Since the 1990s colonial medicine has developed as an intriguing phenomenon in the historiography of colonialism, one that has provided an invaluable angle from which to analyze and rethink colonial societies and their entanglements with imperial metropoles. The subject of colonial medicine offers the opportunity to inquire into numerous aspects of colonial/imperial pasts, and a variety of politically, culturally and socially codified images of the body and knowledge thereof. It uncovers colonial ideologies, the legitimating strategies of colonial administrations to foster their ‘civilizing mission,’ or resorts to anti-colonial protest. It marks significant ‘contact zones,’ where colonizers and colonized negotiated their bodily statuses, productivity and identities along notions of race, class, gender and sexuality, and were both subject to constant medical surveillance by colonial administrations. It describes, moreover, an existential realm where human lives were at stake, for example by containing or failing to contain lethal epidemics. And it delineates a significant arena in which both colonizers and colonized produced, circulated, institutionalized and exploited power and knowledge, often under the umbrella of science.

Research on colonial medicine in Taiwan under Japanese occupation equally flourished since the 1990s. Facilitated by Taiwan’s political climate, Japan’s colonial legacy in general, and colonial medicine in particular, became the subject of a debate on whether Japan’s colonial rule was solely exploitive or of a modernizing nature. Some Taiwanese voices of the 1990s seemed to echo colonial propaganda, which fostered the image of Japan’s ‘scientific colonialism’ as supposedly modernizing and ‘uplifting’ for Taiwan, of benefit to the Taiwanese people, both during the colonial period and thereafter. Others evaluated Taiwan’s colonial experience as ‘colonial modernity,’ an analytical framework that promises to grasp the complexities of colonial pasts and identities beyond dichotomies of colonizer/
colonized, modernization/exploitation, or collaboration/resistance. 1 In Prescribing Colonization: The Role of Medical Practices and Policies in Japan-Ruled Taiwan, 1895-1945, Michael Shiyung Liu picks up such a nuanced approach, and provides an empirically rich study on colonial medicine in Taiwan.

The first, overtly positive impression of Prescribing Colonization is the breadth and depth of archival material used by Liu, consisting of Chinese, Japanese, English, and to a lesser extent German sources and secondary literature. Thus, Liu provides a wide-ranging overview on the current historiography of colonial Taiwan in Taiwan and Japan, which is especially welcome for readers who are not familiar with Chinese and/or Japanese language and scholarship. Scanning further through Liu’s bibliography, however, one finds that the English-speaking references are not so rewarding, the titles rarely being more recent than the 1990s. In itself this omission is not fatal, but becomes significant nevertheless when positioning Liu’s general arguments in Prescribing Colonization. Liu refers mostly to the studies of Daniel Headrick and David Arnold on colonial medicine in Africa and India, respectively. They argue for colonial medicine as a necessary ‘tool of empire’ to safeguard the colonizers’ health (Headrick) and to facilitate the power of the colonial state (Arnold), both of which ultimately kept the colonial projects from failing, predominantly through scientific innovations. 2 In Liu’s words, “it may be that both [Headrick and Arnold] confused means with motives,” and states, “at least in colonial Taiwan, imperial expansion provided the stimulus for technological innovation rather than the other way around.” 3 Such differences lead Liu to reject European (and especially the British) models of colonial medicine altogether with the general, and at first glance very convincing, argument that Japan’s colonial administrators were not merely copying European systems of colonial management. His major aim is rather “to understand Taiwan’s experience in the context of the international diffusion of medical knowledge as it was funneled through the Japanese imperial system.” Liu does not want to reduce colonial medicine in Taiwan to “a local experience of medical modernization/ Westernization, but [perceive it] as a branch process of the globalization of modern medicine in which Japanese colonialism played a key role.” 4 Liu’s main proof for this argument is, however, that Japan adapted, modified and implemented German medicine in Japan and colonial Taiwan, rather

1 Barlow (1997), p. 6; Shin and Robinson (1999), pp. 5f. On Taiwan see Ching (2001); Lo (2002); and Ping-hui and Wang (2006).
2 Headrick (1981); Arnold (1993).
4 Liu (2009), p. 17.
than a form of European colonial medicine. The reader is a bit puzzled by this somewhat contradictory statement, which basically just switches the blueprint from European colonial medicine to German medicine. This may simply result from Liu’s sometimes vague style of writing or lack of reflection of what adaption or knowledge transfer actually implies. However, I would argue that it is rooted in one general epistemological problem Liu perpetuates and which structures his first chapter.

