Japanese imperial psychiatry in Tokyo: two Korean immigrants in a psychiatric hospital, 1920-1945

Psiquiatria imperial japonesa em Tóquio: dois imigrantes coreanos em um hospital psiquiátrico, 1920-1945

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Received on 23 Sep. 2021.
Approved on 10 Feb. 2022.

http://dx.doi.org/10.1590/S0104-59702022000500004

SUZUKI, Akihito. Japanese imperial psychiatry in Tokyo: two Korean immigrants in a psychiatric hospital, 1920-1945. *História, Ciências, Saúde – Manguinhos*, Rio de Janeiro, v.29, supl., dez. 2022, p.47-59.

Abstract

During the first half of the twentieth century, Western psychiatry was quickly absorbed in Japan, particularly the versions from Germany and Austria. By 1940, over 130 psychiatric hospitals were caring for approximately thirty thousand patients in cities, while in rural areas about sixty thousand people still depended on family members for care. Japan's empire expanded during this same period, and many immigrants came to the country. Growth in immigration from Korea was particularly important. Korean immigrants encountered Japanese psychiatric hospitals during the second quarter of the twentieth century, and this paper examines the complex nature of their hospital stays.

Keywords: history of psychiatry; Japan; immigration; Korea; transcultural history.

Resumo

Ao longo da primeira metade do século XX, a psiquiatria ocidental foi rapidamente absorvida no Japão, particularmente as versões advindas da Alemanha e da Áustria. Em 1940, mais de 130 hospitais psiquiátricos cuidavam de cerca de trinta mil pacientes nas cidades, enquanto nas áreas rurais cerca de sessenta mil pessoas ainda dependiam dos cuidados de familiares. No mesmo período, o império japonês expandiu-se, e muitos imigrantes vieram para o país. Particularmente importante foi o crescimento da imigração coreana. Hospitais psiquiátricos japoneses e imigrantes coreanos se encontraram no segundo quartel do século XX. O artigo examina a complexidade dessas estadas hospitalares.

Palavras-chave: história da psiquiatria; Japão; imigração; Coreia; história transcultural.

At the turn of the twentieth century, psychiatry in advanced countries became imperial psychiatry as England, France, Germany, the United States, and other countries expanded their psychiatric asylum regimes. Asylums were primarily social creations, and they were becoming larger, rural, economical, but often deteriorated institutions (Scull, 1993; Engstrom, 2004; Grob, 1994). Governments built new asylums in their colonies in Asia and Africa (Ernst, 2013; Sadowsky, 1999; Keller, 2007). Britain considered the Irish, South and Central Africans, and Indians; France took care of North African people; Germany was worried about East European immigrants; and the United States was anxious about waves of immigrants from around the world, particularly, the African American people. The imperial elements of psychiatry in the advanced countries incorporated concerns about immigrant poverty, racial prejudices, and eugenics while expressing the virtues of wealthy and charitable people. Imperial psychiatric asylums blended the power, authority, economy, charity, and medical sciences and culture of the advanced nations in Europe, North America, and Oceania.

Japan was yet another country with imperial psychiatry in the earlier half of the twentieth century. Japanese psychiatry in significant cities and medical schools in Taiwan and Korea has become an exciting topic, and interesting papers have started to appear (Suzuki, Wang, 2022); psychiatric practice for immigrants from China, Taiwan and Korea in major psychiatric hospitals in major Japanese cities from the early twentieth century has similarly generated exciting and complex results (Suzuki, 2017). Like the relatively new historiography of reconstructing "voices of madness" in many countries, case histories in Japanese mental hospitals provide good viewpoints as they present dialogs and more often tensions between the medical staff and the patients (Ingram, 1997; Kelly, 2016; Suzuki, Wang, 2022).

This paper presents the world of hospital doctors, employees, and Korean patients at the Oji Brain Hospital (OBH) in Tokyo, with specific attention to how nurses cared for Korean patients. We are able to reconstruct the relationship between two Korean patients during the 1930s. Instead of looking at just one Korean patient within the context of the doctor-patient relationship, the rich and detailed archive of case histories of individual patients permits a glimpse at relationships between Korean patients. This paper investigates the emotional connections between two hospitalized Korean against the backdrop of Japanese imperial psychiatric asylums.

