ABSTRACT

This thesis investigates the production of space during the cholera epidemic of 1877 in Japan. Called “choleric spaces” in this thesis, they are separated into two co-constituting types: material and discursive. The material spaces are demonstrated by government-produced quarantine hospitals and government-mandated home isolation. The discursive spaces are represented in this thesis by discourse in contemporary newspapers that influenced general understanding of cholera, treatment of the disease, and the policies enacted by the government to curb the spread of the disease. This thesis argues that these spaces represented new medicalized spaces in which patients with cholera were supposed to be located until they were either cured or died and in which information regarding cholera was disseminated. These medicalized spaces demonstrate a rupture with earlier spaces produced in relation to cholera and other diseases since they are based on modern understandings of the disease, as opposed to being socially, religiously, or morally biased.
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Chapter 1: Introduction

On February 21, 1877 the Seinan War began as a skirmish erupted between the forces of the new Japanese Imperial Army in Kyushu and rebel forces led by Saigō Takamori (1828-1877).\(^1\) The Seinan War was a samurai rebellion that ended in Kagoshima prefecture in the southern island of Kyushu and is alternatively called the Satsuma Rebellion.\(^2\) Saigō Takamori was one of the leaders of the Meiji Restoration and took an active role in the government from 1868 until 1873 when he resigned his posts in protest of government policy. In 1877, Saigō agreed to lead the rebel forces, marched to Kumamoto prefecture, and laid siege to the castle there. The castle held out until reinforcements could be sent and the government spent the next six months attempting to subdue the rebel forces in Kyushu, eventually cornering them in Kagoshima and dealing a decisive blow to the rebels. The Seinan War has carved out a niche in the collective memory of Japan for many reasons, one of which is the enduring fame of the leader of the rebellion Saigō Takamori, but another is that it became part of the national curriculum. While this war continues to be taught and remembered as a conflict between the new government’s army and these rebellious elements of the old order, the other enemy of 1877, \textit{Vibrio cholerae}, has however, been largely forgotten.

\textit{Vibrio cholerae} is the bacterium that causes cholera. This vicious disease first appeared in Japan in 1822, but the first epidemic of the modern period was in 1877. According to Yamamoto Shun’ichi, there are three routes of infection that instigated the 1877 cholera epidemic: the Yokohama route, the Nagasaki route, and the Seinan War route with soldiers returning from Kyushu. For the Yokohama route, it is believed that the cholera bacterium was

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\begin{itemize}
  \item \textsuperscript{1} Mark Ravina, \textit{The Last Samurai: The Life and Battles of Saigo Takamori} (Hoboken: John Wiley and Sons, Inc., 2004), 203.
  \item \textsuperscript{2} Satsuma is the old name of Kagoshima Prefecture where the rebellion began.
\end{itemize}
present in a shipment received in Yokohama from Xiamen (Amoy) with the first patients infected on September 5, and that the disease spread from Yokohama along the internal silk trade routes to nearby prefectures.\(^3\) For the second route, the Nagasaki route, the bacterium seems to have arrived in Nagasaki through a British warship on September 8. The warship had at least one death from cholera during their journey and this individual was buried in Japan with the bacterium spreading from the area around the cemetery.\(^4\) The bacterium then spread from Nagasaki to Kagoshima by September 17 and by the end of the month spread to the Kansai region through the third route, human vectors: soldiers returning from the war. After an outbreak of cholera on the Japanese warships returning from the war in Kyushu, the government attempted to forbid soldiers from disembarking from their ships, but the soldiers disregarded their orders and landed in the Kansai region, further spreading the disease.\(^5\) The above three paths all emphasize the foreignness of the bacterium. The historian of medicine William Johnston, however, has convincingly argued that, by at least the 1880s, cholera had become endemic in Japan.\(^6\) It is therefore possible that the 1877 epidemic either had local origins or had been a combination of external and internal outbreaks. Regardless of the origins of the disease, by October 18 the government established fourteen quarantine hospitals throughout Japan.\(^7\) They also set prices for disinfecting agents, such as carbolic acid, established apothecaries throughout Japan, and increased medical access to the poor, all in an effort to curb further infection. The

\(^7\) Yamamoto, *Nihon korera shi*, 31.
1877 epidemic lasted until December. When all was said and done, the bacterium had spread to thirty-seven prefectures, infected over 13,000 individuals, and killed over 8,000 people.\(^8\)

This disease was contemporaneously associated with the Seinan War, since soldiers fighting in Kyushu were encountering the disease during their battles and movements. Throughout the country, newspapers included regular coverage of both the war and the spread of cholera. One article, for example, extolled the army’s capture of a school and mentioned the necessity of disinfecting the school to prevent the spread of cholera.\(^9\) Kagoshima, the home prefecture of many of the rebels and the site of the final battle, alone experienced over 500 deaths attributed to cholera.\(^10\)

Contemporaneously, the disease was also believed to have been brought from China. In the news coverage of the cholera epidemic in the Qing Empire and the potential spread of the disease to Japan, the country’s new newspapers discussed Japan’s new quarantine laws. These laws allowed them to quarantine individuals who were thought to be carrying cholera. The article also referred to those likely to be placed in quarantine as *shina-jin*, a derogatory term for Chinese people.\(^11\) This initially reduced the sense of urgency regarding the epidemic, with policies aimed at curbing the spread of this “Chinese disease” by targeting Chinese people themselves.\(^12\) Eventually, the urgency of the epidemic would be understood by the government and private sector, such as newspapers, as an “attack.”

This tragic event is just *as if a new battlefield has opened*. One after another people have become infected, and one after another they have met their demise. Because of this disease, even those brave soldiers who had the good luck to

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\(^8\) Yamamoto, *Nihon korera shi*, 27.


\(^10\) Yamamoto, *Nihon korera shi*, 42.


\(^12\) An example of this language can be found in the *Yomiuri* published on August 10. *Yomiuri Shimbun*, August 10, 1877. Accessed May 4, 2020. https://database.yomiuri.co.jp/rekishikan/
survive the blades and bullets of dozens of battlefields will, in a moment, become residents of Yomi, the land of the dead.\(^\text{13}\)

With both government and private entities filled with a sense of urgency, action was taken to control the spread of the disease, but these policies were largely directed at infected individuals instead of the bacterium itself since Robert Koch (1843-1910) did not isolate it until 1884.

It is not surprising that the government did not initially pay heed to the warnings of the epidemic, since at the time they were attempting to put a swift end to the Seinan War, but this was also the first epidemic that the new government had to combat. After the fall of the Tokugawa Shogunate, the Meiji government was established in 1868. One of their primary goals was the revision of the unfair treaties the Western powers imposed on Japan. In order to do achieve these revisions, government officials and others in Japan began studying various aspects of European culture and governing institutions, including their public health systems. The Meiji government’s early public health system was overseen by the Bureau of Hygiene, part of the Home Ministry. Their early emphasis revolved around the mass vaccination of children against smallpox, the creation of hygienic space through regulations concerning waste and the creation of modern sewage and water systems, as well as the licensing of medical practitioners.\(^\text{14}\) The department initially focused heavily on the vaccination of children for smallpox with one of the four departments, the “Bureau of Vaccination,” specifically responsible.\(^\text{15}\) While a “modern”


public health system was established in Japan by 1877, the system thus far established was unable to effectively combat cholera.

The History of Cholera in Japan

*Vibrio cholerae* was first discovered by Filippo Pacini (1812-1883) in the 1850s, but his findings were largely ignored at the time in Europe and elsewhere. Therefore, widespread understanding of the bacterium has been attributed to Robert Koch. He studied the bacterium in both Egypt and Calcutta, demonstrating that *Vibrio cholerae* was the causal agent of the disease since it was present in all those who died of cholera and was not present in those who died of other gastric diseases, such as dysentery. He also demonstrated that the bacterium was found in water known to carry the causal agent of cholera. Understanding of the disease and its relationship to water is attributable to John Snow (1813-1858). By the 1850s, Snow had demonstrated in 1854 that cholera was transmitted through water by tracing cases of cholera to specific water pumps. While it required several years before Snow’s conclusions were accepted by public health authorities in Britain and beyond, by the 1870s the widespread acceptance of and public health policy based on his research played a significant role in limiting the tolls of later epidemics in Europe.

While cholera and its relationship to the bacterium *Vibrio cholerae* was becoming increasingly apparent during the nineteenth century, recent research has shown that the bacterium itself is not the cause of the disease. Rather, the bacterium’s interactions with specific

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bacteriophages generate toxins that subsequently cause the disease. This is why the bacterium can be endemic to regions and specific water systems, but not lead to an outbreak of the disease. Patients who contract cholera experience the violent expulsion of bodily fluids, which can potentially lead to death. In Japan, the fast-acting nature of the disease led it to be called mikka-korori, literally “three-day collapse,” a moniker similar to the later and more accurate translation from English, korera.

Cholera likely originated in Bengal and spread globally through the activities of the imperialist powers. Since its spread from Bengal in the early nineteenth century, there have been seven global pandemics: 1817-24, 1829-51, 1852-59, 1860-75, 1881-95, 1899-1923, and 1960 to the present. Currently, cholera mainly effects Africa, with over ninety-five percent of cases since 1995. While cholera may be most problematic in Africa now, the global nature of this bacterium after 1817 needs to be emphasized. Every inhabited continent experienced Vibrio cholerae and the fear associated with it, thus making the experiences of Japanese people during the 1877 epidemic and other epidemics universal.

The first cholera epidemic in Japan was in 1822 and likely entered Japan via ships arriving from Java or Korea. The disease primarily affected Western Japan: Kyushu, Chūgoku, and Kinki regions, but had a limited effect on the eastern regions, such as the Kantō region around Edo (present day Tokyo) and in the northern Tōhoku region. This first epidemic lasted

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21 Hamlin, Cholera, 4.
23 Yamamoto, Nihon korera shi, 5.
24 Yamamoto, Nihon korera shi, 5.
only about two to three months. The full extent of this epidemic on the population seems to be unknown.