In the first chapter, Liu describes at length the adaption of German medicine by Japanese state authorities, and—as the chapter’s title leads one to anticipate—demonstrates the process of the creation of the Japanized Staatsmedizin in the late nineteenth century that was later introduced to Taiwan by Japanese colonial administrators. The concept of Staatsmedizin circumscribes various new developments in modern medicine in Germany. These developments encompassed medical reform, state medicine, social medicine and social hygiene, which, to quote Liu, “was based on the idea that the state should bear the primary responsibility for protecting the public health and had the right to regulate hygiene and sanitation in ways that improve the public good.”\(^\text{5}\) Even though this is certainly nothing particularly new, Liu explicates how Japanese scholars learned these ideas, either during sometimes extended stays at German educational institutions, or through thorough studies of German law and medicine texts domestically, and implemented them in Japan. Of course, there can be no doubt about the impact German medicine, its forms of knowledge, and institutions had in Meiji Japan (1868-1912) and beyond. What is missing is a further in-depth explanation of the institutional structure of Japan’s modern health system. Liu only dwells on the allegedly distinctive feature that modern Japanese medical institutions were, as in the German case, closely cooperating with so-called sanitary police units, which, nevertheless, was simultaneously also a legacy of older Chinese medical control practices and their surveillance of diseases such as leprosy. This, however, is nothing particular to the German, Japanese or Chinese cases, since similar examples can be identified in other countries, for example the monitoring of venereal disease in France.\(^\text{6}\) A newer insight Liu offers in this chapter is that Japanese scholars “did not adopt the German medical model without modifications and in fact had [their] own interpretation and definition of state medicine and social hygiene.”\(^\text{7}\) Sadly, this argument is not really developed, and concludes in a very short subchapter on the difficulties of translating certain German concepts into Japanese, for example by mixing new Japanese expressions with re-introduced older Chinese character

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\(^\text{5}\) Liu (2009), p. 20.
\(^\text{6}\) Corbin (1996).
\(^\text{7}\) Liu (2009), p. 20.
compounds, as in shakai eisei for social hygiene. However, Liu’s concept, as if the German medical model developed container-like within its own national horizon and which was then ready-made to be adopted by some Japanese elites, seems problematic to me. Such an outline serves the chapter’s argument to portray the significance of the German medical model for Japan’s health reforms in contrast to those of the Anglophone and Francophone countries and their colonies well. However, it nevertheless neglects the entanglements the German model itself had with other European countries, and not least with the German colonial experience, which is never even mentioned throughout the whole book. Thus, Liu surprisingly misses the point that medicine, and colonial medicine for that matter, can hardly be fully ascribed to a fixed topography, but is influenced by numerous complex and border-crossing flows and forms of knowledge.

Chapter two focusses on the early years of Japanese colonial rule in Taiwan until the 1920s, and the “chaotic beginnings” of colonial administration and colonial medicine. Liu describes the difficulties Japanese colonialists faced in Taiwan, ranging from numerous fatal diseases and poor sanitary infrastructure to environmental problems, such as climate, as well as social and economic difficulties, all of which attenuated the initial imperial ambitions of Japanese politicians, settlers, colonial officials, and physicians. Furthermore, frictions and networks within the health system in the Japanese metropole obstructed smooth development of colonial medicine in Taiwan, while nevertheless shaping its establishment. Liu provides a highly illuminating and thoroughly convincing depiction of the conflicts between Kitasato Shibasaburo 北里 柴三郎 (1853-1931), who initially headed Japan’s leading bacteriology research facility, the National Institute of Infectious Disease under the umbrella of the Home Ministry, and Aoyama Tanemichi 青山 胤通 (1859-1917), a professor at the Medical School of Tokyo Imperial University. Apparently following a political scheme, the Institute was transferred to the jurisdiction of the Ministry of Education, and thus became part of Tokyo Imperial University in 1914. Hence, Aoyama came to lead the Institute, while Kitasato and his students founded the Kitasato Institute and later established the Medical School at Keio University. Due to this long lasting conflict in Japan’s medical community and close connections between Kitasato and Gotô Shinpei 後藤 新平 (1857-1929), who was the deputy chief of civil affairs in colonial Taiwan, many of Kitasato’s students migrated to Taiwan, where they were a significant force behind the professionalization and institutionalization of colonial medicine. After arriving in Taiwan, Japanese physicians were able to conduct their medical

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8 Fischer-Tiné (2013), pp. 7-14.
9 Liu (2009), pp. 53, 147.
research geographically and politically remote from the tensions and obligations that existed in the metropole, and could use the colony as a literal “laboratory.” Research was, however, not undisturbed, and funding was a major problem. In order to accomplish certain goals of colonial medicine, such as the establishment of a medical service infrastructure and urban sanitary projects, Japanese physicians had to rely on local Taiwanese doctors, who, for their part, were able to continue their healing practices while gaining modern medical knowledge. Such stories not only read as interesting anecdotes, but rather deepen our understanding of the complexities of colonial everyday life. They help us to understand, for example, that the colonial elites were not a unified body of rulers, and that cooperation between colonizer and colonized did not only derive from either collaboration or exploitation alone, but could—although never free of colonial power relations—result from contingency and shared interest.

