

The Life and Thought of Ogasawara Noboru

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Introduction

IN modern times, Japan's policy on Hansen's disease implemented what has been referred to as "absolute compulsory quarantine" (*zettai kyōsei kakuri* 絶対強制隔離) based on the Leprosy Prevention Law (*rai yobō hō* らい予防法), causing a great deal of human rights violations, similar instances to which have never been seen elsewhere in the modern world. The suffering brought about by the disease itself cannot be said to be particularly great in comparison with other contagious diseases. However, the suffering created by Japan's mistaken policy—one different from that caused by the disease itself—was tremendous. The person introduced in this text, Ogasawara Noboru 小笠原登, was a solitary doctor devoted to patient-based medical treatment who opposed this policy. This essay will review his life in order to consider what made his resistance possible.

Grandfather Ogasawara Keijitsu and Enshūji

Ogasawara Noboru was born at a Buddhist temple, Enshūji 圓周寺, belonging to the Ōtani branch of the Shinshū denomination 真宗大谷派, in Jimokuji 甚目寺 village in the Ama 海部 district of Aichi prefecture on July 10, 1888. His father was Ogasawara Tokujitsu 小笠原篤實, and his mother's name was Hideyo 秀与, the daughter of a doctor-landowner in a place called Akami 赤見 in Owari Ichinomiya 尾張一宮. His grandfather was Ogasawara Keijitsu 小笠原啓實. The introduction written by Noboru himself to the work he produced

late in life, *Kanpō igaku no saininshiki* 漢方医学の再認識 (Recognizing Chinese Medicine Anew), indicates that his grandfather was not only a priest at Enshūji, but also a doctor known as Keidō 啓導, who “practiced Chinese medicine and was skilled in treating Hansen’s disease, gonorrhea, syphilis, scrofula, and amaurosis.” In the past, it was common for those with Hansen’s disease to stay around large shrines or temples. There seem to have been many patients at Jimokuji as well, one of the three famous temples dedicated to *Kannon* 観音 (Bodhisattva of Compassion) in Owari 尾張 (*Owari san kannon* 尾張三観音), and the destination of many pilgrimages. Enshūji was in the vicinity of Jimokuji; Keidō engaged in the treatment of Hansen’s disease, and held the belief that it was not easily communicable, and moreover, could be cured.

Ogasawara Noboru did not directly witness his grandfather’s medical treatments, but knew of them through his parents and the like. During the 1930s, when the absolute compulsory quarantine policy was finalized, Ogasawara asserted in several enlightened essays that it was obvious that Hansen’s disease was not genetically transmitted, and that further, the disease was neither fiercely contagious nor incurable. His conviction was an inheritance of the practice and the conviction of his grandfather as a doctor who had treated Hansen’s disease patients.

Ogasawara Noboru had two brothers and two sisters; his elder brother, Shūjitsu 秀實, served as the senior priest of Enshūji and provided guidance for later generations as a philosopher, and his younger brother was a lawyer. Until primary school, Noboru lived there, and seems to have learned sutra-chanting and religious doctrine together with his elder brother, in conjunction with his studying at school. Further, as was usual in the education of children at temples of the time, he cultivated a knowledge of Classical Chinese from an early age. Noboru went to Kyoto for middle school education and graduated from Shinshū Kyoto Middle School (the predecessor of today’s Ōtani High School) in 1905, at the age of 17. However, he became afflicted with tuberculosis and had to undergo treatment for three years.

His elder brother graduated from the Fourth National High School at Kanazawa, and in September 1907, entered Kyoto Imperial University’s Humanities course. He took lectures from Nishida Kitarō 西田幾多郎 while at the Fourth National High School, and later seems to have asked Nishida to write “Lectures on Ethics” for the sake of his students, which was the basis for his *Zen no kenkyū* 善の研究 (An Inquiry into the Good). While Shūjitsu was at university, Nishida moved from the Fourth Higher School to Gakushūin University 学習院 but left there for a post as a professor of phi-

osophy at Kyoto Imperial University. The original Japanese philosophy called the “Kyoto School” later emerged among Nishida’s disciples, during Nishida’s time at Kyoto. In the 1930s, people with whom Shūjitsu had close connections from his university days gradually became ideologues who built the foundations of Japanese fascism. However, Shūjitsu distanced himself from such people and developed an independent line of thought that could be called anti-fascism or Buddhist anarchism, influencing later generations in various ways.

In 1908, Noboru recovered from his illness, and entered the Third National High School. Shūjitsu settled in Shōgoin Nishimachi 聖護院西町 in February of 1913; Noboru seems to have begun to live with his elder brother at about this time. Their respective disciples were affected by both, and attested that the two seemed to have influenced each other.

