Hansen’s Disease and Patient Writing in Colonial Taiwan’s Sanatorium, 1934-1944: The Affect of the Institution*

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Hansen’s Disease in Japan and its Colonies

The history of Hansen’s disease in modern Japan has received media and academic attention in recent years, with scholars working to trace the medical, social, and legal treatment of the disease beginning in the Meiji period, circa 1868, with a particular focus on the way the illness was treated by medical and legal institutions after the turn of the twentieth century. In 1907, initial legislation targeting Hansen’s disease divided the Japanese archipelago into five regional districts and required each district to create a regional, shared Hansen’s disease hospital for treatment of patients within their prefectures where people diagnosed with Hansen’s disease from those prefectures could be sent for care.

The first national sanatorium for Hansen’s disease was established in 1931, and the five regional sanatoria were nationalized in 1941. By the end of the Second World War, there were a total of thirteen public institutions and three private hospitals in mainland Japan and Okinawa, as well

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as three colonial institutions. Each of the public Hansen’s disease treatment facilities in mainland Japan had an official magazine, or *kikanshi*, published with the support of the institution, that included news, articles from doctors or government officials, and a wide array of patient writing, from children’s pieces, to poetry, to essays and short stories. Yet, amongst the colonial institutions only Taiwan had a *kikanshi* similar to the mainland institutions. *Manjūka* at the time, or *Papaiya* in modern Japanese (萬寿果; Chinese: *Wansheng guo*; English: *Papaya*; hereafter *Papaya*) was the only magazine published regularly by a colonial institution over the course of nearly a decade and it is the main target of analysis in this article. This paper argues that in the case of Hansen’s disease, the experience of the illness and institutionalization became a shared language, articulated through poetry, between Taiwanese patients in Rakusei-in and patients institutionalized in mainland Japan. The poems became the basis for a shared affective community that allowed patients to articulate their place in the Japanese empire.

While attention has been focused on government policies, how they were implemented, and their impact on communities and sufferers in mainland Japan and Okinawa, the colonial legacy of Hansen’s disease has remained relatively underexplored.1 Between 1916 and 1939, Japan built Hansen’s disease hospitals in three of its colonies: the first colonial hospital, Shōroku-tō jikei i-in (later Shōroku-tō Kösei-en, or Sorok Island to-

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1 In this article I use the term “patient” to refer to a person diagnosed with Hansen’s disease undergoing medical treatment under the care of a medical professional. I use the term “sufferer” to refer to people diagnosed with Hansen’s disease who were treating themselves at home or seeing a doctor sporadically. Finally, the term “survivor” refers to someone who is cured of Hansen’s disease but may be living with aftereffects from the illness.

day) was established in colonial Korea on an island off the coast of Kohŭng in 1916. The second colonial institution, the Taiwanese hospital, Rakusei Sanatorium for Lepers of the Governor-General of Taiwan (Taiwan Sōtokufu Raibyō Rakusei-in, today Lesheng Sanatorium) opened in 1930. The final institution Dōkō-in in Manchuria was opened in 1939. In addition to these three, the Japanese government also established three hospitals in Okinawa: Nansei-en in 1931, Airaku-en in 1938, and Wakō-en in 1943. These Okinawan facilities are unique in that they are distinct from the mainland Japanese hospitals but are also not treated in scholarship as colonial institutions. While a discussion of the Okinawan institutions is beyond the scope of this paper, they occupy a liminal space not clearly identifiable as “naichi” (mainland Japan) or “gaichi” (Japan’s overseas colonies), whereas the Taiwanese, Korean, and Manchurian hospitals are typically identified as “gaichi.”

In fact, Japan’s overarching colonial policy was one of assimilation that was always also marked by difference. Christopher P. Hanscom and Dennis Washburn describe this as a process: “the double message of assimilation—urging the colonized to become the same (as imperial subjects) while insisting they maintain minimally distinguishing markers—yields a never-settled process, one of ever-shifting boundaries between inclusion and exclusion that constantly defer a final becoming or belonging.”2 One of the ways in which subtle differences between colonizer and colonized were marked was through language, and another was through health. In the global rhetoric of the time, national health and the types of illnesses that afflicted a country’s citizens became a barometer of “civilized” and “heathen,” or “colonizer” and “colonized.” People in Japanese colonies suffering from Hansen’s disease were thus at once doubly marked, as colonized people and sufferers of Hansen’s disease.

Hansen’s disease was part of colonial medical projects that were not

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unique to Japan. Globally, the ways in which Hansen’s disease sanatoria were imbricated in colonial systems aimed at managing race, health, hygiene, and culture that have been well studied. Scholars such as Rod Edmund, Michelle Moran, Warwick Anderson, Jane Buckingham, Stephen Snelders, and others have looked at how colonialism as a global system affected the treatment of Hansen’s disease on many levels, shaping the social, political, and medical treatments of the illness. In Japan, scholars such as Takio Eiji have explored Hansen’s disease and its treatment in colonial Korea, and more recently, Hoshina Hironobu has taken up writing at Rakusei-in, exploring the ways in which the institution sought to integrate Taiwanese patients into Japanese colonial health systems while at the same time preserving their difference.

Japan modeled its colonial practices on Western empires, and its treatment of Hansen’s disease both inside and outside Japan, was in part modeled on the American medical facilities at Culion in the Philippines. Warwick Anderson traced the ways in which Culion’s colony “was predicated on a form of biological and civic transformation in which the contaminated became hygienic, and “savages” might become social citizens.” Anderson further argues that because Hansen’s disease was not curable, the colony in fact “excelled in fashioning estranged, marginal men and women, in making contaminated bodies and second-class citi-


4 Warwick Anderson, *Colonial Pathologies*, 159. In particular, his chapter “Excremental Colonialism” deals with the subject of Hansen’s Disease and colonialism.
zens.”5 In the case of the Philippines, Anderson posits only bourgeois, healthy, white men were able to embody civilization and full citizenship. In the case of Taiwan, similarly, the ideal citizen was imagined as a healthy, Japanese, bourgeois man.

