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Abstract

ST. LUKE'S COLLEGE OF NURSING, TOKYO, JAPAN: THE INTERSECTIONS OF AN EPISCOPAL CHURCH MISSION PROJECT, ROCKEFELLER FOUNDATION PHILANTHROPY, AND THE DEVELOPMENT OF NURSING IN JAPAN, 1918-1941.

Kathleen M. Nishida, MSN, CNM

Patricia D' Antonio PhD, RN, FAAN

The leadership at St. Luke's International Hospital and its nurse training program were very vocal about being a state of the art medical facility that sought through its nurse training program to raise the quality of nursing education and practice in Japan. They very clearly sought to reproduce American styled nursing education at St. Luke's. To achieve this they brought nurses from the United States to teach and manage the nurse training program and brought Japanese nurses from Japan to the United States for post graduate studies and observation experiences. This study examines the tensions that exist at the intersections of a foreign Episcopal Church mission project, Rockefeller Foundation philanthropy, and the development of nursing in Japan. This study uses historical methodology and is a transnational study. A theory of Critical Transnational Feminism (CTF) is used to consider issues of race, class, and gender at St. Luke's International Hospital and School of Nursing in Tokyo, Japan in the early twentieth century. The collaboration between Japanese nurses, physicians, and board members with American missionary nurses and doctors to lead and develop a world class medical center and school of nursing provides an opportunity to probe issues of power based on gender, race, and class. The CTF lens calls attention to the tendency of transnational history to often be Western-centric and has provided a framework to go deeper into an equitable representation of transnational studies. This study has found that lay medical missionaries prioritized their professional goals over the Christianizing goals of the church. The study reveals that power in the transnational space was a shifting and contested quality. Although Japanese and American actors at St. Luke's talked about cultural diplomacy the relationships that they had were still hierarchical across race, gender and professional boundaries. Nursing at St. Luke's represented progressive professionalization movements for women for both Japanese and American nurses. Nurses who traveled had elite social opportunities because of the associations that they had in their international work. Finally, St. Luke's was uniquely positioned to develop public health nursing in Japan and they had significant impact in that area.

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Kathleen M. Nishida

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Kathleen Mary Nishida

Dedicated to:

My daughter Isabel Louise Nishida who was with me every step of the way.

*And to the memories of the nurses who traveled between Japan and the United States
to develop St. Luke's College of Nursing. You have become like friends to me and I wish*

I could meet you at the train with a smile and a laugh.

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ABSTRACT

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missionaries prioritized their professional goals over the Christianizing goals of the church. The study reveals that power in the transnational space was a shifting and contested quality. Although Japanese and American actors at St. Luke's talked about cultural diplomacy the relationships that they had were still hierarchical across race, gender and professional boundaries. Nursing at St. Luke's represented progressive professionalization movements for women for both Japanese and American nurses. Nurses that traveled had elite social opportunities because of the associations that they had in their international work. Finally, St. Luke's was uniquely positioned to develop public health nursing in Japan and they had significant impact in that area.

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Note: Japanese names in the text will be written based on the origin of the individual. When naming a Japanese person living in Japan, the Japanese practice of listing family name followed by given name will be used. When writing the Japanese name of a scholar who lived or published in the West, the practice of listing given name followed by surname will be used or in the case of references using the proper citation style.

INTRODUCTION

In the early nineteenth century advances in nursing organization and progressive minded internationalism led to a wave of international nursing projects. This dissertation research examines St. Luke's College of Nursing in Tokyo Japan during the period 1918 thru 1941. It is a case study that explores the college of nursing that was developed to promote American ideals in nursing education and to reform nursing in Japan. The events at St. Luke have occurred at the intersections of an Episcopal Church missionary project, Rockefeller Foundation philanthropy, and racial tensions between American and Japanese actors. This study is important because as a case-study it considers the interplay of these intersections whereas much of the literature used to develop the background story in the following chapters focused much more broadly on a particular aspect of this study. The transnational nature of this study promotes a narrative that goes beyond cultural imperialism and instead looks at how ideas about nursing were transferred and transformed by the Japanese. The use of a newly developed theory in transnational women's studies, Critical Transnational Feminism, facilitated an analysis of the events at St. Luke's that uniquely looks at power differentials based on race, class, and gender and how the Japanese

2adapted nursing to be an imported product that had nuanced degrees of transformation. These two qualities, the demonstration of transformation and the examination of power in the transnational space are qualities that allow us to use the case-study of St. Luke's to learn about other global health projects, both in the past and the present. Furthermore, an objective of the final chapter that focuses on the Rockefeller Foundation development of public health nursing at St. Luke's provides a valuable lesson in perspective in writing history. Existing historiography positions St. Luke's and the Tokyo Institute of Public Health as separate entities but my work demonstrates that the projects were inextricably connected.

Background

St. Luke's College of nursing was located at St. Luke's International Hospital in Tokyo which had been operating since 1902 and was a project of the American Church Mission (aka Episcopal Church). The hospital had apprentice trained nurses throughout its duration but formalized a post-secondary school program beginning in 1920. The act of replicating an American styled nurse training program created some explicit opportunities for Japanese and American nurses. In order to facilitate this replication nurses traveled between the United States and Japan. U.S. nurses were initially put in charge of the school of nursing and some of the Japanese nurses who were to teach at the school were sent to the U.S. for further training. The early history of the hospital begins in 1884 when it began to function intermittently as the *Tsukiji Byoin* (Tsukiji Hospital), at that

time it was operated by the Episcopal Missionary and meant to serve the missionaries. When Rudolf Bolling Teusler, an American physician and missionary and his wife arrived in Tokyo in 1900, it was to take over the tiny eight-bed hospital building and to provide medical services to the mission.¹

Teusler began to reimagine the *Tsukiji Byoin* from the beginning. He opened an almshouse in 1901 and began to shift his attention to include the local Japanese community as well as the mission. It was in the community that Teusler met a Japanese nurse Iyo Araki. Araki had graduated nursing school two years earlier in Kobe, a course taught by the Canadian Mission. Araki spoke English and helped Teusler with translation. Teusler's initial round of improvement included a new hospital building opened in 1902 that would house twenty five patients admitted in two wards and five private rooms. While the hospital was being renovated Teusler arranged for Araki to go to the United States for additional nurse training at the Richmond Hospital School of Nursing. She returned in 1902 in time for the hospital opening. By that time Teusler had also recruited a physician from Tokyo Imperial School of Medicine Tokutaro Kubo. Araki and Kubo would continue to work with Teusler and remained at St. Luke's for the duration of their careers. Kubo became Assistant Director at the now named St. Luke's Hospital, and Araki as Superintendent of Nurses.²

¹ Howard Chandler Robbins and George K. MacNaught, *Dr. Rudolf Bolling Teusler; An Adventure in Christianity* (New York: Scribner and Sone, 1942), 25-33.

² Ibid.

Over time the hospital would go through building changes and name changes as the program at St. Luke's progressed. The hospital known as St. Luke's in 1902 became St. Luke's International Hospital in 1917. This coincided with a building expansion that increased hospital capacity to ninety beds.³ After the September 1st, 1923 earthquake when the hospital buildings and school of nursing buildings were destroyed, both were housed in army barrack tents during the remainder of 1923 and through 1924. The barracks tents were on loan from the U.S. Army and had been shipped from the Philippines in the weeks following the earthquake.⁴ A series of one-story wooden barracks, capable of housing 200 patients, provided temporary quarters for the hospital and school of nursing while preparations to build a new hospital were underway. The 1927 name change to St. Luke's International Medical Center represented a change in stature as they sought to become "a clearinghouse of medical thought."⁵ As such it would train nurses and doctors, educate the public in health, and be involved in sanitation and hygiene for the City of Tokyo. The health center was envisioned as part of "a network of centers that would encircle the globe."⁶ In 1928 groundbreaking began for the hospital that opened in 1933 that was the subject of years of fundraising by Teusler and the engagement of the American Episcopal Church, the Rockefeller Foundation, the Japanese and American Advisory Councils at St.

³ Ibid., 111.

⁴ St. Luke's International Medical Center. Dedicated to the Glory of God and the Service of Humanity, Program for the dedication of the new building, 1933, 7. St. Luke's College of Nursing collection of historical documents, Tokyo, Japan.

⁵ An American Medical Centre for Japan. [Announcement] 1927. Retrieved April 10, 2014: <https://archive.org/details/39002086348688.med.yale.edu>., 27-28.

⁶ Ibid., 28.

Luke's, as well as a significant donation by the Taisho Emperor and his wife (Taisho Period 1912-1926). In March of 1933 the School of Nursing moved from wooden barracks to the new steel and concrete building. In June the hospital opened to patients.⁷ The hospital building survived the bombing in Tokyo in 1945. In the immediate aftermath of WW II the United States Army took over the hospital building and remained there during the U.S. occupation of Japan. The site became home to the Department of Public Welfare arm of the occupying forces and for an 11 year period was known as the United States 49th Army General Hospital. The steel and concrete building opened in 1933 still stands today and operates as part of, what is once again called, St. Luke's International Hospital. It is now referred to as the "old building" as a newer and larger hospital building was completed on the same campus in 1992.⁸

The school of nursing at St. Luke's also went through several iterations and names changes. Beginning in 1904 there was a nurse training program at the St. Luke's hospital; the school functioned until 1918 and graduated 22 nurses. The High Grade Nurse Training School founded in 1920 was a decidedly different school. No longer within the hospital, but a parallel affiliated institution, it graduated its first class in 1923. The school continued by that name until 1927 when it obtained government sanctioned *semmon gakko* (trade school) status.

Semmon gakko status was a great achievement for the school as it represented

⁷ St. Luke's International Medical Center. Dedicated to the Glory of God and the Service of Humanity, Program for the dedication of the new building, 1933, 10. St. Luke's College of Nursing collection of historical documents, Tokyo, Japan.

⁸ St. Luke's International Hospital website. Retrieved April 10, 2016: <http://hospital.luke.ac.jp/eng/about/history/index.html>

a post-secondary formalized education. The school now adopted the name St. Luke's College of Nursing. In 1935 further revisions of the curriculum changed the course of study from three years to four years and earned the college the status as a Mombusho affiliated school.⁹ This designation led to a college diploma and eligibility by graduates to become licensed as Teachers and Supervisors of Nursing and Health.¹⁰

The promotion of American ideals in nursing was accomplished with minimal American personnel. In 1927 the hospital had forty doctors on its staff, thirty eight were Japanese, and two were American. Of the one hundred thirty five nurses at that time, one hundred twenty five were Japanese and five were American.¹¹ In 1933 a newspaper proclaimed that among a total staff of three hundred and ninety, all but eighteen were Japanese. At that time among fifty-seven doctors, four were American.¹²

When considering St. Luke's College of Nursing, a compelling question is *why* were American nurses and physicians attempting to transform nursing in Japan. The context for the activities at St. Luke's can be understood when it is considered alongside other international nursing and global health trends. The following sections provide historiography on the internationalization of ideas

⁹ Mombusho can best be described as an accrediting body.

¹⁰ St. Luke's International Hospital, *Seiroka kangodaigaku 50nenshi*, Tokyo: Seiroka, kangodaigaku, 1970, 141-2.

¹¹ An American Medical Centre for Japan. [Announcement] 1927, 4-5. Retrieved April 10, 2014: <https://archive.org/details/39002086348688.med.yale.edu>.

¹² International Hospital News. Published by the American Council for St. Luke's International Medical Centre, Volume VI, Number 1 (February 1933), 6. Retrieved February 22, 2015 from: <http://findit.library.yale.edu/catalog/digcoll:395114>.

about nursing, globalization movements in public health, and the development of modern nursing in Japan. The historiography makes clear that the project at St. Luke's fit in with a popular concept in nursing in which some nurses acted as agents to uplift and standardize nursing internationally. That St. Luke's in its association with the Rockefeller Foundation and its landmark work in Tokyo public health was part of larger movements to combat disease on a global level. And finally, that the development of modern nursing in Japan began in the Meiji Period (1868-1912) and was based on foreign influences. Besides foreign missionary influences on nursing, organic efforts in Japan including the Japanese Red Cross Society and the Jikei Training School for Nurses both were modeled on Western nursing ideas.

The terms transnational, international, and globalization may seem similar but are not used interchangeably in this dissertation. Transnational means encompassing two or more nation-states and taking into account the states involved. As a methodological idea it was developed to improve on trends in studies that were international in nature. Transnational history as a methodological concept is discussed later in the Introduction. International means between nation-states, from one country to another. Globalization refers to patterns of movement that transcend national borders and are sometimes unpredictable in nature. One can consider migratory paths, ancient trade routes, the spread of disease, and the spread of information as globalization trends.

There are influencing factors in globalization trends but there is an unwieldy quality to them and a certain lack of control.

Internationalization of Ideas about Nursing

The project to develop a school of nursing at St. Luke's occurred in the context of other twentieth century international movements in nursing. For example the work of the International Council of Nurses and the League of Red Cross Societies sought to internationally standardize certain qualities within nursing and public health. Also, colonizing trends had long term impact on nursing education and nurse migration. International nursing initiatives have been established as part of Western Imperialism trends. Yet, the majority of studies that look at international nursing initiatives have been focused on the West; a smaller body of scholarship exists concerning international nursing initiatives that were situated in the East and East Asia in particular.¹³

Ethel Bedford Fenwick, an English nursing leader, conceived the idea of the International Council of Nurses (ICN). She organized a meeting of nurses at the 1899 London meeting of the International Council of Women. This

¹³ Mary Ellen Doona, "Linda Richards and nursing in Japan, 1885-1890," *Nursing History Review*, 4 (1996), pp. 99-128; Kaiyi Chen, *Seeds from the West: St. John's Medical School in Shanghai, 1880- 1952*. (Chicago: Imprint Publications, 2001); Catherine C. Choy, *Empire of care: nursing and migration in Filipino American history*. (Durham: Duke University Press, 2003); Winifred Connerton, *Have cap, will travel; U.S. nurses abroad 1898--1917*. Ph.D. diss.,(2010) University of Pennsylvania, In Dissertations & Theses @ University of Pennsylvania [database on-line]; available from <http://proxy.library.upenn.edu:2320> (publication number AAT 3414195; accessed January 8, 2012); Sonja Grypma, *Healing Henan: Canadian nurses at the North China Mission, 1888- 1947* (Vancouver: UBC Press, 2008).

subsequently brought together nurses from England, Canada, and the United States for the first meeting of the ICN in 1901. At the turn of the twentieth century, the United States and England were clearly two leaders in the development of the nursing profession. But nursing leaders from other countries faced similar challenges of heterogeneity and disorganization among their nursing workforces. The ICN sought to advance the profession of nursing worldwide by sharing ideas, and by promoting similar agendas about nursing education and nurse registration. Some of the common problems that they sought to solve included, elevating entry requirements to nurse training programs, a more uniform curriculum among training schools, and a registration process that would ensure that only qualified nurses were in a position to represent the title “trained nurse.”¹⁴

Historian of nursing Susan McGann looked at an initiative to internationalize a course in public health nursing.¹⁵ Unlike the ICN, these efforts were an attempt to address the broad problem of public health needs around the world. In the immediate aftermath of World War I, large scale needs presented themselves in the form of starvation, refugee populations, and contagious disease. Controversy existed, both in the U.S. and in England, about how and where public health nursing education should take place. The 1923 Goldmark

¹⁴ Barbara L. Brush and Joan Lynaugh, eds. *Nurses of all Nations: A History of the International Council of Nurses, 1899-1999* (Philadelphia: Lippincott, 2009).

¹⁵ Susan McGann. “Collaboration and conflict in international nursing, 1920-1939” *Nursing History Review* 16 (2008); Anne Marie Rafferty, “Internationalising nursing education during the interwar period,” in *International health organizations and movements, 1918-1939*, ed. Paul Wiendingling (Cambridge: University Press, 1995), 266-282.

Report, a survey of nurse education programs in the United States initiated and paid for by the Rockefeller Foundation, articulated some of the perplexing questions, such as defining the relationship between bedside nursing and public health nursing.¹⁶ The report questioned if the two disciplines should build upon each other or be treated as separate spheres of nursing. McGann described the process by which the League of Red Cross Societies was quickly developed with a mission that was distinctly different from that of the International Red Cross. One goal of the League was to create a systematic method of teaching public health nursing through an international course. The international course recruited individuals who exhibited leadership potential. The course was challenged to meet the needs of students with varying degrees of English fluency and also varying degrees of nursing infrastructure in their home country. The courses ran in London for nineteen years from 1920 until 1939. In that time 350 students from forty-seven different countries attended the courses. The majority of the students were European countries but students also came from North and South America, South Africa, New Zealand, and Asia.¹⁷

Through the process of colonization a migratory path was created for nurses to travel between the colonizer and the colonized. Part of addressing

¹⁶ The Goldmark Report published in 1923 by Josephine Goldmark was based on a study commissioned by the Rockefeller Foundation titled *Nursing and Nursing Education in the United States*. The study was intended to investigate problems in nursing education and make recommendations that would guide nursing education reform. The study found that low admission standards, poorly qualified instructors, and a failure to associate clinical learning with theoretical teaching were major problems. The overarching recommendation of the report was to move nursing education out of the hospital and into the university setting. Lois White, *Foundations of Basic Nursing (2nd ed.)* New York: Thomson Delmar, 48, 2004.

¹⁷ McGann, *Collaboration and Conflict*, 51.

health and hygiene in the colonized country included the development of a system of nursing education. This led to schools of nursing that taught theoretical and practice content along the lines of the colonizing country.¹⁸ Anne Marie Rafferty and Diane Solano write about the various nurse associations that managed the flow of nurses between Great Britain and the British colonies.¹⁹ They argue that the nursing organizations were part of a network that developed, effectively creating a nursing empire that involved migration of nurses to and from the colonies. This would manifest as the export of health ideas to foreign communities that contained a British concept of practice and professionalism. The presence of a distinctly white and upper class British nurse in the colonies meant that race and class hierarchies would also be part this process. In 1940, the formation of a new organizing nurse service, the Colonial Nursing Service, would be part of a larger scheme to consolidate the activities of the Colonial Office. Related to this change was closer links to government, what followed was an increase in racial diversity of the nurses and increased fairness in labor practices.²⁰

Rafferty and Solano argue that a legacy of the Colonial Nursing Service is the current relationship that the United Kingdom has today with former British colonies in terms of nurse recruitment. During the time that the Colonial Nursing

¹⁸Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham: Duke University Press, 2006); Choy. *Empire of care*; Anne Marie Rafferty, and Diana Solano, "The rise and demise of the Colonial Nursing Service: British nurses in the colonies, 1896-1966." *Nursing History Review* 15 (2007).

¹⁹ Rafferty and Solano, *Rise and Demise of the Colonial Nursing Service*, 147-54.

²⁰ *Ibid.*, 148.

Service still existed and before the independence of the British colonies, there was a natural migratory path between these countries in both directions. In the post-colonialism era this path still exists.²¹ This story is remarkably similar to the Philippine nurses and their migration to the United States in another example of a post-colonial relationship in which the colonizer had a role in the development of a colonial nurse education system. Catherine Ceniza Choy's *Empire of Care* discusses this phenomenon in great depth. Choy's work explores the foundations of this migratory path by exploring the foundations of an American styled system of nurse education in the Philippines. She also looks at the consequences of this path as Filipino nurses began to be recruited to the United States and the types of ensuing problems that developed such as immigration issues and discrimination towards the Filipino nurses in the United States.²²

Julia Irwin explored 'nursing history as U.S. international history' when she examined the actions of four American Red Cross nurses and their activities in the WW I era. Red Cross Nursing provided an opportunity for nurses not only to participate in the war effort but also to improve education and professional opportunities for women internationally. These nurses were products of the Progressive Era and felt that educated and empowered women were the key to development in countries around the world. Irwin observes that: "nurses' ability to cross geopolitical and professional borders depended on the simultaneous

²¹ Ibid., 148-149.

²² Choy, 17-40, 61-93, 166-185.

destabilization of another boundary: gender.”²³ She also notes that these four nurses, representatives of the masses of nurses doing international work during this time, brought with them their beliefs regarding health, race, and civilization. Their ideas about nursing and health were products of American hospitals and universities. The lens through which these nurses viewed the world was colored by their concept of what was developed and progressive. Irwin carries this thread of racial and cultural hierarchy into her analysis of each of the nurse’s experiences.²⁴

A thematic thread that came out of the studies of international nursing was the idea that nursing functioned as an imperialist device. Although nursing is often presented as a “disinterested” party in terms of war and politics, it is important to recognize the strategy of introducing the benevolent activities of organizations like the Red Cross and the Rockefeller Foundation during times of war and peace.²⁵ Historian Charles McGraw writes about this in his description of a Red Cross Hospital that was established in U.S. occupied Cuba in 1898. American Red Cross nurse Bettina Hofke-Lesser was hired to set up a hospital and supervise native Cuban nurses. McGraw demonstrates that the American representatives of the Red Cross built hierarchies among the sick that mirrored the hospital that they came from in New York. Expressions of “worthy poor” were

²³ Julia F. Irwin, “Nurses without borders: the history of nursing as U.S. international history,” *Nursing History Review*, 19 (2011), 81.

²⁴ Irwin, *Nurses without borders*, 78-102.

²⁵ Charles McGraw, “The Intervention of a Friendly Power: The Transnational Migration of Women’s Work and the Imperial Imagination.” *Journal of Women’s History* Volume 19, Number 3, (Fall 2007).

displayed in attitudes toward the sick population. Imperialism manifested in the deconstruction of established nursing systems that existed prior to the arrival of the Red Cross Nurses and in dismissive tones about the quality of Cuban nursing care.²⁶

Nurse historian Winifred Connerton contributes to the discourse regarding nursing as an imperialist device. Connerton's work focuses on the presence of trained nurses in the United States colonies of Puerto Rico and the Philippines at the turn of the twentieth century. Connerton demonstrates that the professional trained nurse was inextricably woven into the American government's colonialist activities. She argues that nurses promoted both nursing and the state to their compatriots in the colonies. Connerton points out that although U.S. nurses were often situated in foreign outposts for the purpose of caring for other American workers that they often came in contact with native people as patients, students, and colleagues. Although she makes a case for U.S. nurses involved in colonial activities as participants to U.S. imperialism, Connerton questions to what degree did U.S. nurses advocate for the rights of native people or subvert policies that they did not agree with.²⁷

Nurse historian Barbra Mann Wall studies the work of Catholic Missionary nurses in Africa. Wall's work postulates that "encounters between Catholic Sisters and African people involved multiple negotiations that challenged one-

²⁶ McGraw, *Intervention of a Friendly Power*, 137-60.

²⁷ Winnifred Connerton, "American Nurses in Colonial Settings: Imperial Power at the Bedside," in *Routledge Handbook on the Global History of Nursing*, ed. Patricia D' Antonio, Julie A. Fairman, and Jean Whelan (London: Routledge, 2013), 11-18.

dimensional notions of a compliant indigenous population to an overbearing Western presence.”²⁸ One of her findings is that a transnational perspective reveals negotiations between the nurses who were positioned as educators and the recipient nurses. She notes that a transnational approach examines this story from several angles with multi-archival sources that challenges the cultural imperialism notion that perpetuates a hierarchical relationship and tends to victimize one party. Similarly, my focus is on a more nuanced story that considers evidence of negotiation. Encounters between American and Japanese nurses involved multiple negotiations that reveal nursing lore was in many situations adapted to fit the Japanese culture.

Globalization Movements in Public Health

The hospital and college of nursing at St. Luke’s were born out of missionary medicine movements and internationalization of ideas about nursing but also fit in to a trend in addressing health on a global scale. In particular the Rockefeller Foundation’s International Health Division (IHD) operated among organizations with global visions. Historian Alison Bashford proposes that a global view of world health started during the interwar period. Other scholarship has focused on the post-war period and attributes the first global health initiatives to the development of the World Health Organization (WHO) and to the United Nations (UN). But the League of Nations and its Health Organization were a

²⁸ Barbra Mann Wall, *Catholic Medical Missionaries and Transnational Encounters in Africa 1945-2000*, (forthcoming, 2016).

starting point for global health initiatives that challenged the idea of international. Bashford examines the work of the International Health Division (IHD) of the Rockefeller Foundation (RF), founded in 1913, as well as the Office International d'Hygiene Publique (OIHP), founded in 1907. Bashford's work is focused on the emergence of global biopolitics in the twentieth century as a means of conceptualizing global biopolitics as it relates to world health and population management.²⁹

Bashford uses population as a means to explore global biopolitics and health. She points out that world health, its predecessor 'international hygiene', and the original quarantine are modes in which to conceptualize world space. She argues that 'quarantine logic' was bound originally to national borders but has evolved progressively to a more global understanding of how health or disease is spread. She asserts that historical understandings of national, colonial, and global connections need to be complicated by a changed perception of 'region.'³⁰

Anne-Emmanuelle Birn, historian of global and international health policy, examines the stages of international health and the perceived successes. Birn points out that the organizing of the OIHP was taking a long-time in Europe and that in the meantime the International Sanitary Bureau (later the Pan-American Sanitary Bureau) formed quickly in 1902. Birn hypothesizes why they were able

²⁹ Alison Bashford, "Global Biopolitics and the History of World Health," *History of the Human Sciences* Volume 19, Number 1 (2006), 67-88.

³⁰ Ibid.

to organize so quickly based on four things that were occurring around 1900 in the Americas: high numbers of European and Asian immigrants, recurrent outbreaks of yellow fever, the imminent opening of the Panama Canal, and the emergence of the U.S. as the economic power in the region.³¹

Another important idea that Birn shares in her paper is the history of contradictions in various international health successes. She illustrates this point in order to demonstrate to readers that differences, sometimes irreconcilable, exist but also that very different, even polar opposite approaches have worked. Birn gives the example of the highly successful smallpox eradication campaign, a multinational example of effective cooperation, which can be juxtaposed with the “Health for All” strategy, just a few years later which was considered a great success for international health at the community level. She illustrates further that opposite strategies exist within “vertical versus horizontal, technical versus social, centrally driven versus locally defined, disease-based versus health-based, individual versus collectively-oriented, doctor-centred versus healer-centred versus community-centred, and so on.”³²

Ilana Lowy and Patrick Zylberman, historians of the History and Philosophy of Science, argue that the Rockefeller Foundation (RF) believed that their global health activities would lead to greater control of human behavior and as a result a happier human society that would more closely resemble the United

³¹ Birn, Anne-Emanuelle. “The Stages of International (Global) Health: Histories of Success or Successes of History?” *Global Public Health* 4 (1), 50-68.

³² *Ibid.*, 58.

States. The RF was eager to convince local politicians that public health “was politics” and that it was an effective means to achieve modernization. They argue that the RF belief in the having the most advanced scientific methods and practices were key to the Foundation’s core ideology.³³ This idea makes sense when considering the RF involvement in Japan and their funding of the Tokyo Institute for Public Health (TIPH). Chapter four describes how the RF stumbled repeatedly in their negotiations with Japan over the TIPH, but ultimately in what would be their single largest donation to a foreign project in 1938, was not a celebrated moment.³⁴ The RF, it appears, was blinded by their commitment to science.

Nursing in Japan

The early history of nurse training programs in Japan has not been written about extensively in the English language literature. A published article by Iyo Araki is the earliest available source. Araki’s article, written in 1928 while traveling in the United States on a Rockefeller Foundation Fellowship, was published in the *American Journal of Nursing*.³⁵ It provides a firsthand account of the climate of early nurse training in Japan. Araki writes that in 1869, the first known school, located in Tokyo, “did little to advance nursing.” The school trained women to clean and scrub more than to provide care for the sick and it

³³ Ilana Lowy and Patrick Zylberman, “Medicine as Social Instrument: Rockefeller Foundation, 1913-45,” *Studies in History and Philosophy of Science* Volume 31, Number 3 (2000): 365-79.

³⁴ Rockefeller Foundation Annual Report 1938.

<https://www.rockefellerfoundation.org/app/uploads/Annual-Report-1938.pdf>

³⁵ Iyo Araki, “Nursing in Japan: Its origin and development,” *American Journal of Nursing* Vol. XXVIII 10 (1929)

did not attract many applicants. Araki explains that nursing was a new concept and was not well understood. During the 1880's and 1890's several schools were opened in Tokyo, Kyoto, and Kobe. These schools were primarily established by foreign missionaries and in some cases were short lived.³⁶ Progress in advancing the status of nursing and quality of education occurred with the Red Cross schools of nursing beginning in the late 1890's. The Red Cross schools were taken more seriously because the government was involved and they used a systematic method of educating student nurses. But, Araki wrote, they had low standards, minimal entrance requirements, and as a result nursing continued to be seen as a menial occupation.³⁷ Araki, who was superintendent of nurses at St. Luke's International Hospital, describes St. Luke's nurse training school as being different. Having elevated the entrance requirements to include graduation from an official high school and having a three year course of study had the effect of changing the class of women who would attend and graduate from the school. In addition, awareness developed that advances made in medicine must be paralleled with advances in nursing in order for health care to be effective.³⁸

Nurse historian Mary Ellen Doona wrote about a Protestant Missionary nursing school established in Kyoto, Japan in 1886. The Doshisha was a general education school established in 1875 that was a joint operation between

³⁶ Ibid., 1003.

³⁷ Ibid., 1004.

³⁸ Ibid., 1005-6.

local Japanese civic officials and the American Board of Commissioners of Foreign Missionaries (ABCFM), a protestant missionary organization. A decision was made to open a nurse training school and hospital. Linda Richards was selected to lead the school. She was well known and respected in the Boston area, home to the ABCFM. She traveled to Japan in December of 1885. Seven months after arriving in Japan, Richards began the first classes of the new school with five Japanese nursing students. A single family style dwelling served as the hospital, school, pharmacy, nurses quarters, and living quarters for Richards.³⁹

The school's ten-year history would be marked with tumult. Various issues, mostly involving personality issues and mental health issues proved to be very serious and time-consuming and may have contributed to the school's downfall. Richards spent months providing one-on-one nursing care to two different individual missionary women who were experiencing "nervous troubles."⁴⁰ One of the women ultimately committed suicide and the other needed to be escorted back to the United States. In addition, when Richards was provided with an assistant nurse, Ida V. Smith, the problems that ensued may also have added to the ultimate demise of the school. It seems that Smith was a bad choice. According to Doona, there are several sources that substantiate her undermining and petty qualities that seem to be responsible for Richards resigning as directress of the school. After Richards left, Smith was put in charge

³⁹ Mary Ellen Doona, "Linda Richards and Nursing in Japan, 1885-1890," *Nursing History Review* 4 (1996).

⁴⁰ *Ibid*, 104.

of the school; after one year she was replaced with by Helen Fraser who remained there for five years. The school ultimately closed in 1896 after graduating 75 nurses. It is uncertain why the school closed but there is indication that growing tensions between the mission and the Doshisha and an increasingly secular curriculum may have contributed.⁴¹

Doona makes some critical observations about the work of the missionaries that indicate a lack of acculturation on their part. She comments that during Richards five years in Japan that she becomes “acclimated but not acculturated.” Doona also notes that the American missionaries lived in a village “completely devoid of the Japanese culture surrounding it.” The Christian missionaries disinterested in Buddhism and were not curious about why it was the prevailing belief system in Japan. Finally, Doona points out how certain inflexibility in adopting an American model of nursing caused unnecessary grief for the missionaries. For example, Richards complained about all of the extra work that was involved in needing to fabricate nursing uniforms for the students. A missionary friend of the nurse joined her cause and advocated for a sewing machine to be shipped to Japan. Neither Richards nor her friend saw the simpler solution, as Doona points out, of allowing the nurses to use traditional garb or of working with local resources to make a uniform.⁴²

⁴¹ Ibid, page 110-114.

⁴² Ibid, 104-106.

Historian Aya Takahashi's work has looked extensively at the effect of adopting a Western model of nursing in Japan and the challenges that were faced because of fundamental cultural and gender role differences.⁴³ Because of differences between Japan and the United States in terms of the status and role of women, the idea of nursing as women's work would not translate smoothly between the two countries. Because of the Japanese effort to borrow from Western nursing ideas, and the effort by U.S. citizens to Americanize nursing in Japan, these differences were overlooked. As Takahashi argues, nursing in Japan may have evolved differently had it not tried to adopt a Western model. Takahashi's work has been a valuable resource and is referenced frequently in the following dissertation.

A recent addition to the English language literature about the development of nursing in Japan seeks to correct the historical record about early origins of modern nursing in Japan. Authors Hirao, Haga, and Kohiyama use primary source data to support the argument that M.E. Reade was the true founder of modern nurse training in Japan in 1885.⁴⁴ Other studies, and common belief, have credited Linda Richards and the school that she started in 1887 in Kyoto as the earliest nurse training program. The authors demonstrate that the training program started by Reade produced a continuous lineage of nurse education that still exists presently. The history of the school included sending two nurses to St.

⁴³ Aya Takahashi, *The Development of the Japanese Nursing Profession: Adopting and Adapting Western Influences* (London: Routledge, 2004).

⁴⁴ Machiko Hirao, Sawako Haga, and Rui Kohiyama, "M. E. Reade: The Pioneering Educator of Nursing in Meiji Japan," *Jikeikai Medical Journal* Vol. 57 No. 4 (2010).

Thomas hospital in London for training in 1887 due to the influence of Kanehiro Takaki a Japanese physician who had trained at St. Thomas and who founded the hospital, *Yushi Kyoritsu Tokyo Byoin* (Charity-funded Tokyo Hospital), at which Reade's program was started. The school established by Reade in Tokyo, later became the Jikei Training School for Nurses and then the Jikei University School of Nursing, which is its present name. The authors indicate that there are still many gaps in the knowledge about M.E. Reade such as what her background training in nursing was and many of her life details.⁴⁵

Historian Roberto Ramon Padilla wrote about the Japanese Red Cross Society (JRCS) nurse training and nurse service during the Sino and Russo-Japanese Wars.⁴⁶ The JRCS was founded in 1887 and began training nurses in Tokyo in 1890. The program of study was three and one-half years long, with one and one-half years dedicated to theoretical training and two years for clinical practice. The schools admission requirements included being able to read and do arithmetic, have a high moral character and letters of reference, be health and between twenty and thirty years old. By 1893 the JRCS had nurse training programs in its branch offices in Hiroshima, Osaka, Hokkaido, Okayama, and Kyoto. The training was a shorter course in the outlying schools; six months of theoretical study and six months of practice.

⁴⁵ Ibid, 113-119

⁴⁶ Padilla, Roberto Ramon, "Science, Nurses, Physicians and Disease: The Role of Medicine in the Construction of a Modern Japanese Identity, 1868-1912" (PhD dissertation, The Ohio State University, 2009).

In his work Padilla develops the relationship between JRCS patriotism and the advancement of the nursing profession in Japan. Padilla argues that the improved reputation that nurses experienced related to their wartime activities was a “confluence of wartime patriotism, direct association of Japanese Red Cross nurses with elite society and the moral cover provided by the JRCS and Army Medical Bureau’s strict control of female sexuality.”⁴⁷ In terms of legitimizing nursing, the JRCS nurses were given military rank as privates in the army. Padilla claims that this status provided JRCS nurses with a legitimate claim to service to the state and that the rank of private put them on equal footing with men who died on the military front.⁴⁸

Notes on Methodology

Transnational Historiography

Transnational historiography is not new but it continues to be developed as a methodology. In a 2006 article in *The American Historical Review* a paper was produced from a meeting of a group of transnational historians to discuss their consensus about the state of the method. One of their concerns in deciding to form a panel was that the term transnational is at risk for becoming a “buzzword” among historians, “more of a label than a practice.”⁴⁹ They came to the consensus that a common purpose in transnational history was to break out

⁴⁷ Ibid., 45.

⁴⁸ Ibid., 60.

⁴⁹ Chris Bayly, Sven Beckert, Matthew Connelly, Isabel Hofmeyr, Wendy Kozol, and Patricia Seed. “AHR Conversation: On Transnational History,” *American History Review* Volume 111, Number 5 (December 2006), 1441.

of the nation-state as the category of analysis and to “eschew the ethnocentrism once characterized by the writing of history in the West.”⁵⁰ They discussed the fact that terms such as global, world, international and transnational are not self-evident, but that together these views can contribute to an understanding of the world. They cautioned against subscribing to a popular idea and cited the degree to which the cultural imperialism rhetoric has been taken in the U.S. academy as an example of over-subscribing to a theme in analysis. They discussed the importance of multi-national, multi-archival research. Participant Wendy Kozol emphasized the importance of theoretical and methodological insights to cultural studies.⁵¹

Julia F. Irwin argues that transnational histories are an important way to look at the kinds of biomedical internationalism that St. Luke’s represents. Irwin states that when history is examined through multi-archival, multi-language sources, it is more likely to accurately represent the relationship as experienced from both sides. Irwin uses the terms horizontal and lateral studies to describe the transnational perspective as opposed to vertical studies in which the relationship among the participants is more hierarchical. Irwin examined the activities of four American Red Cross nurses in Europe during WW I and immediately after the war. The nurses were involved in war relief and then with nursing reform in the post-war devastation. She argues that using a transnational approach makes it easier to identify trends in the ideals of the U.S. reformers and

⁵⁰ Ibid.

⁵¹ Ibid., 1451.

to see the interconnectedness of U.S. reform activities in diverse locations. In addition, Irwin notes that the two-way potential of these international relationships that involved American nurses overseas has never been fully explored. The examination of the “post-international” lives of these women may reveal how their experiences informed nursing and medicine in the United States.⁵²

This kind of transnational perspective will be instrumental in several aspects of this study. A significant aspect of this study will be examining the experiences of women who moved between Japan and the United States for the purpose of obtaining or delivering nursing knowledge. As Irwin pointed out, considering the experience from the perspective of it being two-directional challenges assumptions of hierarchy. For example, this perspective asks that one examine the experiences of a nurse who traveled to Japan to deliver nursing knowledge not only from the perspective of what she brought to Japan but also to consider how that experience influenced her and how it affected her when she returned to the United States. And similarly, when considering a nurse who traveled from Japan to an American nurse training school, it asks that we question the perspective she brought to the American training school and how her experience in the United States influence her work and affected her when she returned to Japan. The examination of curriculum, texts, and delivery of care will also reveal an interesting story about how transferred knowledge was

⁵² Irwin, *Nurses without borders*, 78-102.

actually put into practice and may reveal how it was modified or integrated with existing knowledge or practices.

The use of multiple archives will also contribute to the transnational quality of the study. Archives in the United States and Japan will be used to examine the development of St. Luke's. The different archives used have revealed that different sources tell very different stories and that these stories are constructed in part by what the archive has chosen to preserve and make available but also reflects the principles and philosophy of the founding organization.

Theoretical Framework

I first encountered the theory of *Critical Transnational Feminism* at the Association for Asian Studies conference in Philadelphia in 2014. Panel presenter Setsu Shigematsu, a gender historian, used her work studying the women's liberation movement in Japan as a way to illustrate problems with the existing theory of Transnational Feminism (TF) and her ideas for a theory that has evolved out of TF but goes deeper into critical issues encountered in transnational histories.

Transnational feminism is first described by Inderpal Grewal and Caren Kaplan.⁵³ In *Scattered Hegemonies* Grewal and Kaplan state that they are problematizing feminist theory; they specifically address that feminist theory has a homogenizing effect when employed by first world scholars. Consequently,

⁵³ Inderpal Grewal and Caren Kaplan, *Scattered Hegemonies: Postmodernity and Transnational Women's Practices* (St. Paul: University of Minnesota Press, 1994).

feminist theory is unable to deal with otherness- in other words; it operates within an assumption that the dominant experience is a baseline for comparison.⁵⁴ In her paper at the AAS conference, Shigematsu comments that “*how* transnational feminism(s) or transnational feminist practice negotiates the material and institutional structures of first world power-knowledge formations and Euro-American (and English-language) epistemic hegemonies remains to be examined and further theorized.”⁵⁵

The theory of Critical Transnational Feminism (CTF) developed by Shigematsu questions some of the assumptions of Transnational Feminism (TF) and probes questions of power and contradictions in the Japanese women’s liberation movement. First, Shigematsu summarizes and simplifies her take on TF as being “an intersectional approach to feminist practice that accounts for gender, race, ethnicity, class and nation within larger contexts of imperialism and global modernity.”⁵⁶ Shigematsu asserts her developing ideas “to call for a more open discussion and analysis of power differences among women, minoritized subjects, feminist formations, feminism and feminists.”⁵⁷ In her talk, she suggested that we might use this gathering, as scholars studying Japanese feminism from the academy, as an opportunity to reflect on how we produce knowledge and to interrogate the underlying assumptions of our existing

⁵⁴ Grewal and Kaplan, *Scattered Hegemonies*, 2.

⁵⁵ Setsu Shigematsu, “Reflections on the Women’s Liberation Movement in Japan: Toward a Theory of Critical Transnational Feminism” (paper, Association of Asian Studies conference March 28-30, 2014), 2.

⁵⁶ *Ibid.*

⁵⁷ *Ibid.*

frameworks. Several key points were made during the paper presentation that guides the shift that Shigematsu is recommending with her developing ideas of CTF. She said that the theory emphasizes the need to further interrogate the power differences within the transnational feminism framework. Shigematsu poses the question, “how are different Japanese feminist subjects situated within larger global economies of race, ethnicity, gender, and class, across first and third worlds, and do such questions matter” Shigematsu also queries, do Japanese middle-class feminists occupy a similar position as white middle-class feminists, do they face the same challenges in theorizing and organizing. Finally she argues, what are the effects of continuing a tradition of knowledge production that is western-centric in its use of theory and to what degree is academic discipline part of the problem. Shigematsu explained several of these points, her questions about how to situate Japanese feminisms, instead of just considering them relative to white Western feminisms, engage with post-colonial feminist theory and women of color and third-world feminisms. Her questions about western-centric and discipline centered knowledge production, she explains, is to stimulate thought on the political effects of racialized knowledge production that continues a baseline assumption of whiteness.⁵⁸

The points that Shigematsu has made and the questions that she asks in asserting this framework guided my thinking and writing as I wrote my analysis. Prior to encountering CTF I was grappling with discomfort about how I could

⁵⁸ Ibid., 4-5.

accurately write about nursing in Japan. It turns out that the orientation of this study, although transnational, is primarily from an American perspective. In calling concern to the cultural misinterpretation that can occur with transnational studies, it helped to clarify that my own perspective is necessarily American. While it is not impossible for an American to be more competent in interpreting the Japan experience, that is not my training and background. A limitation in this study is my Japanese language limitations; this work is based almost exclusively on English language sources that are mostly produced by Western scholars and by primary source documents that are mostly produced by Americans and U.S. institutions. I specifically used CTF as a guide to ask questions and check my work. My intention in doing a transnational study was to consider the story from both national angles. At various points, I asked, how might this have looked from the Japanese perspective? Engaging with CTF also caused me to tell stories that I initially thought were impossible to tell. Chapters Two and Three were dramatically influenced by questions that were driven by CTF. The history that was developed is much more interesting as a result. Specifically I credit CTF for driving me to look more closely at the Japanese Advisory Council, which looked impossible to me at first. It also caused me to develop the stories of the Japanese nurses who traveled to the U.S. and this too was a revealing story that informs the meaning of St. Luke's as a modernizing influence for Japanese women.

