

Empire and Psychiatry

—A Comparative Study on Mental Health Laws in the Former Japanese Colonies¹—

HASHIMOTO Akira

Introduction

Mental health policy before 1950 in Japan was regulated by two national laws: the Mental Patients' Custody Act (Seishin byosha kango ho, 精神病患者監護法, hereafter *Kango ho*) in 1900 and the Mental Hospital Act (Seishin byoin ho, 精神病院法, hereafter *Byoin ho*) in 1919. The purpose of the former was to control the mentally ill and at the same time protect them from illegal confinement, although some authors later criticized, from a human rights perspective, that the law allowed confinement at home (*shitaku kanchi*, 私宅監置) in poor conditions, which was the prevailing treatment of the mentally ill before the 1920s, rather than hospitalization. On the other hand, the lack of psychiatric beds led to the establishment of the *Byoin ho*, which aimed to build as many public mental hospitals as possible (koritsu seishin byoin, 公立精神病院) around the country. Under the *Byoin ho*, it was expected that each prefecture (*do*, *fu*, or *ken*, 道府県) would build a mental hospital and hospitalize the mentally ill at public expense, but only eight public mental hospitals were built under the law. In urban prefectures private mental hospitals made up for the lack of psychiatric beds, but in rural prefectures *shitaku kanchi* still prevailed until both the *Kango ho* and the *Byoin ho* were abolished in 1950.

Before the end of the Second World War mental health laws in Japan were also enforced in some former Japanese colonies. The increased demand for mental health care and psychiatric institutions in the colonies needed such laws as a result of the modernization or Westernization of psychiatry introduced by the Japanese authorities. Hardly discussed, however, is why these laws were applied in one colony but not another. For instance, the *Kango ho* was enforced in 1917 in Sakhalin and then in 1936 in Taiwan. In Taiwan, the *Byoin ho* was also introduced in the same year, although in Korea (and other colonies) none of these laws were applied.

This study explores the reason for applying (or not applying) Japanese mental health laws in the former Japanese

colonies, focusing on the complete legal system of the Japanese empire and comparing the relationship between the central government and the governments of Taiwan, Korea, and Sakhalin. First I will discuss the history of psychiatry and the mental health laws of each former Japanese colony.

Psychiatry in Taiwan

Japanese rule in Taiwan began in 1895. The first institution for the mentally ill is thought to be Taihoku jinsai'in (台北仁濟院), which originated from a former poorhouse under the rule of the Qing dynasty. It was established in 1899 with other similar institutions such as Tainan jikei'in (台南慈惠院) and Hoko shinsai'in (澎湖晉濟院). They formed the Taiwan jikei'in system (台灣慈惠院制度) for relief for poor people in each region, which was regulated by the Office of the Governor-General of Taiwan (Taiwan sotoku fu, 台灣總督府).² After the establishment of the second institution for the mentally ill in Keelung (Kiryu yomeido, 基隆養命堂) in 1925, Nakamura Yuzuru, who had resigned as professor of psychiatry at Taihoku Medical School (Taihoku igaku senmongakko, 台北醫學專門學校), opened Yokodo iin (養浩堂醫院) in Taipei in 1929. It was the first mental hospital in Taiwan. Two other institutions for the poor, Taihoku aiairyō (台北愛愛寮) and Tainan aigoryō (台南愛護寮), which were established by Taiwanese philanthropists in the 1920s, also played a crucial role in the accommodation of mentally ill and poor Taiwanese.³

According to a health report by the Office of the Governor-General, the number of mental patients per capita in Taiwan was thought to be much smaller than in mainland Japan on account of their low culture and a simpler society.⁴ At the beginning of the 1930s, however, psychiatrists criticized the treatment of mental patients and the lack of psychiatric institutions in Taiwan. Takeuchi Yawata, professor of Taihoku Medical School, denounced those who kept mental patients chained and confined in dirty rooms at home.⁵ Shimojo Kumaichi, professor of Taihoku Imperial University (Taihoku

teikoku daigaku, 台北帝国大学), and Asahi Shigeo asserted that in Taiwan too the mental health laws of mainland Japan should be enforced and public mental hospitals should be established.⁶

