St. Luke's Hospital and the Modernisation of Japan

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St. Luke’s Hospital and the Modernisation of Japan, 1874–1928

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By 1902, Japanese physicians’ mastery of western medicine had made western missionary doctors and their hospitals seemingly obsolete. One missionary hospital, however, opened its doors that year, and represents a notable exception to the trend of missionary medicine’s decline in modern Japan. While other missionary hospital enterprises faltered, St. Luke’s Hospital survived the tumultuous modernisation of Japan and its health care system to become one of Japan’s premier general hospitals. Using hospital reports, fundraising materials, correspondence, memoirs, government statistics and other sources, this paper sheds light on the hospital’s early success and its important place in the development of medical care, education, and public health in modern Japan.

Keywords
Missionary hospital, Nursing, Public health, Japan, Health care policy

In 1900, when Virginian physician Rudolf Bolling Teusler arrived in Tokyo to establish a medical mission for the American Episcopal Church, missionary medicine in Japan was in a precarious state. For over half a century, Japanese had mostly associated American, Canadian, and European experts with the scientific and technological advancement of the west. By the 1890s, however, the flow of oyatoi gaikokujin (hired foreigners) into Japan had thinned, as had the generic Japanese fascination with those men and women’s knowledge and personalities. Both Japanese individuals and the government as a whole had acquired and assimilated a vast amount of western learning and practice in the short span of three decades.

Increasingly, competent Japanese bureaucrats and leaders took the place of western experts, and Japanese doctors practiced western medicine independent of their American and German teachers. Although the road to these medical achievements was anything but
smooth, by the turn of the twentieth century, the Japanese medical establishment had arrived. Looking back to the 1880s, the retired director of Dōshisha University Hospital, John C. Berry (1847–1936) recalled it as a time when the ‘service of foreign physicians became unnecessary’ in Japan.¹ As a medical missionary in Kobe from the 1870s to the 1890s, Berry provided a well-informed opinion and attested to an ever-decreasing need for western doctors in general, and missionary physicians in particular. Faced with fewer patients and a decline in new Protestant converts in Japan, many western Protestant missionary organisations decided to turn their attention, and funds, elsewhere. Those that continued to support endeavours in Japan focused their energies on education and away from the establishment and administration of mission hospitals.

The very building in Tsukiji that the Episcopal mission presented in 1900 to United States Episcopal missionary physician Rudolph Teusler upon his arrival in Tokyo as the base for his future clinic was both indicative and symbolic of the state of missionary medicine in Japan at the time. Located within Tokyo’s gated foreign concession, the structure had originally housed Tsukiji Hospital (Tsukiji Byōin), a small clinic founded in 1874 by United Presbyterian Church (UP) missionary physician, Henry Faulds (1843–1930).² His dispensary and operating room served some 1400 outpatients in its first year and several in-patients and students.³ By 1877, Tsukiji Hospital’s well-known head surgeon was working to open a bona fide medical school and research centre at the hospital.⁴ With over 14,000 outpatients and many students in 1881, the statistics for Tsukiji Hospital were encouraging.

From the end of that year onwards, however, the hospital went into dramatic decline. The hospital received fewer poor patients as they flocked to the free medical care offered at the new Yūshi Kyōritsu Tokyo hospital, and their numbers decreased further with the underemployment and income reductions of the early 1880s.⁵ As the renown of the Japanese and foreign teachers in the Tokyo Imperial University Faculty of Medicine rose in the 1880s, medical students also ceased to study with Faulds. Equally disappointing was the lack of Japanese conversions to Christianity through the hospital. The Japan Conference of the UP saw the primary responsibility of the missionary physician as evangelism and considered Tsukiji Hospital a failure in that respect.⁶ The organisation criticised Faulds, whose efforts to publish a medical journal; train medical students; run Japan’s first blind school, the Kummoin; research eye ailments;
and practice medicine seemed to overshadow his missionary duties. Finally, in early 1883, Faulds closed the hospital.

It would make sense to attribute Tsukiji Hospital’s failure to the incongruity between this version of the missionary hospital and the conversion-focused version that UP promoted, but this is misleading. Even a leading instructional hospital complex of the type imagined by Faulds would have had a very difficult time surviving in the context of Japan’s rapidly and highly successful medical modernisation. Hospitals and well-trained physicians were becoming more and more numerous, especially in Tokyo. In fact, as honorary surgeon-superintendent of the Imperial University Medical School Hospital, Faulds was helping to train them. As observed by the director of the Edinburgh Medical Mission, Dr Theobald Palm, upon closing his own hospital in Japan, foreign missionary doctors were no longer useful in Japan, as teachers or as healers.