The second Cholera epidemic appeared in 1858. This disease is believed to have stowed away on the American ship *Mississippi* that anchored in Nagasaki after visiting Qing China. The epidemic spread throughout Japan, but historical records make it difficult to verify the actual number of deaths during this epidemic. Yamamoto Shin’ichi, a medical doctor and historian of medicine, argues that around 250,000 people may have died in the city of Edo alone. Disputing this mortality rate, Tatsukawa Shōji, a historian of medicine, argues that the death rate for the entire country was likely 200,000. Ann Bowman Jannetta, a historian of medicine in early modern Japan, believes it is inaccurate to even provide estimates of mortality for this time period because, “It is difficult to assess the impact of cholera on mortality in Japan… because like other enteric diseases, cholera can have a dire effect on one locality and no impact at all on another.”

While an accurate mortality rate cannot likely not be compiled, it is clear that the 1858 epidemic spread throughout the country and had a significant impact on at least the city of Edo. William Johnston claims that this second epidemic, when compared to the first, led to the creation and propagation of vastly more medical and popular discourse surrounding the disease. Bettina Gramlich-Oka, a historian of medicine in early modern Japan, discussed in depth the popular discourse, writing that “cholera became a catalyst and metaphor by which the

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26 Neither Yamamoto Shun’ichi or William Johnston give death statistics or estimates for this epidemic in their research implying a lack of material.
notion of ‘the body economic’ of Tokugawa society [wa]s exposed.” Focusing largely on popular “disaster literature,” she demonstrates how the discourse surrounding the epidemic served a dual purpose of also critiquing the Tokugawa market economy. This epidemic also led to “cholera festivals,” events where people prayed for the banishment of the disease or the recovery of the afflicted. As these examples demonstrate, this epidemic had a large influence on the Japanese understanding and response to the disease, but all of these responses were still largely “pre-modern.” There were also reports of an epidemic in 1862 that followed a measles epidemic that same year, but Yamamoto questions whether this was actually cholera.

The third major cholera epidemic in Japan was the 1877 epidemic that is the focus of this essay and was followed by an epidemic in 1879. Far more deadly than the 1877 epidemic, the 1879 epidemic infected over 160,000 and killed over 100,000 people. This epidemic started in Ehime prefecture on the island of Shikoku and, according to Yamamoto, likely had local origins since patients appeared simultaneously in different locations. The epidemic began in April and first spread to Oita prefecture and from there spread south and eastward. This epidemic spread throughout Japan, but prefectures that had over 50,000 patients were largely located in the western regions of the country. The 1877 epidemic and subsequent 1879 epidemic had a large influence on public health policy in Japan and have therefore led historians to call cholera the “mother of hygiene” in Japan. There were large epidemics as well in 1882, 1886, 1890, and 1899.

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1895 with each of them killing over 30,000 people. The 1886 epidemic alone killed over 100,000 people.\textsuperscript{37}

Cholera treatments in Europe and the United States in the early and mid-nineteenth century revolved around bloodletting, the use of various drugs, various treatments like cauterization, and the use of intravenous solutions that did not become mainstream because of the high death rate caused by embolism or septicemia.\textsuperscript{38} By the time of the 1858 epidemic in Japan, at least one doctor, Shingū Ryōkaku (1828-1885) was using rehydration therapy to treat the disease, but it seems as though treatment was largely based off of the work of Georg Friedrich Most (1794-1832) that called for calumba root and red wine.\textsuperscript{39} This therapy was also recommended by Shingū himself, even though he was successfully treating the disease with rehydration, as well as the use of opium.\textsuperscript{40} By the Meiji period, the main treatment seems to have been the prevention of the disease with the establishment of quarantine hospitals and the extensive use of disinfection with compounds such as carbolic acid.

Space

This essay argues that the 1877 cholera epidemic led to the production of medicalized “choleric spaces,” both material and discursive, in which, specifically, cholera patients were intended to reside and in which information regarding patients and the disease was supposed to be communicated. The material “choleric spaces” discussed in this essay are the quarantine hospitals and other forms of isolation, while the discursive spaces are described through an analysis of newspaper articles regarding cholera. As this essay demonstrates, the production of

\textsuperscript{40} Johnston, “The Shifting Epistemological Foundations,” 180.
these choleric spaces was intentional and served purposes of edifying the emergent national body while simultaneously producing further social stratification by identifying associations with the disease.\textsuperscript{41} This essay limits its analysis of choleric spaces to those that reflect the production of space as it relates to the cholera patient. Therefore, even though there was a growing understanding at this time in Japan of cholera’s relationship with water and human waste, this essay will not discuss the spaces produced by water systems, cesspools, and nightsoil (human excrement used for fertilizer) during this period.

The 1877 epidemic may seem minor when compared to the 1879 epidemic that caused the deaths of over 100,000 individuals, but the policies and methods used to combat the 1879 epidemic were established during the 1877 cholera epidemic. These regulations and methods are seen in laws, such as “Information on Preventing Cholera” promulgated in 1877. This document explained the government’s right to create temporary isolation hospitals in order to quarantine individuals who were showing signs of cholera, especially those coming from areas that had already experienced a cholera outbreak.\textsuperscript{42} For this reason, this essay focuses on the 1877 cholera epidemic, rather than the far more deadly 1879 cholera epidemic.

This essay argues that governmental and societal actors produced choleric spaces to construct cholera patients, but what does “space” refer to in this interpretation? In the book \textit{For Space}, Doreen Massey writes that space can be defined in three ways. First, it is the “product of interrelations.” She writes that “space does not exist prior to identities/entities and their relations. More generally I argue that identities/entities, the relations ‘between’ them, and the spatiality

\textsuperscript{41} Susan Burns, “Constructing the National Body.”
which is part of them, are all co-constitutive.”⁴³ Based on this understanding of space, choleric spaces did not exist prior to the identification of cholera patients and were shaped by the defining of said patients and those patient’s and the bacteria’s movements. Conversely, while cholera patients were defined medically, they were also produced through their relationships with choleric spaces. Choleric spaces are also produced by the interrelations of the patients and the “healthy” which is seen not only from a governmental view, but also discursively through newspapers.

Massey writes regarding the second argument that “the very possibility of any serious recognition of multiplicity and heterogeneity itself depends on a recognition of spatiality.”⁴⁴ This essay claims that choleric spaces, and other medicalized spaces, were produced in Japan to combat communicable diseases after the 1877 cholera epidemic. But implicit in this argument is the separation of society into a spectrum of medicalized choleric spaces vis-a-vis an individual’s relationship with cholera; therefore, creating a heterogenous society through the lens of disease. The production of these spaces is necessary to understand the heterogeneity of Japan with respect to the disease since, as the first argument states, cholera patients and those free of the disease are understood through their relationship with choleric spaces. This demonstrates that Japan was internally diverse, not just ethnically or regionally, but also through individual’s relationships with disease, while also demonstrating that disease did not unify the nation, but rather stratified society.

Massey’s last general statement regarding space is that it is not static. She writes:

> these are not the relations of a coherent, closed system within which, as they say, everything is (already) related to everything else. Space can never be that

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⁴⁴ Massey, *For Space*, 11.
completed simultaneity in which all interconnections have been established, and in which everywhere is already linked with everywhere else. A space, then, which is neither a container for always-already constituted identities nor a completed closure of holism.\textsuperscript{45}

This implies that space is temporally and spatially fluid and ever changing. While this essay is focused on a specific period it is necessary to understand that, while the 1877 cholera epidemic led to the creation of medicalized choleric spaces, the relationship of those medicalized spaces with other spaces and society were also fluid. This will be demonstrated in the first section which argues for the medicalization of space by comparing the produced choleric spaces with earlier spaces that ostensibly were produced to combat disease but had a much stronger emphasis on social biases towards patients. After 1877, these spaces shifted through the increasing dependency on the force of local and national police to achieve their goals.

Lastly, in this essay “space” is not meant to be used as an opposite of “place.” Massey discusses the debate over the terms “place” and “space,” in which “place” refers to the local, concrete, and every day, while “space” refers to the global, abstract, and “outside.”\textsuperscript{46} This essay will not use the term “space” to refer to the “outside” and “abstract” only, but rather will treat “space” as representing both the concrete and the abstract, the material and the discursive. As Massey argues, this essay also recognizes the “co-constituted” nature of these spaces.\textsuperscript{47} The discursive space is dependent on the material space and vice versa. The separation of this essay into two sections that reflect the co-constituted material and discursive spaces is not intended to reject the view that spaces are simultaneously co-constituted in material and discursive ways but rather is used for ease of analysis.

\textsuperscript{45} Massey, \textit{For Space}, 11-12.
\textsuperscript{46} Massey, \textit{For Space}, 185.
\textsuperscript{47} Massey, \textit{For Space}, 184.
Epidemic

Along with the concept of “space,” this essay also relies on an understanding of the term “epidemic.” While the year 1877 lies outside of any currently identified cholera pandemic, in this essay, I refer to the 1877 outbreak of cholera as an epidemic. This essay utilizes Charles Rosenberg’s broad definition of epidemics. He writes that “epidemics start at a moment in time, proceed on a stage limited in space and duration, following a plot line of increasing and revelatory tension, move to a crisis of individual and collective character, then drift towards closure.”