Such opinions seem to have affected the psychiatry policy of the Office of the Governor-General. In 1934 the national (*kanritsu*, 官立) mental hospital Yoshin'in (養神院) opened in Taipei. When the Enforcement Order for the Administrative Laws of the Empire of Japan to be Applied in Taiwan (行政諸法台湾施行令) was amended in 1935, it was decided that both the *Kango ho* and the *Byoin ho* should be enforced in Taiwan. According to the administrative structure, however, "*do, fu, ken* (道府県)" and "*shi, ku, cho, son* (市区町村)" in the original Japanese texts were changed to "*shu, cho* (州庁)" and "*shi, gai, sho* (市街庄)" respectively. In 1936, through the enforcement regulations of two laws, the confinement of mental patients in hospital (*byoin kanchi*, 病院監置) and at home (*shitaku kanchi*, 私宅監置) was regulated by the *Kango ho*, and the establishment of public mental hospitals was regulated by the *Byoin ho*. However, no public mental hospital was built. Instead, some private mental hospitals were established in the 1930s around Taiwan.⁷ According to the *Byoin ho*, they were recognized as substitutes for public mental hospitals (*daiyo seishin byoin*, 代用精神病院) by local governors, in which some of the patients were to be admitted at public expense. This situation in Taiwan was just the same as that of mental hospitals in mainland Japan, where the construction of public mental hospitals was very slow all over the country and some prominent private mental hospitals were appointed as substitute institutions for public mental hospitals. For example, Yokodo iin in Taipei managed by Nakamura Yuzuru, had a total of 44 patients in 1943. Among them, according to the *Byoin ho*, 15 patients were to be admitted at public expense. The hospital desired more and more patients be admitted at public expense, but the number of patients was restricted because of the budget of the *shu*.⁸

Psychiatry in Korea

The development of psychiatry in Korea is considerably different from that of Taiwan. The Office of the Governor-General of Korea (Chosen sotoku fu, 朝鮮総督府), which was established as a result of the annexation to Japan in 1910, opened Saisei'in (濟生院) in 1911, which took care of orphans (*koji*, 孤兒), the blind and the dumb (*moasha*, 盲啞者), and the mentally ill (*seishin byosha*, 精神病者). In 1913 the Governor-General's Office Hospital (Chosen sotoku fu iin, 朝鮮総督府医院), which had originally been built in the era of the Korean empire, took over the care of the mentally ill from Saisei'in. In 1928 it was developed into a hospital attached to the faculty of medicine at Keijo Imperial University (Keijo teikoku daigaku, 京城帝国大学) which was established in 1926.⁹ According to a 1930 article by the university psychiatrists Kubo Kiyoji and Hattori Rokuro, the psychiatry ward of the university hospital, which

was the only psychiatric institution in Korea at the time, had admitted 576 Japanese and 508 Korean patients in total since its establishment. The number of Japanese patients per capita was much more than that of Koreans: the population in Korea at the time consisted of 19 million Koreans and half a million Japanese. The authors explained that Korean people depended more on superstitious remedies than on Western medicine and could not afford to be hospitalized for economic reasons.¹⁰ In the 1930s other psychiatric institutions were founded, such as a psychiatric ward built in the hospital attached to the Severance Union Medical School in 1931. Three other private mental hospitals were established in Keijo (Seoul) and its vicinity in 1935.¹¹

The Office of the Governor-General of Korea also recognized that the number of mental patients was small, for the level of culture in Korea was low at that time.¹² Kubo and Hattori, however, had a different opinion. They stated that the prevailing idea that mental illness would increase in civilized countries was wrong. They suggested that, even if in terms of civilization, "Korea seems to be very much behind mainland Japan," there should be as many mental patients in the former as in the latter. According to the authors, the reasons why the number of mental patients in Korea remained low was that in general, Korean patients were not so violent, were looked after at home, and because life in Korea was still so simple that they were accepted in society.¹³