While missionaries had deduced that missionary physicians and their hospitals had become unnecessary in Japan and were destined towards extinction, one missionary hospital provided an exception to this trend. From the ashes of the abandoned Tsukiji Hospital rose St. Luke’s Hospital, the only missionary hospital to successfully weather the tumultuous modernisation of Japan and its health care system. Since its founding in 1902, St. Luke’s has grown into one of Japan’s premier general hospitals and a national leader in public health and clinical training. This paper investigates St. Luke’s singular capacity to not only survive but to even prosper during Japan’s turbulent twentieth century while other missionary hospitals faltered. Using hospital reports, fundraising materials, correspondence, memoirs, government statistics, and other sources, this paper describes the early history of the hospital. In doing so, it offers explanations for its success and continuity and locates the hospital’s development within the larger history of medical care, medical education, and public health in Meiji (1868–1912) and Taishō (1912–1926) Japan. St. Luke’s Hospital, with its combination of adaptation, integration, international collaboration, and a good dose of resilience, became an indispensable, durable, Japanese institution.

Before St. Luke’s Hospital: Medicine in Nineteenth-Century Japan

Western physicians had played an important role in making their kind redundant over the two centuries preceding Dr Berry’s assessment.
This process began with the doctors who practiced western medicine (which was referred to as ranpō, meaning ‘Dutch-method’) among the merchants and seamen at the Dutch factory on Dejima in the seventeenth and eighteenth centuries. In the early nineteenth century, however, this process accelerated. Arriving on Dejima in 1823, German doctor Philipp Franz Balthasar von Siebold (1796–1866) practiced western medicine, earned access to Japan proper, and established a school that offered Japan’s first complete western scientific and medical curriculum, the Narutaki Juku. Many of the school’s students, selected by the Tokugawa shogunate (ruling military government), later became well-known physician-scholars and played key roles in the development of western medicine in Japan.

Also assigned to Dejima was Dutch naval surgeon Johannes L.C. Pompe van Meerdervoort (1829–1908). He spread western medical knowledge through his courses at the Shogun’s Naval Academy (kaigun denjūsho) and the adjacent clinical teaching hospital that he helped establish in 1861, the Nagasaki Yōjōsho. Unlike the decade preceding Pompe’s arrival, which was characterised by official penalisation and suppression of western medical knowledge, the 1860s heralded a brighter future for western medicine in Japan.

After mid-century, western medical knowledge, practice, and facilities increasingly received considerable government favour. Between 1858 and 1863 the government sponsored and then took over the Institute of Medicine (Seiyo Igakujo), Japan’s first governmental school of western medicine. There, Japanese physicians specialising in Dutch medicine (ranpō), including Pompe’s student Matsumoto Ryōjun (1831–1907), instructed young doctors in western medicine. Matsumoto also served as personal physician to the last Tokugawa shogun, Yoshinobu, an abundantly clear indication of the shogunate’s approval for western medicine. By the early 1860s, the most powerful and educated figures of Japan believed that western modes of medical knowledge and treatment constituted the future of medicine in Japan.

The new imperial government carried forward the momentum that western medicine had gained in the previous decade under the shogun’s government. Violence, outbreaks of cholera and beriberi, and sanitary emergencies occurred during the power struggles that inaugurated and then typified the early Meiji period. In the Bōshin War (1868) and the Seinan War (1877) in particular, physicians and bureaucrats encountered clear evidence of the efficacy of western-style medicine. These same crises prompted the imperial government
to utilise the western-style in-patient hospital, making it into a national model in Japan. Impressed by the western-style military hospital during the Bōshin War, the new government brought the hospital’s British and western-trained Japanese staff from Yokohama to Tokyo and established the Daibyōin. Together, the Daibyōin and the shogunate’s former Igakujo combined to form Tokyo Imperial University in 1877, the new national nucleus of knowledge and intellectual authority.

From the opening of the Daibyōin onwards, the national government officially endorsed western medical knowledge and the western-style hospital as the best choice for Japan. To build the new system, the state relied on the expertise and administrative leadership of western-style Japanese physicians. Among them were well-known figures such as Nagayo Sensai (1838–1902), Sagara Chian (1836–1906), and Iwasa Jun (1836–1912) who held top teaching and government advisory positions. Having a deep familiarity with, and in Nagayo’s case, first-hand experience in western countries, they were well equipped to direct the westernisation of the Japanese medical establishment. The new Medical Policy of 1874 formalised the government’s pro-western definitions of expertise and practice and its authority over physician, nurse, and midwife licensure. This measure brought health care providers, their hospitals, and their medical training under state supervision. Furthermore, it endowed the state with the authority to impose this western understanding of medicine and medical care on the bodies of the Japanese populace for the national wellbeing. In many ways, the proliferation of western-style physicians (after a brief decline following the 1874 Medical Policy’s promulgation) and relatively advanced western-style hospitals that preceded and followed this development greatly modernised and westernised Japanese medicine. Boasting one doctor for every 1,000 Japanese by 1874, the availability of health care in Japan placed the country far above most western European countries and on track to catch up with the United States. Irrespective of the nature and quality of care, these advancements justified Dr Berry’s conclusions on the grim outlook for western missionary physicians in Japan.