Notes on Sources

Primary sources include original communications between officials at St. Luke's and the American Church Mission office as well as between St. Luke's and the Rockefeller Foundation; newsletters produced by the American Advisory Council at St. Luke's and by the Episcopal Church; the Japanese application for the school to become a *semmon gakko* (vocational school); student materials including notebooks and mimeographs; photographs; and yearbooks. Sources that make statements about the state of Nursing Education in the United States include the 1923 *Goldmark Report*, the National League of Nursing Education's *Standard Curriculum for Schools of Nursing*, 1919, and period issues of the *American Journal of Nursing*, and *Trained Nurse and Hospital Review*. This study has used English language sources almost exclusively because of Japanese language limitations by the author. A translator was employed for conducting visits to archives and having conversations with archivists. A translator was used to read and translate parts of the *semmon gakko* application.

There is a rich base of English language secondary source material that provided context and background for the study. Topics that were accessed for secondary material include the history of Christian missionaries in Japan, cultural diplomacy in United States- Japan relations, Rockefeller Foundation philanthropy, health globalization, international nursing, and gender and women's studies.

Archival sources include, in Japan: St. Luke's College of Nursing, Tsukiji, Tokyo; the Episcopal Church archives at Rikkyo University, Ikebukuro, Tokyo; and the Japanese Red Cross Society, Shibuya, Tokyo. In the United States: the Rockefeller Archive Center, Tarrytown, New York; the Episcopal Church Archives, Austin, Texas; and New York Presbyterian Cornell-Weill Archive Center, New York City.

This history is conducted using English language resources. The history of the Japanese nurses at St. Luke's has been derived primarily from records of nurses who traveled to the United States from Japan on Rockefeller Foundation Fellowships. Charts containing information about the nurses who traveled to Japan as American Church Mission (Episcopal) missionaries and The Japanese nurses who traveled to the United States as RF Fellows are found as Appendix A and Appendix B, respectively.

Chapters in Brief

Chapter One considers the mission aspect of St. Luke's. It describes the history of Christianity in Japan, the American Episcopal Church in Japan and the development of the Nippon Sei Ko Kai (The Episcopal Church in Japan). The chapter argues that although there was a clear Christianizing mission at St. Luke's that the nurse and physician actors there promoted other agendas, sometimes more aggressively than Christianizing. The missionaries were in a position of negotiating several powerful forces in terms of the governing bodies of their financial backers, their own professional knowledge, and interest in

advancing nursing and medicine in Japan. Finally the chapter also examines the Christian inclination of the Rockefeller Foundation and of United States politicians involved in St. Luke's.

Chapter Two considers St. Luke's Medical Center and College of Nursing from the perspective of diplomatic relations between the United States and Japan in the face of rising racial tensions. The nurse, physician, and advisory council members at St. Luke's, both Japanese and American, cared deeply about the preservation of friendship between the two countries and saw the project as a unifier. The chapter examines the issue of power in the transnational space. Given the clear message that the project was perceived as a conduit for friendship between the two countries, this section provides insight into some of the challenges of true cooperation in this transnational project. The examination of power demonstrates that it was a shifting and contested quality.

Chapter Three examines border crossings by Japanese and American nurses for the purpose of developing an American styled curriculum in nursing education at St. Luke's. American nurses travelled to Japan to take lead faculty roles in the School of nursing. Japanese nurses travelled to the United States to attend post-graduate studies in nursing and nursing administration in preparation for being faculty members at St. Luke's. Transformation of the American influence is seen in many examples from the use of traditional Japanese storytelling methods to deliver a health message, the adaptation of nutrition information to fit the Japanese diet, and in the physical school building itself. The

socialization of nurses during international travel shows that they had elite opportunities that were progressive for middle class women. This would be important in shaping these nurses as professionals within a network of international nursing leaders.

Chapter Four focuses on the development of public health nursing in Japan. St. Luke's was among the earliest organizations attempting to systematically approach public health in Tokyo. The reaction of staff at St. Luke's to the devastating 1923 Great Kanto earthquake positioned them in a place of trust and opportunity to take the lead in public health care. In the aftermath of the earthquake Officials at St. Luke's opened 32 milk stations in Tokyo. Mimicking milk stations in the United States these stations would provide pasteurized milk but also become the site to disseminate health information. The Rockefeller Foundation provided funding to St. Luke's in a variety of ways but it was because of the school's role in the development of public health that the Foundation was interested in them. In this chapter I argue that the previously existing historiography situates St. Luke's as an aside to Rockefeller Foundation development of the Tokyo Institute of Public Health whereas I demonstrate that they were inextricably linked.

Summary

In summary, the following chapters will examine major themes in the study. The chapters are organized thematically and chronologically within each

chapter. The use of transnational historiography and Critical Transnational Feminism have provided a framework that has not only been for the purpose of analysis but has also led me to ask questions that I would not have otherwise asked. The English language limitation of this study must be acknowledged but the methodology has been employed in a way that seeks to make the most out of material that contains this bias.

CHAPTER 1

Doctors and Nurses First, Missionaries Second: The Episcopal Church mission Project at St. Luke's International Hospital, Tokyo, Japan.

This chapter describes St. Luke's College of Nursing in Tokyo, Japan and situates it within the Episcopal Church's Japan Mission. The material here will contextualize the project from the perspective of its Christian roots and Christianity in Japan. Christianity was overtly influential in the work of the Mission but also influenced the diplomatic players in this U.S. - Japanese venture. This is important because the vast majority of Japanese were Buddhist. American diplomatic actors both in Japan and the United States were not just tolerant of the Christianizing nature of the mission but even praised this action. The missionary nurses and physicians were in a position of negotiating with several powerful forces in terms of their governing bodies during the venture at St. Luke's as well as their own professional knowledge. This chapter argues that although there was a clear Christianizing mission at St. Luke's that the nurse and physician actors there prioritized advancing their vision of a hospital and a school over the religious mission. The Rockefeller Foundation, also a significant player in the development of St. Luke's, had its roots in Christianity. This chapter provides an explanation of the Rockefeller family history of charitable giving that eventually developed into a formal philanthropic program. At the earlier charitable level, family giving centered on support of the Baptist Church and its mission projects. Later, religion would play a more covert role in the workings of the

Rockefeller Foundation philanthropy. It was the Rockefeller Foundations policies, rooted in religious thinking but clearly different in its policies, that would drive characteristics of the project that ultimately led to the strengthened leadership by Japanese nurses at the school of nursing.

Background of the Episcopal Church in Japan (Sei Ko Kai) and Christianity in Japan

Christianity first made its way to Japan in the 16th century when Francis Xavier, a Portuguese missionary, introduced Catholicism to Japan in 1549. The belief in Christian ideals and practices was called *Kirishitan* and by the early 17th century there were 300,000 baptized members of about 200 churches. Historians delineate two periods in the early modern era of Christianity in Japan: the Christian Century (1549-1639) and the Underground period (1640-1873), when Japanese Catholics had to keep their religion and religious practices secret.⁵⁹ Although Christianity was very controversial in Japan in the 16th and 17th centuries, it was the Tokugawa regime that outlawed Christianity and drove it underground. The Tokugawa period extended from 1603- 1868 and is characterized by a hierarchy of regional officials, known as daimyo, that was ultimately overseen by the shogun. The shogun and daimyo were members of a noble class. All others fell into four classes beneath them. The top of this hierarchy was the samurai class (about 5% of the population), followed by

⁵⁹ Ikuo Higashibaba, *Christianity in Early Modern Japan: Kirishitan Belief and Practice* (London: Brill, 2001).

farmers or peasants (about 80% of the population), followed by artisans, and finally the lowest class was merchants.

The Tokugawa period is named for a distinct era in government. It began with daimyo Tokugawa Ieyasu taking over the leadership of the feudal society. He came into power following a 50 year period of warring contention between the regional leaders of Japan. Christianity had a foothold and one of Tokugawa's rivals was Christian and a strong proponent of Christianity. Christianity was a threat to Tokugawa and he responded by banning Christianity and restricting travel into and out of Japan. *Sakoku* describes the "closed" policy of Japan which is a hallmark of the Tokugawa period. The concept of *sakoku* was stated in a series of official edicts, the first in 1600 by Tokugawa himself. In 1635, the third iteration of the edicts was issued and had three major stipulations: that Japanese were to stay within the country's borders; that Catholicism and Christianity were forbidden; and that trade was restricted to interactions with the Dutch and the Chinese through a port in Nagasaki.⁶⁰ Historian Edward Hagemann examined the enforcement of *sakoku* by examining the papers of Inouye Chikugo, an inquisitor from 1640 to 1658. Hagemann's work gives tangible evidence of how *sakoku* was actually carried out. He describes *e-fumi*, a ritual that was practiced in temples in Japan to test for Christian sympathizers. During *e-fumi* all of the members of a family had to take turns treading on a Christian image drawn into

⁶⁰ James L. Huffman, *Japan in World History* (New York: Oxford University Press, 2010), 55-60; Hamish Ion, *American missionaries, Christian Oyatoi, and Japan, 1859-73*, (Vancouver: UBC Press, 2009), 6.

the dirt. If they hesitated or showed other signs of stress then they would be investigated. When all of the family members had been tested the male head of the household would place his official stamp in the record. Hagemann's research also revealed that along the Western coast of Kyushu were 23 watch stations guarding against Japanese excursions and foreign incursions.⁶¹

The arrival of the second wave of missionaries in Japan coincides with and is part of the beginning of the modernization of Japan. The arrival of the United States Navy, with Commodore Matthew Perry at its helm, is often reported, along with the Harris treaties, as the event that opened Japan to trade with the West. The "opening" of Japan is often described as something that happened in a brief moment in time but it was a protracted process that occurred over a few years' time. Perry's initial 8 day stay in Japan was in July 1853 when a small fleet of four ships anchored off shore of the Miura peninsula, just south of Tokyo. Perry was received by the Japanese in the City of Uraga, just inside of Tokyo Bay. He delivered a letter from U.S. President Millard Fillmore in support of his mission. Perry sought privileges in the port cities to assist American ships in their trade activities and whaling ventures in the Pacific. Perry delivered the letter and then left. He returned with a larger fleet the following spring in February of 1854. During this trip they ventured further into Tokyo Bay, anchoring off of Yokohama. The fleet that accompanied Perry was larger and more menacing than on the first visit and Perry made it clear that the negotiations were not

⁶¹ Edward Hagemann, "The Persecution of the Christians in Japan in the Middle of the Seventeenth Century," *The Pacific Historical Review*, Vol. 11 (2), 1942, 155-157.

optional; the negotiations were forced upon Japan. On March 31st a treaty was signed that gave the U.S. the right to pull into the ports of Shimoda and Hakodate but with no other privileges or diplomacy established. It was the Harris treaty in 1858 that would establish more meaningful access to Japan for the Americans.⁶²

Perry negotiated a treaty that appointed Townsend Harris as consul general; this created an opportunity for Harris to enter Japan. Harris resided at Gyokusen ji Temple in Shimoda, two hundred kilometers south of Tokyo. He waited there with his translator for one year before being invited to negotiate in Edo (Tokyo). Harris negotiated for three main points: the opening of additional ports for trade, the establishment of a diplomatic presence in Edo, and freedom to trade at will without the interference of Japanese officials. Furthermore, Harris was a protestant Episcopalian and he wanted three significant elements to be present in the treaty related to Christianity: freedom for U.S. citizens to practice their religion while in Japan, the right to build churches, and to abolish the Japanese custom of trampling on the cross (as described earlier as *e-fumi*).⁶³ Negotiations proceeded with both sides making concessions. Ultimately the treaty-ports included Yokohama (instead of Edo), Kobe, Nagasaki, Osaka, and Niigata. Historian Michael Auslin points out that compared to the 1858 Treaty of Tianjin in China that the Japanese brokered a much better deal for themselves. The Japanese insisted on limiting foreigners to the port cities identified in the

⁶² Hamish Ion, *American Missionaries, Christian Oyatoi, and Japan, 1859-73*, (Vancouver: UBC Press, 2009), 12-15.

⁶³ *Ibid.*, 15-17.

treaty, nor were foreigners allowed to travel into the interior of Japan on their own free will. Unlike Tianjin, the Japanese were not forced to pay indemnities to the Westerners. In addition, foreigners had no right to own land in Japan. Nevertheless the treaties quickly became known as the Unequal Treaties because of extraterritoriality and unfair taxation of the Japanese during trade.⁶⁴

Historian Hamish Ion describes the arrival of American missionaries in Japan. Ion's work looks at the years 1859-1873 and describes the early spread of Christianity in Japan. Four different Christian groups arrived in Japan in the 1860's. These groups were the Protestant Episcopal Church of the U.S. (The American Church Mission), the American Board of Commissioner's for Foreign Missions (Congregational), the Presbyterian Church of the U.S., and the Dutch Reformed Church of the United States. Missionary activities were restricted to "treaty-ports." Part of the Meiji era reform efforts included importing people who could help to modernize and westernize the country through teaching or technical skills. Christian *oyatoi* (foreign teacher or advisor) were able to penetrate the country beyond the treaty-ports and carried a Christian message along in addition to the professional or technical work that they were performing.⁶⁵

The history of Christianity in modern Japan is contentious. Christianity in Japan was directly connected to an interface with the West. Byron Marshall describes three large factions of Japanese society as Nativists, Confucians, and

⁶⁴ Michael Auslin, *Negotiating with Imperialism: The Unequal Treaties and the Culture of Japanese Diplomacy* (Boston: Harvard University Press, 2004).

⁶⁵ Ion, *American Missionaries*, xvii- xxii.

Westernizers. Confucians were those whose philosophies were rooted in old or traditional Chinese and Japanese scholarship, thought, and traditions. The Modernizers embraced Western ideas and interaction with other nations. The Nativists were a group that looked similar to the Confucians in terms of traditional practices but looked to the imperial government for structure and standardization of society.⁶⁶ Push back in Japan against Christianity was largely simultaneous with a push back against Westernization. Christianity threatened some of the most deeply held values in Japan. The Confucian principle of filial piety had some role in Japanese loyalties and hierarchies, but mostly, the entire society understood that loyalty to the Emperor was expected. Japanese Christian converts would have a unique set of circumstances to navigate, having to deal with widespread opposition to Christianity in both philosophical attitude and outright persecution.⁶⁷

Modernization or Westernization is the hallmark of the Meiji era (1868-1912). The Meiji era followed a period of turmoil known as Meiji Restoration during which a shift of power occurred from the Shogun led feudal hierarchy to Imperial Family led Japan. The shift in power was also related to the decision to modernize as compared to the *sakoku* policies of the Tokugawa era. Historian Rumi Yasutake adds another dimension to the black and white portrayal of Japan before and after the arrival of Perry in 1853; she argues that the decision to

⁶⁶ Byron K. Marshall, *Learning to be Modern: Japanese Political Discourse on Education* (Boulder: Westview Press, 1994), 51-60.

⁶⁷ Ion, *American Missionaries*, 4-5.

modernize and westernize was not a sudden one.⁶⁸ The “opening” of Japan is sometimes described as the beginning of Japanese interest in modernization. Yasutake points out that there already existed awareness by some that knowledge of the West would place Japan in a position to negotiate with foreign powers. The *unfair treaties* negotiated with the west after 1853 had made it clear to many that isolation was no longer an option and that Japan needed to be able to interact with a changing world.⁶⁹ Some members of the samurai class who thought that the answer lie in modernizing had already begun to send representatives abroad for a Western education despite the Tokugawa ban on foreign travel.⁷⁰

An anecdote by a Japanese member of the Samurai class portrays just how contentious this time period was in terms of difference in beliefs concerning westernization. Historian James Huffman relays the story, told in a memoir, or a young samurai man Fukuchi Genichiro. Fukuchi tells of his 1863 return from Europe. He is eager to share the wonders he has discovered abroad but is dismayed when, Huffman quotes, “only two or three friends, besides my wife and

⁶⁸ Rumi Yasutake, *Transnational Women’s Activism: The United States, Japan, and Japanese Immigrant Communities in California, 1859-1920* (New York: New York University Press, 2004).

⁶⁹ The “unfair treaties” or “unequal treaties” refer to the 1854 Treaty of Kanagawa and the 1858 “Harris Treaty” between the United States and Japan in which the Tokugawa shogun was essentially forced by American Naval leader Commodore Matthew Perry to sign. The unfair treaties that were brokered under the threat of violence from Perry resulted in U.S. rights to enter and live in certain port cities, tariffs that favored the Americans and disfavored the Japanese. Another provision was extraterritoriality, the exemption from local laws, for the Americans. The treaties caused a sector of Japanese society to respond by demanding modernization for Japan—this group overthrew the Tokugawa government. The Tokugawa regime was overthrown when a group of samurai forced the resignation of the shogun. The term “unequal treaties” is also used to refer to similar late 19th century treaties in China between Qing dynasty representatives and Western powers.

⁷⁰ Yasutake, *Transnational Women’s Activism*: 1-7; Huffman, *Japan in World History*, 72-77.

an old servant came by to visit... and that everyone acted as if they didn't know me." When he was invited to a discussion on foreign affairs, he found out that the plan had been to murder him that day except that some of his comments demonstrated his loyalty to Japan.⁷¹ An assassination plot existed against this samurai because of his interest in modernization. Emotions were clearly running deep over what may seem like simple differences of opinion.

Nippon Sei Ko Kai (Episcopal Church in Japan)

The American Church Mission (Episcopal Church) was the first missionary group to arrive in Japan after the Harris treaty. They were able to claim this distinction because of close proximity. Channing Moore Williams and John Liggins were in Shanghai where they were doing Missionary work, when word arrived that the treaty-port cities were open to Christian missionaries they embarked directly for Nagasaki. This allowed them to arrive ahead of the Presbyterians and Dutch reformed missionary groups who began their journeys from the United States in equally as short order.⁷² Historian Hamish Ion describes the early years (1859-1873) for Christian missionaries in Japan during the time that they were restricted to the treaty-port cities. In 1869 through treaty concessions, the Tokyo district of Tsukiji was made available to foreigners living in Japan. Tsukiji became the site for several of the early missionary families to

⁷¹ James L. Huffman, *Japan and Imperialism, 1853- 1945* (Ann Arbor: Association for Asian Studies, 2010), 5.

⁷² Ion, *American Missionaries*, 21-22.

settle, regardless of church affiliation, and it became known as a foreign district.⁷³

The missionary focus in Tsukiji would be on education and healthcare; Tsukiji would become the home of St. Luke's hospital and School of Nursing as well as the beginnings of Rikkyo University (prior to its current location in Ikebukuro).

The history of the early missions in Japan is very rich and there is a great deal of scholarship on the subject in English and Japanese. The body of literature on early missionary work in Japan demonstrates the role that missionary women had in carving out a niche for themselves in teaching English and in working with Japanese girls and women.⁷⁴

The early history of the American Church Mission's work in Japan yielded slow but steady progress. Channing Moore Williams was appointed as Episcopal Bishop to Japan and China in 1866. In 1883 the first Japanese ordained ministers were graduated from the Tokyo Theological School.⁷⁵ In 1887 the American Church Mission (Episcopal Church) and The Church of England merged their missions to form the *Nippon Sei Ko Kai* (Episcopal Church in Japan). The *Nippon Sei Ko Kai* was responsible for establishing several institutions in Japan: St. Luke's Medical Center and School of Nursing, St. Margaret's Junior College for Women, and St. Paul's University (known now as

⁷³ Ibid., 185.

⁷⁴ Further reading in the English language work on missionary history in Japan includes: Hamish Ion's *The Cross and The Rising Sun* (Waterloo: Wilfrid Laurier Press, 1990); Jon Davidann's *A World of Crisis and Progress: The American YMCA in Japan 1890-1930* (Bethlehem: Lehigh University Press, 1998); Rumi Yasutake *Transnational Women's Activism: The United States, Japan, and Japanese Immigrant Communities in California, 1859-1920* (New York: New York University Press, 2004); and Elizabeth Hemphill's *The Road to KEEP, the Story of Paul Rusch in Japan* (New York: Weatherhill, 1969).

⁷⁵ Channing Moore Williams, *Japan report, Spirit of Missions* 48 (April, 1883): 185.

Rikkyo University), in Tokyo; St. Barnabus Hospital in Osaka; and St. Agnes Girls High School in Kyoto. Church membership in 1887 was 1,300 communicants and in 1906 membership included forty two Japanese priests, twenty two deacons, and thirteen thousand communicants.⁷⁶ In 1941, the expulsion of western missionaries from Japan led to a transfer in church leadership from a mixed membership to a completely Japanese leadership.⁷⁷ The American Church Mission resumed its work in post-World War Two U.S.-occupied Japan but eventually severed its ties with St. Luke's International Medical Center and School of nursing on April twenty second 2009.⁷⁸

Medical Mission as Christianizing Device

Rosemary Fitzgerald argues that medical missionary work became an evangelizing strategy only after preaching the bible and proselytizing proved unsuccessful in producing Christian converts.⁷⁹ In her work on medical missionaries in India Fitzgerald documents how earlier overseas missionary work by Protestant's from Great Britain and the United States largely ignored medical needs; rather, they focused on preaching and teaching the gospel. Despite years of aggressive evangelist activities, these efforts produced only modest rates of

⁷⁶ Bickersteth, M. H., *Handbooks of English Church Expansion, Japan*. (Oxford: A. R. Mowbray & Co.1908), 58.

⁷⁷The Episcopal Church Archives website, Japan Mission. Retrieved February 17, 2015 http://www.episcopalarchives.org/japan_mission.html

⁷⁸The Episcopal News Service. Executive Council considers archive relocation, Liberian partnership, Anglican Consultative Counsel. Rev Mary Frances Schjonberg. April 22, 2009. Retrieved February 17, 2015: http://archive.episcopalchurch.org/79425_107019_ENG_HTM.htm

⁷⁹ Rosemary Fitzgerald, "Clinical Christianity: the emergence of medical work as a missionary strategy in colonial India, 1800-1914", in *Health, Medicine and Empire: Perspectives on Colonial India*, ed. Biswamoy Pati and Mark Harrison (Hyderabad: Orient Longman Ltd., 2001), 88- 136.

conversion and were deeply disappointing. Beginning in the 1830's some foreign missionary groups began to see the possibilities in medical missionary work. Fitzgerald points out those medical missionary initiatives would be successful where religious ones were not. Fitzgerald argues that "medical missionaries reconditioned themselves to their environment to be accepted by various sectors of a community based on gender, caste, and class and were seen as a stranger but not as an enemy."⁸⁰

Missionary women were present in Japan from the early 1860's when wives joined some of the early missionaries.⁸¹ Historian Dana Robert argues that women missionaries were necessary to reach women for conversion. She argues is that women in especially strong patriarchal societies such as India, China and the Middle East, were especially vulnerable to ostracism if they converted and that as a result they showed more resistance than men to being converted. The Christianization of women was important because women's roles in the family led to more enduring ties to the church.⁸² Historian Rumi Yasutake examines the work of the Women's Christian Temperance Union in Japan in the 1880's. Her work focuses on the early women's missionary experience in Japan. Yasutake notes that the male-dominated missionary church structure relegated women to working with women and children in the areas of domestic studies and

⁸⁰ Fitzgerald, "*Clinical Christianity*," 88- 90.

⁸¹ Ion, *American Missionaries*, 47-73.

⁸² Dana L. Robert, "World Christianity as Women's Movement," *International Bulletin of Missionary Research* 4 (2006): 183-184.

education.⁸³ By 1918 when the first nurses came to St. Luke's, a different kind of missionary woman had evolved. These missionary nurses were not the wives of clergy but instead were single or widowed women who nurses and who joined the mission secondary to their careers as nurses. Missionary movements and international nursing activities provided American nurses with unique opportunities that they would not have had at home.

Historian Sonya Grypma has looked extensively at the international missionary nurse experience in China. Grypma's work has demonstrated that in China, the evangelical and humanitarian ambitions of the Canadian Presbyterian and Methodist missions led to the development of hospitals, training schools for nurses, public health programs, and medical education programs. Grypma argues that the Rockefeller Foundation, in its International Health Division activities was "scaffolding onto health frameworks built by myriad mission organizations."⁸⁴ In her work "Pushing Boundaries" Grypma discusses her evolving ideas of doing transnational research into the China Mission and missionary nursing. Grypma's transnational method takes care to balance critique with celebration of missionary activities. She also talks about avoiding the Occidental/Oriental dichotomy which she describes as the tendency to be

⁸³ Yasutake, *Transnational Women's Activism*, 2-4.

⁸⁴ Sonya Grypma, "Pushing Boundaries: Transnational Approaches to Global Health History," in *Transnational and Historical Perspectives on Global Health, Welfare and Humanitarianism*, ed. E. Fleischmann et al. (Latvia: Portal Books, 2013), 241-243.

influenced by the home perception of historical events and the stereotypes of “other” whether that be originating in the East or the West.⁸⁵

Originally opened in 1884, the medical mission of the American Church Mission (Episcopal Church) and its clinic the *Tsukiji Byoin* (later named St. Luke’s Hospital) had a difficult start. They experienced multiple openings and closings until 1900 when Rudolf Bolling Teusler, an American Episcopal missionary doctor, arrived in Tokyo. Teusler worked diligently to improve conditions at the hospital. At St. Luke’s, under Teusler’s direction, the medical mission engaged with the Japanese community. Part of his vision was to rebuild the hospital by expanding the existing structure. With that goal in mind Teusler opened two dispensaries in other parts of the Tsukiji neighborhood in which the hospital was located. In the neighborhood home of a patient, Teusler first met Araki Iyo, a Japanese woman who had received nurse training at the Canadian Episcopal Mission School in Kobe. He recruited Araki to join him in improving the mission hospital. Teusler encouraged Araki to get some additional training, which she did. She traveled to the United States in 1900, to Teusler’s home town of Richmond, Virginia to attend the Richmond Hospital Nurse Training Program. She had finished with the program and returned to Japan in 1902 for the opening of a new small wooden hospital building, the first of several physical expansions and rebuilding that Teusler would initiate over the next thirty years.⁸⁶ Teusler

⁸⁵ Grypma, “*Pushing Boundaries*,” 246-247.

⁸⁶ Howard Chandler Robbins and George K. MacNaught, *Dr. Rudolf Bolling Teusler: An Adventure in Christianity* (New York: Scribner and Sons, 1942).

engaged Japanese professionals for key leadership positions within the hospital. Besides Iyo Araki, as superintendent of nurses, Teusler appointed Dr. Kubo Tokutaro as Vice-Director of the hospital.⁸⁷

Teusler's vision for St. Luke's encompassed not just meeting local health care needs, but to also address broader issues in medicine and nursing in Japan. Teusler recognized that Japanese medicine was well-developed theoretically but that the practical delivery of medicine and nursing care needed to be improved. He sought to have the most modern facilities and equipment and well as famous Japanese medical doctors on his staff.⁸⁸ Tokyo Imperial University would be the source from which he recruited many physicians over the years. Between 1900 and 1934 there were several new hospital buildings built, continuously expanding and improving the hospital space.

The ever expanding vision of a world class medical facility and a top rate school of nursing caused Teusler to seek support in additional ways. In 1922 Teusler began to ask the Rockefeller Foundation (RF) for support through training fellowships for nurses and doctors. These fellowships provided post-graduate training to physicians and nurses in American facilities and sought to teach through demonstration American techniques in hospital administration and public health. Teusler also requested support for what was Teusler's ultimate vision of a modern hospital building. Once the relationship with the RF was

⁸⁷ Robbins and MacNaught, *Dr. Rudolf Bolling Teusler: An Adventure in Christianity*, 14-47.

⁸⁸ Lamenting the Death of Dr. Teusler, statement by Kubo, Tokutaro, Vice-Director of St. Luke's, 1934.[Kubo, 26-7-249] Episcopal Church Archives, Rikkyo University, Ikebukuro Japan.

solidified, Teusler continued to access funding from the Rockefeller's in a few different ways. In 1923 after the Great Kanto earthquake devastated Tokyo and most of the buildings at St. Luke's, John D. Rockefeller made a personal 350,000 dollar contribution to rebuilding the hospital. In 1926 a 50,000 dollar gift was given to develop the School of Nursing.⁸⁹ In 1928, the RF gave a 400,000 endowment of School of Nursing.⁹⁰ The greatest dollar amount would come when the RF funded the Tokyo Institute of Public Health (TIPH) that indirectly fed into St. Luke's as St. Luke's was a site for delivery of some aspects of the TIPH operations. The initial pledge for one million dollars was "towards the development by the Japanese Government of an Institute of Public Health in Tokyo."⁹¹ Teusler recognized that public health was the area that RF would help to develop and he tailored his vision to meet that resource. The development of public health nursing and the TIPH is discussed in detail in Chapter 4. Another significant addition to the funding powerhouses that Teusler assembled was the formation of the American Council of St. Luke's International Medical Centre in 1932. The American Council was officially part of the American Church Mission but the members were neither clergy nor lay missionaries. Like the Japan Advisory Council, the American Council was comprised of wealthy, powerful

⁸⁹ Embree to Teusler, September 7, 1926, folder 36, box 5, series 609, RG 1.1, Rockefeller Foundation Archives, RAC.

⁹⁰ The Rockefeller Foundation Resume of Nursing 1913-1930 [A report by Mary Beard], folder 163, box 15, series 908, RG 3, Rockefeller Foundation Archives, RAC.

⁹¹ Minutes of the Rockefeller Foundation, December 14, 1932, folder 6, box 1, series 609, RG 1.1, Rockefeller Foundation Archives, RAC.

American businessman and politicians, and although it a function of the Mission, not all members were Episcopalians.⁹²

The nursing school at St. Luke's was born out of Teusler's observation that clinical delivery of medicine needed to be improved and that nursing in Japan was underdeveloped. The medical profession was developed based on a German model that was strong in laboratory science but weak on bedside care. Japan's adapting the German model led to a similar deficiency in bedside care in Japan. The hospital had a nurse training program from 1904- 1920 during which time it graduated 22 nurses. In 1920 the more formalized High Grade Nurse Training School was opened. In 1926 the school obtained status as a post-secondary school and became known as St. Luke's College of Nursing. Despite the name of college of nursing, it wasn't until 1964 that St. Luke's became a degree conferring institution.⁹³ The key actors in the early part of St. Luke's nurse training program include Nurse Araki Iyo, and two American nurses Alice St. John, and Marion Stanley Doane who took positions as principal and vice-principal at the school. Araki Iyo was in charge of nurse training prior to 1920 and was Superintendent of Nursing at the hospital from its opening until the day it was commandeered by U.S. military forces during the occupation immediately following World War II.

⁹² International Hospital News. Published by the American Council for St. Luke's International Medical Centre. May 1932. Yale University digital collection. Imageserver <http://imageserver.library.yale.edu/digcoll:446517/500.pdf>.

⁹³ This history put together from multiple sources: St. Luke's College of Nursing [bulletin], 2007; St. Luke's International website. Retrieved February 17, 2015: <http://hospital.luke.ac.jp/eng/about/history/index.html>

Alice St. John and Marion Stanley Doane arrived in Japan at about the same time in 1918. Their early work at St. Luke's was interrupted when St. Luke's was asked to host an American Red Cross unit during the World War I. A contingency of physicians and nurses, including Teusler, Araki, and St. John went to Vladivostok, Russia along with many Japanese nurses and physicians. Doane stayed back in Tokyo to receive Czech-Slovakian soldiers that were evacuated from Vladivostok. Doane's papers have proved to be a rich source of information about the early years of the newly opened School of Nursing, but she was ultimately unhappy at St. Luke's and left in 1922.⁹⁴ Today, St. John is remembered at St. Luke's College of Nursing as "The Mother of St. Luke's."⁹⁵

Raising Funds for the Mission

In terms of missionary dollars, the mission relied on individual donors to fund their projects- whether it was the home mission office disbursing money or specific project fundraising. As Hamish Ion, a historian of the early missionary movement in Japan, notes "hundreds of thousands of Americans from every walk of life (who never had the hope themselves of journeying to Japan) shared in this commitment; they were the ones who gave their hard-earned pennies to support missionaries in far-off Japan."⁹⁶ There were remarkably well-organized fundraising campaigns for St. Luke's occurring throughout the pre-WWII history

⁹⁴ The Marion Stanley Doane, RN (1881-1958) Papers, (Medical Center Archives of New York-Presbyterian-Weill Cornell; New York, NY).

⁹⁵ St. Luke's College of Nursing [Bulletin], 2007. St. Luke's College of Nursing, 10-1 Akashi-cho, Chuo-ku, Tokyo.

⁹⁶ Ion, *American Missionaries*, xxiv.

at St. Luke's. The Women's National Council of St. Luke's International Hospital was a group of Episcopal women who supported St. Luke's through fundraising efforts in the United States. Their 1914 bulletin had, on its first page, a suggested donation slip promising an annual donation to be made for three consecutive years as a means of "sharing in this plan for furthering International friendship and philanthropy as well as the up building of the Christian Church in Japan."⁹⁷ The November 1918 *Spirit of Missions* shows the receipts of the second collection at Episcopal Churches throughout the United States. The second collection was to support mission work at home and abroad and the eleven month receipts yielded a total of 1.25 million dollars.⁹⁸ At the Episcopal Church Archives at Rikkyo University there are also reams of letters of pledges for St. Luke's. The letters tell the story of donations as small as four dollars and fifty cents to the much rarer donation of a few thousand dollars. Letters also document the careful follow up by the Church Missions House of every pledge, regardless of size, including some gently but firmly worded reminders of payment in situations where payment was not forthcoming.⁹⁹

In addition to individual donations and the work of the Women's National Council for St. Luke's, Teusler was very successful at getting special financial commitments to support St. Luke's through the Church. At the 1928 General

⁹⁷ Episcopal Church Archives, RG 71, box 72, printed material file, *A message and a challenge from the land of the rising sun*, pamphlet, page 1-3.

⁹⁸ *Spirit of Missions* Volume 83, number 11, 1918, page 769-770. Rikkyo University Archives, Ikebukura, Japan.

⁹⁹ Episcopal Church Archives, RG33-2-300 Pledges for St. Luke's. Rikkyo University, Ikebukuro, Japan.

Convention on the first day of proceedings, Teusler, John McKim, the Bishop of the Diocese of North Tokyo, and Senator George Pepper spoke at the gathering of thousands of Episcopalians and presented their need for a one million dollar fund. Later, the bishop presiding over the proceedings said that “Dr. Teusler and Senator Pepper are unordained prophets of God” and that Teusler was the premier lay missionary of the church through his work at St. Luke’s. Later that day, after a vote, the following resolution was adopted: “Resolved, that this General Convention wholeheartedly endorses the project to raise \$2,656,500 for St. Luke’s International Hospital, Tokyo.”¹⁰⁰

Christianizing at St. Luke’s

The number of Christian converts was a closely monitored figure. These numbers were most likely to appear in annual reports and messages from the church leadership. Conversion numbers were not seen in the communications of the nurses and doctors at St. Luke’s although evangelical language appears in their communications to the public church audience and the potential donor pool. For example, in a 1902 article for the *Spirit of Missions* Teusler described the first refurbished hospital as a 1 ½ story, 25 bed facility, with a dispensary on the ground floor. Teusler writes that “the dispensary waiting room is large and well furnished; in here we have every morning prayers and the bible is taught and explained to them. Every effort is made to impress upon them that the whole end

¹⁰⁰ Elisabeth Ellicott Poe, “The General Convention and Washington Cathedral,” *The Cathedral Age*, Christmas 1928, Volume III, Number 4, 13-14, 326-27.

and aim of our work is to bring before them in a practical way the divine teachings of our lord.”¹⁰¹

The 1914 bulletin of the Women’s National Council was intended to reach individual church members and donors back in the United States. A section titled *Christian Motive* reads:

To illustrate by demonstration practical Christianity. To fit and train Christian nurses and doctors who shall go forth well prepared to minister to the sick and with the ability to shed a permeating Christian influence for good. The influence of a Christian Hospital as an evangelizing agency can be no more clearly demonstrated than by the statement that every nurse who has graduated St. Luke’s during the past 10 years has gone out a Christian. The significance of this fact will be realized when we remember that there are forty nurses in the present school.¹⁰²

This quotation represents a message to congregations in small towns all over the United States. As Ion has described, it was small, coordinated, local solicitation that fueled the overseas missionary activities of the Episcopal Church and gave congregations a sense of doing good in foreign lands.

The Intersection of Mission and Secular Influences at St. Luke’s

A common theme in the statements made by the actors involved with St. Luke’s, the Rockefeller Foundation, and American diplomats in Japan, is that this foreign work was imbued with ideas of doing good and this “doing-good” had its roots in Christian belief for the religious *and* the secular influences. In the development of St. Luke’s, this “doing-good” often included references to

¹⁰¹ Episcopal Church Archives, RG 71, box 60, article for the *Spirit of Missions* by Rudolf Bolling Teusler, titled An Appeal for St. Luke’s Hospital, Tokyo.

¹⁰² Episcopal Church Archives, RG 71, box 72, printed material file, *A Message and a Challenge from the Land of the Rising Sun* [pamphlet], 5, and 10.

promoting friendship and understanding between the United States and Japan. Cultural diplomacy refers to actions by citizens who are not in official political or diplomatic positions who try to preserve diplomatic relations between two disconnected bodies through sharing of culture and friendship and the intent to improve understanding.¹⁰³ Historian Hamish Ion remarks that American missionaries in Japan had significant contact with diplomats on a personal level as well as in official matters.¹⁰⁴ What follows are several examples of the missionaries at St. Luke's collaborating with the American political and diplomatic representatives in Japan.

American foreigners in Japan in the early twentieth century found common ground amongst themselves in part due to the sheer novelty of their presence in Tokyo and their common interest in Japan. As a relatively small community it made sense for foreigners to band together regardless of their affiliation as diplomats or missionaries. A pamphlet from the 1921 Tokyo Women's club lists its members. The membership, consisting mostly of foreign women, included women from several different churches as well as the wife of the U.S. ambassador to Japan. The directory listed Alice St. John, Marion Doane, Araki Iyo, Helen Lade and Mrs. Marion Teusler, all from St. Luke's. Miss Grace Osburn and Miss Catherine Osburn were Universalist missionaries. There were many women listed from Aoyama Jo Gakuin, a school founded and run by Methodist

¹⁰³ Jon Thares Davidann, *Cultural diplomacy in U.S.-Japanese relations, 1919-1941* (New York: Palgrave Macmillan, 2007), 2-3.

¹⁰⁴ Ion, *American Missionaries*, xxiii.

Episcopal missionaries. Helen Warren, wife of U.S. Ambassador Charles Warren was also a member, to name just a few.¹⁰⁵

Another example of the State intersecting with the Mission is a story about an encounter that United States President Calvin Coolidge had with Rudolf Teusler and three Japanese nurses who were visiting the United States on Rockefeller Foundation Fellowships (their story is told in great detail in Chapter 3). The Fellowship period ended just in time for the nurses to attend the 1928 General Convention of the Episcopal Church in Washington DC. Coolidge gave the opening address at the Convention that year. Coolidge began his speech with:

This general convention of the Episcopal Church, which is held once in three years, represents organized religious life and missionary effort in every part of the globe. Many thousands are taking part in it. Considered by itself alone it constitutes an activity of the greatest importance. But when we remember that it is but one of many similar organizations, some larger and some smaller, all devoted to the service of religion, we cannot escape the conclusion that the major forces of the world are actively and energetically engaged in promoting the spiritual advancement of humanity.¹⁰⁶

We also learn from the diary of a Rockefeller Foundation officer that: “The three Japanese nurses and Mrs. Kellam came into the office. They are filled with excitement and delights of the past two weeks in Washington. They were introduced to the President of the United States, taken up in an airplane,

¹⁰⁵ Tokyo Women’s Club 1921-1922 [leaflet]. Box 1, folder 6, The Marion Stanley Doane, RN (1881- 1958) Papers (Medical Center Archives of New York- Presbyterian/Weill Cornell; New York, NY).

¹⁰⁶ Poe, *General Convention*, 51.

photographed with the president etc. etc.”¹⁰⁷ A few things are learned from this interaction. It is clear that there was less tension around the idea of separation of Church and State in 1928 than in current times. Even though the United States was founded on the principle of a separation of Church and State, compared to current times, it seems that an assumption of Christianity as a baseline of spiritual practice and an ingredient to goodwill work. The meeting between the nurses and the President of the United States also speaks to how well connected the powerful forces at St. Luke’s were.

Another example of the junction that existed between Mission and State among the foreigners in Japan is told in the story of hospitality extended when Charles Lindbergh and Anne Morrow Lindbergh arrived in Japan in August of 1931 following a trans-Pacific flight. Dr. Teusler and his wife turned over their home to the Lindbergh’s due to the fact that the new American Embassy was not yet completed. During the Lindbergh’s visit to Japan they along with U.S. Ambassador Forbes, toured St. Luke’s hospital, met the staff, and visited the public health demonstration center at Kyobashi Ward.¹⁰⁸ About six months after his Japan visit, Charles Lindbergh was elected “by unanimous vote” to the American Council for St. Luke’s International Medical Center.¹⁰⁹ This was the inaugural board for a newly formed council. It is clear that Teusler had friends in

¹⁰⁷MB (Mary Beard) Diary excerpt, October 23, 1928 [digital online source], RG 12, Rockefeller Foundation records, Rockefeller Archive Center.

¹⁰⁸ International Hospital News; Published by St. Luke’s International Medical Centre. December, 1931. Vol. IV, No. 2. Retrieved from: <http://imageserver.library.yale.edu/digcoll:441669/500.pdf>

¹⁰⁹ International Hospital News; Published by St. Luke’s International Medical Centre. May, 1932. Vol. V, No. 1. Retrieved from: <http://imageserver.library.yale.edu/digcoll:446517/500.pdf>

high places, but the newly formed American Board following Lindbergh's visit makes me speculate that perhaps meeting Lindbergh was a tipping point for Teusler. It may have just occurred to him that the Board would be a purposeful way to engage with some of these powerful friends of his.

Finally, a last example of the fluidity between Mission and State can be observed in a fundraising dinner on February 3, 1936 at Pierre's in New York. The dinner was organized by the American Council for St. Luke's and included special guest speakers: Norman Binsted, the Bishop of Tokyo; Hiroshi Saito, the ambassador from Japan to the United States; and William Castle, former U.S. ambassador to Japan. Castle's comments to the audience included "There was no serious danger of clash between Japan and America so long as both nations could see that Japanese and American doctors could and did wrestle with medical and surgical problems, so long as they could grasp each other's hand across the bed of a patient at St. Luke's whose life they had saved together."¹¹⁰ Castle, who had been ambassador to Japan in 1930 talked about more than just international understanding, he talks about some of the suspicions both by Americans and Japanese of each other. He tells a story about what he laughs off as paranoid thinking by American individuals toward the Japanese and counters that the same mentality exists in Japan and that "decent Japanese laughed at the equally silly stories that St. Luke's was built to spy on the Japanese."¹¹¹ Castle

¹¹⁰ Episcopal Church Archives, RG 209, box 1, folder 28, typescript of dinner meeting, February 3, 1936, page 5.

¹¹¹ Ibid., 8.

goes on to say: “that there is a hidden meaning at St. Luke’s. It has nothing to do with spying. It is rather an exaltation of trust as over suspicion. It has nothing to do with material things, but everything to do with the sensitized plates of the human mind, of deeper, perhaps spiritual things.”¹¹²

These examples demonstrate an alliance between religious and diplomatic persons that represents the unique circumstances of their interests in a Japanese institution. This is not so surprising considering that the foreign community was small in Tokyo, the missionary project was better known to the foreign diplomats than it would have been in the United States. Close proximity and social circles would naturally lead to friendship and support. Furthermore, it is likely that activities by foreign Christian missionaries were more likely to be part of a normal assumption of doing good work and fit in with an American concept of what it meant to do international work and “spreading the American dream” (an idea that will be further developed in Chapter 2).