Three aspects of this definition are particularly relevant for this essay. First is an epidemic’s duration. The 1877 and 1879 epidemics are viewed as separate epidemics largely because the 1877 epidemic had effectively already abated by early 1878 with less than 300 deaths that year. Second is the slow recognition of epidemics by governmental, and more importantly societal actors. Newspaper articles from the early weeks and months of the 1877 cholera epidemic exemplify this lack of recognition that cholera had already started spreading in Japan. For example, the *Yomiuri Shimbun* referred to the disease as the “Chinese communicable disease” rather than already established terms such as *korori* or *korera* in a few of its articles. This indicates that there was a lack of recognition regarding the spread of the disease locally, since it was apparently spreading amongst Chinese in Japan, which may have impacted early policy about reporting and preventing the spread of the disease. Third, and most importantly, the definition highlights the community action taken to combat the disease. Charles Rosenberg

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50 An example of this can be seen on August tenth in the *Yomiuri*, *Yomiuri Shimbun*, August 10, 1877. Accessed May 4, 2020. [https://database.yomiuri.co.jp/rekishikan/](https://database.yomiuri.co.jp/rekishikan/)
emphasizes that epidemics encourage community responses to combat disease rather than just governmental responses. Governments are extremely important in leading to the “closure” of disease since they are able to mobilize vast amounts of capital to achieve their goals. However, focusing on governmental actors alone ignores the actions the national community at large took. As this essay demonstrates, there was an understanding that the individual members of the national community had a vital part to play in the prevention of cholera, both through citizen participation by obeying quarantine policies and actively disinfecting waste and through newspapers which published information that allowed the active participation of citizens.

Structure

This essay is divided into two sections regarding: material space and discursive space. The first section argues that the law entitled “Information on Preventing Cholera” played a seminal role in the production of material choleric spaces during the 1877 epidemic and that these spaces represented a new form of space, the medicalized space. The second section argues that discursive choleric spaces were produced through various mediums at the time, with this chapter focusing on the newspaper. Newspapers acted as both “agents of government” and “agents of community education” and engaged with the public in order to teach the populace of Japan how they as individuals could fight this new enemy which in turn produced discursive choleric spaces. Reflecting the usage by contemporaries of the epidemic, I have also opted to use these military metaphors and terms throughout this essay.

51 Rosenberg, Explaining Epidemics, 285.
Chapter 2: The Meiji Government Responds: The Production of Material Space

In 1909, the author and poet Ishikawa Takuboku (1886-1912) published a short story entitled “Dysentery” (Sekiri). The beginning of this story demonstrates the fear that the public held for the government’s public health policies. Taking place in a remote mountain village, the tale begins with an illustration of village fear during a mandatory medical visit, with their fear seeming to stem from a previous event.

Four years ago, in a village separated by only ten ri [40 km] from our village, when this same disease [dysentery] was rampant, the head of the local police at the time decided to quarantine the entire town. Thanks to this policy, the disease did not spread to surrounding villages, but roughly one-fourth of the population of that village died in just one autumn.52

This short story is set in the early twentieth century, but what it shows is continuity in policy towards communicative diseases during the period. Specifically, the policies established to combat the 1877 cholera epidemic which continued until at least the early twentieth century. These policies led to the production of spaces in which infected patients were quarantined until they were either cured or succumbed to their illness. This section argues that these choleric spaces were the basis of the prevention methods produced during the 1877 epidemic. The produced spaces include quarantine hospitals, quarantining individuals in their residences, and limiting the use of public space, all of which focus on the act of quarantining the patient from society. This section first argues that, while policies of quarantine were not new in Japan, these policies led to the establishment of a quarantine system based on modern medicine, as opposed to quarantine policies based on moral or social biases.

Medicalized Spaces

This section of the essay argues for the importance of quarantine to nineteenth-century Japanese public health policy, although this was not the first time that quarantine or similar policies had been used in Japanese history. Isolation and quarantine were used historically for sufferers of leprosy and syphilis, but the Meiji period policies represent a shift towards medicalized quarantine. While the examples of leprosy and syphilis seem to be “medical,” it is apparent that the mentalities towards leprosy and syphilis, and then later towards cholera, were vastly different.

How then did these earlier quarantine policies differ from the choleric spaces produced by the Meiji government? The main difference seems to be the view of the infected individual. For example, the “leprosy villages” of the premodern state were not based on a logic of medical illness, but rather on a logic of “pollution.” Susan Burns argues that leprosy in premodern Japan was viewed as a “karmic illness.” This idea seems to have been propagated within the Lotus Sutra and other texts which claimed that leprosy was karmic retribution that manifests itself physically and is therefore “visible evidence of the consequence of wrongdoing.” She also argues that the imperial court propagated this concept of spiritual “pollution” as a way to assert its authority and that “it was in relation to this new political principle that sufferers of rai [leprosy] began to be expelled by their families and the organized hinin groups took form.” The expulsion resulted in the creation of leper villages around temples and other religious sites that were called shuku and these site are “a window into the social geography of exclusion that

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54 Burns, *Kingdom of the Sick*, 23.
emerged in relation to the ‘pollution ideology.’\textsuperscript{55} This concept of the “social geography of exclusion” is reminiscent of quarantine policies, but the treatment of “lepers” in the premodern time was different than people quarantined during the 1877 cholera epidemic, largely because of their association with “pollution” rather than a communicative “illness.”

These biases towards sufferers of leprosy produced spaces within which the afflicted were meant to reside. This is similar to the production of space for patients of cholera. For example, there was a village outside of the castle town of Takamatsu in Sanuki province on Shikoku that was “designated for ‘raisha (leper) containment’”\textsuperscript{56} as well as the creation of “hostels” around villages that would be organized by the outcast headmen in which sufferers of leprosy would reside.\textsuperscript{57} While spaces were produced for these individuals, the understanding of their disease lent itself to interaction between society at large and the sufferers themselves through the belief that giving alms to a sufferer of leprosy would “improve one’s own chance of salvation.”\textsuperscript{58} This demonstrates that there was the production of space in regards to sufferers of leprosy, but that the nature of that space was vastly different when compared with the “modern” quarantine methods utilized during the 1877 epidemic. The association of the afflicted with pollution instead of a medical disease and their porous isolation that allowed interaction with the larger society demonstrates the differences between the pre-modern isolation policies and the modern quarantine ones; the first religious and social and the second one medical.

This is similar to the “lock hospital” (kubai’in) system implemented at the beginning of the Meiji period to curb instances of syphilis amongst foreign sailors. “Lock hospitals” were

\textsuperscript{55} Burns, \textit{Kingdom of the Sick}, 26-27.
\textsuperscript{56} Burns, \textit{Kingdom of the Sick}, 38.
\textsuperscript{57} Burns, \textit{Kingdom of the Sick}, 37.
\textsuperscript{58} Burns, \textit{Kingdom of the Sick}, 29.
hospitals that treated venereal diseases and were produced throughout the eighteenth century, with the London Lock Hospital opening its doors in 1747. Western medical practitioners residing in Japan argued for the “lock hospital” system to be implemented in 1868. Ion Hamish, a historian of empire, has described this system as a form of “sexual and medical imperialism.”

What is important for this essay is the scope of the hospital. These hospitals were established in the treaty ports to limit the spread of venereal disease, specifically syphilis, among British and other Western troops stationed in Japan and therefore targeted prostitutes showing signs of syphilis. After the system had been established, Japanese medical practitioners would examine prostitutes and, if they had symptoms of syphilis, they were ordered to stay at the hospital until they “appeared to be cured.” In other words, the prostitutes who seemed to be infected with syphilis were quarantined in the lock hospital until they would no longer be able to spread the disease. This form of quarantine appears to be more “medical” than the quarantine directed towards sufferers of leprosy, but it is still largely based on a society’s biases, in this case through Western society. This “quarantine hospital” did not restrict the movements of any individual who was found to have the disease, but focused solely on prostitutes as the purveyors of the disease, even though Edo-period works refer to young men as the “typical” sufferers of the disease.

This demonstrates that these hospitals were not fully medicalized spaces either. Rather, the lock hospital was a space for moral quarantine that impacted the lives of only female minorities.

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The comparison between leprosy, syphilis, and cholera quarantine policies may seem strange since the disease dispersion vectors are quite different, but they are a few of the quarantine polices available for analysis before the creation of the quarantine hospital during the 1877 epidemic. In fact, even though other communicable disease such as smallpox, dysentery, and even cholera were common or epidemic during the Edo period, there does not seem to have been a quarantine policy directed at these diseases at that time. Burns, Johnston, Tatsukawa do not mention isolation policies as a form of prevention or as a treatment for cholera. Tatsukawa and Burns emphasize the role of religion in treating and preventing cholera in the Edo period with Tatsukawa focusing on the “cholera festivals” and Burns emphasizing the role of rituals and amulets while Johnston discusses the “medical” treatments used in the Tokugawa period such as wine, opium, and calumba root.\(^{63}\) The omission of quarantine policies in these texts does not prove the lack of quarantine polices regarding epidemic disease, but it does demonstrate at least that if carried out they were not considered worth recording.

On “Information on Preventing Cholera”

This section largely focuses on government documents promulgated by the Bureau of Hygiene (Eisei kyoku) that was part of the Home Ministry, specifically the document called “Information on Preventing Cholera” (Korera yōbōhō). There was a general agreement that a “modern “medical system was necessary from the founding of the new government, but the creation of a bureau did not happen until 1874.\(^{64}\) The bureau began as the Bureau of Medicine, which was part of the Ministry of Education in 1872. The head was Nagayo Sensai (1838-1902)
and under his leadership the “medical policy” (isei) of Japan was drafted, which would then be implemented in 1874 when the now named Bureau of Hygiene was transferred to the Home Ministry. The Bureau initially dealt with the creation of healthy spaces by removing waste, creating modern sewage and water systems, and licensing doctors. The 1877 cholera epidemic, however, emphasized the inadequacies inherent in the system thus far established. To combat the disease the Bureau of Hygiene shifted towards a more intrusive and coercive system. This system relied on the power of the Bureau of Hygiene along with the cooperation of the police, also part of the Home Ministry, to enforce policies of quarantine and isolation. Kasahara Hidehiko and Kojima Kazutaka argue that the Bureau of Hygiene’s shift towards a more coercive response to communicable diseases began with the 1879 cholera epidemic. I argue in this section that the shift began earlier during the 1877 epidemic. While the Bureau of Hygiene may have been more sophisticated and intrusive during the larger 1879 epidemic, these policies took form during the 1877 epidemic as is seen in the Home Ministry’s new law: “Information on Preventing Cholera”.