The compliments of westerners like Dr Berry and the Japanese medical establishment ignored endemic, unmet challenges of public health (newly translated as kōshu eisei) that persisted in late nineteenth-century Japan. One was the socioeconomic dichotomisation inherent in Japan’s particular application of its new
western understanding of public health. Japan introduced western methods and conceptualisations of public health in order to confine contagious diseases to its foreigner-filled ports in the 1850s. This understanding of public health involved the use of quarantine and restriction to protect a pure insider population from an impure outsider one, and it continued to frame future public health initiatives in Japan. Faced with nation-wide health threats, the new Meiji health care system employed these techniques to protect the healthy from the ill in general and the healthier elites from the diseased lower classes in particular.

This view of public health was very apparent in the nature of hospital administration in Meiji Japan. As late as 1910, the majority of Japan’s 2,475 ‘hospitals’ were infectious isolation hospitals (densen byōin). These institutions showed more concern for those outside than in and were reputed, at best, as sites of quarantined respite before death. The 792 ordinary hospitals (ippan byōin) offered better, more complete care, but their costs proved prohibitive. This is why the Bureau for Public Health lamented that unlike European and American hospitals, Japanese hospitals primarily catered to the elite. So-called ‘charity beds’ (seryō byōshō) in both public and private hospitals numbered few. Furthermore, they were often filled by paying patients instead, and the availability of hospital care for the lower classes plummeted after major national spending cuts in 1880 and 1881 crippled public hospitals. So while unprecedented rural flight and urbanisation brought all classes closer together, the use of policing and control in the name of public health strongly reinforced already widening socioeconomic cleavages. Drawing on western models, the Meiji medical establishment conflated public health with nation prosperity and imbued efforts to quarantine and cleanse the lower classes with national significance.

Although Japan’s new western-style health care system relied heavily on western assumptions and forms, the key western concept of health as a human right was conspicuously absent in its implementation of public health. In the west, elite-led social reform sentiment played a large role in the creation of movements for public health and in encouraging public cooperation. The Japanese version, however, had yet to develop a similarly convincing rhetoric that could make the highly pragmatic, nation-centred set of regulations, agents, and institutions palatable to the masses. So despite Japan’s advanced level of development in medicine, public health constituted an area of significant and acknowledged weakness. Hindsight reveals that,
although missionary medicine seemed to be on its way to failure in late nineteenth-century Japan, this deficiency in public health presented a rare opportunity. After all, missionary physicians operated on the same humanitarian assumptions that fuelled the United States and European public health movements in the first place.

St. Luke’s Hospital

By the turn of the twentieth century, bureaucrats and civil servants had come to recognise a general weakness in public health in Japan. While the advances occurring in Japanese medical research impressed foreigners and Japanese alike, both groups criticised the state of health care for the poor and health education in Japan. With deaths from tuberculosis outnumbering and outpacing all other major diseases combined and repeated outbreaks of cholera claiming over 100,000 lives, public health constituted a serious concern. The top medical laboratories and university-affiliated hospitals devoted their energies to advancing the various fields of research, an area in which Japan had excelled and come to rival western nations. Meanwhile public health problems continued to worsen, particularly in urban slums like those of Tokyo’s shitamachi (low city). Thus, by the turn of the twentieth century, physicians and government officials both proved more than willing to allow Christian medical missions to address this dilemma.

From his arrival on 2 February 1900, until the official opening of the new St. Luke’s Hospital in February 1902, physician Rudolf Bolling Teusler (Image 1) began laying the foundations for an institution that aimed to improve public health in Tokyo’s shitamachi. Initially, he came to maintain a small clinic called the Aikei Iin (Image 2) that the US Episcopal Mission to Japan took over from newly appointed physician to the Imperial court, Nagata Shigeo (1856–1920). Teusler oversaw two years of extensive renovations and preparations while the clinic functioned on a limited basis, attracting many westerners, and gaining recognition in the area. In addition Teusler opened a free clinic nearby in Tokyo’s tenement-filled Tsukudajima neighbourhood. Meanwhile, Teusler obtained his medical practitioner’s license in Japan and began a career-long pattern of surrounding himself with western-trained Japanese staff. In addition to their capacity to work effectively with non-English-speaking Japanese subordinates, their efforts would also serve to give the hospital the Japanese roots necessary for its survival after
Image 1: Rudolf Bolling Teusler, MD.33

Image 2: The Aikei Inn in 1900).34
the eventual retirement of Teusler.