The first section summarizes the essential background of psychiatric hospitals in Japan as the empire was constructed, and the rapid increase in Korean immigrants after 1910. The second section introduces the evolving emotional relationships between the two patients and the changing power relationship between the medical side of the OBH and the patients. The third section analyzes the emotional breakdowns of the two patients and considers the small but complex world of a psychiatric hospital in Tokyo.

Korean immigrant patients in psychiatric hospitals

During the first half of the twentieth century, there were few Korean immigrants in long-term stays in Japanese psychiatric hospitals. Japan was quickly learning Western medicine and psychiatry (mainly from Germany and Austria) at this time, and began to

build hospitals and psychiatric hospitals in many cities (Kim, 2014). Private psychiatric hospitals were first established in Osaka and Edo, and public hospitals were built in Kyoto and Tokyo (formerly Edo). Kure Shūzō (1865-1932) taught the psychiatry of Emile Kraepelin (1856-1926) at the University of Tokyo to dozens of young psychiatrists who became professors of newly created psychiatric departments and directors of large psychiatric hospitals (Okada, 2002). By 1940, more than 130 psychiatric hospitals, both public and private, took care of about thirty thousand patients, mainly in cities; meanwhile in rural areas, approximately sixty thousand people were still confined in their own homes and cared for by family members (Suzuki, 2003; Goto, 2019).

During the same period the Japanese empire was expanding, and many immigrants arrived to Japan from new colonies in East Asia. Immigration from Korea expanded significantly (Jansen, 2000); the first immigrants from Korea were mainly elite students who studied at institutes of higher education in Tokyo and other major cities (Duus, 1995). Between approximately 1890 and 1910, they sought higher status and became leading bureaucrats when they returned to Korea. The second phase of Korean immigration started in 1910, the year of the Japan-Korea Annexation Treaty. Until the end of the Second World War in 1945, Japan attempted to rule Korea and control Korean immigrants, while immigration became more significant (Kawashima, 2009; Weiner, 1989).

Between 1919 and 1929, the number of Korean immigrants in Japan leapt from 26,000 in 1919 to 275,000 in 1929; by 1941 there were more than one million Koreans. Like immigrants throughout the world of imperialism, many Korean immigrants performed arduous and underpaid work in factories, agriculture, and coal mines, living in shantytowns, ghettos, or agricultural areas and facing ethnic discrimination and cultural disdain. Perhaps the most notorious example of Japanese hatred against the Koreans was the massacre during the Great Kanto Earthquake in 1923 (Ryang, 2003; Ryang, 2007); other infamous cases include recruitment or forced labor of many Korean people from September 1944 to August 1945, when Koreans had been employed with lower status and often forced to work in miserable and hazardous conditions (Shin, Moon, 2019; Henry, 2016).

In this way, Japanese psychiatric hospitals and Korean immigrants encountered each other during the second quarter of the twentieth century. At first, some Korean patients faced difficulties during their hospitalizations due to medical policy, economic status, and lack of family. Korean immigrants made much less money than their Japanese counterparts and lacked solid family support, which was still a decisive part of Japanese care for the mentally ill. Many Korean inpatients were male workers who had not yet married; if they were married in Korea and came to Japan, their wives and children remained in Korea, waiting for them to attain success as a patriarch (Kim, 2005). These single or quasi-single male workers had little familial or domestic support, and consequently there were often very intense tensions between Korean patients and the other Japanese patients as well as doctors and nurses.

Many Korean patients were seen to be in individualistic and unique situations, and we have not yet recognized patterns of Korean patients' stays in psychiatric hospitals. This paper may be the beginning of investigations into imperial psychiatric hospitalization in Japan. In one interesting case, two Korean immigrant patients at the OBH incorporated

the diverse historical context into their lives in the hospital,[1] and this paper examines the complexity of their stays.

Patient A and Patient B

There were several patterns observed among the Korean patients brought to OBH during the period we focus on here; some stayed long-term until their deaths, others stayed relatively long until they were cured, and others stayed for several months or just a few weeks (Table 1). Nine of the patients were male and one was female, representing a solid bias toward males among Korean immigrants in this period (since the Japanese gender ratio was roughly two male patients per female patient). Costs for 30% of the patients were paid by cities or the wards of Tokyo; for Japanese patients this rate was approximately 10%. In short, Korean immigrant patients tended to be male, largely poor, and often single and isolated from their families.