The Christian Roots of Rockefeller Foundation Philanthropy

One could argue that charitable giving seems to naturally go hand in hand with Christian ideology but the “new philanthropy” that arose in the late 1800’s was distinctly different than charitable giving. And although the new philanthropy was decidedly well thought out and managed using sound business concepts, historian John Ettling demonstrates that the Evangelical Christian background of John D. Rockefeller and his initial collaborator in organizing his philanthropic

¹¹² Ibid.

program, Frederick T. Gates, was highly influential in how these two men thought about the work they were doing.¹¹³ Strong Baptist roots are evident in the founding of the Rockefeller Foundation and show up again in this study when we look at the Rockefeller Family philanthropy and the development of International House in 1923 in Manhattan.

In particular, Ettlign tells the story of how John D. Rockefeller's family dynamics gave rise to his early charitable giving and then later when he began to engage in the new philanthropy how he turned to Frederick Gates for help in managing those affairs. Rockefeller's early life was shaped by his role as eldest son in a household managed by his mother, Eliza Davison Rockefeller, who was pragmatic and deeply religious. These qualities were especially important as his father William Rockefeller had an irregular presence in their lives; money flowed into the household irregularly and he would be absent periodically, eventually leaving home for good in 1855. John D. Rockefeller credited his mother with instilling in him the practice of careful financial planning and conservative economics. From the young age of sixteen Rockefeller began giving regularly to his Baptist church and continued the practice of charitable giving as he grew up and became financially successful. It was after he made a fortune that the formal concept of philanthropic giving began to develop when several of the industrialists were battling the problem of public outrage about their labor

¹¹³ John Ettlign, *The Germ of Laziness: Rockefeller Philanthropy and Public Health in the New South* (Cambridge, Massachusetts: Harvard University Press, 1985).

practices combined with the problem of too much money. Too much money was a problem described by Carnegie as money wasted on Estate taxes upon death. Prior to formalizing his philanthropic program Rockefeller's charities were primarily to Baptist churches and Baptist organizations and missions.¹¹⁴

The rise of philanthropic organizations in the United States during the late nineteenth century occurred in response to the disorganization and theorized ineffectiveness of charitable giving. A science was developed around philanthropic giving that was based on the premise that giving must be used to stimulate self-sufficiency. John D. Rockefeller and other entrepreneurial giants during this period brought some of the same management philosophies, financial expertise and investment principles to philanthropic foundations as they did to their industrial enterprises and the result was financial stability and success.¹¹⁵ Carnegie led the way in the development of the new philanthropy when he published an article in the *North American Review* that made a well-developed case for careful giving. On one hand, increasing estate taxes would eat away at the fortunes. Another issue was that these industrial magnates were being looked at critically with the rise of social reform that was occurring in the early progressive era. Charitable giving, Carnegie stressed, would uplift society and improve the image of the industrialists.¹¹⁶ The principles of giving on which the Rockefeller Foundation operated were as follows: First, philanthropy should not

¹¹⁴ Ettling, *Germ of Laziness*, 49-50.

¹¹⁵ Abrams, Sarah, "Brilliance and Bureaucracy. Nursing and Changes in the Rockefeller Foundation," *Nursing History Review* 1 (1990), 119-37.

¹¹⁶ Ettling, *Germ of Laziness*, 49-50.

be confused with charity. Second, philanthropy was an investment; it should be offered to government officials, not individuals. Third, it should be of limited duration so as to stimulate self-help. And finally, it should be withheld unless recipients showed promise of continuing to work after aid had ended.¹¹⁷

Ettling argues that the persons who were instrumental in founding the Rockefeller Sanitary Commission, the immediate predecessor to the Rockefeller Foundation and its International Health Bureau, were influenced by their youthful exposure to Christian evangelism. Ettling makes a case that William Stiles, the zoologist who convinced Rockefeller that hookworm was a pervasive health and social problem in the Southern United States was influenced more subtly by his Christian roots. Whereas the evangelical Christian ideas of Frederick T. Gates, the Baptist minister who headed up the initial formal Rockefeller philanthropy were overt and clearly visible. Ettling was convinced that this evangelical background resulted in “patterns of behavior” that went beyond the “acquired enthusiasm for scientific medicine and the goals of public health.”¹¹⁸ His argument is that the work of the Sanitary Commission was like evangelism because “like the mechanics of salvation- it required the active and continuing participation of the saved... without vigilance they would inevitably backslide into disease.”¹¹⁹ This would be very much in keeping with the principles of

¹¹⁷ John Farley, *To Cast Out Disease: A History of the International Health Division of the Rockefeller Foundation, 1913-1951* (New York: Oxford University Press, 2004), 4-5.

¹¹⁸ *Ibid.*, ix.

¹¹⁹ *Ibid.*, 208.

philanthropy that Andrew Carnegie had set forth, that “help be given to those who would help themselves.”¹²⁰

Rockefeller placed Frederick Gates in charge of his philanthropic giving in 1891. Rockefeller met Gates when Gates, who was president of the National Baptist Education Society, approached Rockefeller for funding for what would be the University of Chicago. The two corresponded over the details of Rockefeller’s first major philanthropic project. It was through this acquaintanceship that when John D. Rockefeller felt overwhelmed by requests for financial support he turned to Gates for help in managing that side of his finances. Rockefeller wrote Gates: “I am in trouble Mr. Gates.... I haven’t the time or the strength, with all of my heavy business responsibilities, to deal with these demands properly...”¹²¹ Rockefeller offered Gates the position of principal advisor of philanthropies, which Gates accepted. Rockefeller was attracted to Gates because he embodied a blend of a clergyman who had strong bible-based Baptist oratorical skills in combination with a brilliant degree of financial decision making capabilities. Gates’s tenure in his role as principal advisor spanned the retirement of Rockefeller Senior and the eventual leadership of John D. Rockefeller Junior, but in the period between 1891 and 1913, it was largely Gates who drove the decisions about giving and as Ettlign puts it, the projects “bore the stamp” of Gates’s involvement.¹²² The following quote captures Gates’s spiritual sentiment

¹²⁰ Ibid., 51

¹²¹ Ibid., 58.

¹²² Ibid., 72

about the work of the Rockefeller philanthropies: “Do not smile if I say that I often think of the Rockefeller Institute as a sort of Theological Seminary...If that being has any favorites on this little planet. I must believe that those favorites are made up of that ever enlarging group of men and women who are studying Him and His ways with men. That is the work of the Institute. In these sacred rooms he is whispering his secrets.”¹²³

Nurses and Doctors First, Missionaries Second

Some stories illustrate how the lay missionary nurses and doctors operated with a different agenda than the clergy missionaries within the church. My argument is that this represents for them the importance of advancing the nursing or medical concerns over the missionary religious conversion goals. Rudolf Teusler possessed a drive to improve St. Luke’s that is clearly his personal mission, and one that he altered in order to sell the project to supporters from the powerful Rockefeller Foundation. His role in organizing powerful Japanese and American businessmen to serve on Advisory Councils in Japan and the United States was instrumental in getting financial support and notoriety for the project that reached far beyond the Episcopal Church. These powerful forces that were not Mission based differentiated this project from other Mission projects. Finally, another piece of this argument is that the nurse and doctor missionaries at St. Luke’s were generally not of a missionary background but

¹²³ Sealander, Judith, *Private Wealth & Public Life. Foundation Philanthropy and the Reshaping of American Social Policy from the Progressive Era to the New Deal* (Baltimore: The Johns Hopkins University Press, 1997), 4.

joined the mission in order to do the overseas work. I am arguing that in this subset of missionaries, the doctors and nurses cared about advancing the project in ways that were not always aligned with the primary Christianizing mission of the church leadership in Japan.

Alice St. John, principal of the nurse training school, had a disagreement with mission leadership when she attempted to hire a nurse who did not meet Mission criteria. In an October 4, 1923 letter, Alice St. John wrote to Dr. John Wood, director of the Church Missions House, the home office in New York, she wrote of her plans to recruit a nurse for the School of Nursing in Tokyo. This was in the aftermath of the September 1, 1923 Great Kanto Earthquake which devastated Tokyo and destroyed the hospital buildings at St. Luke's. St. John had been in the United States on furlough when the disaster struck. St. John wrote:

Just a line before I sail. The public health nurse in view I think is most desirable. I knew her in Siberia, she had a splendid record there and is so well thought of here.... She is not young in years, but vigorous and of most valued experience. Her name is Nancy Barnes. She is an Episcopalian. I think she will sail on the 18th.¹²⁴

Wood's response on October 24th begins:

I am more sorry than I can say about the difficulties that have developed around the offer of Miss Barnes to go to St. Luke's Hospital as a public health nurse. When we learned her age and that she was not a member of the Episcopal Church, it seemed fair to ask her not to sail until we could go into certain matters with her. We learned from the form that Miss Barnes filled out that that she was fifty-seven years old and not a member

¹²⁴ St. John to Woods, October 4, 1923, Alice St. John's papers. Episcopal Church archives at Rikkyo University, Ikebukuro, Japan.

of the Episcopal Church. It was then that we asked her to suspend her plans to travel to Japan.¹²⁵

This was apparently not the first time that St. John was duplicitous when presenting a candidate to the mission office. Woods went on to say in the same letter that:

The day before we heard from Miss Barnes I had a rather unpleasant experience with the executive board of the Women's Auxiliary in connection with Miss Pond. The Executive Board refused to approve Miss Pond's appointment. As Miss Pond was already on the way and as I knew she was greatly needed in Tokyo, I was not willing to try to turn her back. On the other hand, I'm sure you will understand my unwillingness, after knowing how the Executive Board felt about Miss Pond, to seem defiantly to proceed with another case of an exactly similar character.¹²⁶

These examples demonstrate a certain dismissiveness by St. John of the characteristics valued by the Mission. While this may or may not reflect upon St. John's own religious connection to her work in Japan, it is clear that she adhered much more strongly to her own concept of the kind of faculty necessary to advance the school of nursing, above and beyond the Christianizing goals of the Mission. Incidentally, Miss Pond was a good fit for the project as she remained on staff at St. Luke's as a dietician from the autumn of 1923 until the beginning of 1941 when all of the missionaries needed to leave because pre-war tensions had reached a crescendo.¹²⁷

¹²⁵ Ibid.

¹²⁶ Ibid.

¹²⁷ Most missionaries had left by July 1941 as the U.S. Embassy in Tokyo had urged them to. During July Bishop Reifsnider decided to close the mission altogether and instructed the few remaining missionaries to go to Manila or return to the U.S. Elizabeth Ann Hemphill, *The Road to KEEP: The Story of Paul Rusch in Japan* (New York: Walker/Weatherhill, 1969), 56-58.

Another example of a conflict between faculty and the Christianizing mission is seen with Helen Shipps, a social worker and nurse instructor at the college of nursing. The evangelizing intent of the Episcopal Church Mission in Japan was to produce as many Christian converts as possible.¹²⁸ This idea pervaded all activities- beyond simply a hope for higher yield; it translated to a decision making process that put Japanese Christian converts in a position to hold leadership positions that would in turn ensure a continued Christianizing message within the school. In a 1935 a dialog between Schipps, John Wood, of Church Missions House, and Norman Binsted, the bishop of the Tokyo diocese of the Episcopal Church, we can see how this concern drove decisions and put pressure on the missionaries to produce converts. Shipps had requested a scholarship for one of the nurses in the Social Services department to travel to the United States for post-graduate training. Bishop Binsted wrote to Shipps:

In the first place, I find that they are all non-Christians in your department which was a great surprise to me. If I remember correctly, the Women's Auxiliary is only interested in helping to educate Japanese Christian women who are college graduates and who will come back to their own country to furnish the native Christian leadership which is so needed.¹²⁹

Wood followed up with Miss Shipps by saying:

I concur with Bishop Binsted's view that it would not be wise to ask the Women's Auxiliary to provide a scholarship for the Japanese who has not yet become a Christian. In the past the Auxiliary has refused to use any money from the United Thank Offering for the support of an American

¹²⁸ Numbers of baptisms were recorded in tally sheets at each mission site. The *Spirit of Missions*, the monthly periodical of the Mission, contains annual reports and articles detailing conversion numbers, baptisms and landmark events such as the first baptism or first ordained priest in a region.

¹²⁹ Binsted to Shipps, March 23rd 1935, Helen Shipps papers. Episcopal Church archives at Rikkyo University, Ikebukuro, Japan.

worker who is not a communicant of our church. I am sorry to disappoint in this matter.¹³⁰

Shipps replies to Woods:

I very much appreciate your kindness in refraining from expressing any criticism because I did not know if members of my staff were Christian or not, though I was, of course, very much disappointed by the news your letter brought. The work that they are doing is Christian and I had an indefinite conviction that they must be also. It just gives me another job to do, doesn't it? I shall have to do some evangelistic work- and perhaps in another year I can ask you for assistance.¹³¹

Indeed, in the following weeks a Social Services Advisory committee was formed that outlined several planning points relevant to standards in the training of social work students. These points, besides the usual standards for education of social workers and recommendations of the Association for Schools of Social Work, also included the topic of "religion in sickness" based on work done collaboratively between the Harvard Theological School and the Massachusetts General Hospital. In addition to social service staff and hospital administrators, whom you would expect to be on this committee, the committee also consisted of Reverend Takeda, St. Luke's resident ordained minister, and the guest involvement of Bishop Binsted.¹³² This dialog again demonstrates that the specialists at the hospital were more focused on advancing the goals of their individual departments and lost sight of the Christianizing mission.

¹³⁰ Wood to Shipps, April 11, 1935, Helen Shipps papers. Episcopal Church archives at Rikkyo University, Ikebukuro, Japan.

¹³¹ Shipps to Woods, April 20, 1935, Helen Shipps papers. Episcopal Church archives at Rikkyo University, Ikebukuro, Japan.

¹³² Meeting of Social Service Advisory Committee and Staff May 23, 1935, Episcopal Church archives at Rikkyo University, Ikebukuro, Japan [Helen Shipps papers]

Another example illustrates the conflict that was occurring for Teusler and St. John as they negotiated the different cultures of the Episcopal Church Mission and the Rockefeller Foundation. On one hand they were operating within the culture bred by the Mission project and on the other, they needed to change to meet the expectations of the Foundation. This conflict in orientation to the Mission vs the Foundation is one that can be inferred by some Officer's Diary entries made by Mary Beard, a nurse and officer of the Rockefeller Foundation. Beard's diary entry in May 1927 suggests that she may have been less than enthusiastic about St. John's outlook about the capabilities of the Japanese to lead at the School of Nursing, but that St. John was coming around to her way of thinking. Beard wrote about St. John:

Returned from Boston where she has profited greatly from her visits. Very cordial in her expressions of appreciation of Miss Araki. Distinctly stirred by the experience she (Mrs. St. John) is having. MB more hopeful of her future effort in Japan. Has taken steps to secure Miss Saito when she gets back. MB could, before the Boston visit, elicit small interest in this fine young nurse.¹³³

Mary Beard's officer's diary consisted of comments that were brief and directly to the point. Based on this observation, each comment is significant. Beard's notation of St. John's praise of Araki and interest in Saito seems to be a departure from perhaps what Beard perceived as a lack of trust by St. John in the capability of Japanese nurses to lead at St. Luke's. Beard's comment that she is more hopeful of St. John's future work seems to indicate that St. John is

¹³³MB (Mary Beard) Diary excerpt, May 24, 1928 [digital online source], RG 12, Rockefeller Foundation records, Rockefeller Archive Center

beginning to understand the importance of allowing the Japanese to take the training they receive in the United States and assume the positions for which they were trained. Another notation in Beard's diary a few days later suggests again that the St. John and Teusler are returning to the Rockefeller Foundation officers with responses that reflect a re-thinking of the power structure and hierarchy at St. Luke's. For example, a few days later Beard writes:

May 24, 1928- R. B. Teusler gave outline of the details of the school of nursing, the chief change is that Araki-san is to be the actual and titular head, Mrs. St. John being officially Araki-san's assistant. Mrs. Kellam will be called 1st Clinical Assistant having under her three or four well selected young American nurses who will be on equality with the Japanese returned fellows now in this country. Miss Read of Rochester New York, who goes out as instructor of nursing, will be on equality as far as rank is concerned with Mrs. Kellam. It is hoped to bring the executive clinical teaching staff very close to the faculty which deals with theoretical instruction.¹³⁴

In fact, bulletins published both before and after these interactions in May of 1928 look very much the same in terms of Araki being the Superintendent of Nursing at the hospital and St. John and other American nurses holding the lead positions at the School of Nursing. But something that does change is the emergence in the 1935-36 bulletin of some of the Japanese nurses as assistant faculty.¹³⁵ The Rockefeller Foundation followed the progress of Fellowship recipients during the fellowship period and afterwards. Data was stored in fellowship files and on recorder cards that summarize their activities during their training in the United States and upon their return to their home country. The

¹³⁴ MB (Mary Beard) Diary excerpt, May 24, 1928 [digital online source], RG 12, Rockefeller Foundation records, Rockefeller Archive Center

¹³⁵ St. Luke's College of Nursing, Fifty Year Anniversary Book, *Seiroka kangodaigaku 50nenshi*, Tokyo: Seiroka, kangodaigaku, 1970.

expectation by the RF for Fellowship recipients to be in leadership positions upon their return would certainly have driven the shift of increased recognition at the Mission site both in actual nursing roles and in the published bulletins.

Conclusion

Christianity in Japan had a contentious start due to the fact that Christian ideals were different than the established cultural, philosophical and religious principles of the established belief systems of Buddhism, Confucianism, and Shintoism. Anti-Christian sentiment was conflated with anti-Western sentiment as the two were so inextricably linked. As Historian Elizabeth Elbourne points out, in colonial encounters conversion equals assimilation.¹³⁶ This carried dangers with it as political affiliations and power structures existed along the lines of spiritual belief systems. The introduction of Christianity shook the political structure in Japan in both the first and the second wave of Christianity in Japan.

The examples of the secular intersecting with non-secular in Tokyo illustrate the relationship that foreign missionaries had with diplomats. Historian Hamish Ion makes the argument that the American missionary movement in Japan was “only part of a great American adventure in early Meiji Japan and must be seen in that context.” Ion emphasizes that missionary accounts are distinct from diplomatic history; the playing fields were different in part because missionaries worked in small local environments as compared to the national

¹³⁶ Elizabeth Elbourne, “Gender, Colonialism, and Faith,” *Journal of Women’s History* 1 (2013), 184.

stage. Ion argues that the examination of political history through the lens of the American missionary and their interplay with the Japanese convert is ambiguous when compared to government-to-government relations. But, it is essential to consider diplomatic history when studying the foreign missionary movement and Japan Christian movements during this period.¹³⁷

Although Grypma noted that the Rockefeller Foundation often built on the scaffolding of missionary work, in the case of St. Luke's it was clearly Teusler who pulled in the Rockefeller Foundation. Teusler was so persistent with his various requests for aid that Farley describes him as "somewhat of an irritant" to Foundation president George Vincent.¹³⁸ Despite this, it was Rockefeller Foundation policies that would drive significant changes at St. Luke's. The Foundation was dissatisfied with the level of leadership that the mission project was giving to the Japanese nurses. They wanted to see the Japanese installed as leadership with the American's there as support and teaching staff. Although Teusler and St. John acknowledged this in New York in 1928, the transitioning of Japanese nurses into leadership roles would take several years. The Japanese nurses who had trained with Rockefeller Foundation fellowships remained active in their trained fields.¹³⁹ It was the placement of nurses in leadership positions that positioned the Japanese nurses to be fully in charge as American nurses left Japan in 1941 in the immediate pre-War era.

¹³⁷ Ion, *American Missionaries*, xxiii; Bakumatsu means the late Tokugawa shogunate period, the years immediately preceding the Meiji restoration period or immediately preceding the transition into "modern" Japan, xii- xxiv.

¹³⁸ Farley, *To Cast out Disease*, 246.

¹³⁹ Rockefeller Foundation Fellowship Recorder Cards, Rockefeller Foundation Archives, RAC.

CHAPTER 2

Racial Tension and Power in the Transnational Space at St. Luke's

This chapter considers St. Luke's Medical Center and College of Nursing from the perspective of diplomatic relations between the United States and Japan in the face of rising racial tensions. Initially the chapter builds background by examining United States and Japan expansion in the late nineteenth and early twentieth centuries. The United States, although claiming to be different from other countries in terms of colonialism, was engaged in developing trade opportunities in the Pacific. In a parallel timeframe, Japan was highly conscious of its international standing and status as a world power. Japanese expansion and militarism in Asia led to its emergence as a major player in world politics. Participation in the Great War situated Japan on the side the Allied forces led to inclusion in international negotiations at the Paris Peace Conference in 1919. China became a significant point of contention as both the United States and Japan sought trade privileges there. As the U.S. and Japan both vied for international power and privileges, racial tensions developed. In the United States, racial fear led to discrimination of Japanese nationals living in the U.S. In Japan, an anti-American sentiment was rooted in reaction to events in the United States and also more fundamentally in resistance to Westernization and Christianity. The advisory boards at St. Luke's, both Japanese and American, consisted of powerful and wealthy businessmen and politicians; these men had a

vested interest in cultural diplomacy. Primary source documents clearly demonstrate that the actors at St. Luke's saw their work as having the potential to preserve friendship and heal the growing rift between the two countries. Given the clear message that the project was perceived as a unifier between the two countries, this section provides insight into some of the challenges of true cooperation in this project. Finally, the chapter examines the issue of power in the transnational space. The examination of power in the transnational space demonstrates that power was a shifting and contested quality.

Japan rapidly evolved into a modern state during the Meiji period (1868-1912) and began to engage in a campaign to exert power and control over much of East Asia.¹⁴⁰ The Meiji Era in Japan, known as a time of determined Westernization, was also marked by the late 19th century's beginnings of empire building to gain control and access to natural resources and trade routes. Military development led to conquests in the Sino-Japanese War in 1895 and the Russo-Japanese War in 1905. After the Russo-Japanese War in 1905, Japan dominated Manchuria- a northern region in China that Russia had previously occupied. In 1915, while Western nations were involved in World War I (WW I) and had turned their attention from activities in China, Japan served China with Twenty-One Demands that gave Japan increasing control and privileges in that

¹⁴⁰ To put this in perspective, Japan was surrounded by colonization and imperialism efforts. The British were in Hong Kong and Singapore, the French were in Vietnam. China was carved up into "Spheres of Influence" with Germany, France, the UK, and Russia occupying different spheres. In 1900 the U.S. led Open Door Policy declared equal trading privileges (for Western powers) and an agreement not to annex Chinese territories- this was essentially securing a way for the United States to participate in the trading opportunities in China.

country. By 1920 the Japanese Empire included Taiwan, Korea, Karafuto (presently part of Russia), and the Micronesian islands.¹⁴¹

During the 19th and early 20th century the United States was expanding westward across the North American continent, into the Pacific and to China.

Manifest Destiny describes the perceived rightness, as if by providential right, of pushing the United States border westward to the Pacific shore and beyond.¹⁴²

Historian Ian Tyrell points out that historical memory building in the United States has downplayed the history of colonizing. He cites historian Frederick Jackson Turner's insightful observation at the turn of the twentieth century that the United States had always been a colonizer but that it consistently packaged it in different terms such as "interstate migration" and "territorial organization."¹⁴³ The 1898 Spanish American War began a decidedly colonialist period for the United States with colonization occurring in the Virgin Islands, Puerto Rico, Cuba, Guam, Samoa and Hawaii. Control over the Caribbean and the Pacific would protect the trade routes to China and the much anticipated canal in Panama.¹⁴⁴ Following

¹⁴¹ Huffman, *Japan in World History*, 97-98.

¹⁴² Anders Stephanson, *Manifest Destiny: American Expansion and the Empire of Right* (New York: Hill and Wang, 1995). As Anders Stephanson points out, the anti-imperialism movement at the turn of the nineteenth century included people whose main concern about colonizing was racial concerns. Colonization would lead to the establishment of pathways to and from the metropole and related to that the potential for miscegeny and immigration of non-whites.

¹⁴³ Frederick Jackson Turner cited by Tyrell, *Empire in American History*, 547.

¹⁴⁴ Thomas McCormick, "From Old Empire to New," in *Colonial Crucible: Empire in the Making of the Modern American State*, ed. Alfred W. McCoy and Francisco A. Scarano (Madison: The University of Wisconsin Press, 2009), 70.

the Philippine war (1899-1902) “the word empire was not a dirty word but rather the story of the extension of liberty.”¹⁴⁵

While some United States citizens claimed that their ambitions of overseas expansion were altruistic and economic and not visions of colonialism, historian Emily Rosenberg argues that during the early twentieth century the United States was in a “promotional state” in which it was unashamedly trying to change the world. She argues that another important feature of American expansion was the belief that there was no conflict of interest between national advancement and global progress because “the world was destined to follow American patterns.” The promotional state was also marked by government involvement that made it easier for multi-national businesses to function. Government interest in making foreign trade easy had some of its roots in the economics of crop prices and the need to alleviate the problem of agricultural over-production. The evangelical quality of Christian missionaries operated within a bubble of limited vision and Euro-centric ideas about religion and culture. As Rosenberg points out, while philanthropies practiced good will they often did not have an awareness of their engagement in culturally inappropriate practices. The dependent business relationships that were sometimes cultivated through

¹⁴⁵ Ian Tyrell, “Empire in American History,” in *Colonial Crucible: Empire in the Making of the Modern American State*, ed. Alfred W. McCoy and Francisco A. Scarano, 545-556 (Madison: The University of Wisconsin Press, 2009).

philanthropic projects added another dimension of ethically questionable practices.¹⁴⁶

U.S. - Japan Racial Tension

Race was another dynamic in that the American missionaries considered the Japanese as the “others” who needed their guidance and help. To the Japanese, American missionaries were foreigners; anti-foreigner sentiment created rifts between domestic and foreign people but also affected the Japanese who aligned themselves with foreign led movements in Japan. Historian Yuzo Ota captures the conflict experienced by Japanese who aligned themselves with foreigners. Ota, whose work regarding native Japanese interpreters, refers to “Nitobe’s Generation” as a group of scholars, including Nitobe Inazo, in Meiji Era Japan who became westernized, learned to speak English, and provided translation between the Japanese and English languages.¹⁴⁷ Ota uses the term “native Japanese interpreters” to not only refer to language translation but also to the fact that members of this group represented Japan to foreign audiences. Nitobe’s Generation was a unique group in that they represented young, male, elites of the Samurai class. Those educated in the western style became natural choices in terms of communications with foreigners because of their ability to speak English. They

¹⁴⁶ Emily S. Rosenberg, *Spreading the American Dream: American Economic and Cultural Expansion, 1890-1945* (New York: Hill and Wang, 1982).

¹⁴⁷ Yuzo Ota, “Difficulties Faced by Native Japan Interpreters” in *Searching for a cultural diplomacy*, ed. Gienow-Hecht, Jessica C. E., and Mark C. Donfried (New York: Berghahn Books, 2010). Nitobe’s generation, named after Inazo Nitobe (1862- 1933) an early scholar of Western studies and a public figure active in both cultural and official diplomacy.

were also a natural choice to represent Japan to foreigners as these elites had experienced life abroad and knew the social norms of interactions with Westerners. At the same time, the Western experience of education abroad drew this group away from their own culture, and some of them questioned their own ability to represent their Japanese culture, as they had become different.¹⁴⁸

Yellow Peril

The issue of racial tensions between Whites and Asians in the United States had a significant impact on U.S.-Japan relations. The racial tension around Japanese immigrants in America was protracted and multi-focal. Yellow Peril describes a racial fear that evolved initially in response to high numbers of Chinese immigrants and then later to Japanese immigrants. California and the West Coast had a high number of Chinese immigrants needed to build the transcontinental railroads in the late 19th century. Japanese men emigrated from Japan to Hawaii and the Northwestern United States for opportunities to work as farm laborers. In California, the white majority became alarmed at the success of Japanese farmers who effectively turned arid wastelands into productive agricultural enterprises. In 1906, after the San Francisco earthquake, racially concerned white Californians saw an opportunity to act on their fears and implemented a segregated school system in the newly reconstructed city. The

¹⁴⁸ See the description of Kaneko Kentaro in the Cultural Diplomacy section of this chapter for another articulation of this same idea.

reaction to this by the Japanese government was an immediate sense of indignation.¹⁴⁹

Several policies illustrate how both countries grappled with racial tensions while trying to maintain a working relationship and continuing their imperial activities in China.¹⁵⁰ The 1908 Gentleman's Agreement between the U.S. and Japan, for example, was an agreement in which Japan would cease to issue passports for men to emigrate to the U.S. and the U.S would not interfere with Japan's occupation of Manchuria. In fact, Manchuria would take the place as an alternate opportunity for Japanese workers to go abroad. In 1913 the U.S. Anti-Alien Land Law restricted land ownership on the basis that Japanese nationals were not citizens.¹⁵¹ Eventually bans on visas for picture brides from Japan occurred in 1921 as a result of the ongoing racial tensions. Picture brides were a particular type of arranged marriage that evolved out of a loophole in the "Gentleman's Agreement" between the U.S. and Japan. The agreement halted the practice of Japanese laborers immigrating to the U.S. The loophole permitted the wives of men who had already migrated to join them. In Japan marriage could be registered without a formal wedding ceremony. In a process similar to

¹⁴⁹ Alexander Saxton, *The Indispensable Enemy: Labor and the Anti-Chinese Movement in California* (Berkeley: University of California Press, 1971), 254-6.

¹⁵⁰ China was a major player in the relationship between the U.S. and Japan. The time period (1900-1920's) represented a period during which ongoing struggles for power existed between the three countries. A description of the complicated relationship that existed between the three countries is beyond the scope of this paper but a brief description is warranted. The Open Door Policy was an understanding that various imperial nations would have access to China for trade purposes but that their interactions in China should not jeopardize opportunities for other imperial powers to use the country. Tensions rose when the U.S. perceived a breach of the Open Door Policy when Japan displaced Russia in Manchuria and the Japanese entered and occupied Southern Manchuria.

¹⁵¹ Davidann, *Cultural Diplomacy in U.S.-Japan Relations*, 90-91.

the Japanese cultural practice of arranged marriage, intermediaries matched men and women based on knowledge of the family, family wealth, and with the aid of a picture of the prospective bridegroom. As a result of this practice more than 20,000 women met their husbands for the first time on American soil. The practice of picture brides and the marriage opportunities that it provided is credited with the development of *nissei* (second generation) Japanese living in the United States.¹⁵²

The Immigration Act of 1924, which was also known as the Asian Exclusion Act, was a United States law limiting the total number of immigrants and completely excluded all Asians from migrating into the country. The law stated that no one who was ineligible for citizenship could enter the country; this specifically targeted Chinese and Japanese immigrants. Asians, who were considered ethnically non-white, were not eligible for citizenship in the U.S. based on the Naturalization Act of 1790.¹⁵³ The reaction in Japan to the Asian Exclusion Act was volatile and there was a sense of deep betrayal by some Japanese leaders who had invested much in building friendship and cultural understanding between the United States and Japan.

Eiichiro Azuma, historian of Japanese-American immigrant transnationalism, provides a nuanced understanding of the racial tensions that

¹⁵² Sharon Yamato Danley, Japanese Picture Brides Recall Hardships of Life, *Los Angeles Time*, May, 11, 1995. Retrieved http://articles.latimes.com/1995-05-11/news/cb-64865_1_picture-bride

¹⁵³ George M. Stephenson, *A History of American Immigration, 1820-1924* (St. Paul: Minnesota Historical Society Press).

occurred.¹⁵⁴ By engaging a transnational approach Azuma demonstrates that the *issei* (first generation) living in the United States experienced racial tensions in a unique way. As Japanese citizens living in America they were caught in the middle of nation building rhetoric coming from both sides. From Japan came statements of support to the effect of wanting to preserve Japanese racial strength in the emigrants. From the United States nation building rhetoric would equate to exclusion for the Japanese as in the form of the 1882 Chinese Exclusion Act and, forty years later, through the Asian Exclusion Act. It also manifested through the actions of organized labor and an agricultural system that forced *issei* farmers to function as sharecroppers. Japanese *issei* and *nissei* farmers were not passive in the face of racial tensions; they were organized through groups such as the Japanese Association of America and the Central Japanese Association of Southern California. Both of these groups took legal action to defend the rights of Japanese farmers in California during the 1920's.¹⁵⁵ Azuma's work provides many examples of the unique in-between place occupied by the *issei* and *nissei*. Azuma calls his use of a transnational perspective international for the purpose of keeping the fact that the cosmopolitan nature of these individuals mattered in their life in the diaspora.

The experiences of Japanese immigrants in California heightened the awareness of Japanese citizens about the issue of racial equality on the world

¹⁵⁴ Eiichiro Azuma, *Between Two Empires: Racial, History, and Transnationalism in Japanese America* (New York: Oxford University Press, 2005).

¹⁵⁵ Azuma, *Between Two Empires*, 3-14, and 68-78.

stage. Historians Marilyn Lake and Henry Reynolds describe multiple Japanese newspaper headlines indicating that the country was waiting expectantly when their delegation left for Versailles in 1919 to attend the Paris Peace Conference with the intent to address issues of racial at the international negotiating table. They were successful in getting a racial equality amendment introduced and heartily debated. But it was bitterly disappointing to the Japanese that the amendment was not passed.¹⁵⁶ The Japanese were not the only ones disappointed by the lack of a racial equality agreement. W.E.B. Dubois, at the conference as a news correspondent, wrote that “the recent white civil war in Europe was nothing to compare with the fight for freedom which the brown and black and yellow man must make and will make unless their oppression and humiliation and insult at the hands of the White World ceases.”¹⁵⁷ As historian Alan Dawley puts it, “the Japanese proposal for a racial quality clause in the treaty threatened to upset the imperial applecart.” Part of the plan at the Paris talks included redrawing the borders in Africa and Asia. In exchange for the loss of the racial equality clause and in an attempt to appease the Japanese, Japan was given a mandate to take control of Shandong in China.¹⁵⁸ Japan’s military and political activities would eventually cause strained relations with Western

¹⁵⁶ Marilyn Lake and Henry Reynolds, *Drawing the Global Color Line: White Men’s Countries and the International Challenge of Racial Equality* (New York: Cambridge University Press, 2008), 285-286.

¹⁵⁷ Lake and Reynolds, *Drawing the Global Color Line*, 284-309. W. E. B. DuBois quoted in Lake and Reynolds, 306.

¹⁵⁸ Mandates were a method of legitimizing colonial relationships during the Paris Peace negotiations. Dawley argues that U.S. President Woodrow Wilson was against the mandates and would not participate in those negotiations, exemplifying that the conference had an out of control element to it. It wasn’t a “Shangri-La” of world peace. Alan Dawley, *Changing the World: American Progressives in War and Revolution* (Princeton: Princeton University Press, 2003).

countries particularly related to the occupation of Manchuria and its subsequent withdrawal from the League of Nations in the early 1930's.¹⁵⁹

Anti-American Sentiment in Japan

July 1st, 1924, the day the Immigration Exclusion Act went into effect, was a disconcerting day in the history of U.S.-Japan racial relations. It was described in the *Tokyo Asahi*, a Japanese newspaper, as a day of "American peril" and in the *Kokumin Shinbun*, another paper, as "a day of unforgettable humiliation."¹⁶⁰ The response in Japan to the legislation passed in April 1924 by the U.S. Congress and Senate and signed into law in May by President Calvin Coolidge, was bitter disappointment. Widespread demonstrations and riots attracted thousands of protesters in Japan.¹⁶¹ At eight o'clock in the morning on July 1st ceremonies were held at Shinto shrines throughout Japan protesting the Act and making official and ceremonious responses to it. At the Imperial Hotel in Tokyo, a western-style hotel that catered to foreigners and wealthy Japanese, a group of protesters bombarded the lobby and performed a traditional Japanese sword dance while other members distributed pamphlets that demanded the immediate

¹⁵⁹ Additional background history obtained from the following sources: Aya Takahashi. *The Development of the Japanese Nursing Profession: Adopting and Adapting Western Influences*. London: Routledge Curzon, 2004; Jon Thares Davidann. *Cultural Diplomacy in U.S.-Japanese Relations, 1919-1941*. New York: Palgrave Macmillan, 2007.

¹⁶⁰ The Immigration Act of 1924, also known as the Johnson-Reed Act, or the Asian Exclusion Act, was a federal law that limited the number of annual immigrants to 2% of the population of that country that was living in the United States during the census of 1890. The Act contained a clause that further excluded 100% of Indian, Arab and East Asian people from immigrating. The Bill was passed by the U.S. House of Representatives on April 12, 1924 and the U.S. Senate three days later. The Bill was signed into law by President Coolidge on May 26th and went into effect on July 1st, 1924.

¹⁶¹ Izumi Hirobe, *Japanese Pride, American Prejudice. Modifying the Exclusion Clause of the 1924 Immigration Act* (Stanford: Stanford University Press, 2001), 21-66.

removal of American missionaries in Japan and recommended the rejection of American customs.¹⁶² The underlying threat in this bold display was a clear indicator of the insult served to the Japanese people and in response a brazen display of native Japanese outrage.

The universal outrage over the immigration bill was rooted in the racial significance that was attached to it. Japanese militarism was linked to national identity and patriotism. The imperial aptitude of the Japanese and the strength of its armies were proof that they were different from other Asian countries. It was insulting to some that Japan would be lumped in with other Asian groups in the immigration exclusion. Media responses demonstrated that there was a mixed reaction with some taking the exclusion as an affront to all Asians and as a result suggesting that pan-Asian unity must be considered, and others responding that Japan had demonstrated its difference and superiority from other Asian people and should be thought of as different.¹⁶³ Furthermore, the Act was seen as hypocritical, that the United States which preached changing the world and humanitarian action abroad, on one level, would then practice immigration exclusion based on racial prejudice.¹⁶⁴

Cultural Diplomacy and the Quest for Harmony

There were Japanese and American citizens who fought against the tide of racial tension. As historian Jon Davidann describes, private-citizen diplomacy

¹⁶² Ibid., 34-36.

¹⁶³ Ibid., 21-22.

¹⁶⁴ Ibid., 40-50.

mattered in U.S.-Japan relations. Cultural diplomats were engaged in enhancing cultural understanding in a purposeful way- some spoke in large public forums, in other cases they were individuals within smaller communities that bridged the cultural divide between the nations. Cultural diplomacy means the sharing of culture, knowledge and ideas in such a way that mutual understanding and consequently friendship will arise from the shared understanding. The discussion of cultural diplomacy here focuses on a larger history of the actions of some well-known Japan- U.S. cultural diplomats but also situates the actors at St. Luke's as diplomats as they produced rhetoric that proclaimed the belief that the project at St. Luke's could and would be a unifier between the two countries. Davidann notes that a significant difference between these unofficial diplomats was that in Japan they often had a relationship to the government, whereas in the U.S. they were definitively not connected to the government. In both cultures the diplomatic efforts were aimed at affecting the opinions and attitudes of the public at large.¹⁶⁵

Davidann argues that public opinion is an unmentioned factor and driving force in the racial tensions that escalated in the immediate pre- World War II era for the United States and Japan.¹⁶⁶ Efforts of cultural diplomacy eventually failed and polarization occurred even among some of the people who had advocated so strongly for moderation. Davidann indicates that historians commonly attribute the Japanese alliance with Italy, Germany, and the Soviet Union; the U.S oil

¹⁶⁵ Jon Thares Davidann, *Cultural Diplomacy in U.S.-Japanese Relations, 1919-1941* (New York: Palgrave Macmillan, 2007), 1- 25.

¹⁶⁶ Ibid.

embargo; and the Japanese attack on Pearl Harbor as the events that precipitated the U.S. - Japan war in 1941. Davidann adds to this list that by 1939 private diplomacy efforts had failed and public distrust was high and that these factors also drove government actions. To put his comment into perspective, the failure of private diplomacy efforts were not for lack of effort. As Izumi Hirobe's work details, the efforts of concerned citizens in both Japan and the United States turned out to be fruitless. Despite the personal pleas of well-connected individuals made directly to the top, the powerful machine of government was unstoppable.¹⁶⁷

Sidney Gulick is an example of an American cultural diplomat who tried desperately to preserve feelings of good will between Americans and Japanese. Gulick was an ordained Congregational minister who lived in Japan from 1887 until 1913 as a missionary working for the American Board of Commissioners for Foreign Missions. During his twenty-six years in Japan he became fluent in Japanese and delivered his sermons in Japanese. From 1907 through 1913 he taught theology at Doshisha University in Kyoto. When he returned to the United

¹⁶⁷ For example, in protest to the Asian Exclusion act, Kaneko Kentaro sent a direct communication to President Calvin Coolidge to ask that he veto the bill (Hirobe, page 29). A Japanese Women's Rights activist Wada Tomi of Kyushu Imperial University wrote to Jane Addams to ask her support against the immigration bill. Similarly, The Nagoya Ladies Association also appealed to Jane Addams. By the time Adams received these correspondences she had already asked Coolidge to veto the bill (Hirobe, page 27).

States in 1913 he campaigned against the growing animosity towards Japanese immigrants.¹⁶⁸

After the 1924 Immigration Exclusion Act, Gulick was involved in the anti-exclusion movement. He was a founding member of the Commission on International Justice and Goodwill, which along with the National Committee on American-Japanese Relations formed soon after the passage of the Exclusion Act. They began to campaign against exclusion of Japanese immigrants which eventually led to a pro-quota camp that advocated for allowing a limited number of immigrants in. This was complicated because pro-quota wasn't a perfect solution, but those in the pro-quota camp felt that a compromise was the most realistic improvement to the Immigration Exclusion Act. The pro-quota enthusiasts were trying to appease a segment of Japanese society who were more alarmed at the potential of the Act to disturb the peaceful relationship between Japan and the United States than they were about the treatment of Japanese immigrants in the United States.¹⁶⁹ To illustrate the magnitude of Gulick's actions and the degree to which the public was paying attention, Gulick was joined by other well-known peace activists such as Jane Addams in being anti-exclusion and their activities were reported on the front pages of leading national newspapers.¹⁷⁰ During Gulick's campaigning some of his statements led him into a contentious place where his words were construed as instigating the

¹⁶⁸ Sandra C. Taylor, *Advocate of Understanding: Sidney Gulick and the Search for Peace with Japan* (Ohio: Kent State University Press, 1984).

¹⁶⁹ *Ibid.*, 69.

¹⁷⁰ *Ibid.*, 68-71.

anti-quota faction. In 1925 Gulick was accused of "reawakening the McClatchy faction (the anti-quota group)."¹⁷¹ Both sides were sensitive and concerned to the potential outcome of any legislative changes, the folks in the pro-quota camp were more concerned about the global picture whereas the anti-quota camp was a combination of white Americans who protested Asian immigration and Japanese immigrants who were concerned about the effects of legislative changes on their lives in California.¹⁷² Eventually the pro-quota faction distanced themselves from Gulick. Later, he would be criticized for adopting a more cautious stance in his public speaking and therefore not standing up as fully for Japan as he could have.

Cultural Diplomacy and the Japanese Advisory Council at St. Luke's

At St. Luke's International Hospital a Japan Advisory Council (JAC) existed as a board of directors. The members of the council (Appendix C) were powerful Japanese businessmen and their very presence on the board suggests that they were supporters of Westernization. Among the council members were Shibusawa Eiichi, Kaneko Kentaro, and Nitobe Inazo who all made very concrete contributions to US –Japan cultural understanding and are among the most common names in the literature that explores cultural diplomacy in US-Japan

¹⁷¹ Ibid., 96.