Promulgated on August 27, this central document created choleric spaces during the 1877 cholera epidemic and then was published as a separate document. According to Yamamoto, this document became the prototype for the regulations that succeeded it. This document covers a variety of topics such as the necessary actions that doctors need to take upon discovering a patient with cholera to the further establishment of apothecaries. It also began producing spaces for patients with cholera to reside. The document begins with a short preface in which the reader

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67 Kasahara and Kojima, Meiji iryō, 209.
68 Kasahara and Kojima, Meiji iryō, 71.
69 Yamamoto, Nihon korera shi, 250.
was warned that prevention only works before the “illness’s poison” has invaded, and therefore
great care must be taken to follow the rules laid out in this text.\textsuperscript{70} After that the law lists twenty-
four regulations of which eight directly relate to space. These are 3-6 and 13-16. Generally, these
regulations deal with the creation of quarantine hospitals, treatment in the patient’s home, and
the use of communal spaces during an epidemic. The regulations that pertain to quarantine
hospitals can be divided into two sub-categories: the separation of patient from society and the
separation of patient from patient.

An analysis of each of these eight regulations will be useful in understanding their effects
and implementation, beginning with the regulations that deal with the creation of “quarantine
hospitals” (hibyōin). These are the most numerous, encompassing the third, fourth, fifth, sixth,
and fifteenth regulations. The former type, the separation of patient from society, is dominant
being discussed in all of the clauses listed above, while the separation of patient from patient is
only listed in the third regulation regarding the specifications that quarantine hospitals need to be
built to. The separation of patients and society begins in the third regulation, which stated that
either on islands separated from ports or in areas isolated from inhabited areas, temporary
quarantine hospitals will be established and that cholera patients on board vessels docking at
ports as well as individuals from the area that have contracted the disease will be hospitalized.\textsuperscript{71}
This regulation required that these hospitals be located far from any inhabited area. This of
course was to mitigate the spread of the disease but also produced spaces separated from society
where cholera was encouraged to reside. The fourth regulation stating that quarantine hospitals
must be surrounded by a fence to delineate their boundary and must also have a yellow flag with

December 9, 2019. \url{http://dl.ndl.go.jp/info:ndljp/pid/835184}
\textsuperscript{71} Eisei Kyoku, \textit{Korerabyō yobōhō}, 1-2.
a large Q in black to denote the space reinforced this.\textsuperscript{72} No one was allowed inside of this space unless they were there on official business, such as a delivery of necessary goods, and those people were not allowed inside the treatment rooms or allowed to touch something that had potentially been soiled with the disease.\textsuperscript{73} Once again, by limiting unaffiliated individuals from entering the hospital grounds, the government was attempting to mitigate the spread of the disease, but at the same time they produced a stigmatized space in which patients with cholera were supposed to reside.

The fifth regulation furthered this delineation by adopting a strict policy towards the discharging of patients. This regulation stated that a patient who completely recovered would receive proof of their recovery in the form of a document, while those who have slightly recovered would only be allowed to leave the premises upon receiving permission from the staff.\textsuperscript{74} The space was not just walled off from the outside, but also contained internal barriers that kept the infected in their appropriate choleric spaces. This reinforced the nature of the produced space as one that is coercive and stigmatized.

The deceased were also separated from their community. The sixth regulation stated that the hospital will need to establish a cemetery and that those who die in their care would need to be buried (\textit{maisō}).\textsuperscript{75} It is unclear from the text itself whether burial meant full-body burial or the interment of cremated remains, but Andrew Bernstein, an environmental historian, wrote that “local authorities not only encouraged cremation by banning urban burial but mandated it during

\begin{flushleft}
\textsuperscript{72} Eisei Kyoku, \textit{Korerahō yobōhō}, 2.
\textsuperscript{73} Eisei Kyoku, \textit{Korerahō yobōhō}, 2.
\textsuperscript{74} Eisei Kyoku, \textit{Korerahō yobōhō}, 2.
\textsuperscript{75} Eisei Kyoku, \textit{Korerahō yobōhō}, 2.
\end{flushleft}
time of epidemic.” While this regulation may have pertained to cremation or full-body burial there was a method to inter the deceased outside of the established cemetery if three qualifications were met: that there was a grave already available for the individual, that the body and its effects were first disinfected, and that permission was granted by the staff of the hospital.

The fifteenth regulation dealt with the separation of patients and society as related with quarantine hospital. This regulation stated that the regional administrator (chihōkan) may, in the case of a cholera outbreak, establish “temporary hospitals” in their region to treat, specifically, cholera patients. It goes onto say that those who lived in crowded rented homes or inns that were infected must be hospitalized. The hospitals referenced in this clause are not called quarantine hospitals and therefore may not fit into the produced spaces of the quarantine hospitals, but the forced hospitalization of the ill in crowded spaces demonstrates that these hospitals also led to the production of choleric spaces that separated cholera patients from society at large.

These policies produced choleric space that not only separated patients from society but also demanded the separation of patients from patients. This is seen in the third clause which included specifications for quarantine hospitals. These hospitals must be “exceptionally simple” and must be separated into either three buildings or three rooms in one building to have a specific area for those who are seriously ill, those who are mildly ill, and those who are recovering. This separation of patient from patient seems logical since there was an understanding of how the disease spread, but it also furthered the production of choleric spaces.

77 Eisei Kyoku, Korerabyō yobōhō, 2.
78 Eisei Kyoku, Korerabyō yobōhō, 3-4.
79 Eisei Kyoku, Korerabyō yobōhō, 2.
While this document emphasized quarantine hospitals, they were not the only place that a patient could receive treatment at the time. There were allowances for home-treatment, but the regulations established in this document propagated choleric spaces and encouraged the separation of the patient from society. Regulations thirteen and sixteen are demonstrative of the production of choleric spaces in the home. Regulation thirteen limited the interactions that a family impacted by cholera could have with society at large.\textsuperscript{80} It said that a family that has a member suffering from cholera must avoid contact with other households besides perhaps the individual in charge of the treatment of the patient. It further stated that those in the affected household were not allowed to leave their premises and, in the case in which a family member attended school, that individual was not allowed to go to school for ten days after the afflicted has been cured.\textsuperscript{81} Regulation sixteen also relates to household treatment of cholera patients and demanded that one of the hygiene officials must paste a sign to the entrance of the affected household saying “the communicable disease cholera is present (in this house).”\textsuperscript{82} Those who have no official business with the residents of the house were also not allowed to visit while the sign is pasted on the entrance.\textsuperscript{83} The thirteenth and sixteenth regulations demonstrate that choleric space was not limited to hospitals and similar spaces the government produced for the primary purpose of combating cholera, but also was imposed on the personal spaces of the Japanese populace, producing a hybrid choleric space focused both on large populations and individual households.

\textsuperscript{80} The modern Japanese translation of this document in Yamashita’s book has the 13\textsuperscript{th} regulation listed as the 12\textsuperscript{th}, with the original 12\textsuperscript{th} omitted.  
Eisei Kyoku, \textit{Korerabyō yobōhō}, 3.  
\textsuperscript{81} Eisei Kyoku, \textit{Korerabyō yobōhō}, 3.  
\textsuperscript{82} Eisei Kyoku, \textit{Korerabyō yobōhō}, 4.  
\textsuperscript{83} Eisei Kyoku, \textit{Korerabyō yobōhō}, 4.
Lastly, there is the conversion of communal spaces into choleric spaces within the fourteenth regulation. This regulation allowed the prefectural governor (*chihōchōkan*) to ban large gatherings of people during epidemics, specifically stating that religious festivals, marketplaces, and similar gatherings that bring people together must be forbidden. This regulation was sufficiently broad that it was potentially vague enough to encompass any large gathering of people.\(^{84}\) As this regulation shows, communal space was also reproduced in this time of crisis to limit the spread of the disease amongst the populace.

Applying Space

Eight out of twenty-four of the clauses dealt with the production of space to combat communicative diseases, specifically cholera, but Yamamoto questions the enforcement of the laws. He writes, “There are many questions regarding the extent to which these laws were actually implemented during the epidemic.”\(^{85}\) It is difficult to completely investigate this question, but newspaper articles do give hints to the extent to which choleric spaces were produced during the time. Throughout the month of October 1877, both the *Yomiuri* and the *Yūbin Höchi Shimbun* published articles pertaining to the creation of quarantine hospitals and the limitations put on private space were frequently published. These articles demonstrate how choleric spaces were produced during the period.

Beginning with articles pertaining to the creation of quarantine hospitals, representative articles were published between October 5 and October 17. The first of these articles, published on October 5 in the *Yomiuri*, first listed around ten people who died within two days of cholera in the Tokyo area and then three sites that the Home Ministry decided to house quarantine

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84 Eisei Kyoku, *Korerabyō yobōhō*, 3.
hospitals.\textsuperscript{86} This was followed on the next day with the publication of two metropolitan police edicts. The first edict, numbered 41, was originally promulgated on October 4. According to this edict, three quarantine hospitals were going to be established in the Tokyo area: one would be located in Shinagawa, another in Ichigaya, and the last in Hongō.\textsuperscript{87} The second relevant edict, number 43, ordered that people who showed symptoms of the disease and lived in or were staying in communal areas, such as students who were temporarily staying at school or travelling, must receive treatment at the quarantine hospitals instead of their temporary residence.\textsuperscript{88} It was not just Tokyo that created quarantine hospitals, however. On October 17 the \textit{Yūbin Hōchi} published an article that stated that Osaka was going to quickly create three quarantine hospitals in response to a cholera outbreak in that city as well.\textsuperscript{89}

The article published in the \textit{Yūbin Hōchi} on October 10 was the most detailed because it not only stated that a quarantine hospital would be built in Tomioka-Monzennaka-chō in the Fukugawa ward of Tokyo, but also lists the 18 regulations according to which the quarantine hospital was to be built.\textsuperscript{90} Of the 18 regulations, nine related to the production of choleric spaces. Many of these limitations were the same as those found in the “Information on Preventing Cholera,” such as the second regulation which states that there must be different sections for the following three categories of patients: those with severe cases, mild cases, and those who are on the path to recovery. The eighth also reinforced the “Information on Preventing Cholera” stating that patients could not leave the hospital without permission, but there were some new limitations present at this hospital as well. The third regulation, for instance, stated that only one

\textsuperscript{89} Takahashi Mitsuru, ed., \textit{Yūbin Hōchi Shimbun}, 13: 166.
\textsuperscript{90} Takahashi Mitsuru, ed., \textit{Yūbin Hōchi Shimbun}, 13: 141.
person can be in each room. Furthermore, patients were not allowed to leave the premises and, according to the twelfth regulation, even the caregivers were not allowed to leave without first receiving permission.