Although there were clearly dozens of qualified western health professionals in the Tokyo area, Teusler enlisted physician Kawase Motokūrō as his advisor and Kan Natsuko as head nurse. As a Harvard graduate, Kawase combined a cognisance of Japanese language, customs, and medical policies with the type of elite western theoretical and practical education in medicine that Teusler highly valued. Likewise, Teusler met and immediately recruited Araki Iyo (1877–1969) (Image 3), a young Japanese woman sent and recommended by fellow American Episcopal missionary Irene Mann. He encouraged her to fulfil her expressed desire to study nursing in the United States and to then return to use those skills and learning in Japan. After study and training at Old Dominion, Johns Hopkins University Hospital, and Mount Wilson Children’s Hospital, she came to St. Luke’s in January 1902 as head nurse. Araki arrived just in time for the opening of the new St. Luke’s Hospital in February.

The modest, single-bed dispensary Araki left behind in 1900 had been replaced by a much larger and better-equipped new hospital by her return in 1902. The new St. Luke Hospital had two wings with five private rooms, equipped with raised western-style hospital beds to accommodate their in-patients. By the following January, the hospital had expanded to include eight more private rooms, a pharmacy, and rooms for sterilising and operating. At the time, the hospital already boasted over 450 major and minor operations, 209 in-patients, 7769 consultations in the dispensary, and 10,000 pharmaceutical prescriptions. Of equal importance to the hospital as the new facility were the assistant physicians, supervisors, pharmacists, nurses, and servants that had joined the staff.

As head nurse, Araki immediately took charge of the nursing staff at St. Luke’s and worked with Teusler to make the hospital a national reference in the nursing field. Since the first use of female nurses during the Bōshin War, the nursing profession had developed significantly. Before the 1880s, patients’ families provided hospital care and looked down on the middle-aged, untrained widows who acted as physicians’ auxiliaries. In 1886, a new, but ultimately short-lived, Sakurai Women’s College Nursing School and the nurse education centre of Yūshi Kyōritsu Tokyo Byōin opened and began to change the status of nurses. The following year, U.S. nursing pioneer Linda Richards worked with Dr John C. Berry to establish a formal nursing curriculum at Dōshisha’s Kyoto Nurse Training School. The Medical School of Tokyo Imperial University also began educating
nurses in 1888, and then in 1890, the recently established Japan Red Cross (Nihon Sekijūji) created its own training program for nurses.42

From these five bases, the number of Nightingale-style Japanese female nurses rose steadily, and the regulations and licensing standards outlined in Ordinance 71 of 1900, held all aspiring nurses up to those high standards.43

Taking note of a growing need for Japanese nurses trained in western medicine and prepared for the new mandatory licensure exams, Teusler and Head Nurse Araki decided to establish a western-style nursing school.45 With the goal of training young women in western medicine and health care, the first ten nursing students began studying at St. Luke’s in October 1902.46 This part of the hospital became Seiroka Kangofu Gakkō (St. Luke’s School of Nursing) in 1904 and Araki acted as both head nurse and head of the nursing education program for fifteen years.47 In 1920, Araki resigned from teaching, acting solely as superintendent of nurses, and Mrs Alice C. St. John (1885–1975) became principal of the newly named High-Grade Nurse Training School. Teusler acted as an unofficial school president, raising funds, advising on curriculum and training development, and ensuring adherence to American medical standards.

Image 3: Araki, at far right, on an observational trip to the U.S. around 1901.44
and his understanding of Christian humanitarianism. To his various sponsors, he boasted in 1930 that the school had ‘the most rigid educational, ethical, and physical requirements for entrance of any school for nurses in the entire Orient.’

St. Luke’s quickly became and then remained the most selective nursing program in Japan at the time. A call for applicants in a Christian newspaper provides evidence of this selectivity. The 1906 announcement solicited curricula vitae and written applications that demonstrated a commitment to the Christian ideals and rigorous standards of the program. With the inauguration of the High-Grade Nurse Training School, an even higher standard was apparent: only twenty-eight out of the 1000 applicants were accepted to the program. Despite having larger facilities and more staff in 1928, the program nonetheless only admitted forty-seven out of 800 applicants. Furthermore, Araki noted proudly that the High-Grade Nurse Training School was the only school to require a high school diploma for all applicants seeking admission. Chartered by the Ministry of Education as St. Luke’s Women’s College of Nursing in 1930, the school became Japan’s first nursing college. Such recognition clearly reflected the esteem of the imperial government for not only the quality and reputation, but also the contribution of the school to Japanese society.

The nursing program and its leadership set out to produce graduates who were prepared and willing to perform general patient care and confront public health issues facing Japan. Within this framework St. Luke’s successfully trained hundreds of nurses. As Teusler stated in a short fundraising and publicity pamphlet in 1927, he hoped to help the ‘Japanese by training nurses and demonstrating public health methods.’ He recognised that ‘[t]he knowledge of medicine to-day in Japan among university graduates and the best educated physicians compares favorably with that of men of equal education at home.’ Yet, by providing what he considered high quality hospital care, the missionary physician also believed that he could make a valuable and desperately needed contribution.

