It is not easy to write a book-length scholarly work on a historical topic that has been too familiarized to the public. The new book is supposed to compete with stereotypes and popularized anecdotes, as much as previous academic research on it. The author is accordingly expected to appeal not only to experts, but also to lay public readers who often compare academic works with popular historical novels, movies, and television shows. The history of medicine in early modern Japan might be one exemplar of such excessively popularized topics—at least for Japanese readers. Numbers of Japanese and foreign “heroes” who laid the foundation of the modern medicine in Japan have been repeatedly portrayed in popular culture, along with other pioneers of modern science, technology, military, commerce, politics, and philosophy. In other words, the history of modern medicine in Japan is an important component of the saga of “miraculous”
modernization of Meiji Japan, which is sometimes the major hurdle against historians pursuing critical research.

Hoi-eun Kim faced this hurdle and successfully cleared it, by changing the question itself. Rather than grappling with stereotypes and clichés associated with the familiar narrative of the unidirectional transfer, and the demonstration and propagation of the superior knowledge, the author proposes a new interpretation based on encounter, negotiation between the “different dreams in the same bed” (chapter 1), bidirectional exchange, and mutual influence. This new interpretation, supported by a large number of public and private archival resources in English, German, and Japanese, also reveals that the exchange was not always as successful as the familiar narrative claims. The author adopts prosopographical methods by covering a wide range of references, which are listed in the seventeen-page long “selected” bibliography. With the voluminous prosopographical records, Kim vividly illustrates the aspiration, concern, anguish, and frustration of Japanese medical students in Germany, in the chapters 3 and 4. Furthermore, this book also clearly highlights, in the chapter 6, the heterogeneity among the Germany-trained Japanese doctors, which had not been emphasized in the narratives depicting Japanese doctors as faithful pupils of the Western science and medicine.

Maintaining the transnational perspective is one key factor by which this book could avoid the stereotypical narrative of the modernization by successful transfer. Although Kim’s book is published as a part of “German and European Studies,” it is apparently a transnational history and thus appeals to a wider range of readers. Historians of Germany might encounter a new interpretation on the motivation behind the collaboration between Germany and Japan, in the chapters 1 and 2, and be intrigued
by previously unknown episodes of Japanese expatriates community in Germany in the chapter 4. On the other hand, historians of Japan might rediscover the strong influence of German “scientific” anthropology in Japan, in the chapter 5, and the legacy of German medicine surviving the breakdown of the honeymoon of the two countries during and after the World War I, in the chapter 6. As manifested by the author’s selection of the word “encounter” for the subtitle, this book argues that the relationship between Germany and Japan resulted in changes in both parties.

The author’s emphasis on the reciprocality enabled him to avoid the pitfall of the narrative that portrays Japan as the successful pupil of modernity. Kim points out that, in the chapter 6, the modern medicine in Japan, initially taught by German doctors in Japan and learned by Japanese students in Germany, eventually took the shape of colonial medicine, along with the expansion of the only “non-white empire.” At the end of the book, the author even implies that the two worst atrocities during the World War II—the holocaust and the human experiments by the Unit 731—shared the same root, and it was not a coincidence that both Germany and Japan were responsible for those tragedies. The author could remain adequately critical toward the wartime atrocity by Japanese military medicine, because he could stay away from the triumphant narrative on the previous period. This is another example of how a transnational approach could enable a historian to keep consistency.

Not to mention historians of modern Japan and modern Germany, this book will be an indispensable reference for historians of Korea, to understand the institutional and cultural root of modern medicine in Korea. Although the colonial occupation by Japan, from 1910 to 1945, was the formative period to institutionalize modern medicine in Korea, historians
of Korea have largely concentrated only on the half of the story: who the
first generation of Korean doctors were, which institutions accommodated
more Korean medical students, and how Korean patients were treated.
The other half—who taught those Korean students, where and how those
Japanese doctors had been educated and trained, and what their career
before and after they came to Korean Peninsula was like—has been studied
by professional historians, but still remains virtually unknown to the
public. It would be indispensable, however, for understanding the history
of medicine in colonial Korea to grasp the larger picture of the Japanese
medicine at the time, such as the academic pedigree or the intellectual
alliance and rivalry between different groups. For example, Kubo Takeshi,
who is usually remembered by Koreans only as the infamously eccentric
and discriminatory professor of anatomy at Keijo Medical College, would
be better understood with consideration of his identity as an offspring
of the tradition of the “scientific anthropology,” stretching back to such
influential figures as Erwin Baelz and Koganei Yoshikiyo. This book would
become an essential reference to comprehend the background of the
modern medicine in Korea.

In addition, Kim’s book would be a good read also for historians of
science, technology, and medicine, in that it provides an intriguing case on
the construction of biomedical knowledge: the beriberi debate. Although
several empirical findings by the mid-1890s strongly suggested a correlation
between intake of polished rice and the outbreak of beriberi, the mainstream
of Japanese doctors remained being skeptical of the deficiency theory, and
devised auxiliary hypotheses to explain beriberi with the cutting-edge germ
theory. It was only in the 1910s that the elite doctors, educated in Tokyo
Imperial University under the German tradition, “begrudgingly” accepted
the deficiency theory. Pedagogically, this might be a good example of how a medical debate is unfolded and settled, under the influence of various scientific, philosophical, or social factors, to construct a working knowledge.