Lastly, the fifteenth and sixteenth regulations offer an insight into why there may have been resistance towards the establishment of quarantine hospitals. The fifteenth regulation stated that the family of a patient was not allowed to enter the hospital unless they were deemed necessary for the care of the patient, while relatedly, the sixteenth regulation stated that once the family was allowed in the hospital, they were not allowed to leave without permission. According to the seventeenth regulation, permission would be granted as long as the visiting family went through the disinfection process upon leaving. As these articles show, there was an effort to create the material choleric spaces. None of the examples, however, yet demonstrate the production of material space.

The quarantine hospital established in Tomioka village in Kanagawa prefecture demonstrates one example of the material spaces produced. *Yokohama ekibyōshi* compiled by the Yokohama city Bureau of Hygiene lists the likely location and floorplan of the Tomioka quarantine hospital. According to *Yokohama ekibyōshi*, the hospital was surrounded on three sides by mountains, with the fourth side facing the ocean. Behind the mountain, opposite the sea, flowed the Kitadai river. The Bureau of Hygiene in Yokohama states that the hospital likely was where the current Tomioka Comprehensive Park is located (figure 1).  

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map with one made in the 1880s, we can see that the hospital was likely located within the black circle, with *Yokohama ekibyōshi* estimating the underlined location within the circle on the left.\(^9\)

The hospital was named after the nearest village, Tomioka, which had two main centers of population, each surrounded by a hexagon. This map demonstrates the separation of the choleric spaces from the rest of the community. While the hospital and the village may seem near, it is apparent that the hospital was on the outskirts of town, where it was less populated, and high up in the hills surrounding the town. It was also far removed from the much more populous Sugita village to the North, surrounded by a rectangle.\(^7\)

It is possible to also see the layout of this hospital since the floor plan remains (figure 2). While not all of the writing is clear, it is possible to make out six hospital rooms. Four were in one large building while the other two were in their own smaller building. The Yokohama city Bureau of Hygiene listed the four-room building as that for the lower classes (*katō*) and the two-room building for the upper class (*jōtō*) with the rest of the building housing the medical office and other necessities.\(^8\)

Figure 2. The floor plan of the Tomioka quarantine hospital. Copied from Utsumi Takashi ed. *Yokohama ekibyō shi: Manji byōin no hyakujūnen* (Yokohama: Yokohama-shi Eiseikyoku, 1988), 24.

\(^9\) Utsumi, *Yokohama ekibyō shi*, 22.

\(^7\) Not all the village is visible on the except of map presented here.

\(^8\) Utsumi, *Yokohama ekibyō shi*, 22.
Interestingly, while the building meant for the lower class would have complied with the three separate room regulation in “Information on Preventing Cholera,” the building dedicated to the upper class would not have been since it only had two rooms. The building for the lower classes was over 145 square meters, the building for the upper class was 73 square meters, and the last building was 136 square meters for a total of around 357 square meters.\(^9\) Assuming that the hospital rooms are about half of the space in the largest building we can estimate a size of 18 square meters per hospital room which if an adult is about 1.6 square meters means that eleven people could fit uncomfortably into one of the rooms. This hospital is not mentioned by name in the newspapers but the *Yomiuri* did mention a hospital built near the villages of Tomita and Sugita on August 2.\(^10\) While this may not be the same hospital, there does not seem to be Tomita village in Kanagawa prefecture and the Tomioka quarantine hospital was between the villages of Sugita and Tomioka, meaning that perhaps the newspaper made a mistake and this was the hospital they were referring to.

**Enforcing Quarantine**

Implementation as well as enforcement of the policies are difficult to discern from newspaper articles alone, but there are hints within the articles that suggest to the enforcement of quarantine policies. These articles mainly pertain to those who opted for home treatment as opposed to being sent to one of the quarantine hospitals. For example, on October 19, it was reported that because the epidemic was worsening in Yokohama, local patrolmen were ordered to go around the houses in their area and investigate for cholera patients. If they found a house

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that had a cholera patient, they were told to paste a note outside the door so that passersby would see the sign and be able to disinfect themselves.101

In addition to the newly created quarantine hospitals and the notifications put outside of people’s homes, there were forced quarantines as well. In the *Yomiuri* on October 3, Tokyo’s metropolitan police promulgated their 39th order, which stated that all traffic through and trade with the village of Haneda would cease due to the epidemic.102 This order stayed in place until October 9 when it was rescinded with some remaining restrictions.103 The article did not give further insight into how traffic would cease: whether the metropolitan police would station guards around the village, blockade the roads, or were just asking for self-restraint, but this article does demonstrate the lengths to which the metropolitan police were going to in order to attempt to limit the spread of the disease.

Perhaps the most convincing articles are those that relate to “hiding” cholera patients from the authorities. When cases of cholera were being reported in over 18 towns and villages around Tokyo, there was also a story about an unknown man whose daughter had contracted the disease, but instead of reporting her, he hid his daughter and her illness. He then washed and dried the items that she had soiled “causing much trouble to his neighbors who had to gently *(shinsetsu-ni)* admonish him of his behavior.”104 A similar article was published on November 8. This article discussed foolish responses to the disease. These included various methods of concealment, such as putting the sick individual in a closet (*oshi’ire*) or a chest (*todana*) and pretending that everything was alright or ignoring the cries and complaints of children regarding

stomach ailments when the patrolmen came to the house.105 These articles demonstrate that as early as the 1877 epidemic people feared and resisted the quarantine policies.

Choleric Spaces of Fear

The last examples demonstrate the enforcement of government regulations to curb instances of cholera, but they also show the fear that the choleric spaces produced in the general populace. Many of the secondary sources reinforce the interpretation that fear spread as a result of these policies. Kasahara and Kojima state that the metropolitan police forcefully implemented the isolation and disinfection orders in 1877 and, as fear of contracting the disease was growing, fear of the government’s response to the contraction was also increasing.106 Kawakami refers to the novel *Unripe Grapes (Aobudō)* by Ozaki Kōyō (1868-1903), published in 1896, as a representative portrayal as to why the populace feared the quarantine hospitals. He first claims that the novel is representative because it was based off of the personal experiences of Ozaki Kōyō when his live-in pupil contracted cholera during the 1895 epidemic and was sent to a quarantine hospital. He argues the novel therefore “realistically depicts” the events.107 He further claims that two distinguishable factors influenced the fear of the populace regarding quarantine policies: first, to report the disease to the authorities caused many officials to come to the individual’s house and stop all “traffic” (*kōtsū shadan*) between that family and others and second, quarantine hospitals equaled death chambers in the eyes of the people.108 Since *Unripe Grapes* was published in 1896 and it may not seem to be representative of earlier biases towards quarantine hospitals, Kawakami claims that the understanding that quarantine hospitals were

largely places to quarantine and not heal was largely accurate and that they had been a societal issue since 1877.\textsuperscript{109}

These biases are reflected in a few newspaper articles, such as was reported on October 16 and 17. The article stated that 500-600 farmers from the town of Hichise in Okayama attacked the police in opposition to the creation of a quarantine hospital in their area.\textsuperscript{110} The article does not give further details, besides stating that a police officer was injured, but the opposition of the farmers likely sprang from the misinformation and rumors listed above. Another article published on November 1 discussed a 17-year-old woman that had been forcefully hospitalized, and families and neighbors’ subsequent protests to this. They even went to the police station to ask that she not be sent to the quarantine hospital.\textsuperscript{111} These examples all demonstrate that at least a portion of the population during the 1877 epidemic feared the produced choleric spaces.

Conclusion

These examples all demonstrate that the Meiji government produced choleric spaces during the cholera epidemic of 1877 through the creation of quarantine hospitals, home isolation, and limitations on the usage of public space. This section has demonstrated that the Meiji government consciously produced these choleric spaces during the 1877 cholera epidemic and that these spaces demonstrate a medicalized space that was divergent from earlier produced spaces that pertain to disease based on moral and religious interpretations. While the production of physical choleric spaces was widespread through the creation of quarantine hospitals, quarantining in the home, and limitations put on the use of public spaces, choleric spaces did not

\textsuperscript{109} Kawakami, Gendai Nihon byōnin shi, 139.
just manifest physically but also discursively. The next section will deal with the discursive choleric space specifically seen in newspapers.
Chapter 3: Read All About it: Discursive Representations of Cholera

Just as the government produced material spaces during the 1877 cholera epidemic which took place between September and December and spread to over thirty prefectures, discursive choleric spaces were also produced. This section focuses on Meiji era newspapers as an example of discursive choleric spaces by analyzing what was published in newspapers regarding cholera and the prevention of cholera during the 1877 epidemic. It seems apparent that this discursive space functioned to spread knowledge of the disease and of prevention methods that were both promulgated by the government and published independently by newspapers, such as the Yomiuri and Yūbin Hōchi analyzed here. It is necessary to show who was producing information about cholera and therefore this chapter will look at newspapers as both “agents of government” and “agents of community education.”\(^{112}\) While both of these roles propagated the diffusion of knowledge regarding the disease, as “agents of government” newspapers largely republished laws and recommendations that the government promulgated in order to reach a larger audience. While as “agents of community education” newspapers published largely practical information that would further community efforts to prevent the spread of the disease. After viewing the kind of information that was diffused through newspapers, and thus how the discursive choleric spaces functioned, this section will consider the claim that cholera was a disease of the poor through the lens of newspapers.