On the other hand, it was evident that people were concerned about the increase in the number of mental patients in Korea. An article from 1926 entitled "Sharp increase in Korean mental patients" described that "any Korean could suffer from mental illness, for today's circumstances such as political instability and economic uncertainty could make it impossible for Korean people to have ideal and reasonable thoughts."¹⁴ In addition, the lack of psychiatric institutions was also pointed out in a 1928 article: "Among mental patients there are often cases dangerous for society, but only Keijo Imperial University's Hospital has psychiatric beds in Korea. While it is estimated that 247 patients should be admitted for madness the hospital has only about 40 beds for them. [...] We would like to propose the establishment of laws and institutions for such patients."¹⁵

But, different from the case of Taiwan, neither the *Kango ho* nor the *Byoin ho* were utilized in Korea. It is unknown whether government officials from the Office of the Governor-General or the central government discussed the introduction of these laws in Korea.

Yet, as a regulation concerning the control of mental patients in Korea, we might take the Minor Offence Punishment Rule (Keisatsuhan shobatsu kisoku, 警察犯処罰規則) in 1912 as an example. This rule was almost same as the Keisatsuhan shobatsu rei (警察犯処罰令) of mainland Japan in 1908. As per the latter rule, the rule in Korea determined the penal

regulations for “a person who failed to confine a dangerous mental patient and then let him walk around outdoors.” Lee Bang Hyun has analyzed that this was the principal regulation for the control of mental patients under Japanese rule,¹⁶ but it is debatable just how crucial such a regulation stipulated only for minor offences was for mental health policy in Korea. Lee also points out in the same article that mental patients were strictly surveyed, watched, and controlled by the House-to-House Investigation Rule (*Koko chosa kitei*, 戸口調査規程) regulated by the Office of the Governor-General of Korea.¹⁷ Even before 1900, each prefecture in mainland Japan had already stipulated similar rules to the *koko chosa* to investigate the population and the inhabitants’ status through regular visits to houses by the police.¹⁸ Park Myoung Kyu and Seo Ho Chul emphasize some problems with the *koko chosa* implemented in Korea. The police took charge of the *koko chosa* and were expected to investigate not only the population in general but also deviant behavior, infectious diseases, mental illness, and so on.¹⁹ It must be noted, however, that the *koko chosa* was just one of the general measures for the police to control people in modern Japan. Yet it might be true that the *koko chosa* played a more decisive role in the control of mental patients in Korea, where two principal mental health laws, the *Kango ho* and the *Byoin ho*, were not introduced.

As stated above, only Keijo Imperial University Hospital had psychiatric beds in Korea until the beginning of the 1930s. Where, then, were the other mental patients? Looking at newspaper articles in Korea that often reported the troubles caused by mental patients living at home,²⁰ quite a few patients seem to have lived in the community without medical treatment and care. It is very probable that some dangerous or violent patients had to be confined at home, as in Japan, but I do not have any further information on such confinement of mental patients in Korea. Some statistics by local governments reveal the status of mental patients in the community. According to the statistics of the police department of Gyeongsangbuk-do (Keisho hoku do, 慶尙北道), mental patients there numbered 484 (476 Korean, 8 Japanese) in 1939, among which 52 (50 Korean, 2 Japanese) needed to be confined. But from only the description it is unclear whether they were already confined and, if so, where they were confined.²¹ Mental patients were also admitted to relief institutions for the homeless sick (*Koryo byonin kyugojo*, 行旅病人救護所). They were established in various places around Korea based on the Management Rules for the Relief Fund for *Koryo Byonin* (行旅病人救護資金管理規則), which were stipulated by the Office of the Governor-General in 1917.²² One of the original purposes of these institutions was to help the homeless and the poor suffering from illnesses, but the mentally ill were considered to be equivalent to *koryo byonin*. The model used was probably a similar institution in Japan (*Koryo byonin shuyujo*, 行旅病人收容所), which each city, town, or village had established under

the Act on Treatment of Persons Who Contracted Disease or Died on a Journey (*Koryo byonin oyobi koryo shibonin toria-tsukai ho*, 行旅病人及行旅死亡人取扱法, hereafter *Koryo byonin ho*) in 1899. In accordance with the statistics from 1927, for instance, 1,571 people were admitted to institutions all over Korea, among which 93 were mental patients.²³ The number increased year by year: for example, 166 in 1936²⁴ and 216 in 1940.²⁵