In July 1911, Noboru graduated from the Third National High School at the age of 23, and entered the Medical School of Kyoto Imperial University. Although his decision to study medicine was most likely influenced by his grandfather’s wish that one grandson become a priest and another a doctor, Noboru’s own experience with tuberculosis for three years certainly also played a role. The Leprosy Prevention Law did not consider the treatment or care of the patients at all, and was nothing more than a means to inculcate fascism: “the human rights of the minority can be ignored in order to protect the safety of the majority” or “sacrificing the minority for the sake of the majority is a beautiful act,” under the pretext of “protecting the safety of the non-afflicted.” The fact that Noboru was not tainted by such contemporary ideas may have been due to the influence of his experience with medical care and his elder brother Shūjitsu’s thought.

Dermatology Division Special Laboratory at Kyoto Imperial University

In 1915, Noboru graduated from Kyoto Imperial University’s Medical College and became an assistant there, working at the Pharmacology Laboratory. In December 1925, he received a doctorate in medicine, and transferred to the Dermatology and Urology Laboratory as an assistant in a clinic affiliated with the Medical School. In January 1926, treatment of Hansen’s disease began at the Dermatology Division’s fifth examination room. Later, in August 1938, Noboru became the head of the Special Laboratory of this division (later renamed as the Special Research Facility of the Dermatology Division), which was established for the treatment of and research on Hansen’s disease. He continued working there until he retired.

The Leprosy Prevention Law that called for compulsory quarantine was enacted in 1931. Thereafter, if the word “leprosy” was written down in a patient’s medical records, the doctor was required to report it. Based on this report, the patient’s compulsory containment was carried out. Extant medical records show that after the enactment of this law, Noboru resisted by avoiding the word “leprosy,” and wrote down symptoms such as “progressive skin inflammation” instead. Continuing outpatient treatment without quarantine through such methods was a difficult decision that was essentially illegal.

What were the roots of Noboru’s sense of conviction? The following two factors should be considered. First of all, there were his grandfather’s strong beliefs, backed by long years of practice, that “Hansen’s disease is curable,” and “Hansen’s disease is not transmitted easily.” Secondly, Noboru had not only knowledge of Western medicine, but training in Chinese medicine as well. The latter does not regard disease as occurring based on a single cause such as microbes—a bias that Western medicine held for a time, but rather maintains that various elements work together in a comprehensive way. Not only the overall condition of the body of the person who fell ill, but also his or her mental and emotional state should be considered. Such a perspective has connections with Buddhist thought, and in a broader sense, Eastern thought.

Further, from this period on, in addition to the enlightened essay discussed above, Noboru published several others on Hansen’s disease, the constitution of Hansen’s disease patients, and the like. These works, which examine Hansen’s disease not simply from the standpoint of pathogens and their transmission but from a more comprehensive perspective, undermined the basis for compulsory quarantine. The contents of these scholarly papers were by no means unacceptable to the medical institution of the time; other doctors were publishing essays that nearly coincided with Noboru’s assertions in terms of medical science. However, he actually engaged in the practice that grew out of his thought, and *acted* in opposition to state policy. His *practice*, because it opposed this policy, was despised.

Medical scientists such as Mitsuda Kensuke 光田健輔 seem to have supported compulsory quarantine not from principles based on medicine as a science, but from other beliefs, namely, those of fascism: “the human rights of the minority can be ignored in order to protect the safety of the majority,” or “sacrificing the minority for the sake of the majority is a beautiful act.” While scholarly debates between Noboru and the doctors in the Mitsuda faction certainly occurred, they were grounded not on differences in views on medicine

as a science, but rather, on fundamental differences concerning society and human rights.

Fifteenth Conference of the Japanese Association of Leprology

The Fifteenth Conference of the Japanese Association of Leprology, which was held in Osaka on November 15 and 16, 1941, typifies these debates. This argument with the Mitsuda faction was widely reported in newspapers and journals such as the *Mainichi Shinbun* 毎日新聞 and the *Shūkan Asahi* 週刊朝日. Ogasawara Noboru was depicted as an eccentric doctor opposing the dedicated medical hero Mitsuda, who was endeavoring to eradicate Hansen's disease, which was fearsome and infectious. However, the Mitsuda faction was attempting to eradicate not Hansen's disease but the human rights of Hansen's disease patients, and the press also uncritically supported the state policy.

Prior to the conference, from May of 1941, a debate had occurred between Ogasawara Noboru and Hayata Kō 早田皓 of this faction in *Chūgai Nippō* 中外日報, which was a Buddhist publication but had an influence that went beyond Buddhist spheres.¹ The content of their arguments did not differ much from the debate at the conference. Noboru simply asserted that Hansen's disease was certainly a contagious disease, but that it was necessary to think in a more comprehensive manner about prevention and treatment. He did not deny that Hansen's disease was contagious. What is of interest is that this debate took place in a Buddhist newspaper. The following factors were relevant in this regard: namely that Noboru was from a temple of the Ōtani branch, and more significantly, that the religious world, including this branch, advanced and supported a collaborative system, such as missionary work for comforting Hansen's disease patients, as a response to the policy of lifelong compulsory quarantine that was encouraged by the Mitsuda faction.

