

German Psychiatrists Traveling to Japan before World War II

Their Perspectives and Identity¹⁾

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Japanese medical education and research from the late nineteenth to the early twentieth centuries were strongly influenced by German medicine. Following the Meiji Restoration in 1868, teachers from German-speaking countries played a crucial role in the process of the modernization of medicine in Japan. In 1869 the *Igakkō* (national medical school) in Tokyo, later to develop into the faculty of medicine at the University of Tokyo in 1877, had already decided that German medicine should be prominent. This decision seems to have influenced the employment of teachers from German-speaking countries and resulted in the strong position of German medicine in Japan. At one time all subjects in the faculty of medicine at the University of Tokyo, were taught by foreign teachers from Germany. The number of these teachers, however, began to decrease as Japanese graduates went to study in Europe, came back to Japan, and became professors. With the opening of the twentieth century the modernization of medicine in Japan became “independent” of immediate instruction from the Germans.²⁾

After that only a limited number of doctors visited Japan from German speaking areas, but some of them were crucial for the transnational history of medicine between the two countries. In this article we would like to focus on two psychiatrists, Wilhelm Stieda (1875–1920) from Riga on the coast of the Baltic Sea and Wilhelm Weygandt (1870–1939) from Hamburg, for both presented new aspects to Japanese psychiatry through their academic perspective and nationalistic identity.

Wilhelm Stieda was born to a Baltic-German family in 1875 in St. Petersburg. After his gymnasium years in Riga, Stieda studied medicine at the Military Medicine Academy in St. Petersburg from 1894 to 1899. In 1903 he went to Heidelberg to study psychiatry. At that time University of Heidelberg was considered to be a center of psychiatry in the world, where Emil Kraepelin, one of the most prominent

German psychiatrists, was the chair of psychiatry. Afterwards, Stieda began to work from May 1st, 1904, at an asylum in Mitau (now Jelgawa) in a suburb of Riga.³⁾ But shortly after that Bechterew, his former teacher in St. Petersburg, gave Stieda a mission as a Russian medical officer to investigate war psychosis (*Kriegspsychose*) on the battlefield of the Russo-Japanese War, which had broken out in February 1904. Stieda had probably already left Europe via Siberia for the Far East by the end of May (Fig. 1). He worked at a military hospital for the Russian Army in Harbin and then moved to the central asylum of the Russian Red Cross in the same city.⁴⁾

Stieda came to Japan probably in January 1906, after the Russo-Japanese War ended in September 1905. He was possibly involved in helping returning Russian soldiers who still remained at prisoners' camps in Japan. Although he was a medical officer of the former “enemy country”, Stieda was welcomed by Japanese psychiatrists. He met Kure Shuzo, the most influential psychiatrist and psychiatry professor of the University of Tokyo. It was their first meeting, but they must have felt close because they had both studied psychiatry in Germany around 1900 and were influenced by Kraepelin. It seems that Kure wanted to exchange views with Stieda on war psychosis, for Kure also was involved in diagnosing the mental illness of Japanese soldiers who served in the Russo-Japanese War. Thanks to Kure and other psychiatrists, Stieda inspected some psychiatric institutions in Tokyo and Kyoto. After his return to Mitau in March 1906, Stieda published an account with favorable statements on Japanese psychiatry in a German medical journal: He was impressed by the silence and cleanliness in asylums and the outpatient care in Iwakura Village near Kyoto, where many mental patients stayed in Japanese-style small inns in a free atmosphere.⁵⁾ His evaluation encouraged the nationalistic ideas of Japanese psychiatrists who were trying to catch up with European standards.

Incidentally, Schaikewicz, the former director of the

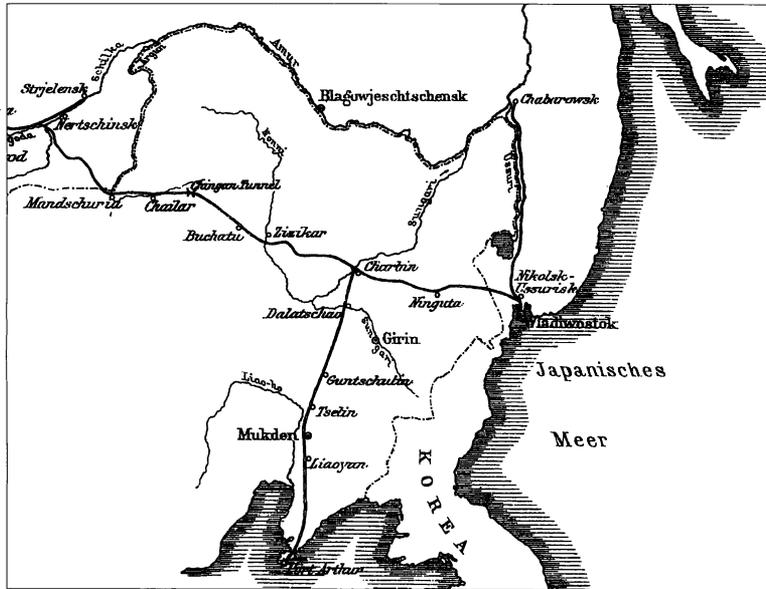


Fig. 1: „Uebersichtskarte der sibirischen Eisenbahn“.