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\(^{112}\) My phrasing of “agents of government” and “agents of community action” was informed by James Huffman’s usage. James Huffman, *Creating a Public: People and Press in Meiji Japan*, (Honolulu: University of Hawaii Press 1997), 47.
Meiji Period Newspapers

By 1877, Japan already had a flourishing newspaper industry that was largely centered around the Kantō region. Early in the 1870s, the Meiji government recognized the necessity of educating the populace and found newspapers to be a useful vehicle for this task. Initially, government officials played an important role in the creation of newspapers and their propagation. For example, the postal service shipped newspapers for free to further disseminate them to outlying prefectures and help the government achieve their goal of “enlightenment.” Government officials even created their own newspapers, such as the *Yubin Hōchi* which was created under the tutelage of Maejima Hisoka (1835-1919) the minister of the Ministry of Posts and Telecommunications. Even though the number of newspapers in the beginning years of the Meiji era were increasing, they were subject to censorship. James Huffman, a historian of media in the Meiji era, however, writes that this was largely a form of government mandated self-censorship. The government would utilize newspapers to educate the population and achieve political goals for the first five years of the period. But from 1873 on, newspapers began to “find their own voice.” After 1873, newspapers critiqued governmental policy and actors even though there were increasing regulations. The restrictions were largely directed at the presses increasing penchant to critique the government, which the government saw as a threat “to the stability of the country.” Whether or not this impacted reporting on the cholera epidemic is unclear, but if the government believed that an editorial was unfairly maligning their response, it

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113 James Huffman, *Creating a Public*, 65.
114 James Huffman, *Creating a Public*, 47.
115 James Huffman, *Creating a Public*, 47.
116 James Huffman, *Creating a Public*, 53.
117 James Huffman, *Creating a Public*, 50.
118 James Huffman, *Creating a Public*, 70.
119 James Huffman, *Creating a Public*, 76.
seems possible that the newspaper would have been fined. Although newspapers grew increasingly critical of the government, they still served the purpose of the Meiji state to educate the people, especially regarding governmental policy.

There were two types of newspapers during the Meiji period: “elite newspapers” (ōshimbun), such as the Yubin Hōchi Shimbun, and the “popular newspapers” (koshimbun), such as the Yomiuri Shimbun. As these descriptions suggest, the newspapers targeted specific audiences with the “elite” newspapers read by government officials, rural elites, and members of the peerage; while the “popular” newspapers were read by the literate masses. According to Yamamoto Taketoshi, there was an understanding by both the journalists and readers of the various newspapers regarding who would read the “popular” and “elite” newspapers. Since the newspapers targeted specific audiences, it may be thought that they were vastly different. However, their differences were fairly minor. One of the biggest differences had to do with accessibility of kanji (Chinese characters). The “popular” newspapers wrote furigana next to kanji, meaning that they wrote simplified syllabic characters next to the kanji to provide the reading of the character. Without the attached simplified readings, the ability of “popular” audiences to understand newspapers was diminished, since in some rural prefectures, even into the 1880s, about thirty percent of the population could not even write their own names. While the papers had subtle differences, both the “elite” and “popular” newspapers served the state’s interest in educating the population, specifically with regards to cholera prevention.

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120 In Creating a Public: People and Press in Meiji Japan, James Huffman has used the Romanized Japanese terms. For ease, I will use the translations “elite” for ōshimbun and “popular” for koshimbun to designate their target audience.
122 Yamamoto, Kindai Nihon no shimbun, 70.
These two newspapers are both representative of their respective category, “elite” or “popular,” and were also some of the most influential newspapers of the time. As stated earlier, the *Yubin Hōchi* was founded in 1872 under the direction of Maejima Hisoka. Initially allied with the government, after 1873 newspapers began to gain their independence and in 1874 the anti-Meiji Kurimoto Juon became the editor of the *Yubin Hōchi*, solidifying the divide between the newspaper and the government.\textsuperscript{123} The *Yubin Hōchi* headquarters were in Tokyo and in 1877 the chief editor was Fujita Mokichi (1852-1892). The representative “popular” newspaper, the *Yomiuri*, was founded in late 1874. The first editor was Koyasu Takashi (1836-1898) who had edited the *Yokohama Mainichi* newspaper before joining the *Yomiuri*.\textsuperscript{124} Initially a two-page newspaper, by 1875 it had four pages and was published every day.\textsuperscript{125} As a popular newspaper, its subscription rates were far higher than the “elite” rivals, circulating 18,189 newspapers every day, compared to the *Yubin Hōchi’s* 7,978.\textsuperscript{126} The *Yomiuri* was headquartered in the Ginza ward of Tokyo and the chief editor in 1877 was Suzuki Damasao (1845-1905).

While newspapers were recognized as useful tools by the government, they were still rather expensive commodities. The average price to subscribe to an “elite” newspaper for just one month in 1877 could buy the equivalent of eighteen liters of rice.\textsuperscript{127} This high cost limited the sales of newspapers initially, but by 1877 the *Yomiuri* newspaper was selling 5.5 million copies per year.\textsuperscript{128} At the same time, the *Yomiuri* had around 20,000 annual subscribers to their newspaper.\textsuperscript{129} This makes it relatively difficult to estimate how effective the articles regarding

\textsuperscript{123} James Huffman, *Creating a Public*, 71-2.
\textsuperscript{124} James Huffman, *Creating a Public*, 89.
\textsuperscript{125} James Huffman, *Creating a Public*, 89.
\textsuperscript{126} James Huffman, *Creating a Public*, 93.
\textsuperscript{127} Yamamoto, *Kindai Nihon no shimbun*, 66.
\textsuperscript{128} James Huffman, *Creating a Public*, 60.
\textsuperscript{129} James Huffman, *Creating a Public*, 87.
cholera actually were in circulating information since they seemed to be read by only a small portion of the population. However, there were other ways people accessed newspapers. “Newspaper discussion associations” and “reading rooms” sprouted up throughout Japan with government backing. These venues allowed those who could not read or afford subscriptions a chance to access this information.130 There was also the yomiuri occupation, not to be confused with the newspaper, that would sing out the headlines, although this profession was quickly disappearing.131 Therefore, while the numbers of subscriptions may seem relatively low, it is clear that more people had access to the information found in newspapers during the 1877 cholera epidemic than subscription rates alone indicate. Therefore, both the articles published independently by the newspapers and the government promulgations republished in the newspapers must have reached a sizable portion of the population.

Agents of Government

Even though newspapers began to “find their own voice,” they were not free from governmental influence in 1877. Importantly, newspapers published governmental policy and reports and, in this way, acted as discursive choleric spaces. The discursive nature of this space allowed information regarding cholera to be transmitted in an acceptable way that limited misinformation and touted the government’s policies, thus perhaps giving credence to their physical choleric spaces. Both the “elite” newspapers and the “popular” newspapers had sections titled things like “promulgation” (kōfu) in which government documents were published and these sections often appeared on the front page near the top of the newspaper. The placement of the section is important since it immediately follows the name of the newspaper and was

130 James Huffman, Creating a Public, 57.
therefore one of the first sections seen (figure 3). There are many examples of newspaper-published government documents, but this section highlights just a few.

Between August 31 and September 5, the Yomiuri newspaper published the Bureau of Hygiene’s “fifth report” in four parts. This report focused on encouraging the utilization of modern “prevention methods” (yobōhō) to halt the spread of cholera. The document mainly discussed ways in which an average person could avoid encountering the disease but ended by emphasizing the connection between human waste and the necessity of disinfection which reflected the then modern understanding of the disease. The first part, a small portion of the front page, did not discuss specific prevention methods, but rather encouraged everyone to heed the government’s advice. They wrote that “even though the government says to be careful and utilize the prevention methods, people do not strictly follow the guidelines for dealing with waste, etc., leading to their untimely death and the absolute spread of the disease to others without a way to

Figure 3. This is the front page of the Yubin Höchi newspaper on September 5. The circled headings are for government pronouncements. The “fifth report” follows the second circled heading.

Takahashi Mitsuru, ed., Yūbin Höchi Shimbun, 15.
stop the spread of the disease.”\textsuperscript{132} This first document was clearly exhorting the people to act not just for their own safety but also for the safety of society at large.

This document continued on September 1 and again encouraged people to be prudent and guard their health. The symptoms of cholera were also described in this part, focusing on diarrhea as the main symptom. The article stated that cholera has symptoms, specifically diarrhea, similar to numerous other ailments, and that if an individual’s stomach completely heals, there is no need for further preparation. On the other hand, if during an epidemic an individual has diarrhea or similar stomach ailments, they should see a doctor as soon as possible and take care of their health.\textsuperscript{133} The government recognized that during an epidemic there are other possibilities of disease that resemble cholera and that the citizenry should be careful and take all measures to prevent the spread of the disease.

The third section of the article was published on September 3 and explained preventative measures. These measures largely had to do with what foods were safe to eat during times of an epidemic. Like the second section, this section also began with a discussion on diarrhea and stated that if you have diarrhea, or other symptoms of a stomach illness, you may already have cholera or will be more susceptible to the disease. For that reason, of the succeeding preventative methods, only those that will not give you diarrhea should be adopted.\textsuperscript{134} Foods like cereals, beef, veal, mutton, and chicken should be consumed while duck, goose, and pork or other fatty meats should not. Seafood was also not recommended to consume. Starchy vegetables should be consumed over leafy vegetables, like lettuce, and no vegetables from the sea should be eaten.