¹ Ogasawara Noboru, "Rai wa fuji dewa nai: densen setsu wa zenshin dekinu" 癩は不治ではない—伝染説は全信できぬ (Leprosy is Not Incurable: The Contagion Theory Cannot Be Completely Believed), *Chūgai Nippō*, 22 February 1941; and "Waga shinsatsu shitsu yori mitaru rai" 我が診察室より見たる癩 (上) (中) (下) (Leprosy as Seen from the Examination Room, Parts 1-3), *Chūgai Nippō*, 12-14 June 1941. Hayata Kō, "Rai no idensetsu to chiyo no genkai ni tsuite" 癩の遺伝説と治癒の限界に就て (一) ~ (四) (The Theory of Genetic Transmission of Leprosy and the Limitations of Treatment, parts 1-4), *Chūgai Nippō*, 21-24 May 1941; and "Rai wa densen byō nari" 癩は伝染病なり (Leprosy is a Contagious Disease), *Chūgai Nippō* 4, 5, 8, 9, 10 July 1941.

These religious organizations including the Ōtani branch affirmed fascism, and denied the comprehensive way of looking at disease. Instead of regarding it as something that should be extracted from the whole, the attempt to grasp it from an overall perspective, incorporating both the patients and the environment that enveloped them, may be regarded as the philosophy of dependent origination (*engi* 緣起), as well as the practice of religious compassion: “Since all living beings are sick, I am sick” (*Vimalakīrti Sūtra*). As it were, the Buddhist community turned away from the basis of its existence.

After this incident, Noboru fell out of public view but continued his private activities of assisting Hansen’s disease patients.

Toyohashi Hospital and Amami Wakōen

In December 1948, three years after militarist Japan’s defeat, Noboru retired from Kyoto University (the former Kyoto Imperial University). He then became a technical officer in the Ministry of Health, transferred to the government-run Toyohashi 豊橋 Hospital, and served for seven years as the chief doctor in the Dermatology and Urology Division until 1955. According to family members, whenever he returned to Enshūji from his residence at Toyohashi, he performed services as a minister as well.

With Japan’s defeat, many laws based on militarism lost their validity and a new legal system, beginning with the Constitution, was established. However, the Leprosy Prevention Law remained, and in 1953, due to the insistent demands made by doctors in the Mitsuda faction, it was “amended” and strengthened. Meanwhile, Kyoto University carried on the tradition established by Noboru and defended its outpost of outpatient care. It is unclear whether or not this was the case at Toyohashi Hospital as well. At present, there are still people living who received such treatment from Noboru, at medical centers in various locations. According to them, there were cases where patients, who had received outpatient care from him during his Kyoto days, went to Toyohashi Hospital. Still more surprising is the fact that patients went not only to that hospital, but to Enshūji for treatment as well. Those who came from afar waited there for Noboru to return from the hospital. They received treatment in the evening, stayed at the temple for the night, and ate breakfast together with the family in the morning. This was in the midst of the prejudice produced by the Prevention Law, that “Hansen’s disease is fearsome.”

The patients at sanitariums who were already being subjected to compulsory quarantine fiercely opposed the 1953 revision of this law. Noboru, after

being roundly denounced by his peers at the 1941 conference, did not make any conspicuous movements with regard to this struggle. However, he did not bend his deep convictions at all.

After leaving Toyohashi Hospital, Noboru took a post in September 1957 at the Hansen's disease national sanatorium, Amami Wakōen 奄美和光園, located on an island between Kyūshū and Okinawa. Although he did this in response to a request, the fact that it was a segregated facility remains. Even though he may have had reservations, Noboru seems to have considered the patients waiting for treatment first and foremost. At Wakōen, Noboru, as a senior doctor, seems to have freely carried out treatment based on his independent beliefs. From the standpoint of his medical philosophy, which attempted to maintain a comprehensive perspective rather than seeing only the limited aspect of the transmission of pathogens, a therapy of simple "physical manipulation" through the administration of large amounts of antibiotics was unthinkable, while personal care and attention were very important. Among the many doctors who viewed patients merely as objects to be given dosages and treatment, Noboru's medical care was always decent and courteous, respecting the personality of the patient.

In October of 1966, Noboru became ill and left Wakōen. While there, however, he completed two works: *Kanpō igaku no saininshiki* and *Kanpō igaku ni okeru rai no kenkyū* 漢方医学に於ける癩の研究 (Leprosy Research within Chinese Medicine).