Tettau: *Achtzehn Monate mit Russlands Heeren in der Mandschurei, Erster Band*. Ernst Siegfried Mittler und Sohn, Berlin (1907).

Military Hospital in Moscow, asserted in his 1906 article on mental illness in the Russian Army during the Russo-Japanese War that psychiatric diseases peculiar to military service should be separated from well-known clinical syndromes.⁶⁾ Stieda, however, had a different opinion. Stieda clearly opposed Schaikewicz in articles published in 1906 and 1909. He argued that only in Moscow, that is, far away from the battlefield in the Far East, did military psychiatrists believe they had seen special forms of mental illness, which were supposed to have been found only among soldiers and to be caused by various mental influences concerning military service; however, they had started out with totally wrong premises, such that amateurs in the field of mental illness would make.⁷⁾

It could be said that, on the one hand, Stieda as a follower of the Kraepelin School opposed a psychological notion of war psychosis from a biological viewpoint. Stieda's criticism of psychoanalyst Sigmund Freud, who in a sense was an antagonist of Kraepelin, was that clinical science should be led not by artificially constructed possibilities but rather by reality. This would also reflect his academic position. On the other hand, inspired by his Latvian or Baltic-German identity, Stieda may have had antipathy toward the domination by the Russian Empire and psychiatrists in Moscow as a symbol of Russia.

The second German with a strong influence on early Japanese psychiatry was Wilhelm Weygandt, born in 1870 in Wiesbaden. He first studied German studies (Germanistik), philosophy, and theology in Strasbourg and Leipzig. Then he began to study medicine in 1892 in Leipzig. After he took

his PhD under the experimental psychologist Wilhelm Wundt of the University of Leipzig in 1893, he continued to study medicine in Freiburg, Berlin and Heidelberg and took his MD from the University of Würzburg. In 1908 he was appointed the director of an asylum in Hamburg and in 1919 he became psychiatry professor at the University of Hamburg, which was newly established in the same year.⁸⁾

Weygandt was an ardent conservative nationalist with aspects of liberal thinking, who later felt a deep sympathy with the Nazis. His nationalistic identity revealed itself especially during the First World War. He emphasized the supposed highly intellectual and moral quality of the German nation, and characterized the people of the Romance languages (Latin Europe) as physically and mentally immature and the British as egoistic and unscrupulous.⁹⁾ His German identity was, however, completely deflated by the German defeat in the First World War.

He then tried to overcome his pessimism about German culture by thinking of the parallelism between the care of mental patients and the level of culture. The notion of parallelism was probably an analogy that originated from “the principle of psychophysical parallelism (das Prinzip des psychophysischen Parallelismus)” asserted by his teacher Wundt in Leipzig, which premised that any psychic process should correspond to a physical one. Weygandt argued that, “while the care of mental patients in France, which improved in the middle of the 19th century, is at the moment falling low, Germany made a great progress in this field prior to the (First World) War” and that, “just as the use of soap has been referred to as a barometer for the state of a culture, we can also say that welfare for the helpless, especially the mentally



Fig. 2: Wilhelm Weygandt (center) at Matsuzawa Byōin (mental hospital) in Tokyo (1930).

Nomura A: Kure Shuzo sensei to Morita ryōhō [Dr. S. Kure and Morita Therapy]. In *Kure Shuzo sensei seitan hyakunen kinen kaishi*. 78, Kure Shuzo sensei seitan hyakunen kinen kai, Tokyo (1965).

defective, is such an index” and “where a specially developed care for mental patients exists, it is to be considered that the whole culture is also highly developed.”¹⁰⁾

While Weygandt was convinced of the superiority of German psychiatry and German culture over other nations, the hegemony of psychiatry in the twentieth century was moving gradually from the European Continent to the New World. In May 1930 Weygandt visited Washington, D.C. as a delegate of the German government to attend the First International Congress on Mental Hygiene. At the annual meeting of the American Psychiatric Association, which was held in parallel in the same city, he was very proud to describe the modern treatment practiced in German psychiatric institutions before the Americans.¹¹⁾