The third chapter encompasses the 1920s, an historic decade during which, according to Liu, “it was commonly accepted in governmental propaganda that Japanese colonial rule had ‘civilized,’ and its medicine ‘sanitized,’ Taiwan.”[10] In fact, Taiwan experienced the establishment of a formal medical education system. Taiwanese physicians mostly worked at affordable local hospitals and private dispensaries, which slowly replaced expensive public hospitals that were mainly built for Japanese colonial officials and settlers. The colonized Taiwanese thus had increasing access to the products of colonial medicine, such as mosquito sprays and aspirin. Such developments allow Liu to conclude that “the mid-1920s was a hybridized and compromised system that mixed Japanese demands for the colonizers’ survival and efforts to meet indigenous needs.”[11] Another feature supporting this argument of incorporating Taiwan into the Japanese empire was the rising stigmatization and depiction of China as the “filthy neighbor.” This was supposed to position Taiwan on a higher civilizational level, above China and closer to Japan, signified by healthiness and cleanliness. Such imagery circulated in newspapers and magazines, but was also displayed in health exhibitions and film shows. However, according to Liu, it was not the innovations of colonial medicine themselves nor their accessibility alone that helped to ‘modernize’ colonial Taiwan. Instead, Liu stresses that it were economic developments and administrative adjustments, such as better nutrition and the integration of Taiwan’s traditional ho-kô system into the monitoring jurisdiction of the sanitary police, which actually improved the lives of the colonized. Such an

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[11] Liu (2009), p. 86. This argument, however, was already made by Lo (2002), pp. 199f.
emphasis helps Liu to deconstruct the image of benevolent colonial rule that still persists in postcolonial Taiwan.

The fourth and final chapter deals with developments in colonial medicine in the 1930s and 1940s during the Second World War in East Asia. Most interesting is Liu’s argument that Japan developed the ambition to establish its own ‘tropical medicine’, distinct from Western concepts. On the one hand, this was a political decision to prove the superiority of Japanese colonial medicine over other forms, namely those created by the Western imperial powers. This argument could also be translated into the ideological framework of Pan-Asianism, for example by asking whether colonial medicine in Asia under Japanese guidance was racially codified as a specifically Asian colonial medicine that allegedly would help Asians better than non-Asian colonial medicine. On the other hand, such interest was also grounded in a practical, militarily strategic logic to supply the Japanese Imperial Army in Asia and the Pacific with cheap and effective drugs and hygienic tools. Nevertheless, Taiwan itself, and colonial medicine in Taiwan in particular, gained much attention in the Japanese empire. The influence of colonial medicine on medical practices within the Japanese Imperial Army is just one striking example to highlight some repercussions of the transmission of knowledge from the colony to the metropole. Liu further stresses the distribution of colonial medical knowledge from Taiwan to other colonies in the Japanese empire. For instance, he identifies a research facility of the South Manchurian Railway Company that appropriated the Taiwanese model of colonial medicine. However, Liu only gives some hints for further research in this area, which, needless to say, offers many possibilities to highlight ‘trans-colonial’ entanglements, for example by bringing sanitary developments in Taiwan and Korea into dialogue.

There are several aspects readers might miss in Prescribing Colonization. First of all, the voices of the colonized are seldom heard, as are those of the actual patients of colonial medicine. On rare occasions Liu mentions some criticism against colonial medicine articulated in Taiwanese newspapers. For example, the motives of medical exhibitions were questioned by Taiwanese intellectuals as being supposedly only concerned with the presentation of a positive image of the colonial police force while simultaneously mocking the Taiwanese people. It would have been most interesting to learn more about the colonized and their experiences. Moreover, Liu does not ask any questions concerning gender and sexuality

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12 Gosh and Kennedy (2006).
in connection with colonial medicine, though this was a crucial issue, often a hotly debated subject in many colonial settings.35

In sum, however, Prescribing Colonization is a valuable and densely researched book with an almost encyclopedic array of statistical and biographical data. Despite the critique above, Liu has made a remarkable contribution to the colonial history of Taiwan and the mechanisms of Japan’s empire. It furthermore provides much inspiration for further studies on non-Western colonialism. Thus, Liu accomplishes his self-proclaimed goal of offering with his study of colonial medicine in Taiwan a “comparative counterpart”16 to European systems of colonial medicine, which should be acknowledged beyond research on Taiwan and Japan’s imperial past.

References


35 For example: Stoler (1989).
36 Liu (2009), p. 17.