Teusler, like many of his peers, judged that the ‘development, equipment, and practical working of the [Japanese] hospitals is far behind anything we have at home.’ In memorialising Teusler at a service in Washington D.C., president of the American Council of St. Luke’s International Medical Center, George W. Wickersham agreed. Despite Japan’s medical advances, Wickersham argued, ‘in the actual care of the sick and the practical application of public health methods,
and in the introduction of modern preventive medicine, she was still far behind Europe and America." Their perspectives clearly ignored the conditions in hundreds of small, understaffed, and underequipped hospitals in the United States and Europe, and sought to universalise the U.S. pathway to medical modernisation. Nevertheless, there did exist a real and identifiable disconnect between medical knowledge and hospital care in Japan. Also speaking at Teusler’s memorial service, Japanese ambassador to the United States, Hiroshi Satō spoke to this issue when he described Japan as a nation whose ‘theoretical medicine had far outstripped its practical application.’ That was, after all, the very niche that Teusler had hoped his missionary institutions would fill.

In conception and execution, St. Luke’s Hospital was geared towards prioritising and elevating awareness of public health. Therefore research laboratories and other such spaces for experimentation were conspicuously absent at St. Luke’s, even throughout its expansion. Instead, operating rooms and in-patient rooms took up the majority of the space. By 1928, the newly completed St. Luke’s International Hospital boasted one hundred and fifty private rooms. Particularly worried about the ‘poor or indigent [who] cannot afford hospital treatment at all…’ and concerned that ‘there are not 200 beds available in all Tokyo for charity cases’, St. Luke’s administrators set aside as much as forty percent of its in-patient beds as free ‘charity beds’ for impoverished patients in its early facilities. In terms of overall fee structure, St. Luke’s also represented a clear departure during the late 1920s. One third of patients paid full fees, one third paid half-fees, and one third paid no fees. In 1909, after a decade of work in Tokyo, Teusler was convinced that ‘there is nothing that the city of Tokyo more urgently needs than good hospitals for the poor and indigent.’ The successively larger facilities of St. Luke’s constituted a direct response to that perceived need.

Teusler also sought physicians who were well suited, and well disposed, to his crusade for the improvement of public health in Japan. Maintaining that proper health and hygiene began in early childhood, he recruited paediatrician Uemae Tazaburō in early 1903. While Teusler blamed Japan’s lack of interest and fitness in the realm of public health on its decision to imitate German medicine, he nonetheless recruited two nationally renowned German physicians whose skills, reputation, and attitude personified the goals of St. Luke’s Hospital. Tokyo Imperial University Medical School
chief and professor of surgery, Julius Scriba (1881–1905), and Erwin Baelz (1849–1913), professor of internal medicine at Tokyo Imperial University Medical School, came to St. Luke’s upon resigning from their university posts. Although these two famous scholar-physicians, whose bronze commemorative busts stand side by side at the University of Tokyo today, were crucial in popularising German physiological and pathological innovations and surgical techniques in Japan, they came to St. Luke’s primarily as healers. Scriba spent the last three years of his life performing operations at St. Luke’s. Baelz served as chief medical advisor for Teusler for three years before departing in 1905, and he, like Scriba contributed enormously to the success of the hospital enterprise despite being grossly underpaid.

While both boosted the prestige and visibility of St. Luke’s, Baelz’s connections to the Japanese medical world were also particularly important. He was physician to the Imperial Household and to several members of the House of Peers. He also had a close professional relationship with Dr Hashimoto Tsunatsune (1845–1909), who served as general in the Imperial Army and also as its medical director, was superintendent of the Red Cross Hospital, and physician to the Imperial family. The longstanding collaboration
between St. Luke’s and both of these institutions has its roots in Baelz and Hashimoto interactions. In 1903, Teusler also hired Kubo Tokutarō, a graduate of the Imperial University Medical School, as Scriba’s assistant (*Image 4*). Kubo then traveled abroad studying gynaecology and obstetrics at Johns Hopkins and the University of Berlin, respectively, before returning to the hospital as assistant director in 1909.⁶⁸ As the hospital’s second director, from 1934 to 1940, Kubo assured that the missionary hospital founded by Teusler, a foreigner, would continue on as a Japanese-led institution even after Teusler’s passing.

Equipped with these staff and facilities, St. Luke’s Hospital provided the public health services that its founder envisioned. In the late 1910s the doctors and nurses of the hospital made notable efforts to spread sanitary and hygienic awareness through public demonstrations. In addition to demonstrations held in the hospital, temporary demonstration centres were set up in Tokyo. The wide range of topics covered included pre- and postnatal care and well baby clinics; the prevention, description, and treatment of infectious diseases such as tuberculosis; basic mandatory medicals and physicals for school children, and general cleanliness and hygiene instruction.⁷⁰ Even while the hospital operated out of large army tents in the aftermath of the Great Kantō Earthquake, these activities continued. Within a short time, the tent hospital had set up public health facilities to administer maternity care and various forms of paediatric care for victims, as well as the lodging of charity patients.⁷¹ In the late 1920s, after several years of short public health campaigns, the hospital overcame the official resistance of the U.S. Episcopal Church by successfully soliciting funds from the Rockefeller Foundation to establish the Kyōbashi Health Centre as a permanent public health demonstration site.⁷² Within less than a decade its success and timeliness prompted the City of Tokyo to take over the centre, as part of the newly established Rockefeller Foundation-funded National Institute of Public Health that it had created.⁷³