Psychiatry in Sakhalin

Under the Portsmouth Peace Treaty of 1905, which ended the Russo-Japanese War, Japan took over the southern part of Sakhalin at 50 degrees north latitude, where the local government of Sakhalin (*Karafuto cho*, 樺太庁) was established in 1907. The central government of Japan recognized that all the inland laws could be enforced in Sakhalin through imperial ordinances (*chokurei*, 勅令). Although it was an overseas territory, there was little conflict between Japanese settlers and indigenous people,²⁶ who “are relatively obedient but have low intelligence in general.”²⁷

The only institution for the mentally ill in Sakhalin was *Karafuto jikei'in* (樺太慈惠院), which the government official of *Karafuto cho*, Nakagawa Kojuro, established in 1911 to aid the poor. *Karafuto jikei'in* accommodated them according to the *Koryo byonin ho*. The law was already enforced in Sakhalin through imperial ordinance No. 318, The Enforcement of the *Koryo byonin ho* in Sakhalin (行旅病人及行旅死亡人取扱法ヲ樺太ニ施行スルノ件), in 1907. As the mentally ill were considered to be equivalent to *koryo byonin*, they were accommodated here, too. In 1917 it was decided that the *Kango ho* was to be applied in Sakhalin and two rules of the law, the Enforcement Regulations of *Kango ho* (精神病者監護法施行規則) and the Detailed Rules of *Kango ho* (精神病者監護法施行細則) were stipulated by *Karafuto cho*. After the establishment of these rules mental patients were admitted in *Karafuto jikei'in* based on the *Kango ho* rather than the *Koryo byonin ho*. On account of the narrow space and a fire at the institution, *Karafuto jikei'in* opened a new building for mental patients, *Oiwake Branch* (*Oiwake bun'in*, 追分分院) of *Karafuto jikei'in*, in 1932.²⁸ Statistics from *Karafuto cho* show that the total number of mental patients numbered 237 at the end of 1935 in Sakhalin, among which were 21 who needed to be admitted. Of these 21 patients, 12 were in *Karafuto jikei'in* while others were confined at home.²⁹ At the time there were three general hospitals in Sakhalin. All of them were public but had no psychiatric beds, and besides, there was no mental hospital.³⁰ That must be the reason why the *Kango ho* and not the *Byoin ho* was introduced in this region.

The political background of the mental health laws in the Former Japanese Colonies

The above-mentioned differences in the development of

psychiatry in Taiwan, Korea, and Sakhalin might lie in their respective historical and social conditions before and during the rule of Japan. From the viewpoint of the history of social welfare, Otomo Masako explores the initial conditions of modernization in Japanese colonies. While East Asian areas shared a common base of welfare culture (福祉文化) in the Chinese cultural sphere, each welfare culture developed according to the political, social, and economic features in each area: in Korea social welfare was developed by bureaucratic initiatives, but in Taiwan it was historically influenced by private leaders such as the gentry and wealthy merchants (紳士富商).³¹ As for psychiatry, such superiority in terms of the public and private sectors seems to be similar to social welfare. In Korea, only the Governor-General's Office Hospital (later developed to become the Keijo Imperial University Hospital) had psychiatric beds until a psychiatric ward was built in the Severance Union Medical School Hospital in 1931. In Taiwan, private institutions for mental patients built by Taiwanese such as Taihoku aiairyō and Tainan aigoryō and some private mental hospitals had already developed before the national mental hospital Yoshin'in was established in 1934.