¹⁷² Ibid.

relations. Historian Izumi Hirobe uses the term “pro-American” to describe Shibusawa, Kaneko, and Nitobe.¹⁷³

Kaneko Kentaro traveled to the United States in 1871 at the age of 19. He had been selected, along with fourteen year old Dan Takuma (another JAC member) by the Fukuoka region Lord to accompany the lord’s son to the United States.¹⁷⁴ Kaneko spent seven years in Boston. He decided to pursue law and to prepare for law school he sought the services of Oliver Wendell Holmes Jr, who had previously mentored two other Japanese pre-law students.¹⁷⁵ Kaneko entered Harvard Law School in 1876, graduated two years later and then returned to Japan. Kaneko’s association with Holmes in Boston led to a life-long friendship. Holmes took Kaneko under his wing and brought him to parties and social functions among the Boston elite, there he became acquainted with Henry Wadsworth Longfellow and Henry James, among others. Among Kaneko’s friends in Boston was Harvard classmate Theodore Roosevelt. In the years following his return to Japan, Kaneko corresponded by letter with Holmes until

¹⁷³ Ibid., 14.

¹⁷⁴ Kaneko Kentaro, James Kanda, and William A. Gifford, “The Kaneko Correspondence. Part One,” *Monumenta Nipponica*, Vol. 37 No.1 (1982): 41-42. Kaneko and Dan embarked on the same ship as the famed Iwakura Mission group. The Iwakura Mission was a delegation of politicians and students embarking on a trip to The West to demonstrate Japan’s interest in international diplomacy and modernization. The group that traveled on the official mission was made up of political and scholarly men who would travel first to the United States and then on to Europe. The group also consisted of a group of students who would stay in the United States to study. A group of five girls were specifically sent to learn the domestic and education knowledge of American women and were a pointed effort to demonstrate to the world Japan’s willingness to raise the status of women as part of modernizing. Barbara Rose. *Tsuda Umeko and Women’s Education in Japan* (New Haven: Yale University Press, 1992), 1-7.

¹⁷⁵ Oliver Wendell Holmes Jr. would eventually become a Supreme Court Justice during the period 1902-1932.

Holmes's death in 1932.¹⁷⁶ James Kanda who collected and published Kaneko's letters captures some of the difficulty of assimilating for the young Japanese who returned after time abroad. Kanda described Kaneko's return as a moment of both "triumph and trauma." Kanda describes that after eight years in the United States, when Kaneko returned he barely recognized the Japan of his youth and that he felt like a "stranger in a strange land."¹⁷⁷ Kanda also comments that Kaneko Kentaro, perhaps because of the diversity of his many accomplishments, has become a "footnote in history," and has been largely overlooked by historians.¹⁷⁸

Kaneko exemplified a new kind of personality in Japan, one that would engage with his own society but also continue to foster a relationship with American people and subsequently develop a sincere interest in maintaining peace and understanding between the two countries. After returning to Japan in 1878, Kaneko turned to Ito Hirobumi for mentorship. Ito was a prominent politician in the Meiji government. In 1880, with Kaneko as an assistant, he began to draft Japan's first constitution, the Meiji Constitution. Later Kaneko would serve on three different ministries within the government, the Ministry of Agriculture, Industry, and Justice. Kaneko would also serve as Privy Councilor to

¹⁷⁶ Ibid, 44-46, and Kaneko Kentaro, James Kanda, and William A. Gifford, "The Kaneko Correspondence. Part Four." *Monumenta Nipponica*, No. 37 Vol. 4, (1982): 436.

¹⁷⁷ Ota also expresses this idea when discussing "Nitobe's Generation" in the racial tensions section of this chapter.

¹⁷⁸ Kaneko, *The Kaneko Correspondence Vol 1*, 41, and 47.

the three successive emperors Meiji, Taisho and Showa.¹⁷⁹ In his own words Kaneko described the Privy Councilor as an “advisory board to the emperor, aloof from active politics.”¹⁸⁰

Kaneko was naturally drawn to the American Friends Association (AFA), a club that was formed in 1898 that Kaneko would become president of in 1900. The AFA was the first organization specifically dedicated to cultural exchange between Japan and the U.S.¹⁸¹ A driving characteristic of the club was that it consisted of Japanese men who had studied in the United States and of elite American men living in Japan and so, was decidedly pro-American.¹⁸² In 1917 the AFA merged with the American Asiatic Association of Japan to become the America-Japan Society of Tokyo (AJS). Kaneko continued as president of the newly formed AJS. At the banquet celebrating the merge of the two organizations Shibusawa was elected Vice President of the AJS. The organizations 1917 membership consisted of 309 Japanese elite as well as 129 Americans. Among its honorary members were Tokugawa Iesato, Shibusawa, Nitobe, and Dan- all members of the Japan Advisory Council at St. Luke’s.¹⁸³ Kaneko’s alignment with the United States would be tested however in 1924 with the United States Immigration Exclusion Act. Kaneko had sent a telegram to President Calvin

¹⁷⁹ Kaneko Kentaro, James Kanda, and William A. Gifford, “The Kaneko Correspondence. Part Three.” *Monumenta Nipponica*, No. 37, Vol. 3, Autumn (1982), 290.

¹⁸⁰ Kaneko Kentaro, James Kanda, and William A. Gifford, “The Kaneko Correspondence. Part Four.” *Monumenta Nipponica*, No. 37, Vol. 4, Winter (1982): 413-436, Kaneko to Holmes, February 7, 1925.

¹⁸¹ Auslin, *Pacific Cosmopolitans*, 84.

¹⁸² *Ibid.*, 93.

¹⁸³ *Ibid.*, 121-122. Auslin’s work links the men in the context of the AJS, not their mutual work with St. Luke’s.

Coolidge asking him to veto the bill. When Coolidge signed the bill, Kaneko abruptly resigned as president of AJS.¹⁸⁴

Kaneko's letters to his friends in the United States capture the tensions that existed for "pro-American" Japanese. In exchanges with Oliver Wendell Holmes Jr., Holmes alludes to a tone he perceives by Kaneko. In 1908, most likely in reference to immigration tensions and the Gentlemen's Agreement, Holmes says "I have come to the somewhat cynical conclusion that friendship can be interrupted by politics." He wonders to Kaneko "if the affection between us is a little shaken on your side (not by me) by your strong national feeling." Holmes states that he is "wholly ignorant" of the situation as he did not read the newspapers.¹⁸⁵ Several years later, Holmes again expresses concern that politics may be impacting their personal friendship. Holmes was "sorry to hear" that Kaneko resigned as president of the AJS, and "found in your letter a slight touch of international coldness."¹⁸⁶ Both Holmes and Kaneko took pains to express to each other the non-political nature of their roles, Holmes "wholly ignorant" and not one to read the papers, and Kaneko "aloof to politics," but their correspondence also shows a political liaison, in that both, in the course of their letters, inquire about the progress of ambassadors and foreign dignitaries visiting the other's country.

¹⁸⁴ Hirobe, *Japanese Pride, American Prejudice*, 29-30.

¹⁸⁵ Holmes to Kaneko January 6, 1908, Kaneko et al, *The Kaneko Correspondence, Part Three*, 289-316.

¹⁸⁶ Holmes to Kaneko, March 1, and June 16, 1925, Kaneko et al, *The Kaneko Correspondence, Part Four*, 413-436.

Another of Kaneko's correspondences captures the American public's fears about Japan. In an August 1918 letter to Barrett Wendell, one of his Harvard classmates, Kaneko essentially praises Wendell on his accuracy in an article that Wendell wrote. Wendell's article was seemingly to placate his audience and to calm their fears about Japan. Kaneko wrote to Wendell that he was accurate when he described fundamental differences between Europe and Japan with the following: "If Japan be treated with due consideration there is no present reason for regarding her transformation into modern as a serious menace to Europe or America. Europe is instinctively aggressive and needs restraint, while Japan is instinctively defensive and needs sympathy." Kaneko also praised as correct Wendell's statement that Japan never intended to "take Hawaii, or California, or the West Coast of Mexico."¹⁸⁷ This statement suggests that racial fear of Japan by Americans was rooted in the idea that Japan threatened the physical U.S. territory.

Nitobe Inazo, another member of the Japanese Advisory Council at St. Luke's, who was a notable scholar and pro-American, is another example of a powerfully elite individual who traveled in circles of government and international influence. He took on the role of cultural translator at times very decidedly contentious between the United States and Japan. Nitobe, who was from an agricultural family began his association with the U.S. when he studied agriculture at Sapporo Agricultural Culture in Hokkaido. The school was founded

¹⁸⁷ Kaneko to Wendell, August 15, 1918, Kaneko et al, *The Kaneko Correspondence, Part Three*, 310-311.

by American Christian missionaries and while Nitobe was there he was baptized. Nitobe would eventually attend further studies at Tokyo Imperial University and then at Johns Hopkins in the United States. It was while he was at Johns Hopkins that he joined a Friends Quaker Meeting where he met and married Mary Elkinton, an American woman. Nitobe wanted outside cultures to understand Japan. His book *Bushido* was written in English in 1905 and was intended to teach the true nature of the Japanese people to the outside world.¹⁸⁸

Nitobe, who in 1924 was undersecretary general of the League of Nations and living in Japan again, was so upset by the Immigration Exclusion Act that he responded by declaring he would never set foot in the United States again.¹⁸⁹ Nitobe had a difficult time during the international political crisis that followed the 1931 Manchurian Incident. The Manchurian Incident was a polarizing event to the international community in which the Japanese military staged an attack on themselves and blamed it on the Chinese. The attack, a small explosion on a railroad track, was used to justify attacking the Chinese and occupying the region of Manchuria. From a diplomatic standpoint the act alarmed several world powers because of the threat perceived as Japanese self-determined expansion of its empire. For non-Japanese the fact that Japanese empire building was so closely linked with Japan's militarism became a point of concern because Japan operated using forceful takeover as compared to what the West perceived as diplomatic negotiations. For Nitobe, the American outcry over the event was

¹⁸⁸ Davidann, *Cultural Diplomacy in U.S. - Japan Relations*, 7.

¹⁸⁹ Hirobe, *Japanese Pride, American Prejudice*, 1.

hypocritical, he pushed back on the response by Americans, stating “There is no feeling as comfortable as self-righteousness, when this is combined with a sense of superiority, we reach a height from which it is easy to fall.”¹⁹⁰ He pointed out in an editorial that American involvement in Latin America and Cuba was no different than Japan’s activities in Manchuria. He pledged loyalty to Japan and trust in the government: “Our Ruler’s Family has been on the throne for two thousand years. We have no desire whatsoever to change it.” And yet, Nitobe found himself in an odd position while in one instance defending Japan in the face of American outcry over the Manchurian Incident and at the same time he was getting increasingly vocal in his criticism of Japanese militarism. Nitobe’s critique of militarism following the Manchurian Incident led to a threat of assassination against him that led him to make a public apology. Eventually he did return to the United States to deliver twenty lectures and two radio addresses to explain Japan’s actions in Manchuria and implore the American people to understand. Nitobe was accused of being “bankrupt” and of betraying the American faith in the potential for Japanese Liberalism. As historian Jon Davidann puts it Nitobe’s life was “hanging in the balance” as he worked desperately to preserve relations between Japan and the United States.¹⁹¹

Shibusawa Eiichi, chairman of the Japanese Advisory Council at St. Luke’s was an immensely successful industrialist, entrepreneur and philanthropist. Shibusawa’s career as a businessman began in pre-Meiji era

¹⁹⁰ Davidann, *Cultural Diplomacy in U.S. - Japan Relations*, 151-2.

¹⁹¹ Davidann, *Cultural Diplomacy in U.S.- Japan Relations*, 149-157

Japan and included both the public and private sectors. Shibusawa's success was rooted in domestic and international trade. It was initially a business relationship that led Shibusawa to travel to the United States and develop ideas about friendship between the two countries. He is compared to John D. Rockefeller in terms of his amassed fortune and also in his philosophy of giving back to society through volunteerism and philanthropy.¹⁹²

Shibusawa's international activities were often focused on diplomacy. In 1909, over an eight month period, he toured 53 cities in the U.S. on what was a "people's diplomacy tour."¹⁹³ In 1913 he founded the *Nichibei Do Shikai* (the Japanese Friendship Society), an organization in Japan whose purpose was to combat the anti-immigration sentiment that was growing in California. The Japanese American Friendship Society evolved into the Japanese American Relations Committee. Historian Michael Auslin points out that this was less of a cultural exchange organization and more a private diplomacy one that reflected the suddenly sharp increase in numbers of non-government organizations in the early twentieth century.¹⁹⁴ Over the years Shibusawa met with Theodore Roosevelt, William Taft, Woodrow Wilson, and Warren Harding, all while they were sitting U.S. presidents. Shibusawa's opportunities to meet personally with U.S. Presidents were a product of a combination of his own success as well as his personal connections in the United States. The context of his visits was

¹⁹² Auslin, *Pacific Cosmopolitans*, 117-118.

¹⁹³ Auslin, *Pacific Cosmopolitans*, 118-119.

¹⁹⁴ Auslin, *Pacific Cosmopolitans*, 119-120.

always within the framework of his work promoting U.S. Japanese friendship and combatting anti-Japanese sentiment by American people.¹⁹⁵

The League of Blood Incident

As a further example of how clearly the members of the JAC represented engagement with Westernization, and the dangers of this association, three members of the council, Dan Takuma, Inouye Junnosake, and Tokugawa Iesato, were all among a group of ten people marked for assassination by a right wing extremist group. Inouye and Dan were actually killed in the *Ketsumeiden jiken* (League of Blood) Incident in 1932.¹⁹⁶ The *Ketsumeiden* were led by Inoue Nissho who was a self-described priest of Nichiren Buddhism. Historian Stephen Large describes Inoue as a fanatic who was always an outsider but began to display signs of extremism in the early 1920's when he heard the voice of god call him "Nissho" (sun-called) and he adopted that name. Large draws his conclusions about Inoue and the other *Ketsumeiden* members from trial transcripts and Inoue's writing while in prison.

Large describes that the context for the *Ketsumeiden jiken* organizing in the late 1920's was the economic depression. Inoue recruited members in Ibaraki Prefecture in the village of Oarai, near Mito. The region was hit hard by the depression; farmers were starving and some were so desperate as to sell their

¹⁹⁵ Masahide Shibusawa and Gil Latz, "Rediscovering Shibusawa Eiichi," in *Rediscovering Shibusawa Eiichi in the 21st Century*, edited Gil Latz, (Japan: Shibusawa Eiichi Memorial Foundation, 2014), 7-8.

¹⁹⁶ Stephen S. Large, "Nationalist Extremism in Early Showa Japan: Inoue Nissho and the 'Blood-Pledge Corps Incident', 1932," *Modern Asian Studies*, Vol 35, No. 3 (July, 2001), 553-564.

daughters into prostitution. Inoue had his recruits fast and go on begging pilgrimages where they saw the ravages of depression. Inoue lectured on a range of topics including religious, social and political in issues. He blamed bank closures and declining international sales of Japanese agricultural goods on driving farmers into destitution.

The political aftermath of the Manchurian Incident inflamed the group further. After the assassinations of Dan and Inouye, members of *Ketsumeiden* made clear their avowed nationalism and indictment of the liberal-capitalist class during trial testimony.¹⁹⁷ Clearly the divide in Japanese societies, described in Chapter One, as nativist, Confucian, and modernist was still playing out in passionate affiliations. Large's work discusses other extremist groups besides the *Ketsumeiden* that plotted terrorist attacks on the liberal-capitalist leaning modernization faction. This was a contentious time in Japanese international history and during the 1930's as Japan's conflict in China grew more heated and Japan became more internationally isolated, the modernist faction would become stifled.

Visions of Cultural Diplomacy at St. Luke's

The idea that St. Luke's would serve as a unifier between the U.S. and Japan became rhetoric that was stated repeatedly by people involved with the institution's development. For example, the 1914 bulletin produced by the Tokyo

¹⁹⁷ Large, "Nationalist Extremism in Early Showa Japan," 553-564.

National Women's Council encouraged support of St. Luke's to "cement by International co-operation and a living working organization the friendship between Japan and America."¹⁹⁸ This kind of thinking was popular in this time period. Historian Paul Kramer wrote about foreign exchange students in the United States and the Fulbright program during the twentieth century. He argues that in foreign exchange programs there existed the principles of selection, diffusion and legitimation. Selection refers to the tendency to select students who were likely to be in leadership positions in the future. The concept of diffusing is based on the belief that students would share their U.S learned ideas and practices and contribute to "Americanizing" the world. Legitimation speaks to the expectation that foreign students would have a good experience and as a result to generate a positive public view of the United States.¹⁹⁹ Certainly the declarations that St. Luke's had the potential to promote peace between the United States and Japan is an indication that this kind of thinking extended to the international foreign-exchange arena as well.

Alice St. John, the missionary nurse and principal of St. Luke's nurse training program, wrote an article for a 1920 issue of the *Spirit of Missions*, the publication of the American Church Mission. St. John's writing expresses her consciousness of the rising racial tensions and her belief that the mission bridged the divide between American and Japanese people. St. John wrote:

¹⁹⁸ Episcopal Church Archives, RG 209, box 1, folder 28, typescript of dinner meeting, February 3, 1936.

¹⁹⁹ Paul Kramer, "Is the World our Campus? International Students and U.S. Global Power in the Long Twentieth Century," *Diplomatic History*, Vol.33, No. 5, November 2009, 775-806.

Two years in the Far East have taught me how little our people at home really understand conditions here in the Orient. This seems increasingly true since the War, and the present emotional wave of anti-Japanese sentiment which is being fanned so assiduously by interested parties in the United States today is a convincing illustration. This same energy now spending itself in bitter Anti-Japanese propaganda and destroying the good will between the two nations, if directed into channels seeking closer friendship, clearer understanding, and sane co-operation in international and business affairs would rapidly bring the two countries together, where today they are being foolishly driven further apart.²⁰⁰

St. John had embedded herself into her host society in Japan, and she sought to build bridges based on similarities with the Japanese rather than confronting differences. She believed that St. Luke's was the embodiment of cooperation and friendship between the U.S and Japan.

We urgently need a sound and sustainable policy, intelligently carried out, seeking closer friendship with Japan, and no one who knows and has worked with the Japanese can question that the results would be successful. A monument to closer friendship and contact with the people of Japan has been the work of St. Luke's Hospital in Tokyo during the past twenty years, and no effort should be spared to take full advantage of the immense field of usefulness on the threshold of which the institution now stands.²⁰¹

St. Luke's had a well-organized support system established in the United States that also produced statements about the perceived potential for St. Luke's to reach far beyond its immediate medical worth. They expressed the idea that the project had the power to sustain political alliance and friendship, and even prevent war between the U.S. and Japan. The support system for St. Luke's in the U.S. consisted of two main sources- the Episcopal Church and the American

²⁰⁰ Episcopal Church Archives, RG 71, box 58, Alice St. John folder, typescript of article for the Spirit of Missions.

²⁰¹ Ibid.

Council for St. Luke's. The American Council was organized through the church but was non-sectarian and had members who were not Church members (see Appendix C).²⁰² In 1930, the New York based American Council of St. Luke's International Medical Center was founded. Its certificate of incorporation noted its goal: to "foster the interests of St. Luke's in the United States, to maintain and further international good will and friendly cooperation between the United States and Japan, which has become an important factor in the development of the Centre [sic], and to continue to raise funds for it."²⁰³

Statements such as these capture the sentiment of those who were pro-friendship between the U.S. and Japan, often individuals with some direct experience in a collaborative enterprise or in travel to the other country. As Jon Davidann pointed out these sentiments would be no match for large-scale public opinion and the machination of government power in both countries.

Power and Racial Tension at St. Luke's

Despite these outward looking visions of peace-building between the two nations that was expressed by key Japanese and American leaders at St. Luke's, in day to day activities these actors actually reinforced power hierarchies of

²⁰²The activity of the American Council for St. Luke's are learned from a series of newsletters published between 1928 and 1935. International Hospital News is available digitized through the Yale University library Imageserver. The Episcopal Church Archives also has an extensive collection of material on the American Advisory Council. I did not access those materials because when I made my research trip there I didn't realize that this material was of interest to my research. Also, interesting to note is that the American Council of St. Luke's continues to be in existence. The American Domestic and Foreign Mission Service of the Episcopal Church formally severed ties with St. Luke's in 2009, but the American Council continues a relationship.

²⁰³Episcopal Church Archives, RG 209, box 1, folder 28, typescript of dinner meeting, February 3, 1936.

gender, class, and race. The following examples show that in the working day relationships between Japanese and American individuals at St. Luke's that there was resistance to the authority of the foreigners. The examples illustrate that authority and power were malleable as numbers of faculty at the school of nursing became increasingly Japanese and decreasingly American over time. In the period immediately prior to Japan and the United States engaging in World War II the American missionaries at St. Luke's were stripped of power.

We get a rare glimpse into the issue of power, gender, and class at the nursing school in a 1921 letter written by Marion Doane to her sister. "Dearest" she begins and after catching up on various bits of news she writes:

We had some excitement here today. The nurses were to work 6 hours daily instead of 4, they came in a body to say they couldn't do it and study. They were dismissed by Dr. Teusler who said they had nothing to say about it. This morning not a soul went on duty. Dr. T went over to their house and told them to go on duty or leave at once and gave them a piece of his mind in strong language. He came over to tell us that he thought they were all leaving and that the school would be closed, but to give them until nine this morning. At ten minutes to nine they went to the hospital, the full number, not one missing. But I think they really are only marking time, that there will be further trouble. Alice hasn't seen them yet, but I had my class and they all seemed sullen. She really is going to lay them out tomorrow. It really was like a strike. In the nursing ward they show a poor spirit. This isn't the first time by any means they have been Bolsheviks and afterward act as if they were conferring a gift by being here and that we were the one's benefitting by the school. It is their idea of being progressive women- they misunderstand liberty and freedom.²⁰⁴

²⁰⁴ Doane to Hapgood, May 9, 1921, Box 1, folder 2, The Marion Stanley Doane, RN (1881-1958) Papers (Medical Center Archives of New York- Presbyterian/Weill Cornell; New York, NY).

Doane's letter home offers insight to gender, class and power divides. The clash between Teusler and the student nurses demonstrates Doctor-student nurse, Male-female and White male –Japanese student hierarchies. Although the rhetoric surrounding St. Luke's spoke of cultural diplomacy and the promotion of friendly cooperation between the Japanese and American players, clearly there was still room for cultural imperialism. The revealing comments by Doane that speak of underlying class tension are her comment "as if we were the ones benefitting from the school," and the idea that they "misunderstand liberty and freedom." Doane sees herself and fellow American missionaries as the authority in liberalism in their position as teachers and the Japanese nursing students as inexperienced and misinformed. But, the nursing students found their strength in acting unanimously as a group to stand up against authority.

Doane's comment about the students being "Bolsheviks" is meaningful considering the context it occurred in. Following the 1917 Bolshevik Revolution and subsequent Russian Civil War, St. Luke's hospital was designated as an American Red Cross (ARC) Hospital. From 1918 -1920 a group of nurses and doctors from St. Luke's, including much of their leadership, were in Vladivostok, Russia running a makeshift hospital to support injured Czecho-Slovakian troops. The war was between the Russian Red Army, which consisted of the Bolshevik's, and the White Army which represented the vestige of the former Russian government and had the support of the United States, and Japan. During the time that the ARC contingent was in Vladivostok, Doane was in Tokyo receiving

injured Czech soldiers. To Doane, calling the students Bolsheviks would be at the least saying that they were behaving like radical revolutionaries but it may have also indicated a stronger sense what she believed was right or wrong.

In the working relationship between the Japanese and American medical staff at St. Luke's an instance of resistance is captured in a physician to physician clash. In this case hierarchy was constructed around race and the nation-state. The Japanese physicians exhibit more power and control in their resistance than did the student nurses.

Sidney Kibby, an American physician at St. Luke's from 1922 until 1926, wrote to the Church Missions House in New York to relay his discontent in the working relationship he was having with some of the Japanese physicians on staff at St. Luke's. Kibby, a radiologist, wrote to leadership at the Episcopal Mission's home office as he had been requested to share his impressions of the Japanese medical staff and how the hospital and staff compared to hospitals in the United States. Kibby wrote in the letter that in a previous communication he was "perhaps unduly critical and had been reporting first impressions." He went on to say that his report represents the "tendencies of the Japanese physicians when unchecked by foreign control" as Teusler was back in the United States on furlough.²⁰⁵

Kibby wrote a six page, single spaced report on September 16, 1923 from the Imperial Hotel in Tokyo, just 13 days after the devastating Great Kanto

²⁰⁵ Kibby to Parsons, September 25, 1923, RG 26-6-248, Rikkyo University, Ikebukuro, Japan.

earthquake destroyed the hospital and devastated Tokyo. He gives case by case grievances that allude to differences in medical management style but mostly come across as personality conflicts. Kibby's report is full of references to discord.

Waiting outside of a meeting that I hadn't been invited to or informed of." His accounts reveal not only the discord, but cast suspicion on the medical practices of other physicians. In one case, Kibby sarcastically comments "a blood examination just before the patient's death might have been interesting."²⁰⁶

But his own expressions of dissatisfaction are full of details that incriminate himself as well. His accounts include details of his practice as a radiologist that seem to convey some uncertainty and he often explains his own actions in a way that sounds like self-justification. Kibby details that he has treated a sinusitis with radiation, his own account reveals that he was somewhat inexperienced with the dosing.

As I had no screens was obliged to expose longer than usual and repeat. I knew the erythema dose for the machine used and kept it well under that but exceeded the epilation dose which I had not tested out, but knew to be about $\frac{3}{4}$ of the erythema. Felt justified in making the second exposure.²⁰⁷

Kibby explains that he assured dermatologist Dr. Iida that epilation was normal with this exposure but the men squabbled over the treatment.

I told Iida that the best practice was to apply nothing to the scalp. A few days later, I saw the case and an ointment had been applied, supposing that it was some bland, non-irritating substance I said nothing until an erythema began to appear. I asked what the application was and was told it was carbolic acid prescribed by Dr. Iida. I asked Dr. Iida the strength and

²⁰⁶ Kibby, Imperial Hotel, Tokyo, September 16, 1923, [Report], RG 26-6-248, Rikkyo University, Ikebukuro, Japan, 2.

²⁰⁷ Ibid., 1.

what he expected it to do. He told me the strength and that he applied it to stimulate the growth of hair. I advised him to discontinue it. Dr. Iida smiled and the patient continued to use it.²⁰⁸

Later, Kibby relays, he was told that “Anything having to do with skin and hair is Iida’s department and I had no business to treat it. I said that I considered anything that had to do with the effects of the X-ray was under my department and that I was especially trained to deal with it, but if Dr. Iida wanted to treat that particular case I had no objection.”²⁰⁹ Kibby's comment that the friction he was experiencing was because of the Japanese being "unchecked by foreign control" during Teusler's absence alludes to Teusler's charisma in his work at St. Luke's, he clearly engaged more effectively with Japanese physicians.

Examination of announcements from St. Luke’s provides a way to consider power differentials among the American and Japanese nurses according to their titles and roles at the school of nursing. In a 1925 announcement the nursing school faculty consists entirely of American nurses along with Japanese and American physicians.²¹⁰ The same announcement includes Araki Iyo as the Superintendent of Nurses and “Miss Oya” as a head nurse in the area of Municipal Maternity and Children’s Wards. This was a different type of practice than in U.S. nursing schools that were affiliated with hospitals. In the United States there was a single person at the top who would be both Superintendent of nurses and head of the nurse training program. The

²⁰⁸ Ibid.

²⁰⁹ Ibid.

²¹⁰ St. Luke’s International Hospital. An American Hospital for International Service. Tokyo, Japan 1925. St. Luke’s College of Nursing Historical Collection, St. Luke’s College of Nursing, Tokyo, Japan.

differentiation at St. Luke's of two separate roles may have been a way to acknowledge and accommodate Araki's already established position at the hospital. Alternatively, it may have been an intentional split between hospital and school with the intent of modeling a university based approach to nursing education. By 1933 the St Luke's announcement lists eight Japanese nurses as "Assistant Instructors" among the faculty. The American nurses are grouped along with the Japanese physicians as "Faculty."²¹¹ This kind of hierarchical display could reflect careful control over a transition in leadership, one that was increasingly Japanese. It could also be construed as an example of performative evidence, intended for the eyes of a targeted audience. The increasing presence of Japanese nurses among the leadership at St. Luke's would be important to the philanthropic philosophy of the Rockefeller Foundation. Similarly, the powerful Japanese Council for St. Luke's comprised of Japanese businessmen, political leaders, and royalty would expect to see recognition of Japanese physicians and nurses in the development of the hospital. The persistent demonstration of American personnel in top administrative positions proved that the American's were still very much needed there.²¹² The minimal presence of Japanese women in the early leadership at St. Luke's reflects that in the *male-female, Japanese-*

²¹¹ St. Luke's International Medical Center. Dedicated to the Glory of God and the Service of Humanity. Anno Domini MCMXXXIII, St. Luke's College of Nursing Historical Collection, St. Luke's College of Nursing, Tokyo, Japan.

²¹² The American Council of St. Luke's International Hospital was formed in 1932 to "foster interest in and secure funds for the Center." (Episcopal Church Archives website, Episcopal Church Mission to Japan, retrieved October 29, 2014; http://www.episcopalarchives.org/japan_mission.html). Members in 1933 included John Wood, the head of the Department of Foreign Missions of the American Episcopal Church, Col. Charles Lindbergh, Joseph Grew who was then the current U.S. Ambassador to Japan as well as 2 former US Japan Ambassadors, to name a few of the members.

American, doctor-nurse hierarchies that were constructed at St. Luke's, that Japanese nurses were still the most invisible group.

Over time the numbers of Japanese nurses holding faculty positions increased and eventually surpassed the number of American nurses on faculty. In 1920 the school began with two American nurses Alice St. John and Marion Doane. Doane left in 1921, and St. John remained as sole nurse on the faculty until 1925 when Lucille Kellam and Christine Nuno joined the faculty. Araki was all the while the Superintendent of nurse's at the hospital and overseeing the practical training of the student nurses. In 1929 three Japanese nurses joined the faculty: Hirano Midori, Yumaki Masu, and Hirai Masae. From this point on the numbers of Japanese nursing faculty continued to increase, as did numbers of American nurses on the faculty the high point was six U.S. nurses on the faculty from 1931 thru 1936. The Japanese numbers continued to rise to a high point of eight or nine on the faculty up to and including the war years.²¹³ After 1939 the American nurses began to leave Japan because of escalating tensions.²¹⁴ The strengthening leadership by Japanese nurses at the school of nursing was very much in keeping with early statements by Teusler in his communications with the

²¹³ The names and numbers of faculty were obtained in 2013 from a chart created by Watanabe Hisako, resident nurse historian at St. Luke's College of Nursing.

²¹⁴ In the immediate pre-war period for the United States and Japan, WW II was already underway in Europe. The Japan Empire included Taiwan and Korea and Japan was getting increasingly bold in its moves to stage a military takeover of regions in China. The United States was deliberately trying to remain neutral which was politically controversial. The concepts of "neutrality" and "isolation" were not merely ideas but politically contested and legislated stances. Japan's expansion in China and Manchuria were disapproved of by American politicians and in 1938 a munitions and scrap steel metal embargos were put into place. The embargos are credited with propelling the Japanese to align with Axis forces, and by this time war with Japan was considered as likely as war with Germany. Douglas Brinkley, *History of the United States*, (1998, Viking Press), 430- 436.

Rockefeller Foundation. It was also aligned with Rockefeller Foundation philanthropic principles that training and support of foreign projects were intended to lead to self-sustainability. Although the Rockefeller Foundation support continued through the 1930's the deteriorating relations between the United States and Japan must have given the faculty and staff at St. Luke's a sense that their hospital and school of nursing was in jeopardy.

The escalating tensions in the immediate pre-war period are captured in a 1940 letter to social worker Helen Shipps, who was in the United States on furlough, from the bishop of the Archdiocese of Tokyo, Charles Reifsnider. Reifsnider is asking Shipps not to return because political tensions are beginning to force American missionaries out of Japan.

I have already cabled Dr. Wood that your status as head of the Social Service Bureau at St. Luke's has been rescinded and that if you stay, you will stay as an advisor or *komon*. I have had a long talk with Dr. Hashimoto about your future and he advises strongly that you do not return for the following reasons: your position as *komon* (advisor) will be limited to within the hospital, that present circumstances make it impossible for you to have any contact with the *Shakai Kyoku* (society office) or any other public social service work. As you would not come into contact with the public outside of the hospital, your work would mostly consist of statistics and library work and he is sure you would be unhappy. Your successor will be Miss Kandou and from now on she must make the contacts between the hospital and the public and not you.²¹⁵

Reifsnider praises and thanks Shipps for her service and then adds the following:

It has become necessary for all foreign *kacho* (section chief) in the hospital to resign their official positions. This covers Dr. Elliott, as head of

²¹⁵ Reifsnider to Shipps, October 9, 1940. RG Episcopal Church Mission, binder 31-2-283, Helen Shipps papers. Rikkyo University Archive, Ikebukuro, Japan.

the Pediatrics Ward, and yourself. At the college of nursing the requirements are much more definite and stringent. No foreigner can hold an executive position, and hence Mrs. St. John, Miss White, and Miss Nuno have all been requested to resign their executive posts in the College of Nursing. Miss Peters, had she not already resigned, would also have been effected [sic].²¹⁶

Reifsnider's comment about more stringent requirements at the college of nursing may indicate the college would have been under more direct control of Japanese officials because of its status as a *mombusho*, whereas the hospital was still a mission enterprise. The term *mombusho* is being used here as both a noun and an adjective. The Mombusho was the Ministry of Education whereas *mombusho* status indicates a status that the school has achieved. The transition from *semmon gakko* to *mombusho* in 1935 signified the school moving from trade school status with a diploma to a degree conferring college. The Mombusho provided graduates with a license to teach and supervise nursing in the clinical and nursing school setting. The American nurses mentioned in the letter, Nuno, St. John, and White left Japan together 5 months later on March 26th 1941.²¹⁷

This story takes another sharp turn in the post-war period during the U.S. occupation of Japan. During the US occupation, St. Luke's became the headquarters for the Public Health and Welfare section of the General Headquarters of the Supreme Commander for the Allied Powers (GHQ-SCAP), the occupying United States military force. The school of nursing was merged

²¹⁶ Ibid.

²¹⁷ Christine Nuno, Fellowship Recorder Card, RG 10.2, Rockefeller Foundation Archives, RAC.

with Tokyo's Japan Red Cross School of Nursing as the Model Demonstration School under the authority of US military nurses. Once again American nurses were positioned in an authoritative way as overseers of Japanese nursing education methods.²¹⁸

Conclusion

This chapter situates the actors at St. Luke's as concerned citizens of the United States and Japan who believed that their work together could and would improve cultural understanding between the two countries and perhaps even avert war. Despite the many statements that St. Luke's was an instrument of peace, day to day operations at St. Luke's demonstrated the conflicts that arose over power in the transnational space. Hierarchies were constructed across racial, class and gender lines. The examples given showed that an American physician, Dr. Kibby, expected his word to be the last word in medicine, he did not expect resistance from the Japanese physicians or to be excluded from their fraternity. When Assistant Principle at the nursing school, Marion Doane, was met at the hospital with a revolt by the student nurses, she interpreted their actions as "misunderstanding" freedom; clearly Doane felt that as an American woman that she knew more about freedom. Teusler "laid out" the student nurses in "strong language" which demonstrates, not surprisingly, that the nurse-doctor

²¹⁸ Reiko Shimazaki Ryder, "Nursing Reorganization in Occupied Japan, 1945-1951," *Nursing History Review* 8 (2000); and Jeanne M. Gleich-Anthony, "Democratizing Women: American Women and the U.S. Occupation of Japan, 1945-1951" (PhD dissertation, University of Ohio, 2007).

hierarchy existed and placed Teusler in the authoritative role. The changing leadership at the school of nursing as pre-war tensions escalated are an example of how malleable and constructed the idea of power and authority were at St. Luke's. After the American nurses left Japan, the College of Nursing was led completely by Japanese nursing faculty.²¹⁹

Pro-American leaning Japanese were a natural choice for the Japanese Advisory Council (JAC). The snapshot view of Kaneko, Nitobe, and Shibusawa, does not capture the entire membership of the Council, but other members were also notable as "pro-American" and some had worked on international peace missions.²²⁰ These "pro-American" actors made clear their allegiance to Japan in the context of international racial tensions and strife that arose after the U.S. Immigration Exclusion Act was passed. The League of Blood Incident demonstrates the risk that was inherent to aligning with Westernization and Modernization in Japan. The examples cited show how that risk played out on the public stage, certainly this would have been experienced by the non-famous Japanese who worked and associated with St. Luke's as well, perhaps as prejudice within their personal communities for affiliating with Westernization.

²¹⁹ The names and numbers of faculty were obtained from a chart created by the resident nurse historian at St. Luke's School of Nursing Watanabe, Hisako.

²²⁰ Tokugawa Iyesato, direct descendant of the Tokugawa family lineage, was pro-Westernization, he took several trips to the United States. See Auslin, Hirobe, and Davidann for that history. Also Fred Dickinson's work *World War I and the Triumph of a New Japan, 1919-1930*, show overlap between members of the JAC and the Japanese League of Nations Association (JLNA). Dickinson argues that membership in the JLNA was symbolic of a "culture of peace" during the 1920's in Japan, page 144-150.

The presence of such a powerful board of advisors at St. Luke's may in part explain the perseverance and survival of St. Luke's. Rudolf Teusler the founder and director at St. Luke's from 1900 until his death in 1934 is often solely credited with the early successes at St. Luke's. But it was through his connections in Japan and Japanese colleagues that his vision was able to become reality. The powerful Japanese board of directors certainly must have eased some of the notable challenges for an American-led enterprise in Japan—challenges such as land ownership, and gaining the Ministry of Education support for the school of nursing to become a *semmon gakko* in 1927 (as described in Chapter One) and to be sanctioned by the *Mombusho* in 1935, (now a degree conferring college course). At this point in time the hospital and school were owned by the American Church Mission, but the makeup of physicians, nurses, and staff had always been primarily Japanese in terms of numbers of staff. The unique transnational make-up of St. Luke's, although not as powerful an instrument of peace as was sometimes envisioned, did however have a record of earnest collaborative effort that surely speaks to the survival of the institution. This same transnational make-up of Japanese government, Japanese and American Advisory Councils, American missionaries, Episcopal Church Mission support, and the ongoing involvement of the Rockefeller Foundation, all contributed to the perseverance of St. Luke's through distinct periods of pre-war, wartime, Occupation, and post-Occupation periods.

CHAPTER 3

Transferring and transforming knowledge: Border crossings in the quest to implement American ideals in a Japanese nursing curriculum.

The movement of nurses into and out of Japan in the pursuit of developing nursing education at St. Luke's provides an opportunity to examine race, class, and gender dynamics in the transnational space. The American missionary nurses were women who chose a different path in life when choosing to travel to Japan, one that offered an alternative to marriage and family life, whether that was a sacrifice or a desired choice. In their efforts to import American curriculum, the U.S. nurses interacted with the most well-known leaders in nursing the United States and were arguably nursing leaders themselves, implementing the most modern ideas in nursing.

The Japanese nurses at St. Luke's were at the leading edge of evolving women's professionalism and education changes in Japan. They too chose a path that was an alternate to typical family life. Many of the Japanese women at St. Luke's did marry but it was later in life after their education and career paths were well established. While nursing is not commonly perceived of as a feminist movement, nursing history provides an opportunity to dispel that notion and illuminate how nursing pushed many of the boundaries of women's rights and societies race and class boundaries both in the United States and in Japan. In Japan the status of women will be considered in the context of feminist movements and the laws and ideas that shaped advances in women's education.

The Women's Movement in Japan

The training school at St. Luke's was situated within a rapidly changing climate in terms of the social status of women in Japan. The Meiji government, which spanned 1868 to 1912, was preoccupied with westernizing and this meant conscientiously addressing the education and status of women. In 1871, as proof of this interest, five girls were included in the Iwakura mission. The purpose of the mission was a surveillance of the modern world while making diplomatic visits on a round the world journey. The five girls, who ranged in age from seven to fourteen, were specifically going to America to learn how to become cultured women, this would require education and training. As historian Barbara Rose argues "their participation in so important a mission and the imperial sanction that it received indicated that the domestic realm was acquiring new importance for public welfare."²²¹ Following this time period, education opportunities began to increase for girls and women but were initially only accessible by members of the elite class. Historian Michael Auslin comments related to this that Japan was "rethinking the social restrictions on women that had held firm throughout the Tokugawa period."²²² Christian missionaries would increase education opportunities for women in Japan. This was generally the work of foreign women missionaries. American women experienced advanced social status compared to Japanese women. This allowed them more mobility to cross national, race, and

²²¹ Barbara Rose, *Tsuda Umeko and Women's Education in Japan* (Yale University Press, New Haven: 1992), 6.

²²² Auslin, *Pacific Cosmopolitans*, 64.

class, boundaries, but they were still not able to cross the gender boundary and so their work tended to be with women and children.²²³

Along with advances in education, the late nineteenth century was marked with feminist movements in Japan, but political events and legislation continued to keep a stronghold on women's rights and women's activities. In 1871 the Family Register Law removed the hierarchical relationship between land owner and subject that existed in the feudal state. The law instead created a hierarchy within the family by registering family members in the order that they were likely to inherit head of household status, for example eldest son, second eldest son, and so on. The Civil Code of 1898 provided additional law regarding the "family system." The code defined a parent-son relationship that placed the wife completely subordinate to the husband and situated women legally in terms of their membership in a family. Women were considered minors within the patrilineal family system. The "ie" system was a larger Confucian concept that recognized the individual family as a subunit of society. The family existed in hierarchical relationship to society with the emperor at the top. Deference to superiors in which one would forfeit their personal rights for the greater good of the family or nation characterized "ie." In addition to the subordinate role of women, the Imperial Constitution prohibited women from participating in politics.²²⁴ Rumi Yasutake argues that these laws reversed a brief period of time during which Japanese women's activism had begun to develop. In 1886 a

²²³ Yasutake, *Transnational Women's Activism*, 9-35.

²²⁴ Takahashi, *Development of the Japanese Nursing Profession*, 55-56.

Japanese branch of the Women's Christian Temperance Union was started. They functioned for several years and were politically active in an effort to advance women's rights in Japan. The Japanese women's movement peaked in 1890 at which time the Meiji Constitution and the opening of the Imperial Diet, a legislative body, curtailed the liberal character of the early Meiji period.²²⁵ The 1900 Police Security Regulations made it illegal for women to politically organize or attend political meetings. As Japan became more organized in terms of its government, women's rights in Japan would suffer.

Ryosai Kenbo

A popular ideology emerged known as *ryosai kenbo* (good wife wise mother) that facilitated the growth of women's education. The phrase was introduced by Nakamura Masanao in 1886. Nakamura was an extremely popular Confucian and western scholar. His writings promulgated the idea that educated women had the power to transform society and that excellent mothers could produce excellent children and that in turn would strengthen the nation. This was a shift from earlier thinking in which women were valued only for their reproductive capacity and productivity in the home. Good wife wise mother gave women power within the family although it was still in the context of the woman's role as family member.²²⁶ Historian Bryan Marshall illustrates the connection of

²²⁵ Yasutake, *Transnational Women's Activism*, 37-76, 77.