From the outset, however, the central mission of St. Luke’s Hospital was to provide high quality, U.S.-style hospital care for the various classes of Japanese in Tokyo. In 1903, the hospital’s second year, St. Luke’s physicians performed 260 operations (constituting both adult and child operations), and 209 in-patients made use of the private rooms. The hospital’s dispensary and pharmacy hosted 7,769 free consultations and provided 10,000 prescriptions that same year.⁷⁴ By 1909, the hospital’s doctors were seeing between 100 and
150 patients daily in the dispensary, and these numbers only rose. In fact, even after the Great Kantō Earthquake when the hospital was located in a temporary tent facility and then in a temporary wood-framed barracks, great numbers of patients made their way to St. Luke’s. In that second facility, for instance, the hospital cared for 6,500 in-patients and 156,000 outpatients through the dispensary in 1927. The destitute of the city looked to St. Luke’s for help, as is visible from the photo of St. Luke’s charity patients’ waiting room, and took advantage of the hospital’s open admission policy (Image 5). Of course statistics cannot convey the full importance of the hospital.

Perhaps the best indication of the work that St. Luke’s had accomplished in its first decades was the recognition that the hospital received from the people of Tokyo. Stories of Japanese men and women who were thankful for the presence of the hospital abound. For instance, in 1909 a wealthy Japanese farmer offered to finance and provide land for a new western-style Christian hospital in the small town where he lived because he was so grateful for the hospital’s treatment of his son and brother. The community around the hospital expressed its collective gratitude for the role of St. Luke’s in their lives as well in early 1928. A representative from each of Kyōbashi Ward’s 119 precincts, the heads of all the other fourteen wards, and some 130,000 other civilian and political appointees across the city
issued the letter to the hospital.\textsuperscript{79}

St. Luke’s Hospital Tokyo,

We as citizens of Tokyo express our most profound gratitude for the remarkable services rendered by St. Luke’s International hospital in the way of health and sanitation to the City of Tokyo.

Having this hospital situated in the same district, many of the inhabitants of Kyōbashi District in particular owe really so much to her in such services as sanitation for school children, care for women with child and in childbed, nursing of sucklings and infants, and giving a free medical treatment to the poor. It may well be said that the health and sanitation of the inhabitants of this district is so closely related with St. Luke’s International Hospital that we can hardly get along very well without the help of the hospital.

From this very standpoint we should like to state herewith our hope most seriously that the hospital may, at this very moment of starting the construction of her permanent building, strive for the perfection of the services with better equipment to health, sanitation and free medical treatment for the poor in our Kyobashi District.\textsuperscript{80}

Citizens of Kyobashi District,
Tokyo

Beyond the hospital’s patients, patients’ families, and neighbourhood, early twentieth-century Japan’s most famous and influential family also made their appreciation for St. Luke’s known. In 1911, an especially prestigious and rare form of recognition surprised the staff of the hospital when it arrived, with flowers, from the Imperial Household Ministry. The scroll read:

St. Luke’s Hospital,
Tokyo

The hospital has striven for many years saving the poor and in excellent works of charity. You are charged to continue these beneficent deeds and with the everlasting mercy good results will come. To applaud your merit this document is given in accordance with the will of His Imperial Majesty.

February 11
Meiji 44 [1911]
The Minister of the Imperial Household
Baron Tōsuke Hirata\textsuperscript{81}
This show of not only acknowledgment but also strong appreciation from the aging Emperor Meiji set a precedent for imperial recognition of the work undertaken by St. Luke’s Hospital. The Taishō Emperor also gave 50,000 Yen ‘to the funds of the hospital as a manifestation of appreciation and encouragement’, according to aristocrat and Diet (Japanese parliament) member Tokugawa Iesato (1863–1940). Teusler mentioned that several reliable sources touted this as the largest gift of the then current imperial family to any hospital in the empire, and regardless of the accuracy of this claim, the size and importance of imperial family support for St. Luke’s is irrefutable. In the earthquake-torn city in 1923, Empress Teimei visited the temporary site of St. Luke’s and assured the staff of her moral support and financial patronage. In particular, she viewed St. Luke’s College of Nursing as an integral element in the success of the Japan Red Cross and the Japan Red Cross Hospital. In recognition of the hospital’s role in providing qualified nurses, training nurses, and nursing staff for the organisation, Her Majesty granted it a yearly subsidy in 1931.