The individual case histories of two immigrant patients who stayed more than ten years at OBH until their deaths provide details about their stories and intense political and cultural dramas.

Table 1: Ten Korean patients at Oji Brain Hospital, approximately 1925-1945

M/F	Job	Age	Admission	Discharge	Days	Diagnosis	Result	Private/Public
M	student	28	27 Nov. 1925	17 Jan. 1926	91	schizophrenia	not cured	private
M	no entry	24	17 May 1927	27 May 1927	10	schizophrenia	not cured	private
M	labourer	29	6 Mar. 1930	12 Mar. 1940	3659	schizophrenia?	dead	public
M	navvy	33	23 July 1930	3 Nov. 1940	3756	schizophrenia	dead	public
M	student	18	12 Sep. 1931	5 Oct. 1931	23	schizophrenia	not cured	private
M	none	45	28 Aug. 1931	12 Sep. 1931	19	heroin and cocain	cured	public
M	none	21	2 Jan. 1933	13 Jan. 1933	11	schizophrenia	not cured	private
F	wife	24	24 Nov. 1939	25 Nov. 1934	1	poison	dead	private
M	navvy	32	15 Apr. 1941	3 July 1942	444	epilepsy	cured	public

Source: Oji Brain Hospital's register.

Patient A

Patient A was admitted to OBH on July 23, 1930, and died of beriberi on November 3, 1940.[2] He was brought to OBH by the police on a stretcher, near death from beriberi and covered with wounds. It appears the police did not know his name or address. Soon after admission, the nurses at OBH recorded that the patient's entire body was filthy, covered with minor wounds and swellings; he stank and was exhausted, weak, and very thin. He was also aggressively excited, attacking nurses and other patients and destroying everything in reach. His situation was reported to the doctors, who came and administered an emergency injection of Ringer's solution and camphor and treated his skin wounds oozing pus. They also applied sedatives such as phenobarbital, opium alkaloid, and scopolamine, and treatment for beriberi and severe insanity continued for several days.

The situation started to improve in mid-August. On August 16, 1930, the patient's diet was changed from milk to normal food. On September 20, his mood improved, on September 23 he told a doctor his Japanese name, and on October 5 he was visited by a friend. Things started to improve significantly during the first few months.

Although there were no clear answers about his life prior to admission to OBH, we can reconstruct Patient A's life. He was born into a farmer's household in Korea. Many Korean immigrants who had become poorer in agricultural areas as rice production was exploited by Korean and Japanese landowners came to Japan and worked in public construction projects (Kawashima, 2009; Weiner, 1989). These projects were necessary for Japan's rapid modernization, and a huge labor force was required to equip Tokyo with modern infrastructure and reconstruct urban components after the Great Kanto Earthquake of 1923.[3] A survey conducted in Tokyo in 1928 found that Korean workers were more numerous in public construction works and agriculture, while much larger numbers of Japanese workers were employed in manufacturing, commerce, and transportation (Table 2). Since some of Patient A's remarks suggest he was engaged as a construction laborer or navvy in the western part of Tokyo, he was likely one of the public construction workers in Tokyo, and a typical Korean immigrant laborer.

Table 2: Number and share of Japanese and Korean laborers in Tokyo in 1928

	Japanese	Korean	Total	Japanese (%)	Korean (%)
Factory or mine	1,380	222	1,602	86.1	13.9
Public works	2,997	5,369	8,355	35.8	64.2
Commerce	787	159	946	83.2	16.8
Agriculture	1,763	3,743	5,506	32.0	68.0
Fishery	28	-	28	100.0	-
Transportation	310	16	326	95.1	4.9
Domestic	28	2	30	93.3	6.7
Mischhlaneous	434	112	546	79.5	20.5

Source: Weiner (1989).

In 1931 and 1932, Patient A's situation began to change, for the better. He started to integrate himself into the small communities with the doctors, nurses, and other patients. He told the doctors and nurses about his early life in Korea, and also explained his immigration to Japan and the disease process connected to his hospital admission. The doctors noted his improvements, although they recognized that this was a partial remission. In April 1932 he began to participate in work therapy; although making envelopes was essentially short work, he looked pleased. Nurses wrote that he was friendly with other patients, and seemed to enjoy talking to them.