As Anderson argues, “Leprosy itself thus was translated into a language of modernity, of civic consciousness, of public interest—a vocabulary that both imperial officials and many Filipino nationalists could share.”6 Susan Burns has argued that Japan’s institutions were also designed to “serve the interest of the patients and the nation… Central to this vision was the idea that patients would not be coercively confined but would accept quarantine for both their own good and that of the wider public,” allowing residents to “fully participate in Japanese national life, albeit from within the confines of the sanatorium.”7 The content of Papa-ya reflects both notions of what it means to identify as a Japanese citizen, and also what it means to have Hansen’s disease in Japan.

Indeed, scholars such as Arai Yuki and Hoshina Hironobu have more recently pointed out that patients wrote both about their shared illness experience and their support of the Japanese imperial project, becoming part of an affective community based on what they believed to be their duty as imperial citizens—institutionalization for the treatment of an infectious disease, and supporting the Japanese empire. I build on the work of Anderson, Arai, and Hoshina, arguing that writers from colonial Taiwan did in fact seek to use writing about their illness experience to participate in affective imperial communities. At the same time, however, this paper illuminates the ways in which that participation was always an incomplete project, in particular through an examination of poems about language.

This paper focuses on the shared identities and commonalities articu-

5 Warwick Anderson, Colonial Pathologies, 159.
lated in poems by people suffering from Hansen’s disease, drawn primarily from writing that appeared Rakusei-in’s *kikanshi*, *Papaya*. At the same time, I also introduce some examples from Korean tuberculosis sanatoria. Poems by peoples suffering from illness circulated in print media around the Japanese empire in the 1930s and early 1940s. Poems about the physical experience of illness and worsening physical and medical conditions are common in magazines and poetry collections from this time, and sharing the language of their illness allowed patients to articulate their place in the Japanese colonial system. At the same time, the lines of empire are never completely erased.

**Writing in Rakusei-in**

In fact, *Papaya* reflects broad colonial policies Japan pursued across Taiwan. Ceded to Japan after the first Sino-Japanese War on May 8, 1895, Taiwanese Studies scholar Liao Ping-hui notes that Taiwan is distinct in being the first (Liao in his assessment excludes Okinawa and Hokkaido) and last colony held by Japan. Liao goes on to describe the stages of Japanese colonization as assimilation (1895-1919), integration (1919-1930), differential incorporation and coercion (1930-1937), and subjugation and mobilization (1937-1945).8 The role of the Japanese language (*kokugo*) in creating Japanese citizens (*kokumin*) was an early concern for the colonial authorities; chief of the Bureau of Education Affairs for the government-general, Izawa Shūji (1851-1917), opened the first Japanese language school outside of Taipei in July 1895. Izawa’s language philosophy drew on ideas integration and mixed usage of Japanese and local languages, but his goal was to use language to, as Eika Tai argues, “trans-

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form people into loyal subjects, regardless of their descent.” \(^9\) Tai continues that despite the ultimate rejection of his program, Izawa’s “idea of transforming Taiwanese into Japanese imperial subjects through Kokugo education survived throughout the half-century history of colonial education in Taiwan.” \(^10\) By May of 1934, the use of the Taiwanese language was banned, and by 1937 using any language other than Japanese put one’s livelihood at risk. \(^11\)

As use of the Japanese language was increasingly enforced in the public sphere, more Taiwanese authors began to write in Japanese, as well. While a number of recent works have taken up Taiwanese literature during the Japanese colonial empire, the question of poetry within the colony has been the subject of less attention. \(^12\) A recent exception is the work of Dean Brink, wherein he argued that poetry was of particular importance in Taiwan as it was used both to reflect and resist colonial rule in Taiwan. For Brink, poetry allowed Taiwanese authors to “situate themselves in relation to others—other Taiwanese, aboriginals, and Japanese—and justified their lives, practices, and positions within the colonial context of

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10 Eika Tai, “Kokugo and Colonial Education in Taiwan,” 512.
modernization and the rise of Japanese militarism.”  

Brink argues that, due in part to its popular use in newspaper and other print media, “a line was drawn in poetry,” and the writing of Japanese poetry, in particular tanka, haiku, and senryū, became an index against which “Japaneseness” was measured.

For residents in Rakusei-in, writing Japanese poetry was a way to situate themselves within a larger community of Japanese Hansen’s disease sufferers. Their shared experience of institutionalization and illness created shared meanings, and what it meant to be part of an imperial patient community was imagined in the pages of the kikanshi. These magazines functioned to create an affective imperial community, one based around shared illness experience and institutionalization—and one which was likely encouraged by the colonial authorities as reinforcing assimilation and loyalty to the emperor. At the same time, I seek to highlight the limitations of that community, and the markers of marginality in the poems that were never quite erased. This is most apparent in the linguistic gaps—noted by people who read the poems, as well as by the poets themselves.

Poetic networks were an important way patients in Japanese institutions articulated their own positions within the empire. Arai Yuki traces the way in which “leprosy relief” was at its core imbricated in imperial health hierarchies, underscoring the way in which “leprosy relief” was recast as the duty of imperial subjects, including sufferers and patients. Arai’s work points to the way in which Hansen’s disease became part of a national health duty. At the same time, Arai is particularly interested in the way this imperial identity and duty as it connected to Hansen’s disease

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14 Dean Anthony Brink, Japanese Poetry and Its Publics, 56-57. Tanka is a Japanese poetic form broken into lines by mora count. The standard rhythmic pattern is lines of 5-7-5-7-7 morae; haiku follows a pattern of 5-7-5, and senryū has the same construction as haiku but is humorous.
was articulated within Japan itself, rather than its colonies.

Tanka written by patients in Taiwan and Korea are particularly important for two reasons: first, because it was a readily accessible form that even people with imperfect Japanese could write. Second, collections of tanka written by people suffering from Hansen’s disease and tuberculosis were published throughout the empire, creating a cacophony of diverse voices. It is also worth noting that the set form of tanka may also have made it more difficult to censor. Indeed, free verse poems are often vehicles for openly propagandistic sentiments in the kikanshi, whereas tanka tends to capture subtleties of daily life and negotiations of identity on the margins of the Japanese empire. Finally, the poems I discuss here were selected because they are representative of common themes in patient poetry in Japan and the colonies.