As is apparent from the preceding paragraphs, substantial acts of philanthropy were necessary for the maintenance and expansion of St. Luke’s Hospital. While such demonstrations of appreciation would have done little to save an institution that had not already managed to attract the interest and respect of the larger Tokyo population, the missionary hospital often relied upon large gifts and other types of contributions. From 1908 onwards fundraising efforts brought together ambassadors and ministers from the United States, Great Britain, Germany, France, Australia, Italy, the Netherlands, and Switzerland, along with members of the Imperial Household Ministry and top Japanese officials. These private donations were matched by the government-issued donations and characterised the subsequent prewar years of the missionary hospital. Together, donors from Prime Minister Okuma Shigenobu (1838–1922) to John Rockefeller (1839–1937) made the completion of a new St. Luke’s possible, and it was completed in 1922.

Soon after this great conclusion came both a disaster and a new beginning, facilitated again by Japanese and international cooperation. In a number of hours, the Great Kantō Earthquake and the subsequent fires devastated Tokyo, destroying St. Luke’s International Hospital as well. Patients and staff were forced to abandon the hospital. Within days, however, St. Luke’s International Hospital opened and began accepting patients, thanks to the Home
Ministry in Japan and the United States Army in Washington, D.C. The Japanese government provided 150,000 Yen, over 500,000 feet of lumber, and building materials for the framing of a temporary facility. It was the quick arrival of a U.S. Army Field Hospital, however, sent from Manila and equipped with laboratories, field kitchens, a portable X-ray outfit, and full medical and operation supplies, that provided the homeless St. Luke’s staff and patients with a hospital during the difficult winter of 1923–1924. U.S. Secretary of War, General John J. Pershing (1860–1948), made this happen at the request of Teusler, whom he had come to know during his time as Military Attaché at the United States Embassy in Tokyo several years earlier.

From September 1923 onwards, St. Luke’s International Hospital again rebuilt itself on the solid foundations laid over the previous two decades. As Teusler explained to his readers (and potential donors), St. Luke’s Hospital was not focused on ground-breaking theoretical research and potentially useful discoveries, but on ‘demonstrat[ing] to Japan the branches of medicine in which America excels: surgery, sanitation, and nursing.’ While the nation’s top medical schools and their affiliated universities kept up with and often surpassed their western equivalents, Teusler set St. Luke’s International Hospital on a very different, but complementary path. From the outset, he imagined a great hospital that would focus on raising the general level of health among Japanese of all ages, and when ground was broken for the building of a new permanent facility in 1928, it was an institution with that mission at its heart that the staff and community envisioned.

Conclusion

The fate of St. Luke’s Hospital has depended on the ability to locate important weaknesses in the Japanese health care system and build specialised institutions and programs to address them. Well aware that medical research did not constitute such an area, the founder and earliest staff at St. Luke’s concentrated their efforts elsewhere. They set out to meet two immediate, visible, and ever-growing needs: the establishment of a true clinical hospital for the lower classes of Tokyo and the lack of coherent public health programs. St. Luke’s administrators valued the practice of general medicine and the evaluation, remediation, and promotion of public health for the wellbeing of the largest number of patients possible. Within two
decades, the hospital had begun to garner various types of official recognition and the gratitude of Japanese patients throughout the greater Tokyo region. While other missionary hospitals in Japan have made several important contributions to Japan since the mid-nineteenth century, none has been as successful and durable as St. Luke’s International Hospital.

The success of St. Luke’s rests in part on its survival during the early twentieth century, when the number and importance of missionary physicians and hospitals dwindled, and the individuals responsible for establishing those enduring bases are many. As U.S. Ambassador to Japan Joseph Grew noted during a memorial speech at the Tokyo funeral for Rudolf Teusler in November 1934, ‘St. Luke’s owes its present outstanding position primarily to the initiative, energy, and vision of Dr. Teusler …’. Failing to mention Dr. Kubo Tokutarō and Superintendent Araki Iyo, Grew did go on to note the support of the U.S. Episcopal Church, the Rockefeller Foundation, the Imperial family, and the Japanese government. Clearly, Teusler’s Christian humanitarianism, Rockefeller’s Christian philanthropy, and the Episcopal Church’s Christianising mission constitute threads of U.S. cultural and technological imperialism in Japan. Nevertheless, these elements enabled St. Luke’s to become a crucial hospital in Tokyo with the high profile necessary for attracting the interest and generosity of Japanese elites and the attention and support of the imperial government. They therefore set the hospital on a course unlike those of other Japanese-initiated charity hospitals.