The primary reason for this successful regime was Patient A's gratitude to the doctors, nurses, and other Japanese patients at OBH. He wanted to express this thanks to the hospital. It is not clear whether he understood the regime as traditional charity. Still, he might have

perceived the framework for indigent patients that helped him recover through the efforts of doctors, nurses, and medical institutions. He expressed his gratitude to the medical staff several times. On April 26, 1932, a nurse recorded the following:

> He was very cheerful. Occasionally he helped the nurses with their work and expressed his gratitude by saying, 'I was about to die, but the doctors and nurses of this hospital kindly helped me.' He was mild and obedient; temperature and pulse were average; medicines were taken as usual; bowel movements adequate. Sleeps regular (OBH nursing record for Patient A on 26 April 1932).

One crucial point is the adjective used to describe his cheerfulness: *on-jun*. *On* means warmth, and *jun* means to obey; *jun* was primarily based on the Confucian ideology of an obedient attitude for a good ruler. *On-jun*, the word that appeared dozens of times between 1931 and 1932, expressed the success of Japanese imperial psychiatry in improving the subject's mental illness. From 1930 to early 1933, Patient A was an excellent immigrant psychiatric patient who had emerged from multiple diseases, poverty, and ignorance with some hope of returning to society.

Patient B

On March 6, 1930, Patient B, another immigrant from Korea, was admitted to OBH, where he died on March 12, 1940 from tuberculosis. He was a public patient, with his stay paid for by Honjo Ward, where he had lived. His history upon admission was somewhat confusing, but the general structure is clear: he came from a relatively wealthy Korean family and his father was a medical practitioner in the region. He was the third son, with two elder brothers. He was married in Korea, and in 1928 he left his wife and two sons in Korea to pursue a new path in life by receiving a good education and finding a good job in Tokyo. He almost certainly was about to call his family to Tokyo, when he might have established his status. This pattern of combining higher education and work as laborers in large cities was standard for many Korean immigrants.

Patient B was another typical Korean immigrant in the 1920s. After the Great Kanto Earthquake in 1923, the governments of Japan and Tokyo began to change their industrial areas, building many factories on the outskirts of Tokyo. Perhaps Patient B wanted to join this new wave of industrialization and modernization; he was also a son of a Korean medical practitioner and belonged to a different Korean social stratum. When he went to Japan, he first settled in Honjo to work at a metal shoe factory. He trained to be a good factory worker and taught himself to speak Japanese well.[4] Immigration by the *yangban* class, well-educated socially and financially important members of Korean society during the early modern period, is essential to this story. One woman named Jung Bun-Ki (whose Japanese name was Tokumoto Hiroko) was a part of this family-linked success story. Patient B also came from a medical family and married when he was about 17 years old, which was relatively common among Koreans during this period.

But there was some trouble in his new life in Tokyo. He thought he was being poisoned at the shoe factory, where lead was utilized. Lead poisoning in factories was common in many places like the United States, European countries, and Japan (Sellers, 1997; Sellers, Melling,

2011; Markowitz, Rosner, 2003). He expressed anxiety and fear about lead poisoning, but did not report any serious delusions, hallucinations, or movement disorders. He was somehow confined at OBH with almost no symptoms of mental illness.

Soon after admission, Patient B improved. He immediately became a communicative, friendly, and rational human being. He was able to talk with the doctors, nurses, and other patients. He worked in the hospital and laughed with other patients during his off time. He was very good at *go*, a game similar to chess which was popular among educated people. He played *go* with other patients and talked to doctors about his dreams. He did not show any signs of mental illness.

In 1931 (several months after his admission), his behavior started to change. He became highly critical of the nurses, doctors, and Japanese society. He demanded to be discharged from the hospital, and became angry when neither the doctors nor nurses responded. He declaimed the cruelty of the hospital and was furious about his everyday life in the hospital. He made envelopes as a kind of work therapy, but he could not write even a postcard to his family in Korea to express his sorrow and anger. From around 1933, he refused treatment. In an intelligent and educated tone, told the doctors that he had not given the hospital permission to generate records on him, and so the hospital had no right to ask him questions and record his replies. To the male nurses, he was more straightforward in his criticism: he used educated language to say he was being confined illegally (*fuho kankin*).[5] In 1932, he also started to criticize the Japanese nation and society. Male nurses recorded that Patient B was an anarchist and nihilist who stated it would be acceptable to shoot the Emperor with a revolver. He cursed the Japanese nation and suggested that Japan should lose the war.