Poems about the physical experience of illness and bodily failure are common throughout the empire and are an important way affect was shared by patients with a common illness experience. Commiseration about a shared condition for which there was no cure created a bond between residents in public institutions in Japan and its colonies. But it was not only sharing the illness experience that created affective communities across the Japanese empire; the lived experience of the space of institutional life also became a way to share a poetic vocabulary, a linked personal experience that had profound shared meanings for people institutionalized for the treatment of Hansen’s disease.

Poems about hospital landmarks such as the crematorium, library, autopsy rooms, treatment areas, and the housing areas carried meaning that was specific to residents of Hansen’s disease institutions and these meanings were shared across the empire. Consider, as an example, two poems. One was written in the Taiwanese hospital and one was written by a resident of a public facility in Kyūshū. Both speak to the space of the sanatorium, highlighting the fact that in these institutions living quarters were strictly separated for men and women.

In 1926, Teranishi Jūniho published this poem with the literary coterie from what is today Kikuchi Keifū-en:
女患者の室にたまたま洗濯を衣持ち行けば亡き妻恋
Jo kanja no / heya ni tama tama / sentaku wo / kinu mochi ikeba /
naki tsuma koi shi
Upon taking my laundry
To the rooms of the female patients
I feel love for my late wife \(^{15}\)

This poem speaks to the division of living quarters and labor in the institution. Despite their marriage, Teranishi and his wife were not allowed to live together because the institution followed a pattern of *kayoi-kon*, or marriages wherein the male partner would be permitted to visit his wife’s room but they were not allowed to live together. Thus, Teranishi came to the women’s quarters to visit his wife, and now a visit to the women’s dormitories for mundane business recalls to him the love he felt for her. While many readers would sympathize with the loss of a spouse, this specific association of women’s dormitories with visits to his wife invoked a very specific shared affective context for people institutionalized for the treatment of Hansen’s disease.

It is not surprising then to find a similar poem from the Taiwanese institution. Umeda Kunsen (梅田薰泉)\(^{16}\) in the poem below draws at once on the segregated living space of the institution as well as an age-old trope in Japanese literature: men listening to music outside the women’s quarters:

『男患者出入禁ず』と書かれたる窓邊通ればピアノきこゆる
Dan kanja / “shutsu nyū kinzu” / to kakaretaru / madobe tōreba / piano kikoyuru

\(^{15}\) Uchida Morito, ed. *Hinoki no kage dai isshū* [In the Shade of the Cypress, Collected Works Volume One], Kumamoto, Kyushu Ryōyōjo no hinokage kai, 1926: 27.

\(^{16}\) I follow Japanese readings for the names of Taiwanese patients in this paper because that is the language in which they published; however, I also include Chinese characters for them.
Passing near the window
It is written
NO MALE PATIENTS MAY ENTER
The piano can be heard\textsuperscript{17}

The direct order quoted from a written sign is an abrupt beginning to the poem. The ending, using an archaic Japanese poetic verb ending is softer, making the contrast jarring. The poem is also an example of \textit{ji amari}, or excessive syllable count. It does not follow the standard 5-7-5-7-7 syllable count for tanka poetry, but instead follows 5-7-6-7-7, with the middle line containing an extra syllable. While some might attribute this to the poet writing in his second language, the line with the extra syllable highlights the writing as the separation between men and women in the institution. It also marks a division between public space, marked by Japanese writing and the colonizer’s language, and private space. The extra mora, then, marks a shift in the language and the space of the poem.

While on the face of it the two poems are dissimilar, in fact both highlight the separation of male and female living quarters within the institution and hint at the ways in which institutional life reordered desire, romance, and relationships. Furthermore, whether intentionally or not, such shared experiences created an affective community of patients through the shared evocation of scenes that had particular meaning to those institutionalized. Poems such as these record experiences of everyday life in an unusual space, and these spaces have affective meanings shared by the residents who lived in them.\textsuperscript{18}

\textsuperscript{17} “Raisha no utaeru,” \textit{Shakai jigyō no tomo} 127, 1939: 69.

Kikanshi and Imperial Literature

Within Japan, soon after district institutions opened in 1909, some doctors and groups of patients began to promote various activities to assuage patients’ spirits. Two early activities thus promoted were literature and religion, used as an emotional treatment to help residents come to terms with their illness and quarantine. While representatives of various faiths ran religious groups, hospital officials encouraged literary circles. The oldest extant magazine is from what is today Zensho-en, the Tokyo Hospital’s Yamazakura (Mountain Cherry Blossoms), which began publication in 1919. Initially limited in circulation to other institutions or small, local groups of literati, such publications gave patients a forum within the hospital to define their own experiences. At the same time, however, these magazines also clearly articulated the larger duty patients and sufferers owed the nation: to institutionalize themselves to protect the health of the empire.

Despite these clear imperatives, the magazines published by these institutions are sites of negotiation. They carried messages and articles from hospital directors, staff, and medical professionals, and they cataloged events and news from the hospital and other institutions in Japan. The magazines promoted an image of the institution and the treatment it provided, while also providing a forum for patients to find “mental comfort” (seishin ian) and gave some agency to patients to articulate their experiences. This in turn promoted the creation of affective patient communities when the publications circulated between institutions.

The community to which patients imagined belonging expanded with the Japanese empire in the late 1930s and early 1940s. In the mainland hospitals, the idea of the “Greater East-Asian Co-Prosperity Sphere” was promoted within the pages of the magazines, and in literary circles the idea of an imperial literature (kokumin bungaku) was debated and promoted.19 Arai, again, has examined how the Greater East Asian Co-

19 Yi, Christine, Colonizing Language: Cultural Production and Language Politics in
Prosperity Sphere was imagined in poetry published in *Yamazakura*, with residents celebrating and memorializing the war effort. Yet, in magazines such as *Yamazakura*, voices from the institutions in the Japanese colonies were left out of this imagining.  

These affective ties to mainland hospitals and the imagination of themselves as Japanese citizens is prominent in *Papaya*. Writing from the colonial Taiwanese institution was never separate from the negotiation of what it meant to be a part of the Japanese empire. Launched in May of 1934, Papaya was distinct from the mainland *kikanshi*. The name of the journal, *Papaya*, echoed the names of journals published by institutions in Japan that took their name from nature—cherry blossoms, cedars, pine trees, or grass. In this case, however, the natural beauty that was chosen to be most representative of Taiwan was papaya. The name of the magazine itself indicates its association with the tropical nature of the colony and its foreignness within Japan. Furthermore, the mission of the hospital to create imperial Japanese citizens out of Taiwanese people in part through the magazine is made clear with some of the cover illustrations: a depiction of an indigenous Taiwanese with a spear, a loincloth, and headdress is the cover of the August 1936 issue, for example. Other covers show coconut trees, water buffalo (not native to the main island of Japan), grass huts, or livestock.