With the passing of Rudolf Teusler, St. Luke’s Hospital continued its growth and service thanks again to certain recruitment choices and those choices’ consequences. St. Luke’s Hospital possessed a life expectancy far beyond Teusler’s own life and presence there or those of other missionaries because the doctor deliberately sought to make the hospital a Japanese institution. As an almost wholly Japanese hospital already by the 1920s, with only two non-Japanese physicians on staff, the groundwork was also already set for the continuation of St. Luke’s after his retirement. Teusler had worked particularly closely with Kubo Tokutarō who, after working for some thirty years in positions of increasing responsibility at St. Luke’s Hospital, assumed the position of hospital director when Teusler fell ill in 1934. Thus, while Teusler was clearly interested in a *mission civilizatrice* that would bring American practical medical knowledge and a type of Christian humanitarianism to a country that he thought lacked both, he did not look upon his Japanese colleagues with
disdain. He clearly held the people and the government of Japan in high esteem, capable of raising their nation to a level of medical care comparable to that of the most advanced areas of the United States.

Rather than occupying himself with the objective of converting large numbers of Japanese to Christianity through medicine, it seems that Teusler sought to ‘Christianise’ the Japanese health care system and tools. Inherent in that process was not a religious but a social mandate to prioritise and democratise medical knowledge and treatment for the public good. Of particular importance was the original support of the American Episcopal mission that set its sights on helping and educating Japanese rather than on conversions. St. Luke’s has stood as a testament to internationalism, effective cooperation between the Japanese public and private spheres, and a social consciousness and reform-mindedness rooted in Protestant Christian morality.

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3. Tsukiji Mission Hospital, Second Annual Report of Tsukiji Mission Hospital, Tokio (Tokyo, 1875).

4. Fox, 524.

5. This situation occurred on account of the well-known deflationary policies of Finance Minister Matsukata Masayoshi and other deflationary measures taken by the government. See Andrew Gordon, A Modern History of Japan from Tokugawa Times to the Present (New York: Oxford University Press, 2003), 96; and Neil L. Waters, Japan’s Local Pragmatists: The Transition from Bakumatsu to Meiji in the Kawasaki Region (Cambridge, MA: Harvard University Press, 1983). 104–11.


7. Nish, 194.

8. Shigehisa, 173.
9. Fox, 528.
10. The man-made island in Nagasaki Bay served as the only legal space in Japan for foreigners during the country’s closure to the west (1639–1854). Ranpō medicine, as opposed to Chinese-method (or kanpō) medicine, was the only form of western medicine in Japan until the mid-nineteenth century.
20. These facilities included the Yūshi Kyōitsu Tokyo Byōin, a free hospital founded by Kanehirō Takaki in 1882, and Tokyo Komagome Hospital, a former cholera isolation hospital that Kanehirō had transformed in 1879, and the Hakuaisha Byōin and Juntendō Byōin that Satō Takanaka established in 1872–1873. Fox, 528.
23. On the efforts of Nagayo Sensai, head of the Bureau of Hygiene, to raise awareness of public health and popularise this meaning of the term see Burns, “Constructing the National Body”, 17.
24. Ibid., 20–4.
25. Japan Ministry of Internal Affairs and Communications, Statistics Bureau, “Classification


27. For more on the broadly applied spending cuts, see the aforementioned sources on the Matsukata deflation and also see a more complex analysis in Steven J. Ericson, “‘Poor Peasant, Poor Country!’ The Matsukata Deflation and Rural Distress in Mid-Meiji Japan”, in *New Directions in the Study of Meiji Japan*, edited by Helen Hardacre and Adam L. Kern (Leiden: Brill, 1997), 388.


35. *Isekitōroku* [Record of Registered Physicians], no. 5034, 17 April 1900.


45. Dr. John Berry describes the founding of Dōshisha University’s Nursing School in the late nineteenth century in response to his 1883 request for such an undertaking. Berry, 475.

46. Robbins and MacNaught, 43.

47. Seiroka Kokusai Byōin, 73.

58. *Ibid*.
59. See Jammé, 188.
60. Teusler, “Present-Day Medical Work”, 787.
63. Seiroka Kokusai Byōin, 73.
64. Teusler, *An American Medical Center for Japan*, 8.
66. Robbins and MacNaught, 34–35.
68. Seiroka Kokusai Byōin, 72.
72. Takahashi, 153.
73. Teusler, *An American Medical Center*, 9 and 12.
79. Takahashi, 155.
81. Robbins and MacNaught, 73.
82. St. Luke’s International Hospital, *In Memoriam*. The spelling ‘Ieyasato’ was used at the time.
83. Teusler, *An American Medical Center*, 5. While the history of imperial patronage for hospitals is beyond the scope of this paper, it is worth noting that Kuakini Hospital in Honolulu received a similar gift in 1934 from the Shōwa emperor and empress. Alfred L. Castle, *A Century of Philanthropy: A History of the Samuel N. and Mary Castle Foundation* (Honolulu: Hawaiian Historical Society, 2004), 196.
84. Robbins and MacNaught, 77. Also see *Spirit of Missions* 88 (1923).
85. Robbins and MacNaught, 129.
86. Seiroka Kokusai Byōin, 75.
87. Robbins and MacNaught, 76.
89. Robbins and MacNaught, 133.