

THIRD SERIES • VOLUME 15 • PART 1
APRIL 2005

Journal of the Royal Asiatic Society



CAMBRIDGE
UNIVERSITY PRESS

Male Anxieties:

Nerve Force, Nation, and the Power

of Sexual Knowledge

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Introduction

In the autumn of 1929, a Kyôto-based journal for popular medicine reported that the dean of sexology, Habuto Eiji, had committed suicide after having suffered from neurasthenia (*shinkei suijaku*) for a long time.² A practicing gynaecologist, Habuto had been the editor of the sexological journal *Seiyoku to Jinsei* (*Sexual Desire and Humankind*), the author of numerous books on sexual issues, and the co-author, together with Sawada Junjirô, of an abridged Japanese version of Richard von Krafft-Ebing's *Psychopathia Sexualis*, entitled *Hentai Seiyokuron* (1915). He also was involved in the translation of Havelock Ellis's *Studies in the Psychology of Sex* (1901–1928), the twenty Japanese-language volumes which were advertised under the title *Sei no Shinri* as early as in 1927. Among other sexologists, Habuto had been a chief theorist on the causes of neurasthenia. Physicians, psychiatrists, psychologists, pedagogues, and sexologists agreed with him that neurasthenia primarily afflicted men and was caused by overpowering exhaustion that was in turn the result of certain sexual practices. Modern commentators like Habuto speculated that neurasthenia was the result of masturbation or – even worse – homosexuality.³

For the journal to report neurasthenia as the cause of Habuto's death seemed ironic then, considering that he had thundered against both masturbation and homosexuality for most of his life. In the spirit of his time, Habuto had believed in the presupposed connection between the health of the individual body and the security of the nation. Together with other sexologists, Habuto felt that manhood and national security could be achieved only by educating boys and men about the dangers of a variety of sexual behaviour. He was convinced that neurasthenia could have disastrous effects not only on the health of the affected individual but also on the welfare and strength of the Japanese body politic. To scientific knowledge, whether sexual, medical, psychological or any other kind, he attributed a certain power:

¹ I am grateful to the MedHeads at the University of California at Berkeley and Warwick Anderson in particular for their comments on an earlier version of this article. Michael Bourdagh's critique has been invaluable for broadening my perspective. I also would like to thank Hiromi Mizuno and the participants in the workshop on *Sex and the Politics of Desire: Japan* at the University of Minnesota in April 2002. Research and writing were facilitated greatly by the University of California President's Fellowship in the Humanities and a Committee of Research Grant from the University of California at Santa Barbara.

² Yokoyama Tetsuo, "Seigaku no taika Habuto hakushi shinkei suijaku ni taoru", *Tsûzoku Igaku*, 1929, 7 (10), pp. 1–4.

³ As Thomas Laqueur has shown in *Solitary sex: A cultural history of masturbation* (Cambridge, 2004), concerns about masturbation have been a global phenomenon.

in Habuto's mind, as well as in the mind of many of his contemporaries, the exercise of political power was to be informed by scientific knowledge. Consequently, Habuto insisted that the physical, mental and political empowerment of the ignorant masses was possible only through education.

Habuto was an important figure in the creation of the complicated texture of medical, psychological, and pedagogical theories on human sexuality in early twentieth-century Japan, which this article will attempt to untangle. It argues that the emerging science of sex (*seikagaku* or *seigaku*) simultaneously contributed to and shaped new understandings of manhood and of the formation of the modern Japanese nation. These theories included a medical understanding of "nerve force" as a major component of mental health; a psychology that primarily dealt with pathologies of the will, including manias, hysteria, and neurasthenia as well as questionable and contradictory healing methods; an understanding of disease as intrinsically tied to modernity and progress; and utopias of masculinity that constructed the ideal male body as resembling the nation in terms of its mental/political strength and its sexual/military potency, as well as its counter type, the mentally-deranged and physically weak man.

The emergence of these modern theories on sex and sexuality in early twentieth-century Japan marked a departure from older modes of belief and thought in Japanese society. In Buddhism, writes Bernard Faure, sex had never been the object of a specific discourse, of a *scientia sexualis*. Confession in Buddhism did not lead to the elaboration of a scientific discourse or a sexology, as it had in the Christian West, but to a sexual soteriology, a doctrine of salvation.⁴ According to early Japanese medical treatises, a lack of sexual union between man and woman was considered as unnatural as a year with a spring and summer (*yin*) but no autumn or winter (*yang*).⁵ Men and women who lived alone, it was assumed, would be constantly trying to suppress their hearts and so suffer tremendously.⁶ These texts go back to Chinese texts that were translated into Japanese and which have been revised regularly since the tenth century. When these medical writings suggested how often, according to his age, a man should have sex with a woman, they did so in order to increase longevity.⁷ The notion that the primary purpose of sex was the promotion of longevity, rather than procreation, thus, dominated Japanese texts on sexual issues far into the nineteenth century, when German and other European experts in the field of medicine and the sciences began to take the place of Chinese influences.⁸

This shift was also the moment for neurasthenia to emerge as a new amorphous "disease entity" that metamorphosed several times during the following decades.⁹ Constructed within the boundaries of military medicine as a catchall category for minor mental dysfunctions

⁴ Bernard Faure, *The red threat: Buddhist approaches to sexuality* (Princeton, 1998), p. 9.