Publication continued until January of 1944; Hoshina notes that other Taiwanese literary magazines ceased publication earlier.  

The fact that *Papaya* continued to be published when more popular monthly magazines suspended publication as the war effort intensified indicates the value of *Papaya* to a larger imperial project involving Hansen’s disease relief work. In fact, *Papaya* was imbricated in creating an affective imperial network of Hansen’s disease patients, as Hoshina demonstrates, and its continued publication was likely seen as an important assimilation and


Again, Papaya is also the only colonial *kikanshi* to have more than one extant issue. The Manchurian hospital issued a single volume entitled *Jikō* (慈光; Charitable Light, 1940), and the only writing from patients comes in the form of letters exchanged between children in Manchuria and children at the first national sanatorium Nagashima Aisei-en.\(^22\) The Korean hospital appears not to have had a magazine published in the Japanese language. The language barrier and the necessity to write in Japanese may have been one reason for this, although Jane Kim also notes that a fire burned down the library.\(^23\) Korean survivors of Hansen’s disease did share their stories in literature in Korean, although none of these accounts were published through the institution. Among the authors who wrote in Korean about Hansen’s disease, the poet Han Haun (1920–1975) and Yi

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\(^{22}\) *Jikō* [Charitable Light], (May 1940).

Űnsang (pen name Sim Sung, 1903-1982) might be most well-known.\textsuperscript{24}

Rakusei-in was the only colonial hospital, therefore, to have a small, regularly published \textit{kikanshi}.\textsuperscript{25} In the pages of \textit{Yamazakura}, as Arai has argued, the Greater East Asian Co-Prosperity Sphere was imagined to include the colonies as part of Japan, but separate, and without representation. For example, it can be argued that the Tokyo institution was the “center” of patient literary activity. It was closest to Tokyo, and the most famous writer-resident, Hōjō Tamio (1914-1937) lived there. And on the pages of \textit{Yamazakura}, there is gesturing toward \textit{kokumin bungaku}, a national literature inclusive of writers from the colonies. \textit{Yamazakura} published a special literary issue that explicitly stated it accepted submissions from all Japanese or colonial institutions. In theory, then, \textit{Yamazakura}

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\textsuperscript{24} Kim, 180. See also Karen Laura Thornber, \textit{Global Healing: Literature, Advocacy, Care}, Leiden and Boston: Brill, 2021.

\textsuperscript{25} Keun-sik Jung discusses patient writing in colonial Korea in his article, “Sahoejŏk t’ajaŭi chajŏnmunhakkwa mom: Sim Ŝung ŭi “namunhak”ŭl chungsimŭro” [Autobiographical Literature of Social Other and Body: Focusing on the Shimsoong’s ‘Leprosy’ novels], in \textit{Hyundae munhak iron yŏn’gu} [Modern Literary Theory] Vol. 23 (2004): 325-53. According to Jung, there were only two pieces of literature produced by patients during the colonial period and its immediate aftermath. The first is \textit{Hyŏllurok} [The Record of the Blood Chamber, 1933] serialized in \textit{Sin tonga} beginning in November of 1933. The second is Sim Sung’s novel \textit{Aesaeggŭm} [The Tale of Love and Life, 1946], which appeared in \textit{Sin Chŏnji} between June 1946 and April 1947. Jung reads these stories to discuss the process of institutionalization and becoming a patient. Further, he suggests there may have been a patient magazine in Sorok-do, but no copies have been found. I would like to thank Jae-yon Lee and Ji-Young Kim for their generous help in locating and reading this article and sharing their insights.

aimed to be a locus for creating a shared patient identity that transcended the boundaries of regional hospitals—but at the same time, the Tokyo institution remained firmly in the center, with regional and colonial voices minimally represented—and in the case of Taiwan and Korea, not included at all.

The first literary issue, in 1932, contained submissions predominantly from Tokyo and Nagashima in Okayama. Some works from Kusatsu, Osaka, Aomori, and Kumamoto were also included. This trend continues in 1934, with the majority of pieces selected by writers from Tokyo, Nagashima, Ōshima, the institution in Shikoku, and Kusatsu. Again in 1937, Tokyo, Nagashima, Oshima, and Kyushu were most heavily featured. In 1938 again the pattern was unchanged, although some writers from Aomori were again featured. The 1939 issue also had a large number of pieces from Tokyo, Nagashima, and Oshima. In 1941, while those three institutions remained dominant, a poem was included from a writer in Okinawa, Inami Ichiyo, for the first time.

Similarly, Hoshina has discussed the literary issue of *Papaya*, which was published in January 1941. He points out that the literary issue was explicitly framed under the umbrella of empire, with editors stating in the introduction they hoped to put the collection together with support from “everyone in the sanatoria in mainland Japan (naichi).” Yet as Hoshina continues, this support failed to materialize in manuscript contributions; in the end there were only submissions from Zensei Hospital in Tokyo and Hoshizuka Keiai-en in Kagoshima, from the southern part of Japan. And while Hoshina limits his analysis to the special literary issue of *Papaya* in 1941, in fact the minimal number of submissions from mainland

26 Hironobu Hoshina, “1930 nendai shokuminchi Taiwan no “rai bungaku” wo yomu—zasshi Manjūka ni okeru hontōjin no sakuhin wo chūshin ni” [Reading Leprosy Literature from 1930s Colonial Taiwan: With Special Attention to Works by Taiwanese Writers in the Magazine Manjūka], *Taiwan Bungaku Kenkyū Shūkan* No. 22 (2019): 71-94.

27 Quoted in Hoshina, “Kyūrai sensen wa “outa” to tomoni,” 176.

28 Hoshina, “Kyūrai sensen wa “outa” to tomoni,” 176.
hospitals to Taiwan, and the lack of publication of submissions from the colonies in *Yamazakura*’s literary issues, underscores the fact that the Tokyo institution remained the center of patient literary activities and Taiwan remained on the margins. At the same time, Papaya editors included reprinted poems from prominent mainland patient writers, most often well-known poets Shimada Shakušō (1904—1938) and Akashi Kajin (1901-1939).