²²⁶ Rose, *Tsuda Umeko and Women's Education in Japan*, 32-33

ryosai kenbo with the transition toward increased education for girls.²²⁷ He makes it clear that the lack of equality in women's education was not accidental, that education reform was carefully calculated to appeal to the large tri-cornered factions of Japanese society, Confucians, Nativists, and Westernizers.²²⁸ Within the body of literature regarding *ryosai kenbo*, Kathleen Uno's essay demonstrates that the ideology was not static, that while it fit well as an argument congruent with the nationalistic propaganda that accompanied Japan's imperialist and colonial phase, that the argument to stay home and raise healthy children as patriotic duty became more difficult to advance during wartime Japan when other opportunities and needs existed.²²⁹

Scholar of Japanese history, Martha Tocco, argues that the advances made in Meiji era women's education were facilitated by systems that were in place during the earlier Tokugawa period. Although advances in women's education were influenced by Westernization and mirrored educational trends in the West, the implementation of new policies occurred within an already established network of local public schools (*terakoya*). She also describes that during the Tokugawa period numbers and opportunities for women's education was increasing. Mostly confined to the elite class, an increasing number of women were being educated and owned and operated the *terakoya*. Tocco

²²⁷ Marshall, *Learning to be Modern*, 45. In the 1870's and 1880's the first "Higher" girls schools opened in Tokyo- they were the equivalent of boys' middle school. Higher Normal schools for girls provided a full high school education, 62-63.

²²⁸ *Ibid.*, 51.

²²⁹ Kathleen Uno, *Womanhood, War and Empire: Transmutations of "Good Wife, Wise Mother" before 1931*, in *Gendering Modern Japanese History* eds. Barbara Malony and Kathleen Uno, (Harvard University Press: 2005), 509.

refers to the Tokugawa period as a time when women's experience and rights may have been at their lowest but that the contrast between Tokugawa and Meiji, in terms of women's education, is not as sharp as it is usually portrayed.²³⁰

In 1920 Tokyo was a center of education opportunities for women compared to the rest of Japan. Subtle but profound shifts were occurring in terms of women's orientation to marriage and home. Gender historian Barbara Sato's study of women's magazines in early twentieth century argues that consumerism represented a desire for private fulfillment, particularly for urban middle class women. Sato refers to the widely accepted thought that the Russo-Japanese War and World War I were watershed moments in Japanese history and that a shift away from state interests toward self-interest was occurring. Women's magazines that became popular in the 1910's and 1920's in Japan appealed mostly to high school women and young working women. Self-cultivation via education and reading was encouraged and promised advancing social status. Topics of women's magazine articles often were work related including job training, job opportunities, and salaries. They also contained articles that represented changing attitudes about family and marriage. Class was no longer defined solely by income and family status but by education, a woman who had completed high school had essentially achieved middle class status.²³¹

²³⁰ Martha Tocco. *Made in Japan: Meiji Women's Education* in *Gendering Modern Japanese History* eds. Barbara Malony and Kathleen Uno, (Harvard University Press: 2005), 39-40.

²³¹ Barbara Sato, "Commodifying and Engendering Morality: Self-Cultivation and the Construction of the 'Ideal Woman' in 1920's Mass Women's Magazines," in *Gendering Modern Japanese*

Alice St. John, the principal of the nurse training school, wrote in a 1920 article for the *Spirit of Missions* about her perception of the status of women in Japan:

So much has been written of the women in Japan that is superficial and concerns only one class. It is refreshing to find that the majority are normal conscientious women who in their daily life are confronted with practically the same problems as our own women at home, and who react under given conditions just about as we do. The Japanese woman is still almost entirely a stranger to the luxuries and extravagances of the modern world and confines her life within the domestic circle of her home. She is however, a very practical and accomplished homemaker and housewife and within her own sphere exerts much influence. This, along with the qualities of patience, loyalty and obedience, make Japanese women excellent material for training in the nursing profession, in all its branches.²³²

St. John's passage was written two years after she arrived in Japan and was a reflection of her observations but it does not seem to acknowledge the cultural revolution in which she was situated.

Historian Aya Takahashi explores the development of nursing as a feminist movement in Japan. She queries whether nursing evolved similarly in Japan as it did in the West, as part of an expansion out of the domestic sphere and into social reform. Or, did nursing in Japan become increasingly acceptable because of the patriotic association of Japanese Red Cross nursing in an increasingly militaristic Japan. Although much credit is given to the success of the Japanese Red Cross in advancing the profession of nursing in Japan

History, ed. Barbara Malony and Kathleen Uno, (Boston: Harvard University Press: 2005), 99-101.

²³² Alice St. John, article transcript for *Spirit of Missions* Sept 27, 1920, RG 71, box 58, Episcopal Church Archives, Austin Texas.

because of the success of their work in the Sino-Japanese War of 1895 and the 1907 Russo-Japanese War, Takahashi points out that *ryosai kenbo* ideology, although indoctrinated in Red Cross Nursing schools, was not logistically acted out. The circumstances of the war did not protect the virtue of the Red Cross nurses as they were forced to share intimate spaces with male soldiers who were not their relatives. This was not at all typical of the societal trends that separated men and women who were not family.²³³ This concern may explain Teusler's, the founder and director of St. Luke's, insistence that St. Luke's would be different from other hospitals and schools of nursing in Japan in that, among other differences, nurses would not be allowed to sleep in the rooms with male patients.²³⁴

Takahashi argues that the Western concept of a nurse, as it was imported into Japan, was borrowed as compared to the more organic evolution that occurred in the West. In the West, advancements in nursing became inextricably related to advances in women's rights and the feminist movement as it increased opportunities for higher education, gave women wage earning potential, and provided leadership opportunities for women. Certain challenges existed because of fundamental cultural and gender role differences. Because of the Japanese effort to borrow from Western nursing ideas, and the effort by U.S. citizens to Americanize nursing in Japan, these differences were overlooked. She

²³³ Takahashi, *Development of the Japanese Nursing Profession*, 48.

²³⁴ Teusler to Vincent, January 25, 1926, RAC Folder 36, Box 5, Series 609-C, RG 1.1, Projects, Rockefeller Foundation records, Rockefeller Archive Center.

argues that nursing in Japan may have evolved differently had it not tried to adopt a Western model.²³⁵

Takahashi uses an example to illustrate how cultural differences between the United States and Japan leads to an unintended effect in translation of an imported practice. The Rockefeller Foundation was involved in developing a system of public health nursing at St. Luke's. In the U.S., public health nursing was propelled by the promotion of social reform by nurses, but the Rockefeller Foundation operated differently in Japan. The Foundation had a tendency to work only with the approval of the government. This inadvertently caused government to be involved with public health nursing in Japan in a way that fundamentally altered it. Government involvement meant the presence of a male work culture and bureaucratic management style which essentially robbed nurses of the opportunity to develop this as an autonomous specialty.²³⁶

The Politics of Dress in the Transnational Space

As noted by Barbara Malony, an historian of gender and modern Japan, western style clothes were often worn in the public environment for working women and traditional clothing was worn at home and during casual time. This idea is well-documented at St. Luke's where photographs reveal that nurses and nursing students wore uniforms at St. Luke's, in all aspects of their training and work. Nursing students and trained nurses are seen in the classroom, in the

²³⁵ Takahashi, *Development of the Japanese Nursing Profession*, 4-9.

²³⁶ Takahashi, *Development of the Japanese Nursing Profession*, 144-158.

laboratory, on the ward and in group photographs wearing crisp white uniforms and nursing caps. In 1926 when public health nurse training began at St. Luke's- photos of nurses in the dark uniform of the public health nurse begin to appear. The nurses are dressed in dark stockings, overcoats and hats and carry a dark leather bag. It is only the occasional photo of a holiday party or on a sports day that the student nurses are seen in casual dress of trousers and robe or casual kimono.²³⁷

Takahashi notes that the uniform was part of the successful elevation of the status of nurses in Japan.²³⁸ Nursing uniforms were representative of modernization, nurses were among the very first ordinary women to adopt western styled clothes.²³⁹ The uniform symbolized a model of trained nursing from the West. Beginning in the mid 1880's the pioneering nursing schools in Japan all brought in the western style uniform or at least elements of it. Prior to this time period, Takahashi argues that the cotton kimono worn by hospital

²³⁷ St. Luke's International Hospital, *Seiroka kangodaigaku 50 nenshi*, Tokyo: Seiroka kangodaigaku, 1970.

²³⁸ Takahashi, *Development of the Japanese Nursing Profession*, 69-73.

²³⁹ Men who were in business and public service were already wearing western style garb. Transition to western clothes was encouraged as part of modernization and to demonstrate that the Japanese people were civilized. Because of awareness of this and fear of ridicule, a conscientious effort was made to revise clothing and public appearances. Famous pairings of photos of the emperor in 1872 and 1873 show a remarkable transformation in clothing, coiffure, and posture. In 1872 the empress set an example when she appeared publicly with her teeth un-blackened, although it would be another 13 years before she appeared publically in a western styled dress, complete with sash, medals, and a crown. This history was recounted in Barbara Malony's chapter "Gender, Citizenship and Dress in Modernizing Japan" in *The Politics of Dress in Asia and the Americas*, Ed. Mina Roces and Louise Edwards (Eastbourne, Great Britain: Sussex Academic Press, 2007).

workers, including those who cared for patients, is evidence of the low status and unprofessional nature of those workers.²⁴⁰

Both Takahashi and Malony talk about nursing uniforms as alternative dress. Alternative dress being clothing that evolved for practical reasons- more streamlined for work, not developed as fashion, but that by association may appear as a marker for a progressive movement.²⁴¹ Takahashi emphasizes the practical nature of Japanese nursing uniforms, that they were more “rational” than traditional Japanese clothing but she comments they were decidedly less pretty than their Western counterparts. Despite the depiction of nursing uniform as alternative dress, Malony still groups nurses with textile workers, telephone operators, and factory workers of the 1910’s and 1920’s as a group of women “in modern hip clothing” who represented a cultural shift. To conservatives this would appear threatening as women were claiming space in the public eye. Malony argues that clothing being one of several symbols that marked a changing climate leading up to Japanese women demanding their rights as citizens.²⁴²

The significance of western style nurse uniforms in Japan has many interesting considerations and has been noted by a few historians previously. Mary Ellen Doona’s paper about Linda Richards’s and the 1886 Kyoto nurse

²⁴⁰ Takahashi, *Development of the Japanese Nursing Profession*, 70.

²⁴¹ Barbara Malony cites Diana Crane in coining the phrase ‘Alternative Clothing’, “Gender, Citizenship and Dress in Modern Japan,” in *The Politics of Dress in Asia and the Americas* ed. Mina Roces (Sussex Academic Press, 2010), 94.

²⁴² Malony, *Gender, Citizenship and Dress in Modern Japan*, 94.

training program that Richards started makes some critical observations about the work of foreign Christian missionaries. Doona notes that the American missionaries lived in a village “completely devoid of the Japanese culture surrounding it.” Doona points out how certain inflexibility in adopting an American model of nursing caused unnecessary grief for the missionaries. For example, Richards complained about all of the extra work that was involved in needing to fabricate nursing uniforms for the students. A missionary friend of the nurse joined her cause and advocated for a sewing machine to be shipped to Japan. Neither Richards nor her friend saw the simpler solution, as Doona points out, of allowing the nurses to use traditional garb or of working with local resources to make a uniform.²⁴³

Photographs taken during a 1926 trip to the United States for post-graduate training show Japanese nurses from St. Luke’s wearing kimono. There are a variety of photographs, one is a studio portrait taken of the nurses and reprinted in the American Journal of Nurses along with an article by Araki Iyo, Superintendent of nurses at St. Luke’s.²⁴⁴ Other photos are taken in a variety of locations and show the nurses standing with a group of American nurses in white nursing uniforms as well as administrators wearing business or women’s wear but the Japanese nurse are in their kimono.²⁴⁵ This was not typical clothing for this group of women to wear in the hospital or school environment. The decision

²⁴³ Doona, *Linda Richards and nursing in Japan*, 104.

²⁴⁴ Iyo Araki. *Nursing in Japan: It’s Origins and Development*, American Journal of Nursing, XXVIII (10), pp. 1003-1006.

²⁴⁵ Historical Photograph Collection, 初期留学生—湯禎他—3, 初期留学生—湯禎他—4, St. Luke’s College of Nursing, Tokyo, Japan.

to wear kimono in these photos surely would have been the result of someone asking them to appear dressed that way and was probably thought of as a nice thing to do. I question how the nurses felt wearing kimono for a photo opportunity on the steps of a prestigious U.S. medical institution. It must have been a strange experience because it was not simply an issue of kimono being different than work clothing, but also that the clothing brought attention to their ethnicity. This attention to the novelty of the Japanese women in the environment they were in would have clouded the perception of their true purpose in being there. The clarity of the situation comes into focus when we imagine visiting male Japanese physicians. It would not appear ordinary or acceptable for them to appear with Western colleagues in traditional Japanese garb.



Figure 13 Arai Kiku, Yumaki Masu and Ando Masae in the United States

Border Crossings: Transferring American Ideals in Nursing Knowledge

Nursing education reform was in its early stages in the United States in 1900 when the first issue of the *American Journal of Nursing* (AJN) was published. Education was a highly important category of interest which earned a column edited by Isabel Hampton Robb. Robb, along with Adelaide Nutting and Lavinia Dock founded the American Society of Superintendents of Training Schools for Nurses (which became the National League of Nursing Education in 1912) in 1893. Columns in the *AJN* contained advice concerning state-of-the-art ideas for improving nurse training and education. The effort was toward standardization of education, the development of legal statutes for practice, and registration of trained nurses. In the very first issue of *AJN* in October of 1900, Lavinia Dock wrote an article titled "What We Can Expect from the Law." Dock wrote that the goal was to establish recognized standards in professional nurse education. She elaborates that this will "be a disappointment to many but we cannot establish by law our highest standard of education, only the medium, only the fair, general average, at first."²⁴⁶

The 1917 publication by the National League of Nursing Education (NLNE) of *Standard Curriculum for Schools of Nursing* sought to further define and standardize nursing education. The 166 page document details all manner of

²⁴⁶ Lavinia Dock, What We Can Expect From the Law, *American Journal of Nursing*, 1 (1), 1900.

organization of the nurse training school from physical structure to curriculum content. A main tenet of the publication was that practical training, although essential, was overemphasized. They made specific recommendations about theoretical preparation for nurses, for example, in the first term of the first year sixty hours of Anatomy and Physiology, twenty hours of bacteriology, ten hours of personal hygiene, twenty hours of applied chemistry, forty hours of nutrition, ten hours of housekeeping, twenty hours of drugs and solutions, sixty hours of elementary nursing methods, ten hours of bandaging, and fifteen hours of historical, ethical and social basis of nursing. The school day would consist of four hours of daily practice, three hours of lecture, three hours of study and practice, and two hours of recreation.²⁴⁷ At St. Luke's in Tokyo the published announcements about the school of nursing read almost as if taken directly from the NLNE recommendations.

In 1918 Alice St. John and Marion Stanley Doane were the first two missionary nurses to travel from the United States to St. Luke's in Tokyo; they came to open the new nursing school. Doane graduated from New York Hospital's nurse training program in 1913 and then immediately headed for Paris to help start a training school for nurses. When the war broke out Doane was in charge of the operating room at the American Hospital for civilians and at the American Ambulance Hospital which was opened to receive wounded French soldiers. She was recruited to St. Luke's as follows when in August 1917 she

²⁴⁷ The Committee on Education of the National League of Nursing Education, *The Standard Curriculum for Schools of Nursing* (Baltimore: The Waverly Press: 1917), 35-39.

was back in the United States in furlough and planning to return to France. Instead, while in New York, she met Teusler who convinced her that she could be of as much service in Japan as she could be in France. She was asked to come to Japan as assistant superintendent of nursing. In June 1918 Doane sailed from San Francisco for Yokohama.²⁴⁸ Alice St. John arrived in Japan in 1918 to be principal of the nurse training program. St. John had attended the Hackensack Nurse Training School, graduating in 1903. Later she became nursing supervisor of Hackensack Hospital and eventually marrying the widowed David St. John, physician and founder of the hospital. After her husband's death, St. John welcomed the opportunity to direct the nurse training school in Japan.²⁴⁹

In a 1920 typescript of an article written for the *Spirit of Missions* St. John wrote "it has been very stimulating to see the interest already awakened, not only in Tokyo, but throughout the country in the plan to open, as a Department of St. Luke's, a modern School for Nurses based on American standards, with a three-years course of training."²⁵⁰ The school opened as the High Grade Nurse Training School. The curriculum was modeled upon schools in the U.S. Admission requirements were elevated to include graduation from a recognized High School, the course of study was three years and the school was staffed with Registered Nurses from the United States. During the 1920's more U.S. nurses

²⁴⁸ Doane address "An American Nurse Abroad" 1927. Box 1, folder 1, The Marion Stanley Doane, RN (1881- 1958) Papers (Medical Center Archives of New York- Presbyterian/Weill Cornell; New York, NY).

²⁴⁹ *The Spirit of Missions*, January 1918, volume 83, 691.

²⁵⁰ Alice St. John, article transcript for *Spirit of Missions* Sept 27, 1920, RG 71, box 58, Episcopal Church Archives, Austin Texas.

came to Japan to join the faculty at St. Luke's (see Appendix A). In 1921 nurse Betsy Curtis and Helen Pond, a dietician, arrived. Following the 1923 earthquake Lucille Kellum joined the faculty. Christine Nuno arrived in 1925 to take charge of implementing a public health nursing component into the curriculum.²⁵¹

Another iteration of the curriculum occurred when the school became the first vocational school for women in Japan. In 1927 the school was approved by the Ministry of Education as a *Semmon Gakko* and was described by Teusler as follows:

The theoretical course will, of course, be largely in Japanese, and the faculty will consist of senior men from the staff at St. Luke's. The practical training, and lectures on nursing technique, ethics, hospital and ward administration, dietetics, and the control of the nurses will be in the hands of our American women teachers. The course is to cover four years, the first three years devoted to the regular routine teaching, modelled on American standards, and the fourth year to be used for postgraduate training in special subjects, to include midwifery, public health, and social service nursing, school hygiene, and hospital administration. Nurses will not be required to take theoretical work during the fourth year if they prefer to devote themselves to clinical nursing. Instead, they will be given practical work in the hospital or with private patients.²⁵²

The curriculum was now four years long and public health nursing figured prominently in the plans for the nursing school from this point onward. This was a highly evolved curriculum even by United States standards in 1927. Even though the recommendations had been published in *The Standard Curriculum for Schools of Nursing*, few schools were actually operating at this level.

²⁵¹ Christine Nuno folder, RG 71, Episcopal Church Archives.

²⁵² Teusler to Embree, March 18, 1927, Folder 35, Box 5, Series 609-C, RG 1.1, Projects, Rockefeller Foundation records, Rockefeller Archive Center.

As part of the method of delivering American standards in nursing to Japan, nurses from St. Luke's were granted fellowships in post-graduate nursing education through the Rockefeller Foundation. In a communication between Teusler and Edwin Embree, Secretary of the RF, Teusler wrote "if the fellowships are granted, all four of these nurses will return to Tokyo as instructors and leaders in our School of Nursing. Each applicant has been carefully selected, and because of their training, knowledge of English, and willingness to serve the school and hospital indefinitely on their return to Japan, they are the very best material available."²⁵³ In 1927 four Japanese nurses travelled to the United States on Rockefeller Foundation Fellowships. One of the nurses was Araki Iyo, the superintendent of nursing at St. Luke's hospital. The other three were staff nurses at St. Luke's who were being groomed for faculty roles. Arai Kiku, Yumaki Masu, and Ando Masae attended post-graduate training at various institutions in the Northeast. This section focuses on the travels of Araki, Ando, Arai, and Yumaki in 1927 and 1928, but it is worthy to note that there were many more Fellowships granted to nurses and doctors from St. Luke's (Appendix B).

In 1927 Mary Beard was the director of the nursing program for the Division of Medical Education at the Rockefeller Foundation. She arranged the itineraries and training plans of the Japanese fellowship recipients. Beard was well-suited for her position at the Rockefeller Foundation. She moved in the social circles of nursing leaders at the time who were instrumental in bringing

²⁵³ Teusler to Embree, March 28, 1927, Folder 36, Box 5, Series 609-C, RG 1.1, Projects, Rockefeller Foundation records, Rockefeller Archive Center.

reform to nursing in the United States and internationally. She had spent 10 years directing the District Nursing association in Boston and was a founding member of the National Organization for Public Health Nursing. Beard was also a member of the committee that wrote and published the National league of Nursing Education's *Standard Curriculum for Schools of Nursing*.

There are several ways to put together the pieces of the puzzle of what is known about the nurses' experiences in the U.S. These include letters, fellowship files, and Mary Beard's officer's diary; all officers of the Rockefeller Foundation were required to keep diaries of their Foundation related activities. Beard's officer's diary is a rich source of daily snippets of her work related to various nursing projects in which the RF was involved. She wrote updates of meetings and conversations that she had with fellows and also with the nursing supervisors that they were receiving training with. Each fellowship recipient had a file that chronicles the highlights of their fellowship experience, and over time at the RF that information was sometimes transferred to a recorder card. In some cases the fellowship file and the recorder card are missing.

Beard's letters give us an overview of the plans she made for the visiting nurses. In a 1927 letter Beard wrote to Annie Goodrich, dean of the Yale School of Nursing, asking if one of the Japanese nurses could "be entered into the full twenty eight months course at Yale. I think it might be very valuable for the future of nursing in Japan." Beard asks Goodrich to choose among the three fellowship recipients based on their profiles and also inquires if perhaps the nurse could be

enrolled “with the hope of securing a degree.”²⁵⁴ Beard also wrote to Alice St. John. In an August 23rd 1927 letter she describes the plans for the nurses while they visit the United States: “I have thought much about these plans and hope that we have found the centers most suited to give them each the experience that you and Dr. Teusler want them to have.” Beard relays the plans to have Miss Araki the nursing supervisor at St. Luke’s go first to Philadelphia General Hospital to spend time with Lillian Clayton, then on to Yale for two months.

She would see a good deal of the method of introducing the new students and would get a certain amount of the regular routine. After that, three weeks each to observe communicable disease technique at Providence City Hospital and mental nursing at Butler hospital in Providence. Following that I think Miss Araki would enjoy spending a week with Miss Marvin at Bellevue Hospital observing her methods of teaching. If my arithmetic is right, this would leave five weeks at the end of Miss Araki’s time for paying visits and I would suggest Boston, New York, and Toronto.

The plan for Ando was for her to take the public health nursing course at Simmons College in Boston with “Miss Rice.” Marion Rice was the director of public health nursing at Simmons. Arai was accepted by Goodrich at Yale. Yumaki was to go to “Miss Hall” at Peter Brigham hospital. Carrie Hall was the nurse who founded Peter Brigham Bent Hospital (PBBH) school of nursing. PBBH was known for its high standards in nurse training particularly in the area of hygiene and ward cleanliness.²⁵⁵ On a final note Beard wrote that she “hopes to meet up with Miss Arai, Miss Araki, Alice St. John, and Annie Goodrich in

²⁵⁴ Beard to Goodrich April 27, 1927, Folder 36, Box 5, Series 609-C, RG 1.1, Projects, Rockefeller Foundation records, Rockefeller Archive Center.

²⁵⁵ Brigham and Women’s Hospital Bulletin, *In the Spirit of Carrie Hall*, accessed April 24, 2016, http://www.brighamandwomens.org/about_bwh/publicaffairs/news/publications/DisplayBulletin.aspx?articleid=5043

October [in New Haven] to have some general discussions about nursing in Japan and in the United States.”²⁵⁶ All four of the Japanese nurse fellows arrived September 6, 1927 to San Francisco via the Taiyo Maru from Yokohama. They then traveled by train across country to New York to check in at the Rockefeller Foundation offices at 61 Broadway before heading off to their respective fellowship sites. The following provides a snapshot of each nurse’s experience.

Araki Iyo is referred in Beard’s diary as a “nurse visitor.” Instead of attending a course of study her education would be at an administrative level by traveling to several well-established nursing institutions. Beard’s entry on October 26, 1927 notes that Alice St. John had made a very practical suggestion that Miss Araki pair up with another Nurse Visitor, Miss Esther M. Andreason from the University of Minnesota. Pairing Araki up with Andreason would be a practical move in assuring that Araki could navigate transportation systems. Andreason would also provide her with companionship and quite possibly their conversations would help solidify ideas that were being presented to Araki in a foreign language. They were scheduled to be in Boston from November, 15-17, Bellevue Hospital November, 19-24, East Harlem Nursing and Demonstration Project November, 24-30 and in Alabama December, 1-15.²⁵⁷ Beard’s diary notes on January 3rd, that she is relieved that Araki made it safely to Miss

²⁵⁶ Mary Beard to Alice St. John, August 23, 1927, RG71, box127, folder Alice St. John, Episcopal Church Archives.

²⁵⁷ MB (Mary Beard) Diary excerpt, October 26, 1928 [digital online source], RG 12, Rockefeller Foundation records, Rockefeller Archive Center.

Clayton of Philadelphia General Hospital “having followed directions exactly.”²⁵⁸ It is clear from Mary Beard’s diary that the nurses visiting on Rockefeller Foundation Fellowships were socialized differently according to their social status. Araki as a “nurse visitor” attended gatherings that Arai, Ando, and Yumaki did not. A party that Araki attended party on November 28th at Manhattan’s Cosmopolitan Club, a progressive meeting place for women in New York, was populated by nurses from an upper echelon to which Araki belonged. They were top level management or directors of the organizations that they represented. The dinner held in a private dining room of the Cosmopolitan Club was described as a “very pleasant and social evening.” In addition to the nurse visitors, the party was also attended by Ada Carr, editor of *The Public Health Nurse*; Mary Roberts, editor of the *American Journal of Nursing*; Mary Marvin, a professor at Teacher’s College and nursing supervisor at Bellevue Hospital; Isabel Stewart of Teacher’s College. Also in attendance were directors and instructors from the Henry Street Settlement, Yale School of Nursing, and the American nurses Association.²⁵⁹ The following evening an intimate dinner was held at Mary Beard’s home with Araki and Andreason in attendance as well as Hazel Goff and Mary Marvin. Goff had recently returned to the United States after two years of directing “the first

²⁵⁸ MB (Mary Beard) Diary excerpt, January 3, 1928 [digital online source], RG 12, Rockefeller Foundation records, Rockefeller Archive Center.

²⁵⁹The Cosmopolitan Club was founded in 1909 in Manhattan and was a place “for accomplished women to gather to socialize and exchange ideas.” <http://www.cosclub.com/general/viewClubHistory>. MB (Mary Beard) diary excerpt, November 28, 1928 [digital online source], RG 12, Rockefeller Foundation records, Rockefeller Archive Center.

modern school of nursing in Bulgaria.”²⁶⁰ The diary notes that the nurses were a “delightful, sincere, and vivid group” and that their conversation centered on ideas for incorporating the fellowship experience into the home school of nursing curriculum including the use of alumni magazines, and the experiences they had visiting various institutions.²⁶¹ Araki’s trip was shorter than Ando, Arai, and Yumaki’s. She departed to return to Japan in February 1928.²⁶²

Ando Masae arrived at Simmons College in Boston on September 15, 1927 to begin work under the supervision of Marion Rice. Ando’s recorder card reads that her training was to consist of ward supervision, pediatrics and public health. The first part of her fellowship was spent studying English and observing at the Community Health Association, Boston’s version of a visiting nurse service. From January until June she attended courses in public health nursing at Simmons College. Special opportunities were taken during Christmas and Easter holidays to gain additional experiences including industrial nursing, school nursing, and visiting hospitals in Boston. In June of 1928, after passing her exams, Ando had a 3 week field work experience with a “social agency.” Following 2 weeks of visiting with friends in early July, Ando spent about 7 weeks at Philadelphia General Hospital. Her final training period was from September 4 until September 14, 1928 with Miss Young of New York’s Presbyterian Hospital

²⁶⁰ Clara D. Noyes, “Department of Red Cross Nursing” [column], *American Journal of Nursing*, Volume 28, Number 1 (January 1928), 71.

²⁶¹ MB (Mary Beard) Diary excerpt, November 29, 1928 [digital online source], RG 12, Rockefeller Foundation records, Rockefeller Archive Center.

²⁶² Iyo Araki Fellowship Recorder Card, RG 10.2, Rockefeller Foundation records, Rockefeller Archive Center.

and at the East Harlem Health Demonstration. Ando's fellowship experience ended on September 14th but she stayed on in the States (with Arai and Yumaki) to attend the Episcopal Church General Convention which was held in Washington DC during October.

Details about Arai Kiku's fellowship experience are scant as the recorder card and fellowship file are missing at the Rockefeller Archive Center. It can be pieced together from other sources that Arai spent her fellowship period in New Haven. Beard met with Arai in New Haven on January 30, 1928 to check on her progress. Beard noted in her diary that "Miss Arai is learning much of the methods of teaching. She is spending much of her time on the wards and actually doing nursing work. She finds lectures interesting although sometimes hard to follow. She is very happy in her relations to students and staff." Beard also commented that she was "impressed with the type of Japanese girl selected by Mrs. St. John."²⁶³ A photograph taken at Nurses' Vacation House in Babylon, Long Island and published in the *AJN* reveals that Arai spent her summer there at the same time as Yumaki.²⁶⁴

Details about Yumaki Masu's fellowship are also somewhat scant because of the lack of a file or recorder card for her 1927-28 fellowship.²⁶⁵ Beard's diary

²⁶³ MB (Mary Beard) Diary excerpt, January 30, 1928 [digital online source], RG 12, Rockefeller Foundation records, Rockefeller Archive Center.

²⁶⁴ Alta Elizabeth Dines, "Introducing Miss DeGraw at Nurses' House," *American Journal of Nursing* Vol. 35, No. 1 (Jan., 1935), 49.

²⁶⁵ There is however a Fellowship File for her 1948 fellowship. In the 1948 application we learn that Yumaki attended Katsuyama Girls High School from 1918- 1921, St. Luke's Hospital School of Nursing from 1921-1924, and a Rockefeller Foundation Fellowship from 1927-1928. The

provides some detail. In a June 21st meeting with Beard, at the Women's City Club in Boston, Yumaki, who was taking a course in "anaethetics"²⁶⁶ at Peter Bent Brigham's Hospital, tells Beard that she would like to return there after her summer vacation rather than go to Philadelphia General Hospital as planned. Beard agrees with the plan. On July 16, 1928 Mary Beard wrote that as Yumaki's vacation at Nurses' House has come to an end, she had asked "Miss Woodward" of the Rockefeller Foundation's office, to meet Yumaki and take her to lunch, then help her get on the train to Boston as she is "quite inclined to be tearful."²⁶⁷ Finally, in September, Yumaki is back in New York City to be reunited with the other St. Luke's nurses.

The three nursing fellows were originally to leave New York City on September 14, 1928 to begin the trip home but Teusler requested that the travel arrangements be delayed until late August so that he could bring the nurses to the Episcopal General Convention in Washington DC in October. Teusler said he wished to "feature" the nurses there and would pay their expenses in the

application shows that her current position for the past 6 years is Dean of the College of Nursing. The College address is listed as the Red Cross Hospital in Shibuya and this is due to the fact that the School of Nursing at St. Luke's was at that time occupied by the Offices of the Public Welfare Section, an arm of the GHQ-SCAP occupying forces. At this time St. Luke's College of Nursing was merged with the Red Cross School of Nursing as a Demonstration Model as part of the reorganization of nursing in Japan under US military rule. GHQ-SCAP Agreement, 30 April, 1946. Public Health and Welfare Section, signed by Prince Tokugawa, president Japan Red Cross Society, Dr. Hashimoto, director St. Luke's College of Nursing, and Col C.F. Sams, Chief PWS.

²⁶⁶ Anaethetics is the word used in Mary Beard's diary to describe the title of the course that Yumaki was enrolled in. A search of English dictionaries both British and American does not list the word, but a google internet search shows the word still in current use as a synonym of anaesthetics.

²⁶⁷ MB (Mary Beard) Diary excerpt, July 17, 1928 [digital online source], RG 12, Rockefeller Foundation records, Rockefeller Archive Center.

interim.²⁶⁸ During the extra time in New York the nurses had observation experiences at the Henry Street Settlement, the East Harlem Nursing and Health Demonstration Project, and Presbyterian Hospital. On the evening of September 27, a dinner party was planned. All of the current fellows who were in New York were invited, this included fellows from the United States and abroad. In addition to the three Japanese nurses, there were two nurses from Peking, two from Rio de Janeiro, one Canadian (Toronto), one French Canadian (Montreal), one Yugoslavian, one from London and one from the United States. After dinner, the diary reads, the nurses all came back to Mary Beard's apartment and "talked delightfully about the reasons which made them go into nursing, their early experiences and the particular work to which they are looking forward."²⁶⁹

Teusler's decision to present the Japanese nurses at the conference would send a much more concrete message about the Mission's work in Japan. And indeed the conference was a success with a one million dollar pledge being made for a new hospital building at St. Luke's and the promise to have the money raised by March 1929.²⁷⁰ Teusler also may have intended for the nurses to experience the Church Convention as a means of sharing with them that particular aspect of Church membership. After the Episcopal Convention, the nurses visited 61 Broadway, the Rockefeller Foundation offices in Manhattan,

²⁶⁸ MB (Mary Beard) Diary excerpt, September 13, 1928 [digital online source], RG 12, Rockefeller Foundation records, Rockefeller Archive Center.

²⁶⁹ MB (Mary Beard) Diary excerpt, September 27, 1928 [digital online source], RG 12, Rockefeller Foundation records, Rockefeller Archive Center.

²⁷⁰ Convention Votes to Raise One Million: Endorses Whole of St. Luke's Campaign. *International Hospital News*, Vol. 1, No. 3 (November, 1928), 1.

they went to bid farewell to the Foundation staff. Beard wrote “the three Japanese nurses and Mrs. Kellam came into the office. They are filled with excitement and delights of the past two weeks in Washington. They were introduced to the President of the United States, taken up in an airplane, photographed with the president etc. etc. They are very eager indeed to get home.”²⁷¹

On the return trip to the West coast Ando, Arai, and Yumaki stopped for several one day layovers to get some final observation experiences. They stopped in to visit at the University of Toronto; in Cleveland, they visited the Cleveland Visiting Nurses Association; and in Chicago they spent time at the University of Illinois School Of Nursing and the Illinois State Association of Graduate Nurses. All of these sites were part of the Rockefeller Foundation network of nursing institutions that represented the ideals that the RF was trying to promote. On November 1, 1928 Ando, Arai, and Yumaki boarded the Empress of Canada in Vancouver to begin the return trip to Yokohama.²⁷²

Transformation of the Imported Curriculum

While St. Luke’s joined other Japanese hospitals in adopting foreign habits such as the use of western style beds and crisp white uniforms for nursing staff. Also, like other missionary schools in Japan, the American nurses taught in

²⁷¹MB (Mary Beard) Diary excerpt, October 23, 1928 [digital online source], RG 12, Rockefeller Foundation records, Rockefeller Archive Center.

²⁷² Ando, Masae Fellowship Recorder Card, RG 10.2, Rockefeller Foundation records, Rockefeller Archive Center.

English and there was a distinct Christianizing mission within the school. Photographs demonstrate the use of English language in teaching in which it can be seen that the Teacher is writing in English. The schools 1926 application as a *Semmon Gakko* details the contents of the nursing schools library. The 712 volumes that make up the library and cover all manner of related topics including materia medica for nurses, bacteriology and pathology for nurses, laboratory handbook for dietetics, practical nursing, essentials of medicine, ethics, and hygiene, to name a few, were all in English. Not a single Japanese language resource was listed. During this time period the Japanese Red Cross Nurse Training School in Tokyo was using Japanese printed material for nursing education.²⁷³ The lack of incorporation of existing Japanese language materials into the curriculum at St. probably spoke to content and the strict control that the leadership at St. Luke's had in incorporating an American curriculum.

In 1925, similarly to schools of nursing in the United State, the faculty at St. Luke's consisted of both physicians and nurses. Japanese medical doctors taught such courses as pathology, bacteriology, medical and communicable disease, bandaging, materia medica, and gynecology and obstetrics. The English speaking American nurses taught theory and practice of nursing, dietetics, nursing history, ethics, and public health. Surviving notebooks from 1934 student Sakamoto Fusae shows that the students sometimes translated and copied English language nursing texts as a method of learning. Her notebook is neat

²⁷³ The 125th Anniversary Commemorative Exhibition of the Japanese Red Cross Society, 1877-2002, [bulletin]. Japanese Red Cross Society, Shibuya-ku, Tokyo.

and carefully arranged to reflect the content of the text that she was copying. Another student, Takeuchi Hisako's, surviving notebooks reveal much more animated note taking in her native language- her anatomy and physiology notebook, based on a lecture by a Japanese physician, shows a slightly scrawled quality and multiple arrows and drawings to clarify understanding. My point in this comparison, is that there was clearly a much more natural acquisition of information in the notes taken from a Japanese lecture as compared to teaching in English. Takeuchi's surviving notebooks also include recipes that were taught in dietetics class.

Helen Pond, the dietetics teacher provided students with recipes for cornstarch pudding, lemon jelly, Waldorf salads in baskets, and water lily salad, a decorative concoction that included slicing the egg white into petals, forcing the yolk through a strainer, and topping it off with mayonnaise. Cooked grains included Wheatena, Cream of Barley, Ralston's, and Petti Johns, all brand name cereals from the United States. Milk was often scalded in a double boiler and stale bread or dry toast was a mainstay of some of the meal plans. In general the teaching was for low calorie meat, fruit, vegetable and cereal meal plans with very moderate use of sweets, all of it Western in preparation style. An interview with Pond captures some of her ideas about American foods in Japan.

My job isn't as difficult as it sounds, once the Japanese get a taste of American food they often like it better than their own. American restaurants are always crowded in Japan. The job is to teach them which foods are best for them. While we are persuading them which of our foods to adopt, we would do well to adopt some of theirs. American women would be envious to learn that as long as they stick to their native diets,

Japanese women have no reducing problems; it is only when they begin eating bread and butter that they begin to get fat.²⁷⁴

Photographs reveal a more nuanced story. Despite Miss Pond's comments that American food was well received at St. Luke's, photographs show that the kitchens at St. Luke's were equipped with large industrial size rice cookers and a photograph of a public health nurse show her preparing traditional Japanese foods.²⁷⁵

Photographs also tell the story of how a physical hospital structure that during repeated renovations and new hospital buildings became increasingly western and decreasingly Japanese. Early photos show hospital wards and nurses classrooms in dark wooden structures. The hospital wards in the modern building were brightly lit with gleaming linoleum floors. Yet even in the most modern structure, the new brick and concrete hospital in 1933, certain traditional touches were maintained. The nurse's recreation room consisted of tatami mats, *kotatsu* (low table), and *zabuton* (pillow) (see Figure 2). A photograph of the kitchen shows large industrial sized rice cookers. The bath room is built as a traditional communal bath house with individual stations for scrubbing the body and a large communal *ofuro* (bath) (see Figure 3). The photograph shows buckets and stools stacked neatly against a wall of the bath room waiting to be

²⁷⁴ Washington Post, *Japanese like Western Food Better than Their Own, U.S. Dietician in Tokyo Says*, Tuesday October 16, 1934, page 16.

²⁷⁵ There are 3 different photos of large industrial sized rice cookers in 3 different buildings/time periods at St. Luke's in the photo collection of the Japan Mission at the Episcopal Church Archives. A photo of a public health nurse giving a cooking demonstration shows her grating daikon radish. Mary Beard Scrapbook, [Personal Photograph Collection]. The Mary Beard (1876-1946) Papers (Medical Center Archives of New York- Presbyterian/Weill-Cornell; New York, NY).

picked up by a bather for use in scrubbing the body clean before joining other bathers in the large hot soaking tub.²⁷⁶



Figure 14 Nurse's Recreation Room

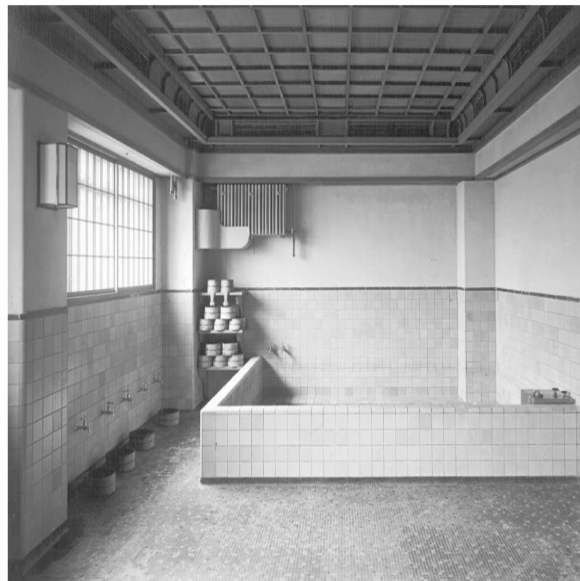


Figure 15 Traditional Japanese Ofuro

²⁷⁶ Photo Collection, Japan Mission, RG 301, box 24, f.11. Episcopal Church Archives.

Photographs from St. Luke's and the Japan Red Cross show that *kamishibai* (picture drama) was used to deliver a public health message. At St. Luke's an early 1930's photograph shows a Japanese physician holding a *kamishibai* card teaches a public health message about tuberculosis.²⁷⁷ The Japan Red Cross Society used Kamishibai to promote the Red Cross Mission during World War II.²⁷⁸ In Kyobashi Ward in 1935 another type of drama was used.²⁷⁹ The Junior Health League enrolled 2,500 children who were enrolled in a class at their school called dramatic health. The class, taught by a public health nurse, facilitated the creation of a marionette play that delivered a message about the importance of brushing your teeth. The play was presented 50 times in a one year period, reaching 13,000 school children.²⁸⁰

At the same time it should be acknowledged that there are other reasons why women's attitudes toward their families and children would have been

²⁷⁷ Kamishibai is a traditional form of storytelling in which a small portable stage is used to display a card that has a scene drawn on it. The sequence of cards tells a story. The text written on the back of the card allows the presenter to seamlessly tell the story. The cards are ordered so that the text on the back of the bottom of the deck correlate to the card that is now at the front. This type of theater has a history of being delivered by the "*kamishibai* man" who arrived on a bicycle and set up shop selling candy and then giving a performance out of a folding wooden box mounted on his bicycle. Children who bought candy were rewarded with front row seats. The art form still exists and is used in many different ways. My first exposure to it was while working at St. Luke's College of Nursing. In 2008 a nurse from Liberia was receiving post-graduate training at St. Luke's. She created a kamishibai picture drama to be used to deliver a health message in Liberia. The project was designed so that it could be used by a health worker. A similar project had been done the previous year at St. Luke's by a nurse from Sierra Leone. I realized that it was a traditional art when I saw a *kamishibai* play being performed at a *natsu matsuri* (summer festival). Historical Photograph Collection, St. Luke's College of Nursing, Chuo-ku, Tokyo, Japan.

²⁷⁸ The 125th Anniversary Commemorative Exhibition of the Japan Red Cross Society, 1877-2002, Shibuya-ku, Tokyo, Japan.