However, as far as a comparative study on mental health laws is concerned, the differences between the former Japanese colonies are attributed not just to cultural and social backgrounds, but rather to the power relations between the central government in Tokyo and the government offices in the colonies.

As for Taiwan, Korea, and Sakhalin, on the one hand, the central government thought that mainland laws (内地法) were to be applied in their original form through the enforcement of imperial ordinances to enforce the laws in each colony. However, in terms of other colonies, such as Micronesia (Nan'yo gunto, 南洋群島) and the Kwantung Leased Territory (Kanto shu, 関東州), mainland laws were not to be enforced fully because the former was under the mandate system of the League of Nations and the latter was a concession in China.³² On the other hand, the central government thought, at least in the earlier period of colonization, that the natives in the colonies could not be assimilated and should be governed under special laws, and so the central government gave the Governor-Generals of Taiwan and Korea legislative powers. According to the Act on Japanese Laws and Ordinances to be Enforced in Taiwan (Taiwan ni shiko subeki horei ni kansuru horitsu, 台湾ニ施行スヘキ法令ニ関スル法律) in 1896 (revised in 1906) and the Act on Japanese Laws and Ordinances to be Enforced in Korea (Chosen ni shiko subeki horei ni kansuru horitsu, 朝鮮ニ施行スヘキ法令ニ関スル法律) in 1911, both Governor-Generals of Taiwan and Korea had the ability to make special laws that took effect in each region.

But after the March 1st Movement (San'ichi dokuritsu undo, 三・一独立運動) in 1919, which was a public display of Korean resistance to Japanese rule, Japan's colonial policy

began to change to a "cultural policy" rather than a "military policy," in other words a policy of assimilation (doka, 同化) or inland territorial expansionism (naichi encho shugi, 内地延長主義): the colonies would be viewed as an extension of mainland Japan and not as colonies, and the natives would be educated as Japanese subjects.³³

In 1919 Den Kenjiro was appointed Governor-General of Taiwan, the first civilian to take the post. He had the same opinion as Prime Minister Hara Takashi, who had strongly pushed forward the assimilation policy in Taiwan and Korea.³⁴ Den thought it natural that Taiwan be subjected to Japanese laws as a territory belonging to the empire.³⁵ In 1919 he amended the Act on Japanese Laws and Ordinances to be Enforced in Taiwan, by which the enforcement of mainland laws became a principle in Taiwan.³⁶ It was obvious that this amendment would make it possible to enforce two mainland mental health laws, the *Kango ho* and the *Byoin ho* in Taiwan in 1936.

On the other hand, administrative reform in Korea after the March 1st Movement was limited. In contrast to Taiwan, it was difficult to hand over the post of Governor-General, which had been monopolized by the army, to a civil officer. It was a compromise when Prime Minister Hara appointed the former admiral Saito Makoto Governor-General of Korea in 1919: while criticism of the monopolization by the army was avoided, the military Governor-General was maintained.³⁷ In addition, the Office of the Governor-General of Korea was more independent from the central government than that of Taiwan. The political status of the Governor-General of Korea, who was ranked as a direct servant to the emperor (ten'no), was much higher than that of Taiwan, who was controlled by the prime minister (later by the minister of colonial affairs).³⁸ So it seems that the tendency of the Office of the Governor-General to avoid interventions by the central government made it impossible to amend the Act on Japanese Laws and Ordinances to be Enforced in Korea and enforce mainland laws such as the *Kango ho* and the *Byoin ho* in Korea.

As for Sakhalin, however, from the beginning Japan seems to have recognized that it would be an object not of colonialization but of inland territorial expansionism. Thus the laws of mainland Japan were also applied to Sakhalin in principle. In 1943 Sakhalin was completely incorporated into the mainland.