Institutionalization became a way to demonstrate performance of a public duty, and for Taiwanese patients it could also demonstrate belonging in the Japanese empire. Writing from residents in *Papaya* and discussions of the civic duties of Taiwanese people with Hansen’s disease to seek treatment at Rakusei-in appeared in the pages of social welfare and medical journals. The articles routinely argued that Hansen’s disease was a threat to public health and urged sufferers to comply with quarantine policies. One article noted that according to estimates, at a minimum 1,084 sufferers were undergoing treatment at home or going untreated.\(^29\) Despite the number of sufferers, however, the colonial government lacked funds to launch an initiative to encourage institutionalization. Taiwanese patient writing was published in newspapers and magazines around Taiwan, but appeared frequently in *Shakai Jigyō no tomo*, the monthly publication of the Taiwanese Social Work Association. Some patient writing was also used by the Taiwanese branch of the Leprosy Prevention Association in their promotional materials. These re-publications suggest that perhaps the voices of residents in Rakusei-in were an inducement to sufferers at home to come to the institution.

Despite its appearance in print media outside the institution, however, the majority of patient writing in Taiwan was published within the pages of the institutional magazine, *Papaya*. While patients did do some writing for the magazine, the Japanese staff members, clearly marked “staff”

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\(^{29}\) Yutaka Kawakami, “Taiwan ni wa raibyō jin ga hatashite ikusen-nin aru deshou ka” [How Many Thousands of Hansen’s disease sufferers are there in Taiwan?], in: *Shakai jigyō no tomo* 27 (February 1931): 233.
(shokuin) were heavy contributors of articles, short stories, and poetry in Papaya. The contributions from staff become more frequent across the span of the magazine’s publication. This likely indicates that the publication was becoming less a vehicle for patient voices and more an explicit vehicle of propaganda that more closely echoed “authoritative” voices, reflecting a shift toward coercive colonial policies and mobilization.

Just as magazines and newspapers published excerpts from Papaya, Papaya also departs from mainland magazines in printing written work from other sources from mainland Japan and also from around Taiwan. For example, in 1937, Peng Zanyu (彭賛欲), a student at the school Zhaomengong Xuexiao (照門公學校), wrote his thoughts about people with Hansen’s disease he saw around Taipei in a youth magazine, Tainichi kurabu, and his words were reprinted in Papaya:

In our country there are more than a few people who are fearful of the illness called leprosy. So, we all want to make leprosy disappear as quickly as possible. All of the citizenry of Japan must work together and put the people who have leprosy into Rakusei-in in Taipei. Taiwanese people have a very bad habit. That is, there are not a few people who, if they get leprosy, they act like there is nothing wrong and walk all around the village like everything is fine. I think those people are the worst. Because they hurt many people. Of course, they hurt the people they live with, but people like that will infect even the people near them. And then, we have to comfort the people who have leprosy. It is terrible to thoughtlessly bully people who have leprosy. We must treat them with kindness and pity.30

Papaya published this essay with the comment: “A pupil at public

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30 Zanyu Peng. “Raibyo” [Leprosy], quoted in Papaya 3 (3), February 1937, 52. According to Papaya, it was originally published in Tainichi kurabu [Taiwan-Japan Club] 7 (7) (July 1937).
school, Peng-san wrote this essay about leprosy as he saw it, and the piece overflows with all his warm feelings. We want all the school children, and all the fathers and brothers on this island to read this.” The inclusion of pieces such as this make Papaya more heavily dialogic than its mainland counterparts, with the language of health and citizenship deployed in service of the Japanese empire. We can see the notion that, if one was infected, it was one’s imperial duty to enter Rakusei-in. The young author makes a clear distinction between “Taiwanese” (Taiwan no hito) and “all Japanese citizenry” (Nihon kokumin zentai), and implicitly divides them along the lines of those who work to support Japan’s Hansen’s disease policies and institutionalization and those who do not—those who are good imperial citizens under colonial policy and those who are not.

A second feature in early issues of Papaya is the occasional inclusion of Chinese poetry. For example, Lin Hongying’s Chinese poem, “Huanlai xiaoge” (“Songs of Suffering from Leprosy”), written in a first-person colloquial narrative style, is presented as “a true confession to introduce hospital life and my own experience to the many lepers who have not yet been hospitalized.”31 The poem describes life in Rakusei-in, the excellent medical care, the kindness of the doctors, and the state-of-the-art facilities provided without charge. The poem also celebrates the special, mandatory (yuanling, or by hospital order) activities that occurred on the twenty-fifth of every month, a day set aside to thank the emperor. On this day, patients gathered before breakfast to sing “Kimigayo,” Japan’s national anthem, and pay homage to the Kyokujitsuki (the national flag of Japan used during the war).32 The performative, physical elements, such as the singing of the anthem recorded here, or the cheers for the emperor, hospital direc-

31 Hongying Lin, “Huanlai xiaoge” [Songs of Suffering from Leprosy] in: Papaiya [Wansheng guo, Papaya] 3 (2) (August 1936): 60-63. I would like to thank Fumiko Jōo for her kind assistance in helping me with the Chinese-language materials in Papaya and for her helpful points about colonial Taiwanese contexts.

32 Fumiko Jōo provided the summary and excellent analysis of this Chinese-language poem and for that I must thank her again.
tor, and medical staff described in other poems underscore an important point made by Leo T. S. Ching, namely, “the performative rituals, rather than being the effect, are the generative foundation of colonial identification.”33 Many of the poems in Papaya record daily patriotic activities and cheers for symbols of the empire precisely because of the importance of performing citizenship in daily life and in literature.

There are similar sentiments underpinning the free verse poem of Lin Jiang Rong (林江栄)’s poem, “Raisha no kansō” (癩者の感想Thoughts of a Leper). After lamenting the difficulties of his life prior to hospitalization, he writes:

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Now, we who are sick with ailing bodies
Gathered from all four directions to live here
More than four hundred brothers and sisters
Our names added to the large family Rakusei
Comfotred and encouraged, we live in happiness
Our friends still suffering in society, come!