\textsuperscript{133} \textit{Yomiuri Shimbun}, September 1, 1877. Accessed December 1, 2019. https://database.yomiuri.co.jp/rekishikan/
The food recommendations are particularly interesting because they demonstrate the shift in food culture towards a Western-style diet and therefore suggest that this is a possible preventative for cholera. The document then discussed the quality of consumable water and advised all people to boil their water before using it.\textsuperscript{136} The third section ended with a discussion on how much should be eaten and recommends that less should be eaten than usual.\textsuperscript{137} While the first two sections focused on the necessity of preventing cholera for the good of society and ways to potentially identify cholera, the third section finally gave the citizenry the tools they needed to “prevent” the spread of the disease.

The fourth and last section took up most of the front page of the newspaper and finished the discussion on how to protect personal health (figure 4). It also discussed methods on how to disinfect human waste through modern disinfection methods. The section began by discussing what clothing was best to prevent contracting cholera and what personal behaviors to avoid in order to reduce infection rates. It was followed by a discussion on visiting people who already had the disease (\textit{mimai}). While it was recommended not to visit the sick since contracting the disease was likely, it did give preventative measures to avoid contracting the disease should one choose to visit. These measures included not visiting on an empty stomach, using carbolic acid (phenol)\textsuperscript{138} infused water after the visit to clean clothes and the body, and to remove human waste from the bedroom.\textsuperscript{139}

\textsuperscript{138} Carbolic acid is the most referred to disinfectant within these articles and seems to have been used extensively throughout the world with the \textit{Scientific American} extolling its disinfecting properties in 1868 calling it “exceedingly efficacious.” “Carbolic Acid” in \textit{Scientific American} 19, no. 4 (July, 1868), 51. https://www.jstor.org/stable/26027082
The document then discussed methods of disinfecting (shōdokuho) human waste (toshabutsu). After discussing ways to prevent the disease from infecting a single person through personal hygiene (yōjō), the “fifth report” from the Bureau of Hygiene discussed how cholera could be transmitted, focusing on human waste. This article made it clear that the “poison” (doku)\(^\text{140}\) that transmits cholera resides in human waste; therefore, throwing waste into the ocean, rivers, or sewers as had been custom, will result in the disease spreading rapidly. This article then explained how to disinfect human waste and the containers that held the waste by using disinfectants that could be acquired at the time, although it does not list any specific disinfectants. It also recommended distances to bury disinfected human waste so that it would not enter the underground sources of water and also mentions systems of waste removal that were being established by local governments and medical officers.\(^\text{141}\) This section of the “fifth report” of the Bureau of Hygiene is particularly important because it discussed effective ways to prevent the spread of the disease through disinfection. While the earlier sections provided information that was thought to be beneficial from a modern viewpoint, such as boiling

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\(^\text{140}\) Since these articles were published before the discovery of *Vibrio Cholerae* and the rise of bacteriology, the method of transmission for cholera is not referred to as a bacterium, but rather as a poison (毒).

water before consumption, the use of disinfection methods and care when handling human waste was likely effective in preventing the spread of the disease, and the governments use of newspapers to propagate this information most likely had an effect. Not only the “popular” newspapers such as *Yomiuri* but also the “elite” newspapers the *Yubin Hōchi* included this information.

The *Yubin Hōchi* published the same report in three parts, published on August 31, September 1, and September 5. The content was the same, with the *Yubin Hōchi* uncharacteristically using *furigana*. Interestingly, the “fifth report” reads like a recommendation rather than a law, but orders were also published in these newspapers. One example from the *Yubin Hōchi* was published on October 16. This 39th order promulgated on October 13 is under the heading “Information from the Metropolitan Police.” The order had three parts: the first describes the necessity of disinfecting waste upon contracting the illness, the second discusses the necessity of confronting neighbors who “secretly” dispose of their waste in a public place, of disinfecting their waste, and “secretly” informing the police of their actions, while the third orders secretly reporting people who have been infected but are hiding. This article seems to have had a more authoritative tone and was not recommending but demanding that people report their neighbors.

The *Yubin Hōchi* also published cholera statistics collated by the Home Ministry from October 8 to at least November 10. Initially called the “News Regarding Cholera Patients in all Prefectures,” it would eventually be referred to simply as “News Regarding Cholera Patients.”

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These documents all follow a similar pattern. They state the prefecture name, the number of patients up to a specific date, the number of deaths amongst the new patients, and the number of those completely healed. “In Kumamoto prefecture, by November 8 at noon, there have been 391 new and old cases of cholera. Of this number 19 have died and 22 have had a complete recovery. There are 24 new patients.”144 This article continued like this for any prefecture that reported changes in information. For example, two days later, the article provided updates for Kumamoto and also Osaka, Hyōgo, Nagasaki, Fukuoka, the Imperial navy, Fukushima, Chiba, Kyoto, and others.145 This information was included almost daily during the period listed above, and on days when it was not included it was often published as a supplementary document.146 The Yomiuri also presented these statistics demonstrating the importance of the statistics to the government of Japan. Karen Wigen claims “‘authentic facts’ came to be seen as the essential foundation of good government” in the West and that this understanding was pervasive in Japan during the late Tokugawa and Meiji periods, leading the Meiji government to create two statistic compiling agencies in 1871.147 The necessity of the statistics for the government is clear, but it is not clear why these statistics needed to be presented to the population at large. Perhaps it was believed they would instill a sense of urgency in the population and encourage them to follow the laws and recommendations of the government and experts. Perhaps it was just to uphold an image of “good governance.” Regardless, these statistics were published with frequency and furthered people’s understanding of the disease.

146 An example of this can be found on page 234. Takahashi Mitsuru, ed., Yūbin Hōchi Shimbun, 13: 234.
The exact relationship between the government and newspapers is not immediately clear regarding the publishing of government materials. As stated earlier, many of the early newspapers had overt ties to government officials in the early 1870s, but by the later 1870s the relationship had become strained. The relationship was in part strained by the “newspaper law” promulgated in 1875 that limited ownership of papers to Japanese nationals amongst other things.\textsuperscript{148} Still, while relations were strained the government did not completely block access to information “by setting up rudimentary press rooms and issuing the country’s first press releases.”\textsuperscript{149} Were newspapers mandated to publish these proclamations or did they choose to? The answer to this question is not clear, but what is clear is that newspapers had access to government proclamations, published them often, and, most importantly, had the right to choose what governmental sources they desired to publish, or at least the extent to which they wanted to publish them. For example, on September 1, the \textit{Yomiuri} published the introduction of the law “Information on Preventing Cholera” but then wrote that any pertinent information will be published in the future as it is deemed necessary.\textsuperscript{150} The \textit{Yubin Hōchi} published this same article on the same day, but then it also published the actual law over subsequent days.\textsuperscript{151} This article published in both newspapers was taken from the preface of the law itself and was published verbatim with the only difference between the \textit{Yomiuri} and \textit{Yubin Hōchi} versions being the presence of \textit{furigana} in the \textit{Yomiuri} version.\textsuperscript{152} The laws that were printed in the \textit{Yubin Hōchi} newspaper were taken verbatim from the law itself, but the \textit{Yomiuri} did not print the laws demonstrating some level of choice on the part of newspapers to choose what they printed. The

\textsuperscript{148} James Huffman, \textit{Creating a Public}, 76.  
\textsuperscript{149} James Huffman, \textit{Creating a Public}, 107.  
\textsuperscript{150} \textit{Yomiuri Shimbun}, September 1, 1877. Accessed December 1, 2019. \url{https://database.yomiuri.co.jp/rekishikan/}  
\textsuperscript{151} Takahashi Mitsuru, ed., \textit{Yūbin Hōchi Shimbun}, 13: 3-33.  
\textsuperscript{152} \textit{Yomiuri Shimbun}, September 1, 1877. Accessed December 1, 2019. \url{https://database.yomiuri.co.jp/rekishikan/}
Yomiuri may not have printed the laws themselves possibly because they considered their introduction sufficient. While newspapers were beginning to become more autonomous, they were still actively assisting in the propagation of government materials, which further produced discursive choleric spaces that impacted the populace’s perception of both the disease and the government’s response to it. But it was not only through actively propagating government policy that newspapers impacted choleric space.

Agents of Community Education

Newspapers did not just function as agents of the state during the 1877 cholera epidemic, they also actively participated in educating the population about cholera and preventative methods thus further producing choleric spaces. While this purpose seems to overlap with their “agents of government” role, it is important to highlight their autonomy in publishing articles that government officials did not write to show their active participation in spreading knowledge. This section discusses articles that address the ways in which the average Japanese could prevent contracting and spreading the disease. While the reason for publishing these types of articles may not have been altruistic, instead focusing on increasing potential sales by discussing the epidemic, newspapers still played an active role in producing and disseminating knowledge about the disease.

One example comes from the September 21 edition of the Yomiuri. Under the regular section entitled “newspaper” (shimbun) one article described how to make a disinfectant to combat cholera. While the end of the article dealt with government policies, specifically regarding the regulations on apothecaries that stabilized the price of carbolic acid and the prohibitions on large gatherings, the first part of the article gave practical advice that was unrelated to the latter news. This article was based off a Yokohama doctor’s letter to the editor
published on the third page of the same issue that provided instruction on how to make a
disinfectant and how to mix a tincture that would be useful in treating diarrhea. The article
claimed that the disinfectant should be made by mixing ten pounds of sulfuric iron oxide, one
pound of carbolic acid, and ten gallons of water with the imperial system used in the original
article. The article then recommended rubbing it on your body and sniffing it to prevent
contracting the disease. Alternatively, if one had already contracted the disease, one could wash
their clothes, other personal items, and floors in the mixture. It also warned the reader not to get
it in their eyes or mouth. This first disinfectant was useful for both protection against the
disease as well to disinfect things and areas that had come into contact with an infected person.
The other recipe was a diarrhea cure made by mixing four different tinctures, such as a tincture
of camphol, with water and drinking it, specifying dosage based on age.