²⁷⁹ Kyobashi Ward is the name used to describe an area of Chuo-ku, one of the main sections or wards of Tokyo. Chuo-ku is eastern central Tokyo, it is separated into 3 zones, one of which is Kyobashi. Tsukiji, the location of St. Luke's Hospital lies within Kyobashi.

²⁸⁰ "Marionette Shows Used in Child Health Program," *International Hospital News*, June 1935, accessed online October 9, 2014, <http://imageserver.library.yale.edu/digcoll:452359/500.pdf>

changing. The idea of *ryosai kenbo* continues to be discussed in the scholarly literature. But the idea that Japanese people were driven by nationalism and patriotism is a stereotype that does not take into account that family attitudes changed as modernization brought about improved health and survival rates of children. In the early 19th century in the United States a transition occurred in family rearing styles as advances were made in medicine, hygiene, nutrition, and knowledge of family planning. This led to smaller families, because people began to trust that their children could survive. More intense investment in each child's rearing accompanied this change.²⁸¹ It seems likely that as similar advances in medicine and hygiene occurred in Japan, that a similar process would occur there as well. Women were interested in doing what was best for their children not just because it was patriotic but because they cared about them.

Social Class in the Transnational Space

For both the Japanese nurses who traveled to the United States and the American Nurses who traveled to Japan, it is clear that they were being socialized in a way that contradicts the humble beginnings associated with nursing in both countries. As historian Susan Reverby illustrates, modern nurses of the early twentieth century came from the working class poor. This was very different from their predecessors who were untrained and came from a lower,

²⁸¹ Sylvia D. Hoffert, *Private Matters: American Attitudes toward Childbearing and Infant Nurture in the Urban North, 1800-1860* (Chicago: University of Illinois Press, 1989); and Catherine M. Scholten, *Childbearing in American Society 1650-1850* (New York: New York University Press, 1985).

often destitute class.²⁸² The nurses who travelled between St. Luke's and the United States had a very exotic experience. They joined other nurses who had enjoyed the adventure on international nursing work as Red Cross nurses and international aid workers.

The idea that the American nurse in Japan travelled in elite social circles is captured in some of Marion Stanley Doane's memorabilia. A printed program from Doane's voyage on the Yokohama based SS Shinyo Maru list Doane as a saloon (First Class) passenger. The program is a dinner invitation and tells much about travel aboard the luxury liner. The voyage beginning on June 1, 1918 left from San Francisco. The invitation specifies that in honor of King George V's birthday "you are requested to appear in evening dress." The saloon passengers and officers of the ship are listed by name on the invitation. Captain Nagano leads the Japanese ships staff of officers. The list of names is about equally made up of Asian, mostly Japanese, some Chinese, and non-Asian names listed by the ports of call of Honolulu, Yokohama, Kobe, Shanghai, and Hong Kong. The dinner menu begins with Oysters on the half shell, consume royal, a choice of roasted lamb, or prime rib, or chicken, followed by lobster salad or greens. Dessert consisted of berries and cream, followed by "fromages and café noir."²⁸³ The voyage was especially celebrated because one of the passengers was Prince Arthur of Connaught, cousin of King George of England who was in route

²⁸² Susan Reverby, *Ordered to Care: the Dilemma of American Nursing 1850-1945* (New York: Cambridge University Press, 1987), 77-94.

²⁸³ Memorabilia, Ship program June 3, 1918. Box 1, folder 6, The Marion Stanley Doane, RN (1881- 1958) Papers (Medical Center Archives of New York- Presbyterian/Weill Cornell; New York, NY).

to Japan to receive a medal from the emperor. Because of his presence the boat was met in Honolulu and in Yokohama with a great deal of fanfare.²⁸⁴

The Tokyo Women's Club provided social opportunities for women in Tokyo. Although non-sectarian in nature, the club was mostly populated with white Christian missionary women. Every single one of the missionary women at St. Luke's in 1921 were listed as members, Mrs. R.B. Teusler (Teusler's wife), Miss Mary S. Teusler (Teusler's daughter), Marion Doane, and Alice St. John. Iyo Araki, the Superintendent of nursing is among just a few Japanese women who were members in that year. Araki was the only Japanese woman from St. Luke's who was a member. Other members of the American Church Mission (Episcopal Church) were Mrs. J Reifsnider (wife of Rev. John Reifsnider) and the women of the McKim family (wife and daughters of Episcopal Bishop of Tokyo John McKim).²⁸⁵ Among the foreign members were other missionary women. Miss Grace Osburn and Miss Catherine Osburn were Universalist missionaries. There were many women listed from Aoyama Jo Gakuin, a school founded and run by Methodist Episcopal missionaries. Helen Warren, wife of U.S. ambassador Charles Warren was also a member. The club's pamphlet, issued yearly, listed

²⁸⁴ "An American Nurse Abroad" [1927 Speech by Marion Doane.] Box 1, folder 1, The Marion Stanley Doane, RN (1881- 1958) Papers (Medical Center Archives of New York-Presbyterian/Weill Cornell; New York, NY).

²⁸⁵ Charles Reifsnider was a missionary of the Anglican Episcopal Church and a Reverend in the North Tokyo Diocese of the Nippon Seikokai (The Anglican Church of Japan) from 1904 until 1941. He served as substitute Bishop from 1924-1935, when Bishop McKim was away, and then Bishop from 1935 until 1941. John McKim was Bishop of the North Tokyo diocese of the Anglican Episcopal Church in Japan from 1897 until he retired in 1935. McKim and Reifsnider were also Chancellor and President, respectively, of Rikkyo University in Ikebukura section of Tokyo, another Episcopal Church mission enterprise.

all members and their addresses and listed club officers and committees. Club events were oriented around topics that would expand the mind of the women attendee's including: types of architecture, the reading of poetry, and speakers from various embassies. Committees were formed for the promotion of art, literature, music, civics, drama, and a social committee.²⁸⁶ Considering the background of many American and Japanese nurses as middle class, participation in the arts and sharing the company of Ambassadors wives was indeed a unique class experience and perhaps a rare opportunity that was afforded them because of the transnational nature of St. Luke's.

In a letter from Marion Stanley Doane to her sister she describes a trip that she has just taken. She starts by describing that she feels "just like I do after I finish a good book, I set it down and think that it was all so interesting." Doane had just returned from a weekend trip to the Iwakura family grounds. Doane wrote this of her visit:

The house is lovely, about 13 rooms and the garden near the house is picturesque with temple lanterns, gold fish ponds, and artistic little rocks. Mrs. Iwakura doesn't speak English but Mr. I speaks well and so he did most of the entertaining, they couldn't seem to do enough.

Japanese hospitality is charming. They tried to make us comfortable by using cushions to make a 'seat' at the table and offered us a knife and fork and bread. There was asparagus and eggs from the farm and a little basket with a warm wet towel wrung out with which to bathe one's face. In the evening for entertainment they brought in a stack of

²⁸⁶ Tokyo Women's Club 1921-1922 [leaflet]. Box 1, folder 6, The Marion Stanley Doane, RN (1881- 1958) Papers (Medical Center Archives of New York- Presbyterian/Weill Cornell; New York, NY).

magazines in English and played the gramophone. That night, I had a Japanese bath and slept sound all night on the floor.

The next day after breakfast we walked for miles. We walked 1 ½ hours and didn't cover half of their place, 250 acres. Saw a great field of tea and some green houses, loads of pigs, cows, ducks and hens. I know Roc would've enjoyed seeing the place. They of course asked us to come again. That goes with the Japanese goodbye. Mrs. I think I can come for the day sometime. I took them some Japanese cakes and wrote them my bread and butter letter, with help, in Japanese.²⁸⁷

This opportunity to spend time in the home of a wealthy Japanese landowner is another indication of the advanced social opportunities that existed for the nurses who moved between the United States and Japan.

Another event attended by Doane in Tokyo was the *Luncheon and Reception for Women War Workers for the Allied Cause*. The invitation for the luncheon on December 21, 1918, held at the Tsukiji Seiyoken Hotel, was adorned with a British and an American flag.²⁸⁸ The back of the invitation lists the names of the allied countries by the date on which they joined the war. For entertainment the Mistukoshi orchestra played *Auld Lang Syne*, *Over There*, *Keep the Home Fires Burning*, and *I'm on my Way to Dublin Bay*. The menu left nothing to want for the western palate with potage a la chartreuse, salmon et crevettes, boeuf sauté a la Milanese, and so on. This luncheon occurred while the war was still being fought and during the time that Teusler and St. John and a

²⁸⁷ Doane to Hapgood letter, 4/29/1921. , Box 1, folder 2, The Marion Stanley Doane, RN (1881-1958) Papers (Medical Center Archives of New York- Presbyterian/Weill Cornell; New York, NY).

²⁸⁸ Tsukiji Seiyoken Hotel was the first western style hotel in Tokyo. In 1918 it would have some of the best western style cuisine in Tokyo. <http://www.meijishowa.com/photography/3295/120409-0025-tsukiji-seiyoken-hotel> [retrieved November 11, 2014].

group of Japanese nurses and doctors were away in Vladivostok with an American Red Cross delegation from St. Luke's.²⁸⁹

Like the American nurses who visited Japan, the Japanese nurses in the United States were socialized in rich privileged environments. It is worthwhile to note that in the United States nurses were grappling with their image from a social class point of view. As nurse historian Patricia D' Antonio describes, In the late nineteen twenties there existed what was referred to as a "two-class nursing system," in which one class represented the ideals of nursing leadership in terms of standardization of nursing education and a movement toward registration for all nurses as the legal basis of practice, and where the other class was the continued production of nurses in a small hospital setting that had limited clinical and educational opportunities.²⁹⁰ This second class of nursing represented all that nursing leaders were evolving away from, irregularity in what constituted nursing knowledge and lower classes of women and the associated unclean image of nurses. Mary Beard, the Rockefeller Foundation officer who arranged the itinerary of the nurse Fellowships, was very much a member of the first group and she would be sure to steer Fellowship nurses through social experiences that imprinted this on the foreign nurses psyches- that American nursing was highly civilized and that in their efforts to uplift nursing internationally, that they too were highly civilized. Some of this is captured in Mary Beard's officer diary.

²⁸⁹ Lavinia Dock et al, *History of American Red Cross Nursing* (New York: The Macmillan Company, 1922), 944-952.

²⁹⁰ Patricia D' Antonio, *American Nursing: A History of Knowledge, Authority, and the Meaning of Work* (Baltimore: The Johns Hopkins University Press, 2013), 106-107.

Notation is made of places where she meets nurses, social events that she organizes for the visiting fellows.²⁹¹ The International House in Manhattan comes up frequently in Beard's diary. Fellows sometimes stayed at International House while they were in New York and sometimes Beard arranged for her meeting with Fellows to occur at International House. Cosmopolitan Club also comes up frequently as a venue for dinners and social events organized around nurse networking and education. Another venue for socialization is the Nurses' House on Long Island where nurses could spend vacation time or the holidays in a chaperoned and appropriately relaxing environment.

Arai Kiku and Yumaki Masu spent the first two weeks in July of 1928 at Nurses' House in Babylon, Long Island. Nurses' House (NH) opened in 1924 following the closure of the Red Cross Nurses' Vacation House in West Islip which had opened to serve nurses returning from overseas duty during World War I. It served as a vacation spot for nurses who were weary from work but also as a place for sick nurses to recuperate. Indeed, the only object of NH is "to give nurses peaceful rest, contented convalescence, and tranquil vacations."²⁹² The house was located a fifteen minute walk or a bicycle ride away from the beach. The private beach had a well-equipped cabana and visitors from NH could bring a lunch and make a day of it. Other nearby entertainment included golf and horse riding facilities. The gardens and blooming trees on the property provided color

²⁹¹ Mary Beard's Officer's Diary, 1926, 1927, 1928 [digital online source], RG 12, Rockefeller Foundation records, Rockefeller Archive Center.

²⁹² Dines, "*Introducing Miss DeGraw*," 50.

throughout the year. During the summer the house was full to capacity including the main mansion and a former stable and cottage which had been converted to guest rooms.²⁹³ In 1935 an article in the *American Journal of Nursing* said that the hostess, Della DeGraw, had greeted 4,581 nurses in the previous six years. A photograph in the article is of DeGraw with St. Luke's nurses Arai and Yumaki during their 1928 visit to the house.²⁹⁴

Mary Beard's diary makes frequent note that RF Fellows stayed at International House (IH) and she sometimes met them there for interviews about how their fellowships were going. International House opened in 1924 as a project of the Rockefeller Family philanthropy. It had separate dormitories for 125 women and 400 men. A common area included a dining hall, auditorium, reading rooms and a gymnasium. The common area was open to non-residents to attend events there.²⁹⁵

An article written by Harry Edmonds, first director of IH, he expressed the great potential that IH had to promote international understanding. Edmonds describes the facilities and activities of the house in tones that are imbued with an allegorical quality "it's windows, row on row, drawing light, and it's two towers, like spires pointing upward into the blue, are symbolical of its intellectual and spiritual aspirations."²⁹⁶ The IH "Sunday Supper" addresses were an opportunity

²⁹³ Mary Roberts, "Nurses House," *American Journal of Nursing*, Vol. 57 (9), 1172.

²⁹⁴ Dines, "*Introducing Miss DeGraw*," 49.

²⁹⁵ Harry E. Edmonds, *A New Endowment for International Friendship* [pamphlet].RG III 2G, box 10, f. 68 Rockefeller Family records, Rockefeller Archive Center.

²⁹⁶ *Ibid.*, 3.

to teach foreign visitors. A July 27th reprint of a Sunday Supper address titled “Understanding the Status Quo,” implores visitors to be kind to others- to understand them. He makes the point that if 10,000 members a year yield this message and after 25 years of new members, then 250,000 young people will be working for a “profound understanding and peace for humanity.” And he asks, “Isn’t it worth trying?”²⁹⁷

Conclusion

This chapter has situated the development of St. Luke’s College of Nursing within the cultural revolution of changing women’s rights in Japan. In 1927, the imported nursing curriculum at St. Luke’s represented what was ideologically valued in the United States as outlined in the *Standard Curriculum for Schools of Nursing*, but may have actually achieved a level of implementation that was rarely seen in the United States. The examination of nurses who travelled between the United States and Japan reveal that both American and Japanese nurses had rare privileged opportunities because of the international nature of the work they were doing and their association with powerful elites who were involved in the endeavor. Transformation of the imported curriculum occurred on many levels as the Japanese adapted nutrition information to fit their own diet and used traditional storytelling methods to deliver a public health method. When the new brick and concrete building was completed in 1933, the nursing school was complete with essential Japanese traditional spaces for

²⁹⁷ Ibid.

relaxation and bathing. The idea of *ryosai kenbo*, although it continues to be contested by current scholars of gender and women's studies in Modern Japan, explains the success of the advances made by the school of nursing in engaging women in a maternal and child health program (see Figure 4).



Figure 16 Mother's Day Clinic 1926

CHAPTER 4

Kyobashi Ward, Rockefeller Foundation initiatives and the development of public health nursing in Japan

This chapter juxtaposes the development of public health nursing at St. Luke's College of Nursing (SLCN) in Kyobashi Ward, Tokyo with the Rockefeller Foundation (RF) funded development of the Tokyo Institute of Public Health. These stories are deeply entwined but the existing historiography regarding Rockefeller health initiatives in Tokyo does not acknowledge the degree to which these projects were related. My intention with this chapter is to tease out the differences between St. Luke's hospital and school of nursing as a local project and the Tokyo Institute of Public Health which was a RF project. Over time St. Luke's gradually recast some aspects of its development to be in line with RF project ideology. The RF International Health Division (IHD) had a global vision for Japan of systemically improving public health in a way that would reach the entire country of Japan. It came to my attention when reading about RF projects in Japan that the existing body of literature situates St. Luke's as a RF project and as such the interpretation of events at St. Luke's are interpreted through the lens RF activities. As a brief illustrative point, historian John Farley describes an 11.5 million allocation to the development of a school of hygiene in Tokyo as that the Health Board "was being taken for a very long ride." Farley situates his account of the activities in Japan in a geo-political history that barely mentions St. Luke's. Darwin Stapleton's subsequent work "erected on the shoulders of giants,"

referring to Farley's work, also situates St. Luke's as somewhat of an aside to the development of the Tokyo Institute of Public Health. My study being about the larger project of St. Luke's led me to interpret the archives differently and in this chapter I situate St. Luke's as much more integral to the development of the Institute. Rudolf Teusler, the director at St. Luke's was involved in the planning and negotiations for the institute. The School of Nursing was tightly linked to the development of public health nursing by the Institute and many of the early staff at the institute consisted of St. Luke's faculty working in dual capacity. One of the main objectives of this chapter is to illuminate the development of public health nursing in Japan through the activities of programs run in Kyobashi Ward as part of the operations of St. Luke's Hospital and College of Nursing.

Public Health in Japan

In order to consider a modern concept of hygiene and public health a brief discussion of the history of medicine in Japan is necessary. Prior to the Meiji Era (1868-1912) health was largely focused on individual well-being. Practices like tea-drinking and martial arts were believed to maintain good health. Traditional medicine practices such as acupuncture, moxibustion, vital energy, yin-yang, and herbology were adopted from China and Korea in the 6th and 7th centuries and remained influential until the arrival of Western Medicine in the 16th century.²⁹⁸

²⁹⁸ Mahito H. Fukuda, "Public health in Modern Japan: From Regimen to Hygiene," in *The History of Public Health and the Modern State*, ed. Dorothy Porter, (Netherlands: Editions Rodopi B. V., 1994), 386.

Western medicine was first introduced to Japan during contact with Europeans who came to Japan via trade ships in 1549. These early European visitors consisted of Spanish and Portuguese who ventured into the East hoping to civilize through Christian conversion while on trade missions. In 1639 when the Tokugawa shogunate closed Japan to occupancy by foreign visitors, medical knowledge continued to enter Japan via the port of Nagasaki, where Dutch physicians and surgeons were allowed to visit and books and printed materials were allowed in. During Japan's "closed" period, the port of Nagasaki continued to be an import site but trade with Europeans was limited to the Dutch and took place on the offshore island of Dejima. The Dutch developed a policy to protect the health of their sea-faring traders; they sent a physician on each ship to the East. On Dejima, some Japanese worked as assistants to the Dutch physicians and became their protégés. It was a two-way exchange in which some Dutch physicians became notable Japanese scholars. Between 1641 and 1858 more than one hundred Dutch physicians practiced medicine in Dejima.²⁹⁹

During the "closed" period, some medical advances from outside were brought in and adopted. Historian Mahito Fukuda writes about some medical progress made in Japan prior to modernization. In 1801 information reached Japan about the 1798 discovery of the smallpox vaccination. In 1848 a Dutch physician introduced the technique of vaccination and by 1858 a program was developed for systematically vaccinating against smallpox. The profound concept

²⁹⁹ Margaret Powell, and Masahira Anesaki, *Health Care in Japan* (New York: Routledge, 1990), 20-21.

of immunization and vaccination became inextricably linked to the physical place in which it occurred in 1858 (*Shutojo*- Vaccination Place for smallpox) and interestingly the physical site went through several iterations of being a portal of medical knowledge. In 1874 the site became the Tokyo University School of Medicine.³⁰⁰

Adopting a German Model of Medicine

In 1868 the *Gokajō no Goseimon* (Oath in Five Articles) provided a roadmap for modernization including the proclamation that “knowledge shall be sought for [sic] all over the world and thus shall be strengthened the foundation of imperial society.”³⁰¹ This oath drove modernization changes in medicine and education. Two Japanese physicians were appointed in 1868 to make recommendations on a method to bring the standard of medicine to world-class level. Iwasa Jun and Sagara Chian had trained in Nagasaki under Dutch physicians. Iwasa and Sagara recommended adopting German medicine for a few reasons. It was considered the most advanced and the transition to speaking and reading German would be relatively easy for the Japanese who were already studying medicine in Dutch. After the decision to adopt German medicine, two instructors from Germany were brought to Japan in 1871. The education track that they developed was the forerunner to the Tokyo University

³⁰⁰ Fukuda, “*Public health in Modern Japan*,” 387.

³⁰¹ Powell and Anesaki, *Health Care in Japan*, cite T. Kawakami, *Gendai Nihon Iryoshi* (History of Medicine in Modern Japan), Tokyo, 1965 and A. Kamiya, *Nihon Kindai Igaku No Akebono* (The Dawn of Modern Medicine in Japan), Tokyo, 1979, 27-28.

School of Medicine. Around the same time some Japanese medical students began to travel to Germany for education.³⁰²

The transition to Western German styled medicine was a gradual one. *Kanpo* practitioners practiced a kind of Japanese adapted Chinese medicine. They coexisted with practitioners of Western medicine but eventually their numbers decreased and they were essentially squeezed out of practice by education and licensing laws supporting western trained physicians. Beginning in 1876 medical licenses were issued only to practitioners trained in Western medicine, this excluded the majority of practicing doctors who were *kanpo* practitioners. Further establishment of the German influence occurred with an 1879 law that exempted students from the licensure examination if they studied at a German medical university or at one of the national medical schools in Japan, with the prescribed German model of medical education. In 1882 this was extended to include medical programs that had at least three faculty who had graduated from a National university medical school. The *kanpo* fought for inclusion but the mainstream acceptance of western medicine and the systematic exclusion of them rendered them what historians Powell and Anesaki called a “spent force.”³⁰³ Records indicate that in 1874, when the examination for licensure was first instituted, there were 28,262 doctors in Japan, 23,015 were *kanpo* practitioners, 5,274 were Western practitioners. By 1924 more than 95 percent of licensed doctors were trained in Western style medicine. The number

³⁰² Powell and Anesaki, *Health Care in Japan*, 27-28.

³⁰³ Powell and Anesaki, *Health Care in Japan*, 29-31.

of German influenced medical schools increased from nine in 1874 to twenty in 1900.³⁰⁴

Fukuda indicates that the concept of hygiene and public health was also derived in German medicine. Some Meiji Era policies were focused on building national power and wealth and this included a healthy population. The new government developed the Department of Medical Affairs within the Ministry of Education with the goals of institutionalizing medical education, public health and the delivery of health care. Nagayo Sensai, the first director of the Japan Board of Public Health, part of the Department of Medical affairs was first exposed to German ideas in hygiene when he visited Europe as part of the Iwakura Mission (1871-1873). The Iwakura Mission was an expedition of Japanese early in the modernization period that was consciously about introducing young samurai class Japanese to elite foreign circles as a demonstration of Japan's interest in the West. The expedition also effectively dispersed many of these young Japanese citizens into a variety of education opportunities that they participated in and then returned home, in some cases many years later. Nagayo spent a few years in Germany; his policies were rooted in what he observed there. In 1875, in his role as director, Nagayo, a physician, drafted an order called *Isei* (Medical Order) that sought to institutionalize the regulation of medical education, public health, sanitation, nurses, doctors, midwives, and pharmacists. Following cholera and typhoid epidemics in the late 1870's, various laws were passed to

³⁰⁴ Ibid.

regulate public hygiene including clean water supply, systems for sewage disposal, regulations of theaters and bath houses, and burial of the dead.³⁰⁵

Historian Michael Liu goes into great depth describing the German roots of what he terms “medical modernization” in Japan. German medicine was different from other models in that it was university based as compared to hospital based and boasted the most advanced techniques in laboratory methods and bacteriology.³⁰⁶ This is important to this chapter because it is related to what Rudolf Teusler, the physician director at St. Luke’s, would recognize as a shortcoming to medical practice in Japan, and that was in the delivery of the health care. Historian John Harley Warner also discussed the shortcomings of the German style of medicine as being laboratory based and missing the critical translation into effective bedside care and a disconnect with nursing care.³⁰⁷ Liu’s work also portrays the German concept of *Staatsmedizin* (state medicine) as being attractive to the Japanese. *Staatsmedizin* considers the state responsible for public health and therefore public health would be built into an existing government infrastructure. For example, in Germany and Japan state medicine was sometimes carried out by an arm of the police force.³⁰⁸ As this chapter examines the development of public health nursing at St. Luke’s, a private hospital, and the Rockefeller Foundation backing of the Tokyo Institute of Public

³⁰⁵ Fukuda, “Public health in Modern Japan,” 387-88.

³⁰⁶ Michael Shiyung Liu, *Prescribing Colonization: The Role of Medical Practices and Policies in Japan-Ruled Taiwan, 1895-1945* (Ann Arbor, Association for Asian Studies, 2009), 29-30.

³⁰⁷ John Harley Warner, *Against the Spirit of System: The French Impulse in Nineteenth-Century American Medicine* (Baltimore: Johns Hopkins University Press, 2003).

³⁰⁸ Liu, *Prescribing Colonization*, 20-21.

Health, a state backed initiative, it is interesting to note that the actors at St. Luke's were straddling operations that had distinctly different relations to the State.

Interestingly, in the literature and primary source documents pertaining to St. Luke's, there is no mention that American medicine may have been struggling against a tide of German medical influence. Teusler's early success in Tokyo had a quality of serendipity. He met and became friends with Jules Scriba, a German professor of surgery at the medical school at Tokyo University. Besides their common interest in medicine and shared status as foreigners, the two spent time together hunting for sport. In 1902 Scriba retired from Tokyo University and began to do surgery at St. Luke's in the small hospital that Teusler was directing. The friendship between Teusler and Scriba is credited with being a conduit for Japanese physicians to begin working with Teusler. Kubo Tokutaro, a graduate of the medical school at Tokyo University, joined St. Luke's in 1902 as assistant director, he would eventually become Director of the hospital after Teusler's death in 1934 and until his own death in 1941.³⁰⁹ While the difference in German and American styles of medicine did not come up as a stated problem in the project at St. Luke's, it was in nursing that a pointed difference was observed. Teusler recognized that the German medical model did not permit or prepare an adequate nursing staff to support the medical advances that had been made in

³⁰⁹ Robbins and MacNaught, *Dr. Rudolf Bolling Teusler*, 34-36.

Japan. He argued that a specifically American model of nursing would be the answer.³¹⁰

In fact, it was through identifying and addressing real needs in Japan's health care system that explains some of St. Luke's enduring success. Historian Garrett Washington attributes the survival of St. Luke's with the ability of the leadership there to "locate important weaknesses in the Japanese healthcare system and to build specialized institutions and programs to meet them."³¹¹ St. Luke's did not try to improve upon medical practice in Japan but instead focused on the problem of health care for the poor and the creation of a coherent public health system. Garrett argues that although St. Luke's was built on "threads of U.S. cultural and technological imperialism in Japan," that these elements led to its success in terms of the ability to involve Japanese elite and support from the Imperial government.³¹²

Historiography of International Health Division Projects in Japan

In John Farley's *To Cast out Disease*, a history of the Rockefeller Foundation's International Health Division (IHD), Farley uses the following statements to describe the IHD's involvement in Japan: "Slowly, like it or not, the [International] Health Board [of the RF] was being pulled into the Japanese orbit;" "One gains the impression that the Health Board was being taken for a very long

³¹⁰ 'St. Luke's International Hospital and College of Nursing, Tokyo', 1928. RF, RG 1.1, 609C, box 6, f.43, Rockefeller Foundation records, Rockefeller Archive Center.

³¹¹ Garrett L. Washington, "St. Luke's Hospital and the Modernization of Japan" *Health and History*, Vol. 15, no. 2 (Dec., 2013), 22.

³¹² Washington, "St. Luke's Hospital," 22.

ride;” and, “Tokyo had turned out to be a terrible mess.”³¹³ Farley’s work gives a great deal of detail into the involvement of the IHD in a project to address public health and hygiene in Tokyo that had its beginnings in 1923 and lasted thru the opening of the Tokyo Institute of Public Health on May 11, 1940.

In terms of the RF being pulled into the Japanese orbit, Farley is referring to a general reluctance by the IHD to get involved in Japan. In 1923, Charles Austin Beard, an American historian and social reformer, had been hired by Tokyo mayor Goto Shimpei to do an independent survey of Tokyo for the purpose of advising the Japanese on municipal infrastructure. Beard attempted to engage the RF when he sent a letter to George Vincent, president of the Rockefeller Foundation, soon after his return from Japan. Beard had drawn up a formal report and sent it along with the message that Goto would welcome RF support. Farley says that Vincent was “clearly vexed” by Beard’s actions and that in 1923 Wickliffe Rose, director of the IHD, told Beard that the proposed project (building a general hospital) did not fall within the scope of the IHD’s work. Farley notes that Rose did not shut the door completely to Japan, stating that the IHD might assist in “some other way if the opportunity presented.”³¹⁴

Just a few months later, on September 1, 1923, an opportunity presented when the Great Kanto Earthquake and subsequent fires devastated Tokyo.

³¹³ Farley, *To Cast out Disease*, 245-253. The Rockefeller Foundation’s international health work was carried out by the International Health Board from 1916 until 1927 when it became the International Health Division (IHD) for the purpose of uniformity, IHD will be used unless a direct quotation referring to the International Health Board is made.

³¹⁴ *Ibid.*, 245-46.

George Vincent sent a message to Tokyo via Charles Beard that while the RF did not usually engage in disaster relief they would consider any proposal coming from Tokyo. Goto invited a delegation from the RF to survey Tokyo's public health needs. The 1924 survey was conducted by Victor Heiser, then Director of the East in the IHD, and John B. Grant, IHD field staff and professor of medicine at the RF founded Peking Union Medical Center in China. Their review was quite positive noting that Japan had the most advanced laboratories they had seen and that public health and hygiene was well-integrated into the undergraduate curriculum in Japan. The main fault they found was a high infant mortality rate. Farley's comment that Tokyo was being taken for a long ride was based on the agreement for the RF to fund a school of hygiene based on infant mortality being the sole area of demonstrated need. The proposed school of hygiene would be to train health officers and nurses.³¹⁵

Finally, Farley's comment that Tokyo had turned out to be "a terrible mess," alludes to the convoluted path, political drama and several false starts that would occur before the funding would actually come to fruition in 1932. Decisions regarding the initial delegation of funds in 1924, following Heiser and Grant's survey, became protracted because of different preferences in choices of leaders at the Japanese institutions. Shifts in political party trends made officials at the RF nervous about the possibility of the unintended direction of growth that their funds would support. At the same time there was resistance by many in

³¹⁵ Ibid., 246.

Japan to accepting funding from an American source. In 1927 the project was tabled with the excuse of the international financial crises.³¹⁶

In 1931 talks were resumed and again a complicated series of starts and stops that reflected not only concerns about the direction of the institute but also reflecting international political tensions. To illustrate how awkward the process was, Farley details the approval and then freezing of an allocation of 1 million USD in 1931. The 1931 invasion of Manchuria appears to have been a final straw for RF Board members in deciding to withdraw the funding offer. In response, the U.S. ambassador to Japan Cameron Forbes accused the Foundation of putting U.S.-Japan relations in a very precarious place. In 1933 when Japan's activities in China were under increasingly intense scrutiny by the international community, Japan withdrew from the League of Nations. A short time later, John D. Rockefeller, chairman of the RF board, recommended that the funding be moved forward without further influence from outsiders. Farley reports that in 1933 an "un-easy" foundation informed the Japanese of a change in heart. In 1937 Raymond Fosdick, then president of the RF, commented that "it is an ironic coincidence that on the very day that the Japanese airplanes destroyed Nankai [a university in Tientsin that the RF had funded], the Treasurer's Office of the Foundation wrote a check for \$74,000 towards our pledge of \$1 million for the new Public Health Institute in Tokyo."³¹⁷ When the physical building of the Tokyo

³¹⁶ Ibid., 246- 248.

³¹⁷ Ibid., 252.

Institute of Public Health finally opened on May 11, 1940, RF representatives were not present and nor was the American ambassador to Japan.³¹⁸

Historian Darwin Stapleton, who has written widely about the history of the Rockefeller Foundation, provides context for RF public health projects in China and Japan during the period between 1920 and 1940.³¹⁹ Stapleton states that programs in China and Japan were elements of a global vision for public health. He argues that local and national variations demanded flexibility of the Foundation but that “those conditions modified the fundamental Rockefeller gaze” but didn’t change the fact that the gaze was fixed on a global level. He quotes Wilbur Sawyer’s, IHD board member, “exaggerated statement” that the “Division is officially quite oblivious of government changes except as they interfere with public health.”³²⁰

Stapleton describes the public health approach as being formulaic wherever it was being implemented and that the formula included four well defined phases of: “Demonstrate, Educate, Collaborate and Estimate.” The concept of demonstration spoke to the idea that the Foundation could not fund individual projects in every community that they wished to affect but instead that a demonstration project would be an exemplary program that could be visited and observed and would be a functional teaching tool. Education as an aspect of

³¹⁸ Ibid., 249-253.

³¹⁹ Darwin H. Stapleton, “‘Removing the obstacles to public health work.’ Context for the Rockefeller philanthropies and public health in China and Japan, 1920-1940,” in *Science, Public Health and the State in Modern Asia*, ed. by Liping Bu et al. (New York: Routledge, 2012), 93-112.

³²⁰ Stapleton, “*Removing the Obstacles to Public Health Work*,” 93.

implementing a public health program occurred at many levels including Fellowships for nurses and doctors to train abroad at model institutions, funding undergraduate public health courses, Rockefeller developed institutes of public health, and the implementation of public health and hygiene programs delivered to school children by public health nurses. Collaboration with national and local leaders was considered necessary for success. The RF liked to elicit an invitation for their help and often drew up a contract detailing the commitments from the Foundation and the receiving party. Finally, Stapleton uses the term estimate to describe the careful attention that the Foundation paid to numbers and statistics. In the philanthropic projects of the IHD there was a great deal of attention to scientific numbers as well as economic principals. They were careful to engage in projects in which they saw evidence that they could be self-sustaining in the long run and they operated with a constantly frugal attitude towards spending.³²¹

Stapleton acknowledges the role of St. Luke's in the RF strategy to advance public health in Japan. When John B. Grant (director of the Peking Union Medical Center, and a RF officer) surveyed St. Luke's in 1923 he recognized that St. Luke's was ideally positioned to train future public health workers. As the plans to develop the Tokyo Institute of Public Health (TIPH) progressed in the 1930's the role of St. Luke's was again emphasized as a training site. Stapleton cites the existing public health development at St. Luke's

³²¹ Ibid., 94.

and the fact that the administration was English speaking, which would lend itself well to communications with the home office in New York, as reasons why St. Luke's was ideal. Between 1922 and 1940 the RF funded 18 fellowships for staff and faculty of St. Luke's hospital and school of nursing. This represented 38% of all of the public health fellowships given to Japanese during that period, Tokyo Imperial Medical University was the other main recipient.³²²

The plan to begin a systemic method of public health administration in Japan manifested with the opening of two demonstration health centers during the 1930's. First was Kyobashi Ward, also called the Tokyo Urban Health Center, the other was the Tokorozawa Urban Health Center. These were directed and staffed with RF Fellows. Stapleton says that it is unclear how the Centers operated during the war because communication ceased during that time, but both health centers were operational in the post-war period.³²³

Stapleton concludes his discussion by describing the relationship with Japan as unusual. While on one hand the RF considered Japan a "force to be reckoned with" in terms of its political and economic status, this was the first time that the RF funded an institute of public health in a country that was as well-developed as Japan. Stapleton concludes that this is certain evidence that the RF did not think that Japan was capable of translating their high level theoretical

³²² Ibid., 104-106.

³²³ Ibid., 105.

knowledge and laboratory skills into practical healthcare administration and services.³²⁴

Historian Aya Takahashi situates St. Luke's and the Rockefeller Foundation activities in a much broader context of the development of public health nursing in Japan. Her work demonstrates that Japanese government initiated services to support maternal infant health beginning in 1919. Maternity and infant care centers opened in Osaka and Tokyo that provided consultation services and home visitation for newborns. The Japanese Red Cross Society (JRCS) began to focus on maternal infant health following the League of Red Cross Societies' resolution in 1920 that peace time activities of the Red Cross should be focused on public health. The JRCS opened the first maternity hospital in Tokyo in 1922; they began to systematically train midwives and replicated a model of midwifery and physician staffed hospitals in various locations in Japan. Takahashi briefly touches on the rise of the birth control movement in Japan and describes it as part of a Socialist movement in Japan in the 1920's that was concerned with issues of social justice and quality of life and seemed to have operated independently of government affiliation. School nursing was developed by public officials in the large municipalities of Osaka and Tokyo in 1922. School nurses inspected buildings for sanitation, taught hygiene to students and staff, and performed physical exams. The JRCS and St. Luke's supplied the trained nurses. Takahashi summarizes by saying that infectious disease and maternal

³²⁴ Ibid., 106-107.

child health were two areas of public health need that led to the development of public health nursing.³²⁵

St. Luke's emerged as the leader in developing public health nurses. Takahashi attributes this to their association with local authorities and the Ministry of Education during the development of school health programs in the 1920's. Additionally, the JRCS, the only other institution positioned to develop this field of nursing, developed a different tact in terms of school health- they focused on impacting youth through the Junior Red Cross.³²⁶ St. Luke's worked in cooperation with the Ministry of Education in developing the first ever clinic for school children which was situated within St. Luke's Hospital and was directed by the Bureau of School Hygiene, a division of the Ministry of Education. The Bureau also was behind the development of a more comprehensive public health nursing program at St. Luke's College of Nursing that led to employment of the graduates in the field of school nursing. "Miss Kajima," a nurse at St. Luke's who received post-graduate training in the United States with a RF Fellowship, was appointed as an advisor to the Bureau in 1925.³²⁷

Takahashi describes the Rockefeller Foundation involvement within this broad context. In summary, the RF contributions to St. Luke's included the Foundation Fellowships offered to nurses and physicians at St. Luke's beginning in 1922, for post-graduate training opportunities in American model nursing and

³²⁵ Takahashi, *Development of the Japanese Nursing Profession*, 132-35.

³²⁶ *Ibid.*, 136.

³²⁷ *Ibid.*, 138-39.

medicine. The RF gave direct financial contributions in the form of a 10,000 grant yearly for five years toward the nursing education program in 1926. Later, in 1928, a 400,000 endowment for the college of nursing. In addition to the RF contributions, John D. Rockefeller made a 350,000 contribution to the hospital building fund following the September 1923 Great Kanto Earthquake that destroyed many of St. Luke's buildings. Takahashi surmises that two main consequences came out of St. Luke's work with the RF. One, that nurses benefitted from the combination of St. Luke's high quality education standards and the public health focus of the association with the RF. Two, that the RF's requirement to work with the cooperation of the government helped to cement St. Luke's nurses in a public system of health care delivery.³²⁸

Kazumi Noguchi writes about Government-Foundation cooperation in post-war Japan.³²⁹ Noguchi's work focuses on the post-war era but in terms of her coverage of Rockefeller Foundation involvement in Japan she spans a time period of 1922- 1952. Noguchi focuses her study on the connection between Foundation and State in health care system development in post-war Japan. Because her study discusses pre and post-war Japan State actually takes on two different descriptions. In the pre-war period the "State" that negotiated with the RF were officials from the Sanitary Bureau of Japan's Ministry of Home Affairs. In

³²⁸ Ibid, 142-43.

³²⁹ Kazumi Noguchi, "Impact of Government-Foundation Cooperation. Health Care System Development in Post-War Japan," in *Public Health and National Reconstruction in Post-War Asia*, ed Liping Bu and Ka-che Yip (New York: Routledge, 2015), 112-131.

post-war Japan the “State” was the Department of Public Welfare as a division of the occupying American forces.

Noguchi’s work which is based on archives in Japan’s National Diet (Japan’s legislative body) as well as Rockefeller Foundation archives fills in some of the unknown spaces that exist when looking only at the Rockefeller Foundation archives. Like Takahashi’s work, Noguchi also situates the pre-war development of a system of public health within a setting that is multi-focal and has roots in domestic Japanese movements. Noguchi’s work is especially helpful providing detail about the function of the Tokyo Institute of Public Health. For example, Noguchi relays the stream of funding for the TIPC. In December of 1932 the RF approved an allocation for \$1,000,000 towards the construction of a building. Later that month the board approved an allocation of \$90, 165 to be used for equipment purchases and field training over a three year period. In 1933 an additional \$1,500,000 was allocated to cover functional needs of the TIPC including fellowships abroad for physicians and nurses, trips abroad for public health officials to observe foreign public health operations, establishment of an urban and rural demonstration health center and the establishment of a school of public health.³³⁰

Health and Disease in Meiji Era (1868-1912) and Taisho Era (1912-1926) Japan

With modernization and the opening of Japanese ports came increases in infectious disease. While epidemics were recorded in pre-Meiji Japan, the

³³⁰ Noguchi, “*Government-Foundation Cooperation*,” 117-18.

opening of the ports brought greater incidence of disease from the outside. As various public health initiatives were developed during Meiji Era, regulating many aspects of society including clean water, bath houses, burial of the dead, street cleaning, drug therapy trade, the word *eisei*, meaning cleanliness, took on importance for officials and the public alike. In 1880 regulations for the prevention of infectious disease were created and made reportable six diseases: cholera, typhoid fever, dysentery, diphtheria, typhus, and smallpox. Waves of epidemics that occurred following foreign ships in port caused public outcry for revision of the unequal treaties that were blamed for an influx of infection. Cholera for example killed over 100,000 people in Tokyo in 1857 when an American ship brought sick passengers ashore for care. Subsequent cholera outbreaks occurred in 1877 with 13,816 cases and 8,027 deaths; in 1879 163,637 cases with 105,786 deaths; and in 1886 155,923 cases with 108,405 deaths.³³¹ Besides the reportable diseases Tuberculosis, leprosy and venereal diseases provided major challenges and opportunity for development of policy, regulation, and public health initiatives. A 1933 article written for *Trained Nurse and Hospital Review* describes these issues as well as the lack of care for unwanted children and a lack of mental health facilities.³³² The author uses some unsavory language to describe conditions in Japan, reflecting his own belief system and perhaps also reflective of the times. For example he is highly critical of a woman's decision to nurse her baby after receiving communion during a church

³³¹ Fukuda, "Public health in Modern Japan," 388-90.

³³² Andrew F. Thomas, "Japan, the Land of Paradoxes," *The Trained Nurse and Hospital Review* October (1932), 401-403.

service. He also crudely remarks that a woman who breastfeeds her children into toddler hood has a “flabby breast” like that of “poor Asa” a character in a Japanese play who kills her child instead of letting it die of starvation.³³³

A Demonstration Project in Kyobashi Ward

The term demonstration to describe a health project was used in a purposeful way. The concept specifically described a project that was to be a functioning model from which others could learn. An example of this is seen in a 1928 bulletin published by St. Luke’s.

It is of service to the Japanese as an institution which not only provides the best care for the sick, but which is making a constructive contribution toward better help in Japan by the demonstration of public health methods and the training of nurses.” And again in the same bulletin “recently the Hospital has been requested to undertake an intensive public health demonstration in the Kyobashi Ward, one of the oldest, most populous, and most representative sections of the city.... This demonstration may well serve as a model, not only for other wards of the capital, but also for every city within the Empire.³³⁴

And indeed, St. Luke’s was perceived in Japan as effectively demonstrating a model of nursing that would bring about change. In a 1926 letter from physician Kita Toyokichi, director of School Hygiene in the Ministry of Education, to Teusler, he writes: “Since last year your great effort helped to develop the work of school hygiene in our country, establishing the school clinics and school

³³³ Thomas, “*Japan, the Land of Paradoxes*,” 407.