[...]

In this national Rakusei-in
We get careful treatment
What power this gives us to live happily!
This is due to the Imperial Family!
It is the benevolence toward the three continents
Ah, great is their benevolent love!

This poem clearly articulates gratitude and imperial duty owed to the imperial family. Indeed, gratitude to the imperial family and institutional-

34 Jiang Rong Lin, “Raisha no kanso,” [Thoughts of a Leper], Papaya 3 (2) (August 1936), 65.
ization as the duty of all sick imperial citizens appears frequently in Papaya, from many different sources.

Thus, in its early issues, Papaya represented a remarkable dialogue between relief work, patients in society, patients who were institutionalized, Japanese staff, and many others. To be sure, the magazine was certainly never freely written and submissions in all languages were heavily censored or chosen specifically to support the colonial medical agenda and the Japanese imperial project. This becomes clear as, after the first two years, the nature of the magazine begins to change as language policies underpinning the imperial project shift. The inclusion of Chinese poetry is gradually phased out, and the magazine was published entirely in Japanese. This was done with Korean language magazines too, as part of a plan to ease the transition from “mixed usage” to “Japanese only.”

Accompanying this shift, there were increased contributions of the staff, and there was a more fervent patriotic tone of the submissions. At the same time, however, residents of the Taiwanese institution were clearly imagining themselves as part of an affective community of institutionalized patients.

Language in Poetry

Michele M. Mason and Helen Lee have noted that colonial power is never complete; within colonial power structures “there always exist inherent contradictions, competing ideologies, and intersecting subjectivities.”

There are always slips, cracks, and unevenness. The residents in Rakusei-in, despite their poems and their performances were always marked as slightly different, and as Hoshina has noted, the writing from

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35 I thank Abbie Miyabi Modry for pointing this out to me. For more, see Christine Yi, Colonizing Language.
Rakusei-in is always marginal. Most of it was published for consumption within Taiwan, and Taiwanese authors were never included in Yamazakura’s annual literary issue, or in the collections of Hansen’s disease patient poetry published in the mainland, through the years Taiwan was a Japanese colony.

One of the most obvious markers of difference is language usage itself. The poetry teacher in the Taiwan institution talked about teaching Japanese language poetry to Taiwanese patients with Hansen’s disease: “Compared to mainland Japan, Rakusei-in has fewer patients, and it could be said the patients on this island have not mastered enough of the national language (kokugo) to write poetry.” He goes on to note that he has 4 or 5 enthusiastic students, but without improvement of their Japanese language skills, their poetry would not reach maturity.37

Language, then, was a barrier for Taiwanese poets writing in Rakusei-in. While in the first years of the publication, there are occasionally short sections of Chinese in Papaya, for the most part the writers use the colonial public language, Japanese. When the magazine began to publish completely in Japanese, the voices of residents who could not speak or write Japanese were only heard through their Japanese-speaking compatriots, who gave them voice. In doing so, the poems also foreground the role of mastering kokugo, the national language, as part of becoming Japanese. For example, Yoshikawa Jirō (吉川次郎) writes:

国語をば解せぬ友あはれ指なき手を口にあてつゝさみしくも笑む

Kokugo wo ba / gesenu tomo aware / yubi naki te wo / kuchi ni atetsuzu / sabishiku mo emu
Unable to understand the national language
My companion touches his fingerless hands to his mouth
While smiling sadly38

37 Takeji Murayama, “Rakusei-in kajin” [Poets of Rakusei-in], Shakai Jigyo no tomo 104 (1937), 76
This poem is an example of a *ji-tarazu*, or hypometrical tanka, this poem follows a 5-8-6-7-7 pattern and in doing so places interesting emphasis on language and silence. First, the poem begins with the word *kokugo*, or national language, which in this context only referred to Japanese as the language of the empire. Language as the focus of the poem is marked by the case particle *wo* but also emphasized by the addition of *-ba*. The fingerless hand that gestures is a prominent image in the poem, underscored by the disrupted syllabic pattern, serves as a reminder of the poet’s illness, but it also creates a connection between bodily disability and linguistic marginalization. The poet’s friend has lost his voice not because of Hansen’s disease (which could in fact be one effect of the illness) but because he cannot understand the language of the colonizer.

Yet loss of one’s natal language was a problem shared by institutionalized patients in mainland Japan, as well. Nagashima Aisei-en was the first national sanatorium in Japan; as such, sufferers came from across the island of Honshu for admittance there. This resulted in the erasure of regional dialects, as Hirata Chisa lamented in 1939:

> 島里に六年を住めば故郷のなまり言葉も忘れつくせり
> Shimazato ni / rokunen wo sumeba / kokyō no / namari kotoba mo / wasuretsuku seri
> Having lived in this island home for six years
> I have completely forgotten
> The words of my hometown dialect

This poem again does not follow the set syllable pattern for Japanese tanka poetry; instead it follows a 5-8-4-7-7 *ji-matagari*, or enjablement pattern, with uneven line breaks that emphasizes the length of time she has lived on the island. This poem also highlights, however, the symbolic importance of Japanese standardized speech in the modern period. Hiraku

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Shimoda traced the ways dialects were subsumed under a “national language” (kokugo) as part of creating a Japanese nation in the Meiji period (1868-1912). This national language is coupled with belonging in mainland Japan, but more so in the colonies. At the same time, the loss of local language because of institutionalization was a specific connection that patients across the colonies shared. Part of one’s duty as a Japanese citizen required an understanding of standardized Japanese, and the loss of native language here is tied to the loss of connection to the hometown, the loss of connection to the community they left behind when they were institutionalized. At the same time, the use of standard Japanese as the language of empire in both of these cases also marks belonging in a new community of imperial Japanese citizens.

