang Jingwei government in 1940, Chen Zemin lost his position and influence due to power struggles. Since Wang Jingwei was known for his anti-traditional medicine position, national medicine in fallen Suzhou could not find another powerful sponsor like Chen Zemin.

Despite its short lifespan, the Suzhou Hospital left important medical, institutional, and administrative legacies. Ye Juquan became a key transitional figure in national medicine from the Republican period to the People's Republic of China period. At the Suzhou Hospital, Ye Juquan oversaw a team of 10 doctors and seven nurses, who conducted research in classic formulas and applied statistical analysis to recorded clinical cases. Ye even provided analyses of medical malpractice for the local court.⁹⁸ In 1946, he became an honorary board member of the Central National Medicine Institute, signifying state recognition of his professional achievements and influence. Like Zhang Jiyou, Ye continued to shine in the research, practice, and administration of Chinese medicine after 1949. In the 1950s, Ye co-founded the Suzhou Hospital of Chinese Medicine, which remains open to this day, and won the title of academician at the Chinese Academy of Sciences. He then was appointed to a series of official positions, including director of Jiangsu Chinese Medicine Research Institute and deputy director of the Jiangsu Division of Public Health.

⁹⁷The price of tea increased quite a lot after 1941, and a pot of tea cost 20 cents at Wuyuan Teahouse. Even before the war, a pot of tea cost 7–8 cents, sometimes 10 cents. Wu Renshu, *Jiehou tiantang': Kangzhan lunxian hou de Suzhou chengshi shenghuo* 劫后天堂: 抗战沦陷后的苏州城市生活 (A fallen heaven: Urban life in occupied Suzhou during the War of Resistance) (Guilin: Guangxi shifan daxue chubanshe, 2019), pp. 26, 111.

⁹⁸Ye Juquan, 'Jiandingshu' 鉴定书 (Medical appraisal), *Suzhou Guoyi Yiyuan Yuankan*, no. 1, 1939, p. 225.

Yang Yiya, another prominent Chinese liaison of this network, was a key figure in publishing and higher education based in Beijing. Yang founded the National Medicine Foundational Association (國醫砥柱社) in 1937, and its monthly journal became the only journal on Chinese medicine that kept running during wartime, producing 74 issues from 1937 to 1948. In occupied Beijing, Yang also launched several schools and programmes that trained Chinese physicians and acupuncturists, in addition to teaching at the North China College of National Medicine (北平華北國醫學院). Yang's career in higher education continued to thrive in the postwar period, as he was entrusted to oversee a newly established college of Chinese medicine in Hebei. Yang retired in 1988 as a professor at the Hebei College of Traditional Chinese Medicine, after 50 active years as a physician, educator, and administrator in Chinese medicine.⁹⁹

Conclusion

Tōa Igaku was a short-lived journal. In 1941, a month after announcing the seven liaisons, its publication was discontinued. The journal was merged into *Kampō to Kanyaku* under the Japanese government's wartime magazine integration ordinance. In the remaining years of the war, several key figures, all in their thirties, of the *Kampō* revival movement, including Yakazu Dōmei's brother, died either of illness or on the battlefield.

Also short-lived was the ideologically saturated construct *Tōa igaku* (East Asian medicine). Starting from the late Meiji period, *Kampō* supporters adopted the more inclusive term *Tōyō igaku* (Oriental medicine) in order to preserve their profession and Japan's cultural identity at a time of rapid modernization. With the conclusion of the Second World War, *Tōyō igaku* again became the term of choice when referring to traditional medicine in East Asia. In 1948, *Kampō* advocates resumed their cause and founded a Society for Oriental Medicine in Japan (日本東洋醫學會, JSOM), which remains active to this day, with a membership of 8,156 as of 2021.¹⁰⁰ Existing for less than a decade, *Tōa igaku* seemed a fleeting episode in the long struggles of traditional medicine. Nonetheless, it sustained the development of *Kampō* in the most stringent war period by proving its utility to the state, and integrated scattered efforts to preserve traditional medicine by utilizing imperial rhetoric and mechanisms. The endeavour to promote *Tōa igaku* was institutionalized in regulations, schools, and hospitals in parts of the Japanese colonial empire, which laid an important foundation for the postwar development of traditional medicine.

Central to the story was a transnational community of people with a common cause and partially divergent interests. Having witnessed how *Kampō* was ousted in Japan's nation-building process, *Kampō* revivalists strove to make it relevant to the construction of the Japanese empire. Advocates of Chinese medicine, on the other hand, could not afford to see their hard-won progress being terminated by the war,

⁹⁹Xing Hejiao et al., 'Yang Yiya xiansheng shengping shiji ji zhuyao Zhongyi zhenjiu gongxian gaiyao' 杨医亚先生生平事迹及主要中医针灸贡献概要 (The life and major contributions of Yang Yiya), in *Zhongguo Zhenjiu Xuehui zhenjiu wenxian zhuanye weiyuanhui 2014 nian xueshu yantaohui lunwenji* (Xiamen: Zhongguo zhenjiu zazhishi, 2014).

¹⁰⁰Terutane Yamada, 'The tradition and genealogy of the *Kampō* medicine', *Journal of the Japan Society for Oriental Medicine*, no. 4, 1994, p. 514.

so they relied on Japan's imperial infrastructure and resources to advance traditional medicine as a discipline and profession. From 1938 on, these people gathered under the banner of *Tōa igaku*. However, the Japanese advocates, residing at the centre of the Japanese empire and this network, never won enough official support to have *Tōa igaku* promoted through government policies or institutionalized in the Japan homeland. It was the local liaisons, such as Zhang Jiyou and Ye Juquan, who materialized the ideal of 'East Asian medicine'. Regardless of whether or not they truly signed up for this Pan-Asianist term, they managed to achieve their own goals.

In 1989, when Ye Juquan passed away, Yakazu wrote that 'forty-nine years ago, there were only three comrades in the vast regions of China', referring to Ye Juquan, Zhang Jiyou, and Yang Yiya.¹⁰¹ This sentence gives an insight into a personal, emotional angle for examining the sensitive issue of collaborationism. While China and Japan were at war, *Kampō* and Chinese medicine faced similar challenges and found support in each other. Wartime collaboration was preceded by a long history of intellectual exchange, based on a shared body of knowledge and morals, motivated by mutual empathy, and for a cause that was much valued in postwar Asia. This type of collaborationism, therefore, was successfully transformed into 'friendly cooperation', desired by former enemies in postwar East Asia.

Competing interests. The author declares none.

¹⁰¹Yakazu Dōmei, 'Yi Yejuquan xiansheng' 纪念叶橘泉先生 (In memory of Mr. Ye Juquan), in *Zhongguo bainian baiming zhongyi liuchuangjia: Ye Juquan*, (eds) Ma Yonghua and Ye Jianan (Beijing: Zhongguo zhongyiyao chubanshe, 2004), pp. 393–394.

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