I suggest that the application of the mental health laws of Japan were associated with the power relations between the central government and the governments of Taiwan, Korea, Sakhalin, and other Japanese colonies. However, further research is needed to find the direct answer to the question of why neither the *Kango ho* nor the *Byoin ho* were applied in Korea (and conversely why both the *Kango ho* and the *Byoin ho* were applied in Taiwan), by exploring archival materials. Moreover,

the problem of the center and the periphery is not limited to the mainland and overseas territories of the Japanese empire. Hokkaido, Okinawa, and other remote islands, which had been incorporated into Japan in earlier periods, are thought to have a similar history of psychiatry, and this will be set aside as future research for my comparative study.

Notes

- 1 This paper was read to The Eighth Meeting of the Asian Society for the History of Medicine held in September 2016 at Academia Sinica, Taiwan.
- 2 Otomo Masako: *Teikoku Nihon no shokuminchi shakaijigyo seisaku kenkyu: Taiwan, Chosen* [Study on social welfare policy in the Japanese empire: Taiwan and Korea]. Minerva Shobo, Kyoto (2007), pp. 72–92.
- 3 For a history of psychiatry in Taiwan, see Kan Osamu: Honpo ni okeru seishin byosha narabini koreni kinsetsu seru seishin ijosha ni kansuru chosa [Report on psychiatric patients and psychopaths in Japan]. *Seishin shinkeigaku zasshi*, 41(10): 793–884 (1937); Kazamatsuri Hajime: Taiheiyō senso shuketsu izen no Taiwan no seishin igaku [Psychiatry in Taiwan before the end of the Pacific War]. *Seishin igakushi kenkyu*, 10(1): 57–66 (2006); Ji-Chong Lin 台大醫院百年院史(上). 國立台灣大學醫學院, Taipei (1997); Jin Jungwon (ed.), 看不見的殖民邊緣. 玉山社出版事業, Taipei (2012).
- 4 Taiwan sotoku fu keisatsukyoku eiseika: *Showa junen ban Taiwan no eisei* [Hygiene in Taiwan in 1935]. Taiwan sotoku fu, Taipei (1935), p. 24.
- 5 Takeuchi Yawata: Kyojin wo kataru [Talking about the mad]. *Shakaijigyo no tomo*, 20: 91–109 (1930).
- 6 Shimojo Kumaichi and Asahi Shigeo: Seishin byosha kango shisetsu ni tsuite [Institutions for the confinement of the mentally ill]. *Shakaijigyo no tomo*, 20: 71–81 (1930).
- 7 For example, Takao jikei'in hoyoin (高雄慈惠院保養院) in Kaohsiung in 1933, Taichu seiwa iin (台中靜和醫院) in Taichung in 1936, and Eikoso iin (永康莊醫院) in Tainan in 1938. cf. Taiwan sotoku fu keisatsukyoku eiseika: *Showa juyonen ban Taiwan no eisei* [Hygiene in Taiwan in 1939]. Taiwan sotoku fu, Taipei (1939), pp. 106–107.
- 8 Shisetsu shokai Yokodo iin [Introducing institutions: Yokodo iin]. *Koseijigyo no tomo*, 176: 47–49 (1943).
- 9 Chosen sotoku fu iin: *Chosen sotoku fu iin nijunen shi* [Twenty years of the Hospital of the Governor-General's Office of Korea]. 1928.
- 10 Kubo Kiyoji and Hattori Rokuro: Chosen ni okeru seishinbyo ni kansuru kenkyu (sono ichi) [A study on mental illness in Korea (part 1)]. *Shinkeigaku zasshi*, 32: 534–554 (1930).
- 11 Kazamatsuri Hajime: Chosen hanto no seishin igaku wo kizuita san'nin no igakusha [Three doctors who established psychiatry in Korea]. *Nihon iji shinpo*, 4624: 86–89 (2012).
- 12 Chosen sotoku fu gakumukyoku shakaika: *Chosen no shakaijigyo* [Social welfare in Korea]. Chosen sotoku fu, Keijo (1930), p. 55.