**Imperial Anthologies: Two Collections**

There is one notable exception to the limited circulation of writing by Rakusei-in residents throughout the rest of the empire. In fact, writers from the Taiwanese hospital were included in one major imperial Japanese poetry collection, which would have had a far wider readership than any materials published in Taiwan. This was the *Ryōyō shūka sanzen-shū* [Collection of Three Thousand Masterful Poems of Medical Treatment], a November 1940 collection of people hospitalized across the Japanese empire institutionalized for the treatment of tuberculosis or Hansen’s disease. Based on their shared experience of illness, this collection came as the Japanese government promoted a New Order Movement and the

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41 Christine Yi, *Colonizing Language*, 1-23.

idea of national literature (kokumin bungaku) was gaining traction under this umbrella.\textsuperscript{43} The collection was predicated on the authors sharing prolonged experience with difficult illnesses as citizens in the Japanese empire, writing in the national language. The illness, then, is the shared experience from which imperial community is articulated.

On the face of it, Hansen’s disease and tuberculosis have some things in common. Both were infectious diseases caused by bacilli from the same bacterial family. The treatment of both often required sufferers to be institutionalized, separated from their families, and care was often lengthy and palliative rather than curative. But there are important distinctions too—the primary ones being the social and political treatment of the illnesses. Hansen’s disease was harshly stigmatized and its sufferers often faced discrimination and prejudice from the community around them. Under the 1931 Leprosy Prevention Law, quarantine in a sanatorium was often mandatory and cases of Hansen’s disease were reported to the health authorities, and while the law was unevenly applied, it still reflected a stricter approach to the illness. Tuberculosis, on the other hand, was often romanticized, and people diagnosed with tuberculosis had no mandate requiring them to enter a sanatorium for treatment.\textsuperscript{44} Yet both illnesses inspired literature, and in the case of the Japanese empire, it might be argued that both illnesses served to create affective networks of shared experiences.

The collection was edited by Morito Uchida (1900-1982), an ophthalmologist who led patient poetry coteries at several institutions in Japan and who championed some of the best-known patient poets, such as Akashi Kaijin. The expansive scope of empire in this collection is high-

\textsuperscript{43} Yi, Christine, \textit{Colonizing Language}, 47-50.

lighted by the inclusion Nakabayashi Muyū, a poet who likely suffered from tuberculosis in Hawaii who had two poems included.

While the inclusion of the Hawaiian author is intriguing, their work is the exception. The majority of the collection is poems by patients suffering from tuberculosis undergoing treatment in mainland Japan. Hoshina states that out of 562 authors included in the volume, 200 people were recorded as being residents at Hansen’s disease sanatoria. Out of these 200, Hoshina introduces fourteen poems by five Taiwanese authors from Rakusei-in. Five authors from Rakusei-in, Aoyama Junzō (青山純三), Kosaki Haruko (尾崎治子), Umeda Hideo (梅田秀雄), Sakuma Nanzan (佐久間南山), and Takeda Shirō (武田史郎). Five of Aoyama’s works were published in the collection; Sakuma has three poems, and Kosaki, Takeda, and Umeda have two pieces each included. In addition, three other poets from Taiwan suffering from tuberculosis whose work was included in general have larger selections included—Kawa Chizuru (川千鶴) has seven, Kanō Shōkakka (加納小郭家) has three, and Takahira Toshio (高平敏夫) has sixteen.45

The poems chosen for inclusion in the collection highlight some of the illness experiences common to patients in Japan and the colonies; the authors write of missing their hometown and their families, or surgeries and worsening illness, or blindness. They mention gratitude to the emperor and the institution. Of particular note, however, is the fact that Umeda’s selections includes a poem about language:

何か知ら掛けくる病む友の言葉知らぬばただ微笑みておき
（本島人）
My ailing friend speaks to me
In words I do not understand
So I simply smile (Indigenous to this island)46

46 Uchida Morito, Ryōyō shūka sanzen-shū [Collection of Three Thousand Masterful Poems of Medical Treatment], Tokyo: Tokuandō Shobō 1940: 64.
We can see here a division between a patient who does not speak Japanese, clearly noted in the parenthesis in the original text as aboriginal Taiwanese, and a Taiwanese patient who is writing in Japanese, poetically performing imperial citizenship.

Three years later, a second collection of poems about fighting illness across the Japanese empire, focused on patients with tuberculosis, *Ryōyō tanka shū* [Collection of Tanka on Healing] (1943) was published. In this volume, out of over 500 poets, four were from Karafuto (Sakhalin), nine were from Chōsen (Korea), and one each came from Taiwan, the South Seas, Manchuria, and North China (Huabei). Twenty-two poets had no location listed. In this collection, as in the above volume, most of the poets recorded the seasons changing through the hospital windows or wrote about their battle with illness and its symptoms. Some, however, also again talked about language, observing the way in which Koreans learned Japanese. A poet whose name is given as Reiko (麗子) wrote:

山裾の校舎に今宵灯ともして国語講習会今始むらし
*Yamasuso no / kōsha ni koyoi / tō tomo shite / kokugo kōshūkai / ima hajimurashi*

At the mountain’s base
The schoolroom is alight this evening
There must be a NATIONAL LANGUAGE CLASS  

This poem is another example of line breaks around uses of public language, with the lines breaking into 5-7-6-9-7. The use of the word “*kokugo kōshū kai*” (literally, national language study meeting), is jarring in the poem because of its length and the unbroken series of kanji used to write it. But the word also has strong connotations of forced language instruction to learn the lingua franca of the Japanese empire because the use of

47 Ishimura Ei’ichirō and Nagata Tamaki, eds. *Ryōyō tanka shū* [Collection of Tanka on Healing], Tokyo: Shizen ryōyō sha, 1943.
48 Ishimura Ei’ichirō and Nagata, eds Tamaki, 289
the term “national language” is foregrounded. Like the poem that used the official language of the sign, the classes as part colonial language policy demarcate public, colonial space within the Korean landscape. The vocabulary here, positioned against a pastoral mountain scene, serves as a subtle act of linguistic disruption.

The single poet from Taiwan in this second collection, Sachiko Midori (綠さち子) also reflected on the symbols of participation in the Japanese empire in one of the two poems included in the collection:

目の丸の旗たつ朝をマンゴーの若葉さやかに鳴り合えるかも

*Hi no maru no / hata tatsu asa wo / mango no / wakaba sayakani / nariaeru kamo*

In the morning

The Rising Sun flag

Gently rustles with the young mango leaves

Perfectly following Japanese poetic patterns, this poem linguistically and symbolically performs belonging to the Japanese empire: the Japanese flag rustles together with the leaves of the mango tree, nature associated with Taiwan and tropical colonies.