These comments by Patient B suggest the relative openness of information at OBH on the one hand, and the closure of sending messages on the other. Patient B was familiar with the political and social situation prior to his hospitalization. Honjo Ward in Tokyo was a hotbed of socialism, communism, and other political activities, and elected the first Korean member of Parliament in the 1930s. Patient B's comment about the acceptability of shooting the Emperor might reflect his knowledge of the Toranomon Incident of December 1923, an attempt by Namba Daisuke (1899-1924) to shoot the Crown Prince (and later Showa Emperor). Namba was a well-bred young person who became a Communist when he moved to Tokyo and was shocked by the desperate standard of living among poor people.[6] In the OBH, Patient B expressed some familiarity with this attempt.

From their admissions in 1930 to early 1933, Patient A and Patient B had very different experiences. Patient A arrived with severe medical and mental problems but improved in many senses: he became a good patient, or more precisely, a colonially clever patient. Meanwhile, Patient B was admitted with a clean body, reliable knowledge about his situation, and no significant psychiatric symptoms, but he became angry at the prospect of confinement without any apparent signs.

The clash between the two Korean patients

On May 10, 1933 the Korean patients met, with dramatic results. Nurse diaries for both patients describe the confrontation. Patients A and B encountered each other in the work

therapy room, where perhaps fundamental arguments about how they defined themselves within the OBH emerged. Patient A's record states the following:

> Work therapy of patient should be stopped. He did things he usually does not do: expressed over-excitement, masturbated, sang loudly, and wandered around the room. He argued with Patient B, who had not spoken much with Patient A and finally angered him. He stood up and claimed that he would kill all Koreans, and that his own feet and hands should be cut off. His mind seems to have been over-exited, and we administered medication (OBH's Nursing record of Patient A on 10 May 1933).

The next day, Patient A did not return to work therapy, nor was he docile (*on-jun*). He shouted that they should kill him, and he destroyed glasses and other objects. Within a few days he manifested wild insanity: he put his foot in the toilet, touched his feces, sang, did not eat, destroyed his bed, stripped off his clothes, and criticized many other Japanese patients. He continued this aggressive madness for about seven years until his death from beriberi, on November 3, 1940.

Patient B also changed. He ceased his earlier aggressive criticism of the hospital, Japanese society, and the imperial system, and isolated himself in the hospital. He stopped all conversations with doctors, nurses, and other Japanese or Korean patients. He abandoned all work and began to speak only Korean. He refused contact with other patients, simply walking away. From around 1936, Patient B began to show signs of tuberculosis, but refused to be examined by the doctor. In 1937 the signs of tuberculosis were more evident, but he still declined medical treatment; in late 1939, he became frail and died in March 1940 from tuberculosis.

This episode of two Korean immigrants at OBH is somewhat challenging to interpret, and has several important aspects. Both the hospital and the patients failed to achieve their goals. The hospital was not satisfied with the poor performance of the two patients. Patient A wanted to be obedient and then be discharged from OBH. This failed: his diseases worsened, he was not able to leave, and he died. Patient B's somewhat justifiable claims did not succeed at all: he stressed the ideals of democracy, law, and human rights to demand his discharge from OBH, also without success.

The two models, an obedient immigrant laborer within the Japanese empire and the modern individual with rights to be recognized, both failed. Perhaps the most fundamental point was the lack of a concept of national identity. They did not form any bond based on their Korean national identity or the notion of being a patient. Patient A continued to regard Patient B as arrogant and isolated, while Patient B may have considered Patient A illiterate and uneducated. The two models did not merge into a Korean identity or patienthood.

The body, language, and songs of Korean patients

The differences between Patient A and Patient B that separated them from the hospital regime seemed to have several dimensions. I would like to address three aspects: the body, the language, and the songs. These characteristics allow historians to examine how the Japanese and Korean cultures and patient behavior coincided during the second quarter of the twentieth century.