On his way from the USA back to Germany via the Pacific Ocean and Siberia, Weygandt stopped in Japan in June 1930 (Fig. 2). Kure Shuzo had announced Weygandt’s visit in a Japanese medical journal, saying it would be the first time that such a leading authority in German psychiatry had visited Japan.¹²⁾ Weygandt felt a special affinity to Japan because, as he noted, so many experts from Japan had carried out their academic improvement in Germany and Austria. Moreover, Kraepelinian clinical psychiatry and experimental psychological and anatomical research were dominant there. Like Stieda, Weygandt also took a skeptical view of Freud and his theory of psychoanalysis.¹³⁾

As for Japan, Weygandt again emphasized the parallelism between the care of mental patients and the level of culture. In a report on his visit in Japan, Weygandt admired the peculiar type of care for mental patients that had developed in this old “cultured nation” (Kulturland). He wrote: “By birth the Japanese have an intensive social feeling (Sozialempfinden)

and a deep sense of family (Familiensinn). Besides, their way of life is simple and modest; the houses are extremely simple, with little furniture, but very clean and stylish; in the same way the care is nothing less than luxuriant and hygienic. As a result, they feel, first of all, inclined to take care of their mentally-ill family members in their own houses.” But the care of mental patients at home, to which Weygandt referred, had been long controversial within Japanese psychiatry policy, because it revealed Japanese backwardness in terms of modern hospitalization and often led to miserable situations such as patient custody in a small cage among poor families. It is not certain how precisely Weygandt was informed of the reality of Japanese mental patients at home, but it seems that, by being faithful to his own theory of parallelism, he set a high valuation on the relationship between the care of mental patients and the role of families in Japan, which he called “Kulturland”.¹⁴⁾

In conclusion, it is true that Stieda and Weygandt were impressed by Japanese psychiatry: In terms of the care for mental patients they praised the good combination of Japanese tradition and Western modernity. But when we scrutinize their statements, we will find that they had other interests in Japanese psychiatry. First, they felt close to German-oriented psychiatry in Japan: Their academic background of German biological psychiatry modeled after Kraepelin was the same as that of Japanese psychiatrists. Second they both tried to overcome their “depressed” and “injured” nationalistic identity and pride in international relationships in Europe by idealizing the supposed success of modernization of Japanese psychiatry under the strong influence of German psychiatry.

Notes

- 1) This paper was read to the "German Studies Association Thirty-Third Annual Conference" in October 2009 in Washington, D.C., USA.
- 2) *Tokyo daigaku igaku bu hyakunen shi* [One hundred years of the faculty of medicine, the University of Tokyo]. 96–184, Tokyo daigaku shuppan kai, Tokyo (1967).
- 3) Brennsohn I: *Die Aerzte Kurlands*. 381, Ernst Plates, Riga (1929).
- 4) Stieda W: Ueber die Bedeutung psychischer Ursachen in der Aetiologie der Geisteskrankheiten. *St. Petersburger Medicinische Wochenschrift*, 34: 197–200 (1909).
- 5) Stieda W: Ueber die Psychiatrie in Japan. *Centalblatt für Nervenheilkunde und Psychiatrie*, 29: 514–522 (1906).
- 6) Schaikewicz M: Ueber Geisteskrankheiten im russischen Heer während des russisch-japanischen Krieges. *Centalblatt für Nervenheilkunde und Psychiatrie*, 29: 872–875 (1906).
- 7) Stieda W: Ueber Geisteskrankheiten im russischen Heer während des russisch-japanischen Krieges (Bemerkungen zum Aufsatz des H. Schaikewicz). *Centalblatt für Nervenheilkunde und Psychiatrie*, 29: 875–880 (1906) and Stieda W (1909): *op. cit.*
- 8) Weber-Jasper E: Wilhelm Weygandt (1870–1939). 24–32, Matthiesen Verlag, Husum (1996).
- 9) Weber-Jasper E: *op. cit.* 13–14.
- 10) Weygandt W: Irrenfürsorge und Kulturentwicklung. *Zeitschrift für die gesamte Neurologie und Psychiatrie*, 131: 392–399 (1931).
- 11) Weygandt W: Bericht über den I. internationalen Kongreß für psychische Hygiene in Washington, 5. Bis 10. Mai 1930. *Psychiatrisch-Neurologische Wochenschrift*, 32 (25): 275–278 (1930).
- 12) Kure S: Weygandt kyōju raichō [Professor Weygandt will visit Japan]. *Shinkeigakuzasshi*, 31: 688–689 (1929/30).
- 13) Weygandt W: Modern treatment of mental disorders in German hospitals. *American Journal of Psychiatry*, 10: 385–388 (1930).
- 14) Weygandt W: Japanische Irrenfürsorge. *Zeitschrift für psychische Hygiene*, 6: 73–85 (1933).