³³⁴ *An American Medical Centre for Japan*. St. Luke’s International Hospital, Tokyo, 1928. Retrieved May 3, 2012, <https://archive.org/stream/39002086348688.med.yale.edu#page/n37/mode/2up> , 7.

nurses, I am very grateful to you.”³³⁵ The use of the term demonstration was purposeful. Teusler recognized that it was a specific method engaged by the Rockefeller Foundation in their public health approach. Teusler would use the term as a means of speaking their language and speaking as someone who was an agent of change.

Stapleton gives context for the Rockefeller Foundation’s engagement with the idea of demonstration projects. He describes the early work of the Rockefeller Sanitation Commission, which was the predecessor to the Rockefeller Foundation, of having demonstration projects “at the heart” of their hookworm campaigns in 1909. He describes the purpose of the demonstration concept as “promoting innovations in such a way that they would attract public attention.”³³⁶ He also situates the concept of the local public health unit where demonstration projects took place as having a preventative approach that was distinctly different from a dispensary which was designed to diagnose and treat.³³⁷

Historian Patricia D’Antonio lends insight into the concept of a RF nursing demonstration project. The East Harlem Nursing and Health Service in New York City “would provide access to high quality, cost-effective and expertly coordinated health care.....these demonstration projects would translate ideas

³³⁵ Kito to Teusler, January 30, 1926, Folder 36, Box 5, series 609-c, RG 1.1, Rockefeller Foundation records, Rockefeller Archive Center.

³³⁶ Stapleton, “*Removing the Obstacles to Public Health Work*,” 96.

³³⁷ Ibid

into practices that could easily be adopted by existing health care structures.”³³⁸

D’Antonio quotes George Rosen in describing demonstration health centers of the 1920’s as “the most effective site of public health initiatives as they placed the periodic health exams of children and adults as central to maintaining health and preventing illness.”³³⁹ Indeed the public health initiative at Kyobashi Ward was directly impacted by the East Harlem Nursing and Health Service. The three Japanese nurses, Ando, Yumaki, and Arai and their supervisor Araki who traveled to the United States in 1927 for Rockefeller Foundation Fellowships all spent time observing the work at East Harlem.

In 1925 St. Luke’s, under the direction of physician Rudolf Teusler, had been invited by the Japanese Department of Education to bring public health to school children through a clinic to be situated within the hospital and supervised by the Bureau of School Hygiene. The Bureau of Hygiene also requested that St. Luke’s train public health nurses systematically to go into the schools and provide school hygiene services.³⁴⁰ Christine Nuno sailed for Tokyo in September 1925 to become the director and lead instructor of the newly started public health nurse training program at St. Luke’s. Nuno, a 1914 graduate of St. Luke’s School of Nursing in New York City, had taken classes in public health

³³⁸ Patricia D’ Antonio, “Lessons Learned? Nurses and Health Demonstration Projects in New York City, 1920-1935,” *Policy, Politics, and Nursing Practice* 133 No. 3-4 (2013), 133.

³³⁹ George Rosen, “The first national health center movement: Its rise and fall,” *American Journal of Public Health*, 61(8), 1620–1637, as cited by D’ Antonio, “*Lessons Learned*,” 133.

³⁴⁰ Takahashi, *Development of the Japanese Nursing Profession*, 138.

nursing at Teacher's College.³⁴¹ A 1927 bulletin published by St. Luke's described the public health and preventative health needs in Japan.

The tuberculosis rate of Tokyo is three times that of New York City. The infant mortality rate in some cities in Japan is as high as 25 per cent; in New York City it is 5.6 per cent. Twice a year *beri beri* incapacitates a large proportion of the population for productive employment.³⁴²

The 1927 bulletin describes St. Luke's as the pioneering institution in Japan, demonstrating disease prevention through its public health stations, house-to-house nurse visiting service, public school clinics, and the first pre and post-natal and well-baby clinics.³⁴³ The Japanese government set aside Kyobashi Ward for St. Luke's to use as a demonstration of the work of its public health nursing department.³⁴⁴

The first formal systematic public health activity initiated by St. Luke's was the development of milk stations following the Great Kanto Earthquake. The response to the crisis by the personnel at St. Luke's positioned them to be invited into the municipal government's development of a systematic approach to addressing public health in Tokyo. According to the 1927 bulletin, in the aftermath of the 1923 earthquake "St. Luke's was one of the first alleviating agencies to be at work in the devastated city. In its own neighborhood it set up milk stations: at the request of the municipality the hospital extended this service

³⁴¹ Christine Mercedes Nuno obituary, *American Journal of Nursing*, Vol. 46, No. 4, 270.

³⁴² *An American Medical Centre for Japan*, St. Luke's International Hospital Tokyo, 1927.

³⁴³ *An American Medical Centre for Japan*, 8.

³⁴⁴ International Hospital News, Hospital's Work praised in Magazine Article, Volume VI, Number 1, February 1933, 8. Accessed March 22, 2016:
<http://findit.library.yale.edu/catalog/digcoll:395114>

until 32 such stations were under its direction.”³⁴⁵ Milk consumption was promoted as a means of getting vitamin B1 (thiamine) to combat the high rate of beriberi. Beriberi had emerged as a “national disease” in Japan during the Meiji Era. The disease had existed previously but not in such large numbers. Beriberi, also known as the “polished rice disease,” could be construed as a “national disease” because the habit of polishing rice (removing the hull and the germ from brown rice) and the degree to which it was polished increased with modernization. Early rice polishing was accomplished by hand and later by simple machinery. During modernization the adoption of manufactured machines polished rice to a greater degree. Japan’s military adhered to a strict white rice diet which caused spikes in the incidence of beriberi and drew attention to the problem. For example in the Sino-Japanese War (1894-5) beriberi had the highest disease related death rate with 30,126 cases and 1,860 deaths followed next by dysentery with 11,164 cases and 1,611 deaths.³⁴⁶

Early in the study of beriberi there was confusion about whether or not it was a contagious disease. Even when white rice was identified as a source of the problem- some thought that part of rice storage led to the presence of a contagion or toxin in the rice.³⁴⁷ Eventually the discovery that Vitamin B (thiamine) deficiency was the cause led to a wider understanding that rice

³⁴⁵ *An American Medical Centre for Japan*, 25.

³⁴⁶ Alexander R. Bay, *Beriberi in Modern Japan: The Making of a National Disease* (Rochester: University of Rochester Press, 2012), 87-88. Among disease related deaths, beriberi was the greatest cause of death of soldiers during the Sino-Japanese War, 66.

³⁴⁷ Kenneth J. Carpenter, *Beriberi, White Rice and Vitamin B: a Disease, a Cause, and a Cure* (Berkeley: University of California Press, 2000), 40-41.

processing was at play but so were other forms of malnourishment that led to sickness among the poor and the birth of affected babies.³⁴⁸ Affected babies experienced Infantile Beriberi and sometimes displayed dyspnea (difficulty breathing), cyanosis (turning blue from a lack of oxygen), and heart failure that could lead to death. These babies might have signs including vomiting, diarrhea, weight loss, edema, and can be fussy and restless.³⁴⁹

Milk was thought of as a solution to the beriberi problem and was specifically used by St. Luke's to prevent the disease. In a 1934 *Washington Post* interview, Helen Pond, the dietician at St. Luke's, explains that "Beriberi, a disease that comes from eating too much polished rice, is very prevalent on the islands. For that reason the nurses at the hospital are required to drink milk twice a day in addition to their three balanced meals."³⁵⁰ Principal of the nursing school Alice St. John described in her 1934-35 Annual Education Report "a daily milk break at 10 AM in the nurses' dining room" as part of the health program of the student nurses.³⁵¹

The development of milk stations in Tokyo by St. Luke's personnel would have been modeled after milk stations in the United States. Historian Richard Meckel indicates that the science around the treatment of milk was born out of

³⁴⁸ Carpenter, *Beriberi, White Rice and Vitamin B*, 155-167

³⁴⁹ Hockenberry, Marilyn J., and David Wilson. *Wong's Essentials of Pediatric Nursing*. 8th ed. St. Louis, MO: Mosby/Elsevier, 2009.

³⁵⁰ Japanese Like Western Food Better Than Own U.S. Dietician in Tokyo Says. [Washington Post], Tuesday October 16, 1934, 16.

³⁵¹ Alice St. John papers, Educational report 1935-1936, Rikkyo University Archives, Ikebukuro, Tokyo, Japan.

both the disciplines of chemistry and bacteriology and out of concern over high infant mortality rates. In the 1860's in the United States there was a great deal of obsession over a percentage approach to creating infant formulas out of cow's milk. Eventually bacteriology and observation led to the understanding that large scale incidences of infectious disease could be traced to a milk supply and that infant death related to milk consumption was not just a nutrition issue. While tension existed over the approach to solve infant mortality as it related to milk consumption, the science of milk pasteurization progressed. When milk stations opened in New York City in 1892 they aimed to process and provide pasteurized milk to mother's who were not breastfeeding their infants. The knowledge associating disease with cow's milk fueled breastfeeding promotion campaigns. Over time the concept of milk stations grew and the numbers increased in many U.S. cities. Milk stations eventually morphed into sites where hygiene was taught related to infant nutrition and the safe care and storage of milk.³⁵² Judging from how U.S. milk stations had evolved by 1923, it is likely that the milk stations started in Tokyo in 1923 were probably addressing the need for bacteria free pasteurized milk, as a source of nourishment, and it is clear that it was valued for its Vitamin B1 content to combat beriberi.

Milk was just one way to get Vitamin B1 in the diet. Other methods included eating rice that was polished to a lesser degree- and various grades of polished rice were available. Vegetable sources of Vitamin B were taught as part

³⁵² Richard A. Meckel, *Save the Babies. American Public health Reform and the Prevention of Infant Mortality, 1850-1929* (Baltimore: Johns Hopkins University Press, 1990), 69-91.

of the public health nutrition teaching. A photograph of the examination room where St. Luke's conducted school child health visits shows a hand-drawn graph, written in Japanese, listing vegetable sources of Vitamin B from most potent sources to least (see figure 5).³⁵³



Figure 17 Vitamin B sources

³⁵³Mary Beard Scrapbook, Personal Photograph Collections (Medical Center Archives of New York- Presbyterian/Weill Cornell; New York, NY). Note: There have been references in the archival sources at the Rockefeller Archive Center about St. Luke's mentioning a scrapbook made by Christine Nuno and given to RF officers during a visit they made there in 1932, it is possible that this is the scrapbook constructed by Christine Nuno.

Mary Beard's Scrapbook

Mary Beard, assistant director of nursing education (1927-1931) for the Rockefeller Foundation's Division of Medical Education and then Associate Director of the International Health Division (1931-1938), visited St. Luke's in 1932. Her scrapbook of the trip reveals much about the public health program for the year 1932-33.³⁵⁴ The scrapbook was carefully fitted with hand-typed pages and photographs that described the public health nurse training at St. Luke's and the public health services that they delivered in Kyobashi Ward. The scrapbook contained a photo of a Tokyo map and was marked with color coordinated push pins showing "clinic babies," "school clinic children," "Prenatal cases", and "nursing cases" in the wider Tokyo region (see figure 2). A map of Kyobashi Ward is marked to track the geography of public health services including prenatal clinics, well baby clinics, school clinics, midwifery services and home visitation (see figure 3). The more local Kyobashi Ward map is crammed with pins indicating that public health nursing appears to be densely focused in the residential section of the Ward.³⁵⁵

³⁵⁴ Mary Beard Scrapbook, Personal Photograph Collections (Medical Center Archives of New York- Presbyterian/Weill Cornell; New York, NY).

³⁵⁵ Mary Beard Scrapbook, Medical Center Archives of New York- Presbyterian/Weill Cornell.

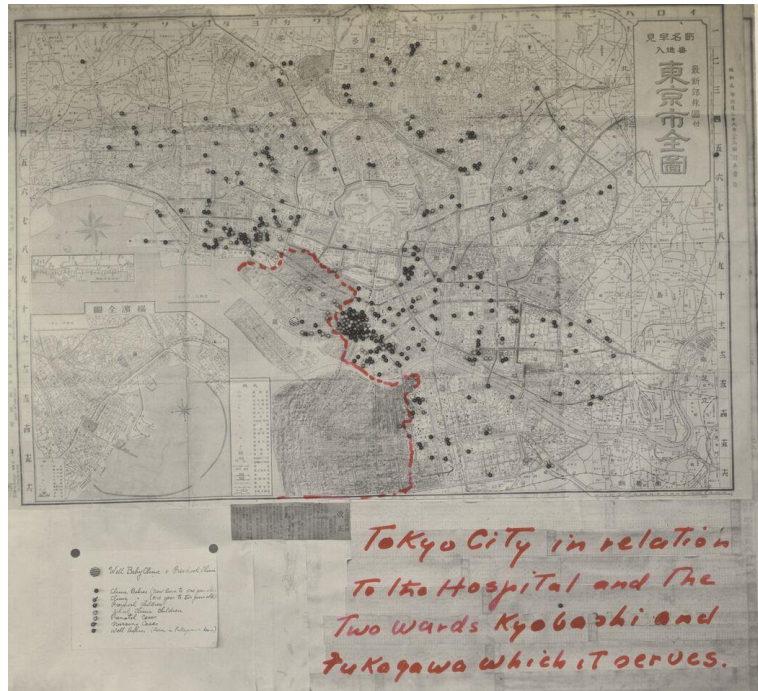


Figure 18 Tokyo City

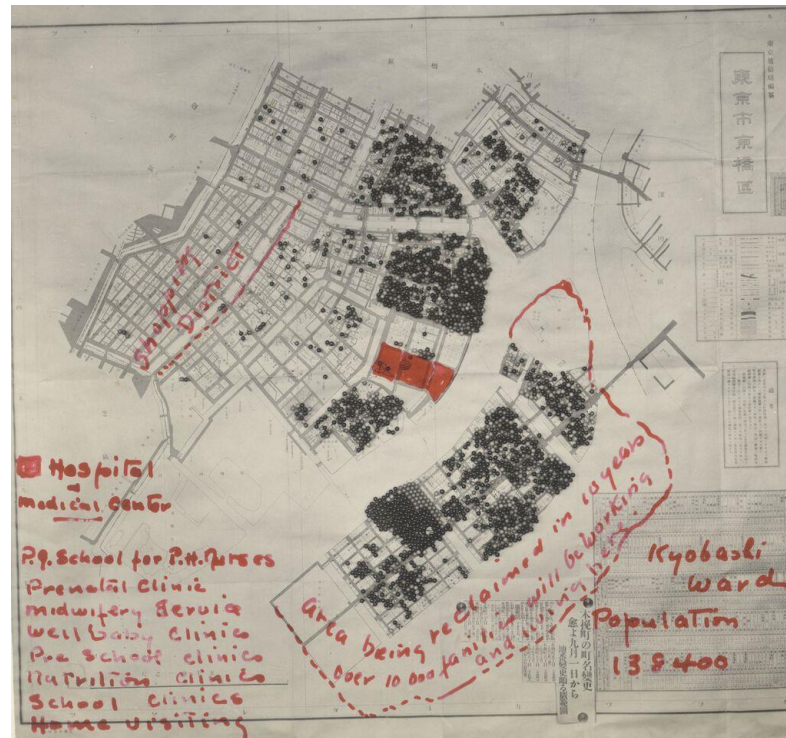


Figure 19 Kyobashi Ward

The typed pages in Mary Beard's scrap book contain detailed information about the public health course. She describes a three semester school year that begins in May and ends the following April. The program is a one year long graduate course to follow a basic nursing education that must have consisted of two to three years of training in an accredited hospital with a minimum of 100 beds. Applicants had to have passed a physical exam, be between the ages of twenty and thirty years old, have no domestic responsibilities, and be a high school graduate.

The one year program consisted of 608 didactic hours, 1,216 practical hours, and would average 38 hours per week. A survey of short courses were taught by Japanese physicians and include didactic hours as well as excursions and included topics such as water and sewage, food control, preventable disease and preventable death, tuberculosis and venereal disease, national health insurance, and vital statistics to name a sampling of the subjects covered. The largest course in the curriculum was titled "Public Health Nursing" and consisted of 300 didactic hours and 1,144 clinical hours. This course description included: "The student is introduced to the health and disease problems of home, schools, factories, social centers. The field is surveyed with reference to the public health nurses part in the care of antepartum and postpartum cases, the newborn, infant, preschool, school, and industry. Methods of health teaching and disease

prevention with special reference to prevention of tuberculosis, venereal, mental, trachoma, etc. and communicable diseases.”³⁵⁶

The public health course at St. Luke’s was primarily taught by Japanese physician and nurse faculty. An anonymous article published in the AJN in October of 1933 describes the public health nurse course at St. Luke’s. The author states that Christine Nuno is the director of the course but that Mrs. Midori Hirano “stands shoulder to shoulder with Miss Nuno in the direction of the public health work.”³⁵⁷ Beard’s scrapbook indicates that Nuno was the only American teaching in the post-graduate course. The 300 hour public health nurse was led by Hirano (appearing as Saito in Beard’s book but she married in 1931 and became Hirano³⁵⁸), Nuno, Miss Amakai, and Miss Shibaz.

Among the PHN faculty were Hirano Midori (Saito Midori) and Maeda Aya who had both traveled in 1931 to the United States on Rockefeller Foundation Fellowships. The two traveled together and initially followed the same program. They both started their programs with English language study and work at the East Harlem Nursing and Health Demonstration from November 28, 1931 until they took a holiday for two weeks at Christmas time and went to Nurses Vacation House in Babylon, Long Island. They then began a course at Teacher’s College

³⁵⁶ Mary Beard Scrapbook, Medical Center Archives of New York- Presbyterian/Weill Cornell.

³⁵⁷ Anonymous, “A College of Nursing, St Luke’s International Medical Center, Tokyo,” *American Journal of Nursing* Vol 33. No. 10, 932. Scholarship by Mary D. Lagerwey reveals that in 1933 there were several anonymous articles about international nursing efforts published by the AJN. Lagerwey infers that this was politically motivated and concludes that the overarching message of these articles was one of “international cooperation and building up of the nursing profession around the world.” Mary D. Lagerwey, “The Third Reich in the Pages of the *American Journal of Nursing*, 1932-1950.” *Nursing History Review* Volume 15, Number 1, 2005, 64.

³⁵⁸ Midori Saito, Fellowship Recorder Card, RG 10.2, Rockefeller Archive Center.

in January for the spring semester. As was usual for the RF Fellows, after the Spring Semester the Fellows spent a variety of short periods traveling to well-known sites for observation studies. Hirano had to cut short her time in the United States to return home because her mother was ill, she left for home on July 14, 1932. Upon her return to Japan she became Director of Child Welfare at St. Luke's, later she became Assistant Director of Public Health Nursing at the college. At the time that Saito left the United States Maeda continued her studies at Yale and at Teacher's College. She returned to Japan in February 1933. Following her return home she became a clinical supervisor for students in the Child Welfare department where she remained a full-time faculty member. In 1941 Maeda succeeded Christine Nuno as the director of public health nursing when Nuno left with a group of missionaries vacating Japan because of pre-war tensions.

An article in *The Public Health Nurse* describes what was valued in the education of American public health nurses.³⁵⁹ The article, written by Anne Strong, embodied what was current and what was valued in the developing field of public health nursing. When she wrote the article, Strong was director of the School for Public Health Nursing at Simmons College in Boston and the Chair of the Education Committee for the National Organization for Public Health Nursing (NOPHN). These were associations that would matter to the Rockefeller Foundation support of the development of public health nursing at St. Luke's.

³⁵⁹ Anne H. Strong, "The Education of Public Health Nurses," *The Public Health Nurse* Volume 13, Number 5 (1921), 226-230.

Mary Beard was a co-founder of NOPHN and Simmons College was a site that Mary Beard arranged for Fellowship recipients, including Japanese nurse fellows, to get public health training experience. Strong argued that it was important for public health nursing to include a didactic component that was affiliated with a college or university as well as a practical training program. She made the point that this would permit stability in the course whereas the administration of a field site could change and that could prove to be dangerous to the stability of a program. She specifically described the importance of a didactic component along with observation to be followed by practice work under supervision.³⁶⁰ The public health nurse at St. Luke's was structured in a way that was in keeping with Strong's recommendations- it had very clearly delineated didactic and practical components and supervision built into the field work experiences.

One of Beard's photos shows a group of nursing students posing in front of a marionette booth. The group of young women are dressed in the uniform of the public health nurse student at St. Luke's; darker cotton material with a white color and a black tie fixed with the school nursing pin (see figure 8). The stage has a poster that when translated "Let's all brush our teeth together. Father, mother, brother, sister- we all brush them before going to bed. Father, Mother, sister, brother. Let's all brush our teeth." Another photo shows the play being performed with an audience of about 50 school children (see Figure 9).³⁶¹

³⁶⁰ Strong, " *Education of Public Health Nurses*," 228.

³⁶¹ Mary Beard Scrapbook, Medical Center Archives of New York- Presbyterian/Weill Cornell.



Figure 20 Public Health nursing students 1934



Figure 21 Health play by the Junior League

A newsletter published by St Luke's gives more background to the use of the play to deliver a public health message. Kyobashi Ward's thirteen primary schools served sixteen thousand school children in 1932. St. Luke's invited any child between 6 and 12 years of age to join the Junior League. Members agreed to be vaccinated against diphtheria and scarlet fever and to report all cases of Whooping Cough to help prevent spread of the infectious disease and were eligible for a free physical exam.³⁶² The newsletter explains that the Junior League performed marionette shows under the direction of a public health nurse. Skits were part of a modern method of delivering health education and school children developed their plays in a class called Dramatic Health. The newsletter describes the children becoming engrossed in the dialogue of the health message as they developed painted scenery, props and puppets and that the students were "traditionally adept at manipulating the dolls." The marionette plays were delivered to audiences of mothers and young children. They claim to have given fifty performances in a one year period reaching 15,000 children.³⁶³

Another photograph in Beard's scrapbook shows a group of women preparing layettes for their babies (see Figure 10). The women are preparing clothing and diapers for newborn babies. In another picture mothers in kimono, with babes-in-arms, are watching attentively as a public health nurse gives a

³⁶² International Hospital News, "*Junior Health League Organized by St. Luke's*," Vol V, Number 1 (May 1932), 3. Accessed March 20, 2016: <http://findit.library.yale.edu/catalog/digcoll:446517>. Translation by Wataru Nishida.

³⁶³ International Hospital News, "*Marionette Shows Used in Child Health Program*," Volume VIII, Number 1 (June 1935), 2. Accessed March 20, 2016: <http://findit.library.yale.edu/catalog/digcoll:452359>.

cooking demonstration. The photo captures a poster in the background that advises, when translated, “Having good teeth is a foundation to health. Eating fruits and vegetables strengthens your teeth.” A well-baby clinic has a poster recommending, when translated, “You should measure baby’s height and weight once per month.” The photo also captures hand-drawn weight charts showing average weights and weight-gain for boys and girls.³⁶⁴

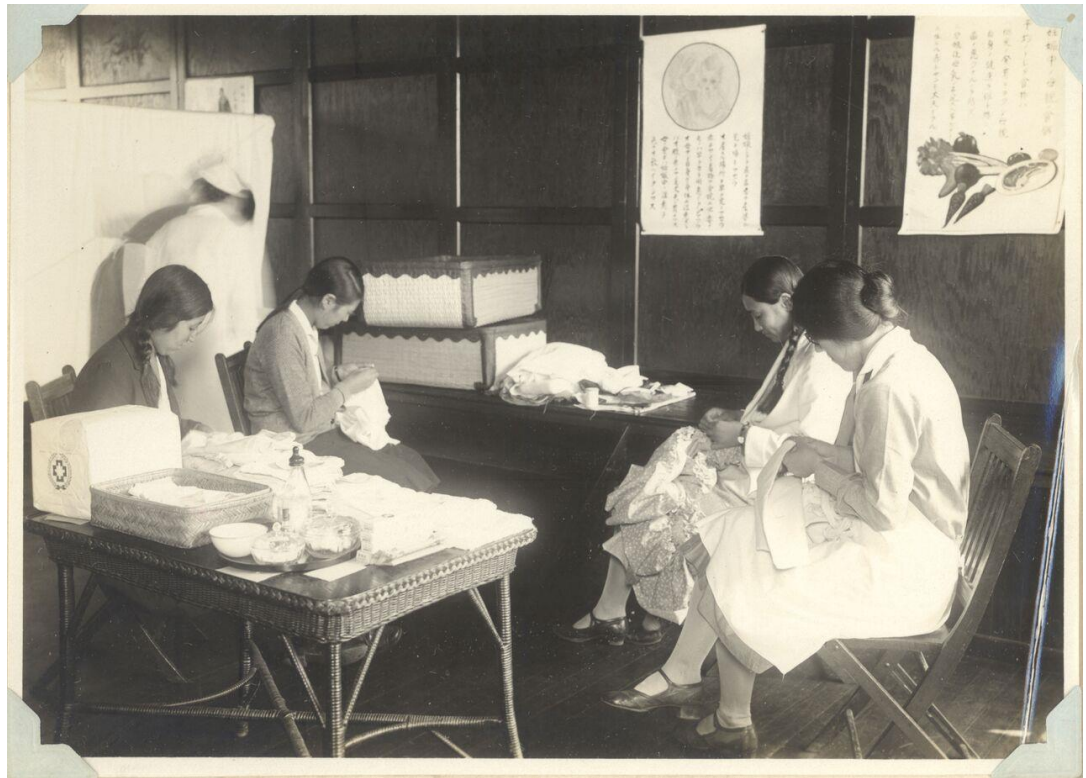


Figure 22 Women making layettes

International Hospital News, an English language newsletter published by the American Council for St. Luke’s between 1928 and 1935, contained updates about the hospital’s maternity ward. In 1932 St. Luke’s made plans to expand the

³⁶⁴ Mary Beard Scrapbook, Medical Center Archives of New York- Presbyterian/Weill Cornell. Translation by Wataru Nishida.

unit from 29 beds to a 50-bed facility. This move mirrored a similar movement in the United States to medicalize childbirth. The expansion plans included room for prenatal and postnatal clinics, a practical demonstration room, and a lecture hall. It also allowed space for a limited number of foundling babies.³⁶⁵ In 1934 twelve-hundred babies were born in the Maternity Ward at St. Luke's. Housed in an adjacent building to the newly opened brick and concrete hospital, the Maternity Ward was operated by St. Luke's staff but funded by the City of Tokyo. The Maternity Ward at St. Luke's was a model for two other similar maternity wards being operated by the City. St. Luke's charged the equivalent of 10 cents per day to cover meals. The average length of stay after delivery was ten days, depending on the condition of mother and child. If the parents were unable to provide for the newborn, the baby could remain in the hospital's care for up to one year.³⁶⁶ An earlier edition of *International Hospital News* covered a visit to St. Luke's by Charles Lindbergh and his wife Anne Morrow. A photograph in the newsletter shows the Lindbergh's admiring a group of bassinets. The photo was described as depicting the "little known but extremely interesting special ward" where are kept some of the very young children until their own parents are able to care for them. These "bright-eyed young citizens remain for a year, sometimes more, learning health habits that will remain with them after they have returned

³⁶⁵ *International Hospital News*, "City asks St. Luke's Aid in Maternity Ward Plan," Volume VI, Number 1 (February 1933), 8. Accessed March 20, 2016: <http://findit.library.yale.edu/catalog/digcoll:395114>.

³⁶⁶ *International Hospital News*, "St. Luke's Maternity Ward Demonstration to Tokyo," Volume VIII, Number 1 (June 1935), 4. Accessed March 20, 2016: <http://findit.library.yale.edu/catalog/digcoll:452359>.

home.”³⁶⁷ The cryptic description of the “little known but extremely interesting special ward” is certainly representative of the kind of intervention that St. Luke’s was staging, helping the poorest of the poor by taking care of infant children who would be a burden to already stressed families. But the notion that a foundation of health habits and cleanliness was also being taught that “will remain with them” also speaks of a kind of class based ethnic cleansing, if not simply a charitable endeavor.

Diphtheria Concerns

Diphtheria was one of the six reportable infectious diseases in Japan. Between 1900 and 1930 diphtheria morbidity and mortality often ranked among the top 3 infectious diseases in Japan. Rates of diphtheria cases and deaths in Japan were in 1900 17,873 cases, 6,010 deaths; in 1910 19,013 cases 5,415 deaths; in 1920 15,113 cases, 3,801 deaths; and in 1930 18,522 cases and 4,069 deaths.³⁶⁸ A 1933 *American Journal of Nursing* article describes the current practices surrounding diphtheria prevention at that time. The author declares “There is no other disease of which our knowledge of prevention and control is as complete as it is in the case of diphtheria and no field of preventative medicine wherein greater results will follow a minimum of effort.”³⁶⁹ Vaccination campaigns were a 2 step process. First the use of the Schick test to determine

³⁶⁷ International Hospital News, “Colonel and Mrs. Lindbergh Pay Visit to Hospital,” Volume IV Number 2 (December 1931), 3. Accessed March 20, 2016: <http://findit.library.yale.edu/catalog/digcoll:441669>.

³⁶⁸ Powell and Anesaki, *Health Care in Japan*, 66.

³⁶⁹ W. T. Harrison, “Immunization Against Diphtheria,” *American Journal of Nursing* 33 (10), 923.

who was susceptible to Diphtheria. A small injection of diphtheria toxin into the skin of the forearm tested for immunity. In many cases children with a negative test (immune) had previously been exposed to diphtheria and perhaps had a mild response but were now immune. A positive test was a local reaction of swelling and discoloration. A positive result indicated that a person was susceptible to the disease and should be vaccinated. Vaccination occurred by delivering a laboratory derived toxin on at least two occasions at least 3 weeks apart.³⁷⁰

Children were the most susceptible. After an initial period of protection conferred by maternal immunity, susceptibility rose sharply after 6 months of age and persisted at a decreasing rate until about ten years of age. The decreasing susceptibility was a product of natural immunity developing through exposure with the vast majority of people not getting clinical cases of the disease. With that being said, it was children who were most susceptible but adults were also at risk if they never developed immunity. In 1933 the estimate was that by 10 years of age 80% of children would have a negative Schick-test indicating immunity and they had clearly survived exposure.³⁷¹ Nevertheless, the numbers of disease cases and the percentage of deaths indicate that it was still a major public health issue in the United States and in Japan.

We get a glimpse into the concern for diphtheria at St. Luke's. In the nursing school's annual report, Principal Alice St. John explains that new

³⁷⁰ Harrison, *Immunization against Diphtheria*, 923, 926-7.

³⁷¹ *Ibid.*, 924.

students are given the Schick test and if positive they receive a series of 3 inoculations with typhoid toxin. They are “re-Schicked” every two years while in the program.³⁷² It is also clear that part of the public health campaign at St. Luke’s including the Schick test and diphtheria vaccination. One of Mary Beard’s photographs shows St. Luke’s nurses performing a Schick-test on a young patient.³⁷³



Figure 23 Nurse performing Schick-test at Kobakwan [sic] Settlement House³⁷⁴

³⁷² Alice St. John papers, Educational report 1935-1936, Rikkyo University Archives, Ikebukuro, Tokyo, Japan

³⁷³ Mary Beard Scrapbook, Medical Center Archives of New York- Presbyterian/Weill Cornell.

³⁷⁴ Although this picture was found in Mary Beard’s scrapbook of her 1932 trip to Japan, it was also published in an anonymous AJN article titled “A College of Nursing, St Luke’s International Medical Center, Tokyo,” *American Journal of Nursing* Vol 33. No. 10, 930-933. It is there that the label Kobakwan Settlement House is affixed to the photograph. An internet search reveals that Kobokan Community Center is still in existence in the Kyojima section of Tokyo. Kobokan was founded in 1919 as a Settlement House providing care to orphans and the poor. In 1936 a full-time clinic was opened at the site. Scholarship by Mary D. Lagerwey reveals that in 1933 there were several anonymous articles about international nursing efforts published by the AJN. Lagerwey infers that this was politically motivated and concludes that the overarching message of these articles was one of “international cooperation and building up of the nursing profession around the world.” Mary D. Lagerwey, “The Third Reich in the Pages of the *American Journal of Nursing*, 1932-1950.” *Nursing History Review* Volume 15, Number 1, 2005, 64.

The culture of health that was being propagated in the public sphere was also practiced by staff and students. In a 1935 school report Alice St. John, principal of the nursing school, described how student health was maintained. She reports that “On entrance every applicant has a thorough exam including chest x-ray, blood count, urinalysis, feces examination, blood sedimentation test, Wasserman test, Mantoux test. Approximately one-third are rejected due to chest findings.”³⁷⁵ Students have twice yearly physical exams. Milk was an important part of the daily routine as prevention against beriberi and the students were encouraged to be vigilant in reporting even minor symptoms of illness. The report goes on to describe the kinds of health ailments experienced by the nursing students over the past year. Out of sixty students there were incidences of one or two persons with diarrhea, constipation, or anemia for example. The more numerous problems were four cases of beriberi, six cases of intestinal parasites and eighteen cases of influenza during the flu epidemic during January and February of 1936. Student nurses were hospitalized for a total 217 days during the year, St. John notes that the high number was due to the influenza epidemic.

Situating St. Luke’s More Centrally in the Development of TIPH

An in depth discussion of the development of the Tokyo Institute of Public Health (TIPH) is beyond the scope of this chapter but to encapsulate it briefly, it is safe to say that St. Luke’s was a constant point of reference in negotiations to develop

³⁷⁵ Alice St. John papers, Educational report 1935-1936, Rikkyo University Archives, Ikebukuro, Tokyo, Japan.

the TIPH. An argument that I am making in this chapter is that St. Luke's was central to the Rockefeller Foundation (RF) development of the TIPH. Current historiography situates St. Luke's as an aside to the project or a parallel project but I would argue that St. Luke's was a conduit for the RF involvement in Japan and that Rudolf Teusler, St. Luke's director, was at the table during negotiations that led to the funding. Although St. Luke's and the TIPH were two separate entities there was a point of overlap in the public health activities at the demonstration center at Kyobashi Ward.

The Rockefeller Foundation archives contain documents that chronicle the protracted negotiations that led to the 1932 funding of the TIPH. From the earliest discussion of financial support to expand St. Luke's Hospital in 1922 until the visits to Japan in 1930 and 1932 by RF officers, St. Luke's was part of the conversation of proposed projects. In 1922, an appeal for funding to expand the hospital at St. Luke's was quickly denied as being outside of the scope of what the International Health Division (IHD) funded. But between 1922 and 1932 when an institute of hygiene was being discussed, St. Luke's developed a line of funding requests that was in keeping with the mission of the RF and St. Luke's became well known to RF officers through the work they did together. As a result, throughout negotiations for the TIPH, Teusler's name comes up as being involved in the negotiations for the project even though it was not an entity of St. Luke's. For example, in the minutes of a RF board meeting when an allocation of one million dollars for the building of the TIPH was being discussed, it was stated that "after talking over the situation with Dr. Alan Gregg of the Medical Sciences

and with Victor Heiser of the International Health Division, and with Dr. R. B. Teusler of St. Luke's International Hospital, who is in the confidence of the Japanese, he is prepared to recommend strongly that we proceed with the allocation immediately."³⁷⁶ The clarification that Teusler's role as "in the confidence of the Japanese" is important insight to how the RF officers positioned Teusler. Clarity on one officer's attitude towards Teusler as being one of tolerance, if not enthusiasm, is gained from Heiser's officer's diary. During a trip to Tokyo Heiser wrote: "Apparently Teusler has been kept in line to support us without our being involved in his projects, and we are free to act as seems best to us."³⁷⁷

Conclusion

Despite the fact that Teusler may have been somewhat on the periphery of the TIPH planning, it can still be claimed that his work was integrally related to the RF development of the TIPH. Early dialogue between Teusler and RF officers were numerous and contained a great deal of discussion about approaches to addressing health needs in Japan. Importantly, the Kyobashi Ward health demonstration project would provide a practical setting for the TIPH to realize one of its stipulated goals, the development of an urban training center.³⁷⁸ The Kyobashi Ward demonstration center which was initially developed by St. Luke's

³⁷⁶ Minutes of the Rockefeller Foundation, Tokyo Institute of Public Health, December 14, 1932, Folder 6, Box 1, Series 609, RG 1.1, Rockefeller Foundation records, Rockefeller Archive Center.

³⁷⁷ Victor Heiser's diary excerpt, November 1, 1930, Volume 1930-31, Box 217, RG 12, FA118, Rockefeller Foundation records, Rockefeller Archive Center.

³⁷⁸ Excerpt of Trustees Monthly Confidential Report, June 1937, Folder 6, Box 1, Series 609, RG 1.1, Rockefeller Foundation records, Rockefeller Archive Center.

as a site to practice and demonstrate all aspects of a public health service. The site eventually was shifted into a Tokyo City municipal organization scheme with the intention of replicating the model, all the while the center operated under the management of St. Luke's faculty and staff. In 1935 the same health center became a center of instruction for the Tokyo Institute of Public Health. Historian Kazumi Noguchi captures its activities at that time as being "to expedite this procedure and coordinate the nationwide program, public health officials were introduced to modern health concepts by observing a properly organized health center actively engaged in administering a public health program in a local community."³⁷⁹ Takahashi describes the Kyobashi Ward health center at St. Luke's as "becoming the model for a national project of public health centres under the Rockefeller public health project in Japan."³⁸⁰ Finally, a schematic drawing by Christine Nuno that captures the articulation of St. Luke's Kyobashi Ward demonstration to the TIPH cements the knowledge that the operations between the two entities were clearly entwined. In the drawing Nuno uses the term Post-graduate Institute of Public Health to describe health demonstration project as the link between St. Luke's and the TIPH (see figure 8).³⁸¹ This drawing appears to be based on existing relationship but also about a potentially developing relationship. Nuno uses the title Post-graduate Institute of Public Health which hasn't appeared anywhere else in the archives.

³⁷⁹ Noguchi, "Government-Foundation Cooperation," 120.

³⁸⁰ Takahashi, *Development of the Japanese Nursing Profession*, 141.

³⁸¹ Christine Nuno's drawing, September 1937, Folder 10, Box 2, Series 609, RG 1.1, Rockefeller Foundation records, Rockefeller Archive Center.

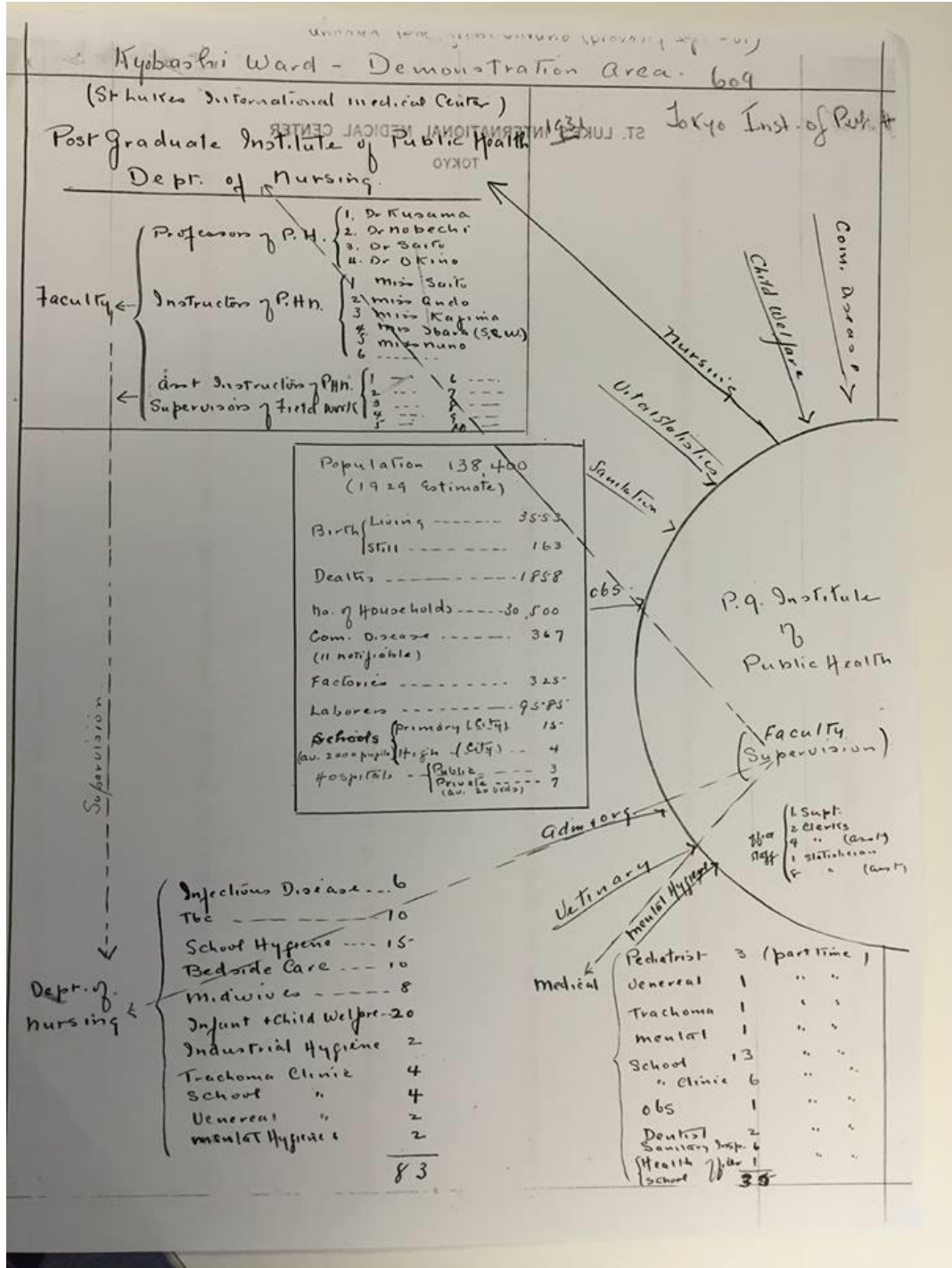


Figure 24 Christine Nuno's Schematic of the Post-Graduate Institute of Health

CONCLUSION

At the outset of this study, it was conceived as a project that would look at the development of St. Luke's College of Nursing and the role of the Rockefeller Foundation in the development and growth of the college. A few things happened along the way that led to the study having some more interesting and meaningful dimensions to it than originally imagined. Engaging with a body of scholarly literature about modern Japanese feminism has allowed me to situate the Japanese nurses at St. Luke's within changing gender norms in Japan. The Critical Transnational Feminism lens drove me to go deeper into my effort to tell an equitable story that developed the Japanese angle of the story beyond what I initially thought I was capable of.

Specifically, engaging CTF caused me to ask questions at critical points in the dissertation. For example, I had two lists of names, that of the Japanese Advisory Council (JAC) and that of the American Council, two boards that served as advisors to St. Luke's. My first reaction was that the list of Japanese names represented something impenetrable for me due to my limited language skills, that it would be too monumental a task to find out anything about these men. On the other hand, the list of American men had a few names I recognized and I knew I could access more information easily. Because of my encounter with CTF I became uncomfortable with the idea of disregarding the list of Japanese men. It turned out that there was so much relevant information about some of the JAC members that it produced one of the most important revelations of the

dissertation. In Chapter 2, it led to an understanding of the complexity of racial tensions that existed around St. Luke's. Looking at the members of the JAC illuminated degree to which St. Luke's was representative of "pro-American" thinking by the Japanese. It also led to the discovery that this could be a liability when two of the JAC members were killed in the "League of Blood Incident." The use of CTF also encouraged me to develop the experiences of the Japanese nurses who travelled to the U.S. on Rockefeller Foundation Fellowships. The available information was scant but with the intent of more fully developing their stories, some minor clues turned out lead to rich information about how those nurses were socialized while in the U.S. and contributes to an understanding of how St. Luke's provided unique opportunities for women.