The body

One prominent body-related behavior emerged in Patient A toward the latter part of his hospitalization: he smeared his feces on his body and attempted to apply his stool and urine to his clothes, defined as "dirty behavior" in Japanese psychiatry. There are several interesting interpretations of this defiant behavior. One reference is found in the *Kojiki* and other early Japanese mythological chronicles related to the deity Susanoo (the younger brother of Amaterasu, the sun goddess), who was known for his impetuous and contradictory behavior that at times also involved feces; the implication might be willful denial of the rules of this world (Ryang, 2007; Agamben, 1997). Another possibility for understanding the use of excrement lies in the context of the agricultural economy (Aoki, 1985). Patient A grew up in an agricultural area in Korea in a family of farmers, and using his feces on his body in a kind of protest against the hospital might have been meaningful.

If Patient A's primary issue was related to smearing his own excrement on his body, Patient B's problem stemmed from medical examination of his body and recording the resulting data in his case history. For roughly a year (1934-1935), Patient B's complaints about medical testing were recorded in his case file. This criticism was based on the notion of the body within the traditional and Confucian somatic culture of Korean and East Asian people. The well-educated ruling classes had an especially strong sense of the body's propriety, and writing the results of a medical examination into a case file violated this etiquette. He evaded and refused examination and investigation and called the nurses stupid for touching his body, claiming that the records should be straightforward. From October to December 1934, his rejection of bodily testing using modern technological machines was recorded in detail.[7]

Patient B's refusal of modern examination of the body using tools may have been based on notions of the body among the elite Chinese, Korean, and Japanese classes based on Chinese cosmology and Confucian ideals (Lu, Needham, 2002; Kuriyama, 1999). These ideas had popular support: in Seoul in 1920 there was a movement to create a new hospital that used mainly Korean indigenous treatments as a medical expression of Korean nationalism (Park, 2005).

Patient B was the son of a Korean medical practitioner; the influence of Korean nationalism after 1910 and the strong emphasis on Korean indigenous medicine (which was yet another offshoot of Chinese medicine) could have motivated Patient B to resist incorporation into the Western medical system and the imposition of Western medicine on his body.

The language

Another important factor in the history of the two Korean patients is the language. As mentioned, Patient B despised record keeping and sharply criticized the doctors' annotations in his case file about his behavior, statements, and messages. He insisted that the medical practice of taking case histories violated his personality and human rights. I interpret this to mean that he regarded the medical case history as something very similar to interrogation reports used by police. Psychiatrists, male nurses, and police officers asked him questions

and tried to record his answers, potentially forcing him into a corner politically. In this case, psychiatry resembled a police investigation.

The Korean language was an essential device for the two patients and the political situation in general. Although China influenced Korea for centuries, Korea began to exert its independence in several important areas in the early modern period. The creation of Korean written characters (Hangul) in the fifteenth century was the beginning of its language. Hangul was adopted in official documents in 1892 and entered into primary education and newspapers in the 1890s. The introduction of the Japanese language in 1910 after the annexation was controversial, but in 1938 Korean was banned from primary schools and in 1941 all publication in Korean was prohibited by the Japanese colonial government. After Japan's defeat in 1945, many Korean politicians and intellectuals embraced the linguistic symbol of Hangul as a potential for independence and nationalism. In our case, the essential point is that both patients used Korean and refused Japanese. Instead of being a docile Korean navvy or a bilingual intellectual, they spoke only Korean so the doctors, nurses, and other Japanese patients could not understand them.

Songs in Korean

Perhaps the most important thing for Patients A and B was singing in Korean. Patient A started to sing almost every day after his clash with Patient B in 1933. Patient B also sang songs in Korean, but less frequently than Patient A.

In the early twentieth century, singing was important in political, cultural, and individual frameworks (Hebert, Kertz-Welzel, 2012; White, Murphy, 2001), and particularly in both Japan and Korea during the first half of the twentieth century. In these countries, some songs played important roles in establishing individual identity and criticizing government policies.[8] Although Japanese and Korean singers did not interact with each other, and although the nurses at OBH wrote impartially in a way that indicated no connection with contemporary Korean songs, there were strong relationships between Japanese and Korean songs. Particularly in the Japanese context, interactions using *enka*, a traditional style of Japanese popular music, began to capture attention during the late nineteenth and early twentieth centuries (Soeda, 1965). In the late nineteenth century *enka* was notated in the Western music system and published, popularizing these songs. Many incorporated political, social, cultural, and racial critiques and often included self-criticism. Japanese *enka* songs berating Korea were well-known, while popular Korean versions also often subtly disparaged Japanese culture. Around 1920, the Japanese sang *Okuni-bushi* ("Songs of Countries"), which included pointed commentary about other nations in the region as well as their own. This included a song against Korea, which starts with "[In] the country of Korea, no way / They are proud of ginseng, no way."