Another article published on September 22 in the Yomiuri gave practical advice differing
from the previous, scientifically based article. This article did not teach how to make
disinfectants, but rather gave practical advice on how to avoid contracting the disease. It
discussed what locations to avoid and where to eat, where medicines could be bought, and even
what incantations could be used to combat the disease. While this article did hold some advice
that was similar to the governmental policies, such as searching for clean water and avoiding
crowded places, it also highlighted the importance of personal cleanliness. It exhorted the
citizenry to wash diapers and kimonos often, and to clean the often-neglected corners of rooms
that the “poison” could settle in. This article’s method of encouragement was also vastly
different than the governmental documents. The governmental documents acknowledged the

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deadliness of the disease, but instead of focusing on death, they generally encouraged people to think of the good of the nation. This article rather used fear to encourage compliance, stating that cholera is a “terrible” disease and that the precautions that the article recommends need to be adopted immediately because once the disease is contracted, no matter how hard one may try, it would be too late. These articles show differences between the governmental sources and the “popular” recommendations, not only in content but also in tone.

Educational materials were not only present in the “popular” newspapers such as the *Yomiuri*, but also in the “elite” newspapers, such as the *Yubin Hōchi*. An example comes from the September 22 edition of the newspaper. On the second page, there was an article that discussed the ease in which cholera was transmitted through the mouth and nose and presents simple ways in which to prevent the disease from being transmitted. Like the *Yomiuri* article on the 22, this article focused on which foods and water sources were safe. It said that care should be taken around stagnant water and that water drawn from near a burial ground should not be consumed. It also perpetuates ideas of miasma theory, arguing that the bad smelling air coming from various forms of fecal matter are the most “frightening” and should be avoided. Like the *Yomiuri*, the *Yubin Hōchi* explained how to make a disinfectant with carbolic acid, iron sulfate, and water. While it does not go into as much detail as the article in *Yomiuri*, it still educated readers on the components and uses of disinfectants.

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Another example of the Yubin Hōchi publishing practical knowledge comes from October 29. The newspaper published an article that listed all of the Japanese (wayaku), Chinese (kanpō), and Western medical treatments that were considered efficacious in treating cholera (figure 5). For example, efficacious Western medical treatments included alcohol, various sulfuric acid compounds, and potassium bromide while the Chinese medicines included agarwood (jinkō), rhubarb (daiō), and the oriental bezoar (go’ō), with recommended Japanese medicines including apricot seeds (kyōnin), Chinese peony (shakuyaku), and the crow dipper (hange).

While half of the list refers to Western medicines, it is striking that the other half argued for using traditional Japanese and Chinese medicines to treat the disease. Another article published on October 20 discussed how houses built in Tokyo are easily susceptible to being polluted by “bad air,” because they apparently do not build “air holes” (kazamado) under the floor. The author said that the way to combat this was to ensure that air constantly flowed between the “floor joists” (nedo) while also reminding people of the importance of cleanliness in the house.

One major difference between the two newspapers is that the Yubin Hōchi did not just publish government documents and practical articles, but also published editorials regarding cholera. On September 19, for example, an editorial discussed current government policies

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regarding cholera and argued that a policy that suited Japan should be established and utilized.162 Another example was published on October 4 and after it discussed the connection between cholera and the Seinan War and introduced telegrams from Mitsubishi, it wrote that:

the government needs to further increase preventative measures and encourage all people to be aware of these measures. They did this temporarily before with much vigor, and the disease did not become epidemic in Japan. Since the disease hasn’t spread much in Tokyo even rumors about this disease have died out, so now people are not careful at all. We have stopped being careful, just like forgetting the heat of the day because you are temporarily in the shade of the tree. If we let the early attention degenerate into complete unpreparedness, our situation will be truly lamentable.”163

The editorials show a different educating discursive choleric space than the one discussed above since it focused on the government’s response to the disease and the populace’s understanding as opposed to ways that people can avoid the disease. According to Huffman, “the most significant result of the political schism for the press was the fact that it inspired several editors to turn their papers into more forceful vehicles for shaping opinion.”164 These articles represent the range of opinion shaping culture that many newspapers embraced, specifically the “elite newspapers” and how they may have influenced public opinion regarding the epidemic.

A Disease of the Poor

The articles analyzed here do not stigmatize the poor vis-à-vis choleric spaces. The articles did not claim that cholera was spreading through predominantly poor areas nor did they single out the poor for practicing nonhygienic practices. Overall, they show an egalitarian view of the epidemic, that epidemics do not discriminate and neither did they. This can be clearly seen through the “agents of community education” articles in which both the “elite” and “popular”

164 James Huffman, Creating a Public, 70.
newspapers spread information on how to prevent contracting the disease and how to disinfect materials that had come into contact with an ill person. The government’s response to the epidemic also showed some forms of equity between the high class and the low. For example, the law “Information on Preventing Cholera” specifically states that the government will be responsible for cleaning the gutters, sewers, toilets of the city, not specifying preference for the wealthy parts of town, and also stipulates that the price of disinfectant will be regulated and that people who cannot afford it will receive it for free.\textsuperscript{165}

While disease may not discriminate, public health certainly does. This is important to emphasize because, while the documents themselves may have made the epidemic seem to affect all classes equally, it is clear that epidemics disproportionately affect the poor, as this cholera map from 1886 demonstrates (figure 6).\textsuperscript{166} The 1886 epidemic, which would infect over 150,000 people and kill over 100,000, was largely sequestered to the shitamachi wards of Tokyo, where the lower classes tended to live, with many cases specifically affecting the Kanda and Nihonbashi wards.\textsuperscript{167} It is true that these areas were closer to the Sumida river which may have increased access to the water-borne bacterium, but this map also likely shows public health infrastructure disparities and disparity in living conditions. The articles analyzed in this text may also hint at this disparity since treatment could take place at the home or in the quarantine hospitals, with treatment at home almost certainly being the more expensive option. Therefore,

\textsuperscript{165} Eisei Kyoku, Korerabyō yobōhō, 4-5.
\textsuperscript{166} I would like to thank Pamela Hsin-hsuan Lee of Washington State University and Dr. Marta Hanson for making me aware of this map.
\textsuperscript{167} Nagayo Sensai, A Brief Review of the Operations of the Home Department in Connection with the Cholera Epidemic of the 18th Year of Meiji, (Bureau of Hygiene, Home Ministry, 1886).
while documents show equitable policies, understanding “place” is important in understanding the full impact of the epidemic.

Figure 6. A cholera map of Tokyo during the 1886 epidemic. Nagayo Sensai, *A Brief Review of the Operations of the Home Department in Connection with the Cholera Epidemic of the 18th Year of Meiji*, (Bureau of Hygiene, Home Ministry, 1886).

Conclusions

This chapter has argued that newspapers during the 1877 cholera epidemic played a crucial role in the attempt to prevent the spread of cholera through the production of discursive choleric spaces as “agents of government” and “agents of community education.” While newspapers may have published these articles for their own gain, they played a crucial role in the
propagation of information about cholera and modern preventative methods. While it is impossible to gauge the actual effect of newspapers on the utilization of the preventative methods, the wide readership of newspapers during the period supports that newspapers were effective in at least diffusing this information. In fact, some people thought that the newspapers could do more. On October 9, a letter to the editor was published that urged newspapers, specifically the *Yomiuri*, to publish ways to manufacture “bad smell canceling medicine” and criticized them for not publishing these “secret methods” earlier. While this article critiques newspapers for not taking a more active role in the propagation of “correct” knowledge, it does suggest that newspapers were having an effect.

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168 *Yomiuri Shimbun*, October 9, 1877. Accessed December 1, 2019. [https://database.yomiuri.co.jp/erekishikan/](https://database.yomiuri.co.jp/erekishikan/)
Chapter 4: Conclusion

This essay argued that the Meiji government produced medicalized choleric spaces to combat the 1877 cholera epidemic. The spaces discussed were the co-constituting material choleric spaces of the quarantine hospital and other forms of isolation and the discursive choleric spaces represented through the discourse surrounding the disease in newspapers. The law “Information on Preventing Cholera” proved to be the foundation of these choleric spaces, instituting the quarantine hospital system in Japan that would continue throughout the Meiji period. Both the material and the discursive spaces impacted the view of cholera and the responses of the government and populace to cholera. This essay has demonstrated that nonetheless these spaces were not always embraced by the population who showed their dissatisfaction with the draconian policies through various means of resistance.

By focusing on the production of space, this essay has largely eschewed the social impacts of choleric spaces on the patients, their families, local communities, and the nation as a whole. Kawakami Takeshi, a medical doctor and historian of medicine, discussed the public perception during later epidemics of the new choleric spaces, specifically quarantine hospitals, but there is a dearth of research into contemporary views regarding these choleric spaces.169 While it is clear from the Yomiuri newspaper article published on November 1, 1877 that some people in Japan negatively viewed the quarantine hospitals, we do not yet know how widespread was this belief. Was the opposition to the quarantine hospitals widespread or localized? Did newspapers such as the Yomiuri, which published patient’s names increase social biases? These are all questions that need to be investigated in the future.

169 Kawakami, Gendai Nihon byōnin shi.
While beyond the scope of this study, the implementation of the isolation policies or daily life in the quarantine hospital for patients, medical staff, and administration also needs to be researched further. While Kawakami discusses quarantine hospitals at length, he also does not discuss the internal workings of choleric spaces. Further investigation will hopefully reveal the nature of these medicalized spaces and further our understanding of the modern medical system established in Japan just ten years after the establishment of the new government. Were the quarantine hospitals actually attempting to treat patients, or were they truly “places to die” as many in Japan appear to have believed at the time?

Lastly, did the epidemic effect the economically disenfranchised disproportionately as later epidemics would? The government documents and newspaper reports seem to show an equitable response, but implementation likely differed when compared to original intent. While there is much research left to be done regarding the 1877 cholera epidemic, this essay has demonstrated that the Meiji government took steps to create medicalized choleric spaces that established a spectrum of identities vis-à-vis *Vibrio cholerae* ranging from infected to uninfected.
BIBLIOGRAPHY


"CARBOLIC ACID." *Scientific American* 19, no. 4 (1868): 51.