Recognizing Chinese Medicine Anew

What was Chinese medicine for Ogasawara Noboru? Before closing, I would like to consider this question.

Looking at Noboru's publications and medical practice, we can see that his thoughts on Chinese medicine were not suddenly formulated late in life, but rather, existed from the beginning as a fundamental attitude. In other words, even with respect to contagious diseases caused by microbes, symptoms were not seen as a straightforward result of contagion, but from the standpoint of their overall relationship to the situation of the patient who fell ill. If only microbes are considered, prevention simply becomes quarantine to prevent transmission, and treatment becomes no more than administering antibiotics to kill the microbes. However, just as a seed does not bear fruit without conditions such as water and light, microbes do not necessarily manifest as disease, merely with transmission to the human body. This perspective easily

brings to mind the Buddhist philosophy of dependent origination, according to which the “fruit” (result) is not produced unless there is not only cause, but conditions as well.

At the very least, this attitude may be called “Eastern” in contrast to the atomistic perspective favored for a time in the modern period by Western philosophy. In both Western philosophy and science, a philosophy of interconnectedness and a relativistic view of nature have become prominent since the latter half of the twentieth century. Thus, Noboru’s *Kanpō igaku no saininshiki* was in one sense prescient.

One of the major characteristics of modern Western thought is humanism, which recognizes the worth of each individual. Humanism came from the radical separation of nature and society, wherein the relationship between a master and servant in human society, and that between trees and grass in nature, were held to be fundamentally different. The tendency towards an atomistic viewpoint also grew out of this separation. And yet, Western thought has returned to a philosophy of interconnectedness not because of the rejection of such humanism but, instead, because of the attempt to realize it completely. Respect for the individual’s worth could not be actualized without the construction of equal social relations.

According to testimonials by people such as former patients, colleagues, care providers, and disciples, Noboru was careful not to cause his patients to become anxious. In order not to frighten them unnecessarily, he did not allow disinfection to be carried out in front of them. After all, healing a disease is not just the eradication of pathogens. It is a comprehensive matter.

Unfortunately, the concept of equal social relations in order to actualize respect for the individual did not exist within the philosophy of interconnectedness as presented by Eastern philosophy or Chinese medicine. For example, *Kanpō igaku no saininshiki* concludes that: “Health is in accordance with self-cultivation.” It is to be expected that health from the perspective of interconnectedness and a comprehensive standpoint demands a lifestyle that is stable in an overall sense, i.e., “self-cultivation.” Yet, the words, “self-cultivation extends to not only physical problems, but social ones too,” deserve attention. What is problematic is the characteristics of his view of society here. The prewar and wartime version of the “Do’s and Don’ts of Treatment,” (mimeograph) which Noboru likely distributed to inpatients at the Special Laboratory of the Dermatology Division, included the following examples of this kind of “self-cultivation”: “exercising appropriately,” “maintaining a calm and rested state of mind,” and the like, and even “being grateful to one’s

ancestors, making efforts in filial piety, and dedicating all of one's heart to the country led by the emperor.”

It seems understandable that a philosophy of interconnectedness, which attempts to see nature, society, and the individual under the same principle, is valid as such and compensates for the deficiencies in atomistic modern philosophies. However, when we consider that modern philosophy took the separation of nature and society as the foundation for the discovery of the principles of human rights and equality, doubts persist in Noboru's standpoint. Rather than his thoughts on Buddhism, what is important is the difference between the view of society held by Chinese medicine (a Taoist view founded loosely upon popularized Confucian morality), and the modernist perspective on society founded upon the equality of human rights.

While such limitations cannot be denied, the effect of Noboru's thought and accomplishments upon later generations is extremely significant. For example, his influence was a major factor leading to the victory of the Leprosy Prevention Law National Compensation Suit (1998–2001).² This trial fundamentally questioned the Leprosy Prevention Law and the absolute compulsory quarantine system, which counted among modern Japan's greatest violations of human rights. Noboru continued to serve as a shield for the human rights of Hansen's disease patients and their families, even after his death.

Noboru died on December 12, 1970 from acute pneumonia at the age of eighty-two. At Enshūji, his funeral service was carried out as for the temple's “associate minister in residence.”

(Translated by Suzuki Hisayo)

² The Leprosy Prevention Law National Compensation Suit: Seeking compensation from the state for violations of human rights under the Leprosy Prevention Law system, former patients filed a lawsuit at the Kumamoto District Court in July 1998. Thereafter, lawsuits were brought against the state at both the Tokyo and Okayama District Courts. The decision of the Kumamoto District Court in May 2001 clearly pointed out that the administration of Hansen's disease based on the Leprosy Prevention Law caused human rights violations, prejudice, and discrimination, and ordered the government to pay compensation. As a result, the path to restoring human rights was opened at last.