Meanwhile, the Koreans sang the same song about Japan and Tokyo: "[In] the country of Musashi, no way / They are proud of lice, no way." The double messages of criticism and self-criticism of Korea and Japan are relatively straightforward; Japanese imperialists as well as ordinary people sang sarcastic songs with anti-Korean messaging, while the Koreans did the same in popular resistance against Japanese rule.

Final considerations

Although this paper is only the beginning of an investigation into the lives of immigrant Koreans in psychiatric hospitals in Japan during the early twentieth century, it includes several significant findings. First is the pattern of hospitalizations among Korean immigrants in the psychiatric hospital in Tokyo. It is important to recognize the relatively low rate of "lifetime stays" amid the more general psychiatric framework, even though this was the case for the two patients at the center of this study: 80% of the Korean immigrant patients had relatively short stays.

Second, the study shows a combination of good stays and bad stays for individual patients. Both Patients A and B exhibited a shift from a relatively pleasant stay to aggressive, critical, angry, and isolating years. We can recognize the coexistence of both types in a single patient; the long stays added complexity to their cases.

A third finding is the antagonism between the medical staff and patients. The medical team attempted to present a positive attitude toward the patients, while the nursing staff were satisfied with their behavior for a time. After the patients became aggressive or critical, however, this could not be maintained. The fourth point is the lack of connection between Patients A and B, and a lack of unity among the Korean patients. We surmise that during this period, Koreans still maintained feudal attitudes about connections beyond certain statuses.

The fifth and perhaps most crucial point is the strength of the power of culture and social forces of Japan and Korea within the psychiatric hospital during this period, at a time when Japanese psychiatric hospitals and Korean immigration were both expanding rapidly. In the absence of a specific culture of psychiatric hospitals, both the medical staff and Korean patients wanted to introduce the socio-cultural values of Japan and Korea. In this small world of a psychiatric hospital, this included the body, language, and songs.

NOTES

[1] OBH was established in 1901 and closed in 1945 (Association..., 1978; Goto, 2012; Shimizu, 2019). It flourished under Shigeyuki Komine (1883-1942), who was adopted as a son in the hospital as a bright young medical student and married with an adopted daughter. He introduced many new psychiatric measures and medical technologies addressing a wide range of issues such as malaria therapy, electroconvulsive therapy, traditional Japanese culture, suicide, ethnography, and the medical market (Di Marco, 2016).

[2] Observations about Patient A and B were derived from their case histories and nurses' records.

[3] Major funding was directed to public construction projects in Japan: for example, spending on road construction soared from 2,6 million yen in 1914 to an astronomical 177 million yen in 1936.

[4] Life histories of first-generation Korean immigrant women in Japan present many connections and similarities to the story of Patient B (Kim, 2005).

[5] Illegal confinement may be one reason for this relatively sudden change in attitude by Patient B and the emergence and intensity of his criticism. His case notes do not give the impression of clear-cut mental illness; he was angry, but signs of pathology are lacking. In a few cases, historians are not entirely sure about the patient's diagnosis or not confident about the legality of their confinement.

[6] The history of Patient B, the son of a physician father in Korea who went to Tokyo for training, resembles that of Madan Lal Dhingra (1883-1809), the son of a doctor who went to London to study engineering (Chandra, 1989).

[7] On October 31, 1934 he struck a sphygmomanometer. On November 8, he refused to be examined with a stethoscope, claiming it was uncanny. This was repeated on December 4; the patient said it was rude and impolite to touch his chest with such a cold tool. On April 27, 1935 he refused to be examined with a stethoscope, saying there was nothing wrong with his body.

[8] Events as diverse as wars, battlefields, air raids, asylums for people with Hansen's disease, the Japanese massacre of foreigners, and the American atomic bomb were all accompanied by certain songs.

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