In poems such as these, published in imperial poetry collections focused on illness, we can see again imperial language and symbols reflected in the daily life of the colonies. Both poems foreground quiet images: a schoolhouse lit up against the dark shadows of the mountain rising behind it, a flag fluttering among young mango leaves. Both, though, also hint at the marginal location of the authors: mango leaves, similar to papaya, evoke a tropical climate not associated with Japan; and in Korea, the specific word “kokugo kōshū kai” foregrounds the necessity of learning the

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50 Ishimura Ei’ichirō and Nagata Tamaki eds, 277
colonizer’s language—the very language the poet uses to describe the scene. The poems hint at the marginality of the authors, and the evocation and adoption of the language and symbols of empire as a performance.

What is visible in many of the poems in these collections is the negotiation of both illness experience and empire, with illness deployed as a way to create affective bonds to an imperial community. In Papaya as well as in collections of tuberculosis or Hansen’s disease poetry such as these, illness is a shared identity within the empire, and served to create another way in which marginal, colonial subjects could be brought closer to the imperial center.

**Conclusion**

In writings by people with Hansen’s disease and tuberculosis in Taiwan and Korea, we see the language of illness and imperial duty deployed to create affective communities of patients across the empire, culminating in the publication of two imperial poetry collections centered on affective communities of shared illness experience. Marginalized because illness marked them as threats to the health of the Japanese empire, the performance of imperial belonging and the creation of affective ties through illness allowed residents of Rakusei-in to be integrated into the empire and articulate identities as Japanese imperial subjects, institutionalized as an imperial duty. At the same time, however, even as writers from Taiwan and Korea affectively aligned with the biopolitical mandates of the Japanese empire, they were never fully assimilated. Papaya and the poetry collections capture the shared experience of illnesses that marginalized their sufferers due to their unhealthy bodies, offset by poetic performances of Japanese citizenship that is always marginal. The poems also reveal the limits of kokugo, the gaps in the imperial project and the silence of those who did not write or speak in Japanese. These poems are important because it reminds us of the power of affective networks such as poetry coteries and exchanges to share experiences that would otherwise
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<Abstract>

Hansen’s Disease and Empire in Patient Writing from Colonial Taiwan’s Sanatorium, 1934-1944

Kathryn M. Tanaka

In recent years, much attention has been given to people affected by Hansen’s disease who write about their experience of the illness and quarantine policies in Japan. Scholarship has been focused on “popular” writing, by authors who became relatively well-known, such as Hōjō Tamio (1914-1937). However, the treatment of a few exceptional male writers as representative of all patient experience erases the multiplicities of diverse patient experience. One literary coterie that has received no critical attention is the work produced by writers institutionalized in the Japanese colonial hospital in Taiwan, Rakusei Sanatorium for Lepers of the Governor-General of Taiwan (Taiwan Sōtokufu Raibyō Rakusei-in, today Lesheng Sanatorium). The colonial government opened this hospital in 1930, and the hospital magazine began publication in 1934. Rakusei-in was one of three colonial hospitals established by the Japanese government and it was the only one to have a small, active group of writers producing work in the Japanese language.

This paper introduces writing by people diagnosed with Hansen’s disease and living in Rakusei-in as a site of affective communities, looking at the way residents negotiated their institutionalization and colonial status in the official hospital publication. Ultimately, I demonstrate that in colonial Taiwan, writing by those suffering from Hansen’s disease served to create an affective community of Hansen’s disease patients. They participated in the reproduction of the ideologies underpinning Japan’s imperial project, while at the same time creating a space for some negotiation of their own identities on the margins of empire.
Keywords: Hansen’s disease, tuberculosis, colonial literature, Japanese literature, Taiwan, poetry (tanka)

Bio

Kathryn M. Tanaka is Associate Professor of language and culture at the University of Hyogo. She has researched and published several articles on the representation of Hansen’s disease in modern Japanese literature. Her work interrogates the tensions between the representation of people affected by Hansen’s disease in popular Japanese literature, gender, and people institutionalized for the treatment of Hansen’s disease writing about their illness and quarantine experience. She is currently finishing her book manuscript, The Gendered Experience of Hansen's Disease in Literature and Public Discourse.
식민지 대만 요양원 환자의 기록에 나타난
한센병과 제국, 1934~1944

카서린 타나카 (효고 대학교)

최근 일본에서 격리 정책과 함께 질병의 경험에 대해 글을 남긴 한센병 환우에게 많은 관심이 쏟아졌다. 학계에서는 상대적으로 잘 알려진, 호조 타미오 (1914~1937)와 같은 작가들이 남긴 "대중적" 작품에 주목해왔다. 그러나 일부 예외적인 남성 작가가 모든 환자들의 경험을 대변한다고 보는 것은 다양한 환자 경험의 양상을 지우게 된다. 지금까지 주목받지 못한 문학 집단의 하나는 대만에 자리잡은 일본의 식민 병원, 대만총독부 나병 요양원(현재의 러셴 요양원)에 보내진 작가들이 남긴 작품이다. 식민지 정부는 이 병원을 1930년 개원하였으며, 1934년부터는 병원지가 발간되었다. 요양원은 일본 정부에 의해 설립된 세 식민지 병원 가운데 하나였고, 이곳에서만 소규모의 작가 그룹이 일본어로 된 작품을 만들어내고 있었다.

이 논문은 한센병으로 진단받은 이들이 일종의 정서적 공동체의 터전이 된 요양원에 거주하면서 남긴 글을 소개한다. 주로 살펴보고자 하는 것은 이들이 병원의 공식 출판물에 묘사한, 보호시설 이송과 식민지적 지위에 대처하는 방식이다. 이를 통해 본고는 식민지 대만에서 이들이 남긴 글이 한센병 환자와 정서적 공동체를 만들어내는 터에 기여했음을 논하고자 한다. 이들은 일본의 식민지 사상을 지탱하는 이념의 재생산에 참여하였으며, 동시에 제국의 변두리에서 그들 자신만의 정체성을 고심하기 위한 장을 만들어내고 있었다.

주제어: 한센병, 폐결핵, 식민지 문학, 일본 문학, 대만, 시문학 (단가)
Hansen's Disease and Patient Writing in Colonial Taiwan's