- 13 Kubo and Hattori, *op. cit.*
- 14 Chosenjin no seishin byosha gekizo [Sharp increase in Korean mental patients]. *Chosen jiron*, 1(3): 31–32 (1926).
- 15 Seishin byosha ni taisuru shisetsu [Institutions for mental patients]. *Chosen shakaijigyo*, 6(8): 39 (1928).
- 16 Lee Bang Hyun: 식민지 조선에서의정신병자에 대한 근대적 접근 [Modern approach to treating mental patients in colonial Chosun]. *Korean Journal of Medical History*, 22: 529–578 (2013).
- 17 For example, the Koko chosa kitei by the Office of the Governor-General of Korea in 1922 stipulated that the police should check the address, occupation, name, birthday, and so on of the inhabitants.
- 18 For example, the Koko chosa kisoku (regulation) by Aichi Prefecture Police in 1892 regulated that policemen should pay attention to the status of the inhabitants through periodical home visits and, if they came to know of very poor people, mental patients, patients with infectious diseases, and so on, they should report them to the head of the police.
- 19 Park Myoung Kyu and Seo Ho Chul [translated by Kimura Taku]: Shokuminchi Chosen no jinko chosa [The population census in colonial Korea]. *Chiiki sogo kenkyu*, 32: 95–119 (2004).
- 20 Lee Bang Hyun, *op. cit.*
- 21 Keisho hoku do keisatsu bu: *Showa juyonendo keihoku eisei no gaiyo* [Summary of the hygiene in Gyeongangbuk-do in 1939]. 1940.
- 22 *Chosen no shakaijigyo*, pp. 46–47.
- 23 *Chosen shakaijigyo*, 7(6): 58, (1929).
- 24 *Dohoa*, 15: 67–68 (1937).
- 25 *Dohoa*, 20(3): 51–52 (1942).
- 26 Endo Koichi: Shokuminchi shihaiki no karafuto shakaijigyo (jo) [Social welfare in Sakhalin during the period of Japanese rule (part 1)]. *Meiji gakuin ronso*, 488: 23–73 (1991).
- 27 Karafuto cho: *Karafuto cho shisei sanjunenshi* [30 years of the local government of Sakhalin]. Karafuto cho (1936), p. 1684.
- 28 *Karafuto cho shisei sanjunenshi*, *op. cit.*, p. 1667.
- 29 Karafuto cho: *Karafuto yoran showa juichinen* [Outline of Sakhalin in 1936]. (1935–1939).
- 30 *Karafuto cho shisei sanjunenshi*, *op. cit.*, p. 1626.
- 31 Otomo, *op. cit.*, pp. 52–54.
- 32 Gaimusho joyakukyoku: *Gaichi hoseishi dai 1 kan* [History of legislation in former Japanese colonies, vol. 1]. Bunsei shoin, Tokyo (1990).
- 33 For example, Imanishi Hajime: Teikoku nihon no jigazo—1920 nendai no chosen doka ron [A self-portrait of the Empire of Japan: Discussions about the assimilation of Korea in the 1920s]. *Ritsumeikan daigaku kokusaigengobunka kenkyujo kiyo*, 8(3): 5–22 (1997); Oguma Eiji: *Nihonjin no kyokai* [The boundaries of the Japanese]. Shin'yosha, Tokyo (1998).
- 34 According to Oguma, Hara did not agree to use the word “assimilation,” but instead he asserted inland territorial expansionism, for he wished for the “civilization” rather than the “Japanization” of the natives. Oguma, *op. cit.*, pp. 245–246.
- 35 Den Kenjiro denki hensankai: *Den Kenjiro den* [Biography of Den Kenjiro]. Tokyo (1932).
- 36 Gaimusho joyakukyoku: *Gaichi hoseishi dai 3 kan* [History of legislation in the former Japanese colonies, vol. 3]. Bunsei shoin, Tokyo (1990).
- 37 Oguma, *op. cit.*, pp. 240–241.
- 38 Yamazaki Tansho: Chosen sotoku no chii [Status of the Governor-General of Korea]. *Keisatsu kenkyu*, 14(1): 75–88 (1943).