St. Luke's functioned as a channel for the modernization of Japanese women. Engaging with a body of scholarship about modern feminism in Japan allows me to situate the women at St. Luke's as demonstrating a different kind of modernizing Japanese woman. Nursing provided Japanese women with an opportunity to advance their education and be employed in teaching and clinical healthcare. These women were at the forefront of development and delivery of systemic public health and hygiene movements in Japan. Different from most other labor markets that were available to women at this time, nurses had advanced education opportunities and a variety of interesting employment opportunities.

In Japan, as elsewhere, nursing is not usually perceived as the most obvious example of advancing status for women. There are several reasons for this. As scholar Aya Takahashi pointed out, the adoption of nursing in Japan was associated with the public concept of Nightingale nursing and the angelic image of the nurse wearing a pure white uniform. Roberto Ramon Padilla wrote about the patriotism of Japanese Red Cross Nurses creating a pathway of legitimization for nurses. In addition, a persistent stereotype positions nurses inferiorly in a hierarchal relationship with physicians. But this study demonstrates that the development of nursing education at St. Luke's was a parallel movement to developments in medicine in Japan. It was through the development of the public health nursing program at St. Luke's school and hospital originally got its foothold in the development of a system of public health in Tokyo.

The notion of *ryosai kenbo* as the driving force behind the success of the maternity care programs and the popularity of pediatric clinics is challenged here. The photograph in Chapter 3 of a 1927 "mother's day clinic" (Figure 4) depicting a throng of women and babies illustrates how receptive women were to health care. *Ryosai kenbo* is well-understood as an ideology that was constructed specifically for the purpose of advancing the status of women, for the purpose of enhancing their capabilities as mothers and wives, in a way that was palatable to the major thought groups in Japanese society. I am arguing that other factors were at play that influenced women's care and attention to their children. In Japan, as in other parts of the world, as medicine and hygiene advanced, quality

of life changed for families. Advances in birth control and improved health led to smaller healthier families in which more time and attention could be bestowed on family members and there was a greater degree of confidence in the survival of children.

Rudolf Teusler, physician, missionary, and founder and director of St. Luke's can be credited with many of the successes at St. Luke's. While not intended to be a hagiographic account of Teusler's work in Japan, there is no doubt that his work was visionary and that he was responsible for the initial creation of St. Luke's. When the Episcopal Church sought out a physician to fill the outpost at St. Luke's they could never have imagined to what degree he would transform the small hospital. Teusler's vision was an evolving process; he worked on multiple fronts to cause it to grow in several directions. The establishment of the Japanese Advisory Council at St. Luke's became a conduit of money, power and legitimacy within Japan. Even though the pro-Westernization nature of the men on the Japanese Advisory Council held a certain contentious quality in Japan society, as became clear with the League of Blood Incident, the presence of those men on the Council had much to do with the early acceptance of St. Luke's. In the 1920's Teusler advanced his program with the Rockefeller Foundation (RF) and with the Episcopal Church. The RF support of St. Luke's is notable because of the fact that for the amount of funding and fellowship money that was received, St. Luke's was not typical of the types of projects with which the RF was usually involved. The RF typically supported

government run public health and hygiene initiatives. Although the Episcopal Church supported the medical mission at St. Luke's as part of its Tokyo diocese activities, it would take them until 1927 to commit to Teusler's vision of a "Medical Centre" with a large modern hospital and school of nursing. It was at the 1927 Conference of the Episcopal Church in Washington DC that a commitment to raise one million dollars was made. It was also in 1927 that the American Council for St. Luke's was formed. Like the Japanese Council, the American Advisory Council consisted of wealthy, powerful businessmen. Neither advisory council consisted of churchmen. It was highly unusual for an Episcopal Church mission project share its management with outside leadership. All of these qualities represent the constant diligence displayed by Teusler as he produced a seemingly endless stream of letters, newspaper articles, and important personal connections and brought these resources together in a truly unique and effective manner.

St. Luke's College of Nursing (SLCN) *did* effectively change nursing in Japan. By insisting that entrants be high school graduates, despite a great deal of skepticism that they could attract women of that caliber, they were successful in enrolling a more educated class of women than had ever before entered the nursing field in Japan prior to 1920. Subsequently, St. Luke's achieved several firsts including the *semmon gakko*, and *mombusho* statuses. Later St. Luke's would continue to be a leader when in 1964 it became the first private college to confer a four year degree to nursing students, in 1980 it was the second college

in Japan to offer a Master's Degree in Nursing and in 1988 it opened the first doctoral course in nursing in Japan. Public health nursing was developed as a specialty at SLCN. The specialty was developed within a context of heightened awareness in Japan of public health needs and hygiene. Although other groups were beginning to systematically address public health and maternal child health, it was St. Luke's that integrated these interests into a nursing specialty that was poised to become involved with city structure. The 1925 development of a department of public health nursing at St. Luke's was the first of its kind in Japan and followed the American tradition of developing the specialty to be built upon a basic nursing education. It was the public health nursing specialty that led to many of the RF Fellowships that were granted to St. Luke's nurses. The training and subsequent leadership of Japanese nurses who had trained in the United States on RF Fellowships led to a natural transition of those nurses into the top administrative positions within the school as U.S. missionary nurses exited Japan in 1941.

World War II (WW II) represented a sharp demarcation in U.S.-Japan relations and in what happened at St. Luke's. The interwar period in Japan is characterized by an increasingly tense relationship between the two countries. St. Luke's existed as a microcosm of hope and purpose within the context of increasing political tension. It is unlikely that anyone could have predicted the paradoxical turn that the collaborative project at St. Luke's would take in the post WW II period. During the war the hospital and school of nursing remained open,

completely staffed and led by Japanese, and continued to graduate nurses. In the aftermath of the U.S. bombing of Hiroshima and Nagasaki in August 1945 and the subsequent surrender of Japan to the Allied Forces in September, the United States began the occupation period (1945-1953). The occupying forces known at General Headquarters, Supreme Commander of the Allied Forces (GHQ-SCAP) installed the Department of Public Health and Welfare (PHW), at St. Luke's and renamed the hospital the United States 49th Army General Hospital. Public opinion indicates the belief that the Tsukiji neighborhood and St. Luke's were purposefully avoided during bombing in Tokyo. There was an awareness of the location of what were considered American assets. As historian Reiko Shimazaki Ryder notes, planning for the occupation of Japan began as early as 1942.

The occupation represented an extension of the American influence on nursing in Japan, one that would in fact have a more far-reaching impact on nursing in Japan. Not only would the hospital and school be seen as a logical place to situate the PHW operations but nurses who had been the recipients of the RF Fellowships were chosen to work with the PHW officers as both language and cultural translators. The PHW temporarily closed the school of nursing at St. Luke's and instead had the school relocate and join with the Japanese Red Cross school of nursing, a school that for St. Luke's, had been "the other" school of nursing in Tokyo. As the two leaders in nursing education in Japan, they were brought together to act as a model demonstration school. The PHW reformed

nursing in Japan. They created the Public Health Nurse, Midwife and Nurse Law 203 which sought to elevate and standardize the quality of nursing education and service. Ryder argues that Nurse Law 203 is responsible for a major obstacle in nursing in Japan today in that the Law created an education pathway that led to two different classes of nurses that produces a vocational nurse in one class and a graduate nurse from an accredited program in the other. At the time the law was being developed, the nurses from St. Luke's advocated for a single category of nurse at the higher level but fears about nursing shortages prevailed and the two-tier system was passed. This problem seems remarkably similar to the tensions in the United States regarding Licensed Practical Nurses and Registered Nurses. Ryder illustrates that the problem has been more persistent in Japan most nurse education programs continue to be certificate programs and do not operate within higher education.

The Critical Transnational Feminism lens called attention to power differentials in transnational experiences. Power was valued at St. Luke's but it was sometimes framed as success or being "first-class." Power was a shifting and contested quality though. This study covers a time period during which the leadership was decidedly American and later was confronted by officials at the RF that they needed to begin transitioning the leadership immediately rather than waiting. By the time pre-war tensions led to the last four American nurses exiting St. Luke's in March of 1941, the gradual transition to Japanese leadership had become complete. With the U.S. Occupation there was a complete upset of the

function of the school and once again American personnel were driving the decisions affecting the demonstration school and the larger system of nursing and health care in Japan. In the post-war period the concept of cultural diplomacy appears to be a distant memory. But in fact, as illustrated in Chapter Two, within the rhetoric of cultural diplomacy, hierarchies continued to be displayed across race, gender and professional boundaries. Ryder's article about nursing reorganization during the occupation period illustrates that this trend continued. Despite the collaborative nature of the work between Japanese and American nurses during the occupation period, power-based hierarchies continued to be structured.

In April of 2009 the Executive Council of the Domestic and Foreign Mission Society (DFMS) of the Protestant Episcopal Church in the United States dissolved its relationship with St. Luke's International Medical Centre in Tokyo, Japan. At the same time the Church also dissolved its relationship with the American Council to the Board at St. Luke's and released 1.5 million dollars to the American Council that had been held in a trust fund by the church. St. Luke's remains affiliated with the Nippon Sei Ko Kai (Episcopal Church of Japan) and the American Council continues to work in consultation with the Board of Directors at St. Luke's. Following the 2009 dissolution the school and hospital reorganized and now function under a single management scheme at St. Luke's International Hospital and what is now known as St. Luke's International University.

The study of St. Luke's College of nursing has exceeded anything I could have imagined when I initially embarked on it. It has provided me with an amazing opportunity to grapple with my initial discomfort with "writing Japanese nursing history" and finding methodological answers to that discomfort. Along the way I would discover that I am telling this transnational history with an Americanist perspective. The CTF lens helped me probe more deeply into areas that I initially thought inaccessible to me and the results were a much more interesting and relevant study. The study has situated St. Luke's College of Nursing and St. Luke's International Hospital within the scholarly contexts of Japan-U.S. diplomatic history, the history of the Rockefeller Foundation's work in Japan, American nursing history, Japanese nursing history, Episcopal Church mission history, and modern Japanese feminism.

APPENDICES

Appendix A Episcopal Missionary Nurses

Name	Church	Birthdate	Duration in Japan	Position	Marital status:	Age	Nurse training *
Doane, Marion Stanley	PE	10/8/1881	6/18/1918 - 3/11/1922	nurse	single	35	New York Hospital School of Nursing Class of 1913
St. John, Alice	PE	9/30/1880	7/21/1918 - 3/27/1941	nurse	widowed	37	Hackensack Hospital 1901-1903
Curtis, Betsy Elnora	PE	11/9/1893	5/9/1921-March 1925	nurse	single	26	St. Barnabus Hospital Training School for Nurses, 1918
Lade, Helen Ross	PE	12/4/1888	9/9/1922-8/28/1941	nurse-executive; secretary to Teusler	single	32	Massachusetts General Hospital, May 1918, also Industrial Nursing course at Boston University
Kellum, Lucille	PE	3/3/1889	10/30/1923-5/22/1930	nurse	widowed	33	St. Vincent De Paul Hospital Norfolk, VA 1907-1909, St. Luke's, N.Y. 1923
Nuno, Christine	PE	8/11/1892	8/28/1925 - 3/27/1941	nurse	single	32	St. Luke's Training School for Nurses, New York, 1914
Russell, Mildred	PE	5/25/1900	9/6/1926-3/11/1930	nurse	single	25	Kansas State, x-ray technician school
Reid, Grace Leon	PE	1/19/1884	11/26/1928-3/13/1931	nurse	single	43	Lake View Hospital Training School, Danville, Illinois, 3 year course, 1907
Peters, Augusta F	PE	2/9/1886	9/19/1930 - 1940	nurse	single	43	Genesee Hospital School of Nursing
Sullivan,	PE	3/11/1903	9/18/1930 -	nurse	single	26	Episcopal Hospital,

Margaret			9/22/1933				Philadelphia, 2 years
White, Sarah G	PE	12/28/1891	9/25/1931 - 1939	nurse	single	38	Pasadena Hospital School of Nursing, 1918
Foerstal, Ella L.A.	PE	10/4/1902	12/1/1934 - 9/6/1941	nurse	single	32	Calgary General Hospital, 1924
Meinhardt, Ruth	PE	7/11/1910	6/6/1940-8/20/1941	nurse	single	29	Jewish Hospital School of Nursing 1932, connected with the University of Cincinnati, 3 year course
Barbour, Ruth		11/26/1900	1931-1937	nurse	single	30	Homeopathic Hospital School of Nursing, Rochester (became Genesee Hospital 1926) R.N. 1924

Chart created from Missionary catalog at Rikkyo University archives in Ikebukuro Japan. * Information retrieved from personnel files by archivist at Episcopal Church Archives, Austin, Texas.

Appendix B Rockefeller Foundation Fellowships

Name (last, first)	Nursing Education	Dates of fellowship	Age	D.O.B	Marital status	Present occupation	Fellowship studies
Ando, Masae	St. Luke's 1922-1925	9/6/27-9/14/28	23	April 4, 1904	single	Nurse at SLIH pediatric clinic	Ward supervision, pediatrics, public health at Simmons College in Boston
Ando, Masae #2	St. Luke's 1922-1925	10/19/38-7/22/39	34	April 4, 1904	single	Chief of public health nurses, Tokyo Health Center	Public health nursing admin and supervision at East Harlem Nursing & Service and Teacher's College

Arai, Kiku		9/6/27- 9/14/1928			single	Fellowship file missing	Studied at Yale School of Nursing- post-graduate training. Also had 7 week observation period at Philadelphia General Hospital July and August 1928, observation experience at Henry Street Settlement, East Harlem Demonstration Project, and Presbyterian Hospital in September 1928.(reference Mary Beard's diary)
Araki, Iyo	Canadian Episcopal Mission School, Kobe 1896-1898, Richmond Hospital Nurse Training School 1900-1902.	9/6/27-			single	Superintendent of nursing at St. Luke's International Hospital	Visited many leading institutions to observe supervisory practices including Philadelphia General Hospital, Yale School of Nursing, Bellevue, and Alabama. *
Barbour, Ruth (U.S. citizen)	1924 Rochester Homeopathic Hospital	10/7/35- 1/31/36	34	Nov 26, 1900	single	Supervisor and teacher of surgical and obstetrical nursing at SLIMC	Maternity nursing in the U.S. at New York Hospital
Kawamura, Ikuko	St. Luke's , 1923	8/29/23- 10/31/24	21	1902 or 1903	single	St. Luke's Hospital	Nursing at PUMC

Kellum, Lucille	St. Vincent's Norfolk, VA. 1907-1910	5/4/1928-11/3/1928	39	1889	married (widowed)	Assistant Principal at SLCN (and supervisor of wards and nurses)	Ward supervision at Philadelphia General Hospital and Yale School of Nursing
Kitade, Yoshi	?	8/29/1923-10/31/1924	22	1901 or 1902	single	St. Luke's Hospital	nursing at PUMC
Kosemura, Chiyoko	SLCN '30	9/14/31-9/23/32	23	March 11, 1908	single	SLIMC, head nurse, pediatrics	Nursing in the U.S. - at Yale school of Nursing and Butler Hospital, Providence.
Maeda, Aya	St. Luke's 1927-30, plus post-graduate course 1930-31.	11/22/1931 - 2/11/1933	23	April 1, 1908	single	Supervisor of Nursing, Department of TB (visiting nurse), SLIMC	Public health nursing in U.S. at Yale School of Nursing, East Harlem Demonstration , and Teacher's College.
Maeda, Aya #2	St. Luke's 1927-30, plus post-graduate course 1930-31.	6/1/1949-7/6/1950	40	April 1, 1908	single	Interpreter and translator, Nursing Affairs Division of the DPW, SCAP (U.S. occupying force), Tokyo.	Studies at University of Toronto School of Nursing
Michibe, Kimiko	SLCN 1930	9/14/1931	21	May 19, 1910	single	St. Luke's Hospital- head nurse-medical ward.	Nursing in the U.S. at Yale School of Nursing and at Cincinnati Children's Hospital
Miyana, Shizue	SLCN 1934	10/9/1934-10/12/1935	24	March 10, 1910	single	Public health nurse- SLIMC	Public health nursing in the U.S. at East Harlem Demonstration Center and Teacher's

							College
Mori, Yoshiko	Wellesley College 1927- 1929, B.S degree from Simmons College, Boston 1930.	11/27/1933 - 11/23/34	27	Sept 2, 1906	single	Director Health Education Branch of PH Department at SLIMC	Public health nursing in the U.S. at Teacher's College
Nakamichi, Chizuko	St. Luke's 1933-36, plus post- graduate course 1936-37.	9/29/1938- 7/22/1039	22	Dec 24, 1915	single	Public health nurse- Tokyo Health Center, SLCN	Public health nursing in the U.S. at East Harlem Nursing & Health Service
Nakamichi, Chizuko #2	St. Luke's 1933-36, plus post- graduate course 1936-37, plus Teacher's College 1938-39.	8/15/1948- 7/6/1949	32	Dec 24, 1915	single	Tokyo Institute of Public Health- Assistant Chief	Academic year at Case Western Reserve University
St. John, Alice	Hackensa ck Hospital School of Nursing 1901- 1903	2/14/27- 11/1927	44	Feb 24, 1905	marri ed (wido wed)	Principal SLCN	Nursing education and hospital administration in America. Toured several leading nursing schools including Yale, East Harlem, Peter Bent Brigham, Philadelphia General Hospital, Case Western, University of

							Michigan, and Cincinnati Ohio Visiting Nurse Association.
Saito, Midori	Peter Brigham Hospital Nurse Training School 1923, also Wellesley 1919-20.	11/22/1931 - 7/9/1932	33	July 20, 1898	single	Director Child Welfare SLIMC	Nursing education, administration, and organization in the U.S.- at Teacher's College
Shinomiya, Take	?	11/27/1933 - 11/23/1934	23	July, 23 1910	single	School nurse-primary school, Tokyo	Public health nursing in America- at Teacher's College and East Harlem
Shirai, Reiko	SLCN 1938-1941	8/3/1953-8/12/1954	32	April 24, 1921	single	Clinical instructor, Tokyo Demonstration School of Nursing	Nursing education; summer orientation and academic year at Syracuse University School of Nursing
Tajima, Motoko	SLCN 1927-1930, post-graduate course-1931.	9/28/1932-9/30/1933	23	July 16, 1909	single	PH Nurse Supervisor of Kindergarten Clinics, in cooperation with SLIMC.	PH nursing in the United States at Teacher's College

Takahashi, Dorcas	SLCN 1932-35	8/15/1948- 7/5/1949	34	April 29, 1914	single	Supervisor Medical Floor St. Luke's Hospital, Instructor College of Nursing in the National Model Demonstration School, Tokyo (Department of Public Welfare, U.S. Occupation forces).	Year of study at University of Pittsburgh SON in clinical nursing.
Yumaki, Masu	SLCN 1921- 1924	9/6/1927- 9/14/1928	23	Nov 10, 1903	single	staff nurse- SLIH	Studied post- graduate nursing at Peter Bent Brigham Hospital in Boston
Yumaki, Masu #2	SLCN 1921- 1924	1948-49	45	Nov 10, 1903	single	Dean of SLCN, supervisor of instruction, helping to carry out educational program at the National Model Demonstration School (Department of Public Welfare, U.S. Occupation forces).	Year of study of Nursing Education and School Administration

Chart constructed using Fellowship files and Recorder Cards, Rockefeller Archive Center, Tarrytown, NY. * From Mary Beard's 1927 Officer's Diary, Rockefeller Archive Center, online digital resource.

Appendix C Advisory Councils at St. Luke's

Japanese Advisory Council 1925³⁸²

Viscount Eichii Shibusawa, <i>Chairman</i>	Mr. C. Kajiwara
Mr. Tokutaro Sakai, <i>Secretary</i>	Viscount K. Kaneko*
<i>His Excellency,</i> Prince Iyesato Tokugawa*	Baron Hachiroemon Mitsui*
Mr. Soichiro Asano	Professor Kinnosuke Miura*
Dr. Takuma Dan	Professor Waichiro Okada
Mr. Teijo Eguchi	Baron Y. Sakatani*
Viscount S. Goto	Professor Sankichi Sato*
Mr. Junnosuke Inouye	Honorable Teisaburo Sekiya*
Baron K. Iwasaki	

*Present on Council in 1925 and 1933

Japanese Advisory Council 1933³⁸³

Dr. Nagabumi Ariga	Baron Hachiroemon Mitsui*
Dr. Sadaye Eguchi	Professor Kinnosuke Miura*
Mr. Kikusaburo	Professor M. Nagayo
Baron Seinosuke Go	Dr. Inazo Nitobe
Mr. Kintaro Hattori	Professor Waichiro Sakai
Count Aisuke Kabayama	H.E. Baron Y. Sakatani*

³⁸² St. Luke's International Hospital. An American Hospital for International Service. Tokyo, Japan, 1925 [bulletin]. St. Luke's College of Nursing, Tokyo, Japan, Collection of historical items.

³⁸³ St. Luke's International Medical Center. Dedicated to the Glory of God and the Service of Humanity. Anno Domini MCMXXXIII. 1933 [bulletin]. St. Luke's College of Nursing, Tokyo, Japan, Collection of historical items.

Mr. Nakaji Kajiwara	Professor Sankichi Sato*
H.E. Viscount Kentaro Kaneko*	Honorable Teisaburo Sekiya*
Mr. Manzo Kushida	Mr. Takeshi Shirani
Dr. Tukutaro Kubo	H.E. Prince Iyesato Tokugawa*
Mr. Kokichi Mikimoto	Mr. Toyotaro Yuki

*Present on Council in 1925 and 1933

The American Council 1933³⁸⁴

Mr. Stephen Baker	Mr. Thomas W. Lamont
Mr. William C. Breed	Col. Charles A. Lindbergh
Hon. William R. Castle	Mr. William G. Mather
Hon. Norman H. Davis	Hon. Roland S. Morris
Mr. Martin Egan	Mr. William Walker Orr
Hon. W. Cameron Forbes	Col. William Cooper Proctor
Mr. Lewis B. Franklin	Mr. Samuel Thorne
Mr. Jerome D. Green	Mr. Allen Wardwell
Hon. Joseph C. Grew	Hon. George W. Wickersham
Hon. Augustus N. Hand	Dr. John C. Wood
Mr. Robert C. Hill	Mr. Eugene C. Worden

³⁸⁴ Ibid. (St. Luke's International Medical Center. Dedicated to the Glory of God and the Service of Humanity. Anno Domini MCMXXXIII. 1933 [bulletin].]. St. Luke's College of Nursing, Tokyo, Japan, Collection of historical items.)

BIBLIOGRAPHY

- Abrams, Sarah. "Brilliance and Bureaucracy. Nursing and Changes in the Rockefeller Foundation." *Nursing History Review* 1 (1993): 119-37.
- Anderson, Warwick. *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*. Durham: Duke University Press, 2006.
- Anonymous. "A College of Nursing, St Luke's International Medical Center, Tokyo." *American Journal of Nursing* 10 (1933): 930-33.
- Araki, Iyo. "Nursing in Japan: Its Origin and Development." *The American Journal of Nursing* 10 (1928): 1003-1006.
- Auslin, Michael. *Negotiating with Imperialism: The Unequal Treaties and the Culture of Japanese Diplomacy*. Boston: Harvard University Press, 2004.
- _____. *Pacific Cosmopolitans: A Cultural History of U.S.-Japan Relations*. Cambridge: Harvard University Press, 2011.
- Azuma, Eiichiro. *Between Two Empires: Race, History, and Transnationalism in Japanese America*. New York: Oxford University Press, 2005.
- Bashford, Alison. "Global Biopolitics and the History of World Health." *History of the Human Sciences* 1 (2006): 67-88.
- Bay, Alexander R. *Beriberi in Modern Japan: The Making of a National Disease*. Rochester: University of Rochester Press, 2012.
- Bayly, Chris, Sven Beckert, Matthew Connelly, Isabel Hofmeyr, Wendy Kozol, and Patricia Seed. "AHR Conversation: On Transnational History," *American History Review* 5 (2006): 1441-1461.
- Birn, Anne-Emanuelle. "The Stages of International (Global) Health: Histories of Success or Successes of History?" *Global Public Health* 4 (2009): 50-68.
- Brush, Barbara L. and Joan Lynaugh, eds. *Nurses of all Nations: A History of the International Council of Nurses, 1899-1999*. Philadelphia: Lippincott, 1999.
- Carpenter, Kenneth, J. *Beriberi, White Rice, and Vitamin B. A Disease, a Cause, and a Cure*, Berkeley: University of California Press, 2000.
- Chen, Kaiyi. *Seeds from the West: St. John's Medical School in Shanghai, 1880-1952*. Chicago: Imprint Publications, 2001.

- Choy, Catherine, C. *Empire of care: nursing and migration in Filipino American history*. Durham: Duke University Press, 2003.
- Connerton, Winifred. "American Nurses in Colonial Settings: Imperial Power at the Bedside," in *Routledge Handbook on the Global History of Nursing*, edited by Patricia D' Antonio, Julie A. Fairman, and Jean Whelan, 11-18. London: Routledge, 2013.
- Davidann, Jon Thares. *Cultural Diplomacy in U.S.-Japanese Relations, 1919-1941*. New York: Palgrave Macmillan, 2007.
- _____. *A World of Crisis and Progress: The American YMCA in Japan 1890-1930*. Bethlehem: Lehigh University Press, 1998.
- Dawley, Alan. *Changing the World: American Progressives in War and Revolution*. Princeton: Princeton University Press, 2003.
- D' Antonio, Patricia. *American Nursing: A History of Knowledge, Authority, and the Meaning of Work*. Baltimore: The Johns Hopkins University Press, 2013.
- _____. "Women, Nursing, and Baccalaureate Education in 20th Century America." *Journal of Nursing Scholarship* 36 No. 4 (2004): 379-384.
- _____. "Cultivating Constituencies. The Story of the East Harlem Nursing and Health Service, 1928-1941." *Public Health Then and Now* 103 No. 6 (2013), 988-996.
- _____. "Lessons Learned? Nurses and Health Demonstration Projects in New York City, 1920-1935." *Policy, Politics, and Nursing Practice* 133 No. 3-4 (2013), 133-141.
- Dickinson, Frederick R. *World War I and the Triumph of a New Japan, 1919-1930*. United Kingdom: Cambridge University Press, 2013.
- Dines, Alta Elizabeth. "Introducing Miss DeGraw at Nurses' House." *American Journal of Nursing* 35 No.1 (Jan.,1935): 47-50. Article DOI: 10.2307/3412551
- Lavinia Dock et al, *History of American Red Cross Nursing*. New York: The Macmillan Company, 1922.
- Doona, Mary Ellen. "Linda Richards and Nursing in Japan, 1885-1890." *Nursing History Review*, 1 (1994): 99-128.

- Dunch, Ryan. "Beyond Cultural Imperialism: Cultural Theory, Christian Missions, and Global Modernity." *History and Theory* 41 (2002): 301-325.
- Elbourne, Elizabeth. "Gender, Colonialism, and Faith." *Journal of Women's History* 1 (2013): 182-194.
- Ettling, John. *The Germ of Laziness. Rockefeller Philanthropy and Public Health in the New South*. Cambridge, Massachusetts: Harvard University Press, 1981.
- Farley, John, *To Cast Out Disease. A History of the International Health Division of the Rockefeller Foundation (1913- 1951)*. New York: Oxford University Press, 2004.
- Fitzgerald, Rosemary. "'Clinical Christianity': the Emergence of Medical Work as a Missionary Strategy in Colonial India, 1800-1914", in *Health, Medicine and Empire: Perspectives on Colonial India*, edited by Biswamoy Pati and Mark Harrison, 97-102. Hyderabad: Orient Longman Ltd., 2001.
- Fukuda, Mahito H. "Public health in Modern Japan: From Regimen to Hygiene." In *The History of Public Health and the Modern State*, edited by Dorothy Porter, 385-402. Netherlands: Editions Rodopi B. V., 1994.
- Gleich-Anthony, Jeanne M. "Democratizing Women: American Women and the U.S. Occupation of Japan, 1945-1951." PhD diss., University of Ohio, 2007.
- Gordon, W. Friendship Dolls, their "mission" of friendship continues. Retrieved May 3, 2011, from <http://wgordon.web.wesleyan.edu/dolls/index.htm>
- Inderpal Grewal and Caren Kaplan, *Scattered Hegemonies: Postmodernity and Transnational Women's Practices*. St. Paul: University of Minnesota Press, 1994.
- Grypma, Sonya. "A Room of One's Own." *Journal of Christian Nursing* 4 (2011): 235-236.
- _____. "Pushing Boundaries: Transnational Approaches to Global Health History." In *Transnational and Historical Perspectives on Global Health, Welfare and Humanitarianism*, edited by Ellen Fleischmann, Sonya Grypma, Michael Marten, and Inger Marie Okkenhaug, 239-263. Latvia: Portal Books, 2013.
- Hagemann, Edward. "The Persecution of the Christians in Japan in the Middle of the Seventeenth Century." *The Pacific Historical Review* 11, No. 2, (1942), 151-160.

- Harrison, W. T. "Immunization against Diphtheria," *American Journal of Nursing*, 33, No.10 (1933), 923-28.
- Helmstadter, Carol and Judith Godden. *Nursing Before Nightingale, 1815-1899*. Farnham: Ashgate Publishing, 2011.
- Hemphill, Elizabeth. *The Road to KEEP, the Story of Paul Rusch in Japan*. New York: Weatherhill, 1969.
- Hirao, Machiko, Haga, Sawako and Rui Kohiyama, "M. E. Reade: The Pioneering Educator of Nursing in Meiji Japan." *Jikeikai Medical Journal* 57 No. 4 (2010): 113-119.
- Hirobe, Izumi. *Japanese Pride, American Prejudice: Modifying the Exclusion Clause of the 1924 Immigration Act*. Stanford: Stanford University Press, 2001.
- Hockenberry, Marilyn J., and David Wilson. *Wong's Essentials of Pediatric Nursing*. 8th ed. St. Louis, MO: Mosby/Elsevier, 2009.
- Hoffert, Sylvia D. *Private Matters: American Attitudes toward Childbearing and Infant Nurture in the Urban North, 1800-1860*. Chicago: University of Illinois Press, 1989.
- Huffman, James L. *Japan in World History*. New York: Oxford University Press, 2010.
- _____. *Japan and Imperialism, 1853-1945*. Ann Arbor: Association for Asian Studies, 2010.
- Higashibaba, Ikuo. *Christianity in Early Modern Japan: Kirisitan Belief and Practice*. London: Brill, 2001.
- Hamish, Ion, A. *American Missionaries, Christian Oyatoi, and Japan, 1859-73*. Vancouver: UBC Press, 2009.
- _____. *The Cross and the Rising Sun*. Waterloo: Wilfrid Laurier Press, 1990.
- Kaneko, Kentaro, Kanda, James and William A. Gifford. "The Kaneko Correspondence. Part One." *Monumenta Nipponica* 1 (1982): 41-76.

- _____. "The Kaneko Correspondence. Part Two." *Monumenta Nipponica* 2 (1982): 223-256.
- _____. "The Kaneko Correspondence. Part Three." *Monumenta Nipponica* 3 (1982): 289-316.
- _____. "The Kaneko Correspondence. Part Four." *Monumenta Nipponica* 4 (1982): 413-436.
- Kramer, Paul. "Is the World our Campus? International Students and U.S. Global Power in the Long Twentieth Century." *Diplomatic History*, 5 (2009): 775-806.
- Lagerwey, Mary D. "The Third Reich in the Pages of the *American Journal of Nursing*, 1932-1950." *Nursing History Review* 15, No.1, 2005: 59-87.
- Lake, Marilyn and Henry Reynolds. *Drawing the Global Color Line: White Men's Countries and the International Challenge of Racial Equality*. New York: Cambridge University Press, 2008.
- Large, Stephen S. "Nationalist Extremism in Early Shōwa Japan: Inoue Nisshō and the 'Blood-Pledge Corps Incident,' 1932." *Modern Asian Studies* 3 (2001): 533-564.
- Liu, Michael Shiyung. *Prescribing Colonization: The Role of medical Practices and Policies in Japan-Ruled Taiwan, 1895-1945*. Ann Arbor: Association for Asian Studies, 2009.
- Lowy, Ilana and Patrick Zylberman. "Medicine as Social Instrument: Rockefeller Foundation, 1913-45." *Studies in History and Philosophy of Science* 31, No. 3 (2000): 365-379.
- Malony, Barbara. "Gender, Citizenship and Dress in Modernizing Japan." In *The Politics of Dress in Asia and the Americas*, edited by Mina Roces and Louise Edwards, 81-100. Eastbourne, Great Britain: Sussex Academic Press, 2007.
- Marshall, Bryan K. *Learning to be Modern: Japanese Political Discourse on Education*. Boulder: Westview Press, 1994.
- McCormick, Thomas. *From Old Empire to New*. In *Colonial Crucible: Empire in the Making of the Modern American State*, edited by Alfred W. McCoy and Francisco A. Scarano, 63-79. Madison: The University of Wisconsin Press, 2009.

- Susan McGann. "Collaboration and Conflict in International Nursing, 1920-1939." *Nursing History Review* 16 (2008): 29-57.
- McGraw, Charles. "The Intervention of a Friendly Power: The Transnational Migration of Women's Work and 1898 Imperial Imagination." *Journal of Women's History* 19, No. 3, (2007):137-160. DOI: 10.1353/jowh2007.0061
- Meckel, Richard A. *Save the Babies: American Public Health Reform and the Prevention of Infant Mortality, 1850-1929*. Baltimore: Johns Hopkins University Press, 1990.
- Mitchell, Richard H. *Justice in Japan: The Notorious Teijin Scandal*. Honolulu: University of Hawai'i Press, 2002.
- Noguchi, Kazumi. "Impact of Government-Foundation Cooperation Health Care System Development in Post-War Japan." In *Public Health and National Reconstruction in Post-War Asia*, edited by Liping Bu and Ka-che Yip, 112-131. New York: Routledge, 2015.
- Ota, Yuzo. "Difficulties Faced by Native Japan Interpreters" in *Searching for a Cultural Diplomacy*, edited by Gienow-Hecht, Jessica C. E. and Mark C. Donfried, 189-211. New York: Berghahn Books, 2010.
- Padilla, Roberto Ramon. "Science, Nurses, Physicians and Disease: The Role of Medicine in the Construction of a Modern Japanese Identity, 1868-1912." PhD diss., The Ohio State University, 2009.
- Poe, Elisabeth Ellicott. "The General Convention and Washington Cathedral." *The Cathedral Age* III, No. 4 (Christmas 1928): 13-14, 326-27.
- Powell, Margaret and Masahira Anesaki. *Health Care in Japan*. New York: Routledge, 1990.
- Rafferty, Anne Marie. "Internationalising Nursing Education During the Interwar Period." In *International health organizations and movements, 1918-1939*, edited by Paul Wiending, 266-282. Cambridge: University Press, 1995.
- Rafferty, Anne Marie and Diana Solano. "The Rise and Demise of the Colonial Nursing Service: British nurses in the Colonies, 1896-1966." *Nursing History Review* 15 (2007): 147-154.
- Reverby, Susan. *Ordered to Care: the Dilemma of American Nursing 1850-1945*. New York: Cambridge University Press, 1987.

- Robbins, Howard Chandler and George K. MacNaught. *Dr. Rudolf Bolling Teusler: An Adventure in Christianity*. New York: Scribner and Sons, 1942.
- Robert, Dana L. "World Christianity as a Women's Movement." *International Bulletin of Missionary Research* 4 (2006): 180-188.
- Roberts, Mary. "Nurses House." *American Journal of Nursing*, 9 (1957): 1172.
- Rose, Barbara. *Tsuda Umeko and Women's Education in Japan*. New Haven: Yale University Press, 1992.
- Rosen, George. "The First National Health Center Movement: Its Rise and Fall." *American Journal of Public Health* 61(8): 1620–1637.
- Rosenberg, Emily. *Spreading the American Dream: American Economic and Cultural Expansion, 1890- 1945*. Canada: Harper Collins Canada Ltd., 1982.
- Ryder, Reiko Shimazaki. "Nursing Reorganization in Occupied Japan, 1945-1951." *Nursing History Review* 8 (2000): 71-93.
- Sato, Barbara. "Commodifying and Engendering Morality: Self-Cultivation and the Construction of the 'Ideal Woman' in 1920's Mass Women's Magazines." In *Gendering Modern Japanese History*, edited by Barbara Malony and Kathleen Uno, 99-132. Boston: Harvard University Press, 2005.
- Saxton, Alexander. *The Indispensable Enemy: Labor and the Anti-Chinese Movement in California*. Berkeley: University of California Press, 1971.
- Schneider, W. H. *Rockefeller Philanthropy and Modern Biomedicine. International Initiatives from World War I to the Cold War*. Indiana: Indiana University Press, 2002.
- Scholten, Catherine M. *Childbearing in American Society 1650-1850*. New York: New York University Press, 1985.
- Sealander, Judith. *Private Wealth & Public Life. Foundation Philanthropy and the Reshaping of American Social Policy from the Progressive Era to the New Deal*. Baltimore: The Johns Hopkins University Press, 1997.
- Shibusawa, Masahide and Gil Latz, "Rediscovering Shibusawa Eiichi." In *Rediscovering Shibusawa Eiichi in the 21st Century*, edited Gil Latz, 2-19. Japan: Shibusawa Eiichi Memorial Foundation, 2014.

- Shigematsu, Setsu. "Reflections on the Women's Liberation Movement in Japan: Toward a Theory of Critical Transnational Feminism." Presented in panel titled, Rethinking Feminisms in Mid-Twentieth Century Japan: Education, Activism, and Transnational Engagements. Association of Asian Studies conference, Philadelphia, PA, March 28-30, 2014.
- Stapleton, Darwin H. "Removing the Obstacles to Public Health Work. Context for the Rockefeller philanthropies and public health in China and Japan, 1920-1940." In *Science, Public Health and the State in Modern Asia*, edited by Liping Bu, Darwin H. Stapleton, and Ka-Che Yip, 93-112. New York: Routledge, 2012.
- Stephenson, George M. *A History of American Immigration, 1820-1924*. St. Paul: Minnesota Historical Society Press, 1964.
- Stephanson, Anders. *Manifest Destiny: American Expansion and the Empire of Right*. New York: Hill and Wang, 1995.
- Strong, Anne H. "The Education of Public Health Nurses." *The Public Health Nurse* 13, No. 5 (1921): 226-230.
- Takahashi, Aya. *The Development of the Japanese Nursing Profession: Adopting and Adapting Western Influences*. London: Routledge Carzon, 2004.
- Thomas, Andrew F. "Japan, the Land of Paradoxes." *The Trained Nurse and Hospital Review* October (1932), 401-408.
- Tocco, Martha. "Made in Japan: Meiji Women's Education." In *Gendering Modern Japanese History*, edited by Barbara Malony and Kathleen Uno, 39-60. Boston: Harvard University Press, 2005.
- Tyrell, Ian. "Empire in American History." In *Colonial Crucible: Empire in the Making of the Modern American State*. Edited by Alfred W. McCoy and Francisco A. Scarano, 545-556. Madison: The University of Wisconsin Press, 2009.
- Uno, Kathleen. "Womanhood, War and Empire: Transmutations of 'Good Wife, Wise Mother' before 1931." In *Gendering Modern Japanese History*, edited by Barbara Malony and Kathleen Uno, 493-519. Boston: Harvard University Press, 2005.
- Wall, Barbra Mann. *Catholic Medical Missionaries and Transnational Encounters in Africa 1945-2000*, (forthcoming, 2016).

- Warner, John Harley. *Against the Spirit of System: The French Impulse in Nineteenth-Century American Medicine*. Baltimore: Johns Hopkins University Press, 2003.
- Washington, Garrett L. "St. Luke's Hospital and the Modernization of Japan." *Health and History* 15, No. 2 (Dec., 2013): 5-28.
- Wheatley, Steven C. *The Politics of Philanthropy: Abraham Flexner and Medical Education*. Madison: University of Wisconsin Press, 1988.
- Yasutake, Rumi. *Transnational Women's Activism: The United States, Japan, and Japanese Immigrant Communities in California, 1859-1920*. New York: New York University Press, 2004.

Published Primary Sources

- An American Medical Centre for Japan. [Announcement] 1927. Retrieved April 10, 2014: <https://archive.org/details/39002086348688.med.yale.edu>, 27-28.
- Anonymous, "A College of Nursing, St Luke's International Medical Center, Tokyo." *American Journal of Nursing* 33. No.10 (1933): 932.
- Anonymous. "Japanese like Western Food Better than Their Own, U.S. Dietician in Tokyo Says." *The Washington Post*. Tuesday October 16, 1934, page 16.
- The 125th Anniversary Commemorative Exhibition of the Japanese Red Cross Society, 1877-2002, [bulletin]. Japanese Red Cross Society, Shibuya-ku, Tokyo.
- Bickersteth, M. H. *Handbooks of English Church Expansion, Japan*. Oxford: A. R. Mowbray & Co. Ltd., 1908.
- The Committee on Education of the National League of Nursing Education, *The Standard Curriculum for Schools of Nursing*. Baltimore: The Waverly Press, 1917.
- Danley, Sharon Yamato. "Japanese Picture Brides Recall Hardships of Life." *Los Angeles Time*. May, 11, 1995. Retrieved http://articles.latimes.com/1995-05-11/news/cb-64865_1_picture-bride
- Dock, Lavinia. "What We Can Expect From the Law." *American Journal of Nursing* 1, No.1 (1900): 8-11.

International Hospital News, Vol. 1 No. 3 (Nov. 1928) through Vol. 8 No. 2 (Dec. 1935). Published by St. Luke's International Medical Centre, Tokyo, Japan. Available digitally through Yale University Imageserver: <http://findit.library.yale.edu>

Noyes, Clara D. "Department of Red Cross Nursing." *American Journal of Nursing* 28, No. 1 (1928), 71.

Poe, Elisabeth Ellicott. "The General Convention and Washington Cathedral." *The Cathedral Age* III, No. 4 (Christmas 1928): 13-14, 326-27.

Public Health and Welfare in Japan, Report of GHQ SCAP, 1948.

St. Luke's College of Nursing Bulletin, printed in Japanese with some English, 2005.

St. Luke's International Hospital. An American Hospital for International Service. Tokyo, Japan 1925. St. Luke's College of Nursing Historical collection of historical documents, Tokyo, Japan.

St. Luke's International Medical Center. Dedicated to the Glory of God and the Service of Humanity, 1933. Program for the dedication of the new building. St. Luke's College of Nursing collection of historical documents, Tokyo, Japan.

St. Luke's International Hospital, *Seiroka kangodaigaku 50 nenshi*, Tokyo: Seiroka kangodaigaku, 1970.

Archival Sources

American Church Mission archives, Rikkyo University, Ikebukuro, Japan.

Episcopal Church Archives. Austin, Texas.

Japanese Red Cross Society, Shibuya-ku, Tokyo.

New York Presbyterian Cornell-Weill Archive Center. Mary Beard papers, Mary Beard photograph collection, and Marion S. Doane papers. New York, New York.

Rockefeller Foundation Archives, Rockefeller Archive Center. Tarrytown, NY.

St. Luke's College of Nursing. Private collection of historical materials.