⁵ See, for example, *Enjū satsuyō* (1631) and *Yōjōkun* (1714), both cited in Shimizu Masaru, *Nihon no seigaku jishi* (Tokyo, 1989), pp. 199–206, 246.

⁶ *Enjū satsuyō* 1631, quoted in Masaru, *Nihon no seigaku jishi*, pp. 199–206.

⁷ *Yōjōkun* 1714, vol. 4, quoted in Masaru, *Nihon no seigaku jishi*, p. 246.

⁸ On the role of women in these texts, see Douglas Wile, *Art of the bedchamber: The Chinese Yoga classics including women's solo meditation texts* (Albany, 1992), pp. 44–46, 192–220.

⁹ The term "disease entity" was coined in 1935 by the microbiologist and sociologist of science Ludwik Fleck in order to differentiate between the different stages of a disease and to highlight the various transformations in the understanding of a disease depending on the availability of medical and other scientific knowledge. Similar to Fleck's study of the various causes, symptoms and healing techniques of syphilis in Europe between the fifteenth

in the 1880s, neurasthenia was re-framed by experts in pedagogy and psychiatry at the beginning of the twentieth century. During the 1920s and 1930s, sexologists such as Habuto redressed the set of ailments that had been associated with neurasthenia as a problem of sexual behaviour, which threatened men's health and – by implication – Japan's social order and national stability. Popular medicine of the late 1940s and 1950s then cleansed neurasthenia from its sexual and pathological associations, and pushed for an understanding of overwork as its exclusive cause.

Neurasthenia developed an impressive career across scientific disciplines as well as through social and political realms. Understood by imperial army surgeons as a male phenomenon that impeded military performance, the causes of neurasthenia were believed to include masturbation, sexual immorality as well as sexual abstinence, and overwork. According to these surgeons, the symptoms of neurasthenia ranged from paleness, loss of appetite and forgetfulness to melancholy, low work efficiency and a general weakening of body and mind.¹⁰ Its effects included homosexuality, syphilis, tuberculosis, and suicide. Thus, ignorance of neurasthenia was considered dangerous both to individual masculinity and to the defence against western colonial powers in particular and the challenges of modernity in general.¹¹ Pedagogues, by contrast, thought neurasthenia to be common among boys and girls, even though it remained more worrisome when occurring in boys. Medical handbooks for home use published in the 1950s again declared overwork as a cause of neurasthenia to be a male problem. Moreover, illustrations in these encyclopaedias, which depicted men working at their desks late at night, also suggested that neurasthenia had become a male, white-collar phenomenon that apparently did not bother women or the working classes.

Challenged on a number of fronts, the concept of masculinity that emerged from the history of neurasthenia between the 1870s and the mid-twentieth century demanded constant work.¹² In Japan, the nationalism manifested around the turn of the twentieth century provided a powerful base for a manly ideal, imagined and represented in its most perfected form in military academies and the battlefields of Japan's many wars.¹³ The kind of men who were at the centre of attention indicated a major shift from a primarily soldierly mode of masculinity to the masculinity of the white-collar worker, who was no longer marked by military uniforms but by business suits, and whose expertise was no longer in war-making but in the pursuits of a capitalist market economy.

and the twentieth centuries, the causes of neurasthenia in *fin de siècle* Japan were described in diverse and complex ways.

¹⁰ This view was expressed in the daily newspaper *Yomiuri Shinbun* in articles published throughout September and October 1908.

¹¹ Matsumoto Shizuo, "Seishin suijaku to shuin (onanii)", *Tsūzoku Igaku*, 1937, 15 (3), pp. 98–100; Mukō Gunji, "Seiyoku mondai o shitei ni oshifuru no rigai 1", *Yomiuri Shinbun*, 1 September 1908, p. 5.

¹² Scholars of Japan have begun to write a history of masculinity only recently; most notable among them are Hikosaka Tai, *Dansei shinwa* (Komichi shobō, 1991); Itō Kimio, "Otokorashisa" no yukue: *Dansei bunka no bunka shakaigaku* (Shinyōsha, 1993); Inoue Teruko, Ueno Chizuko and Ehara Yumiko (eds), *Danseigaku* (Iwanami shoten, 1995); and Taga Futoshi, *Dansei to jendā keisei* (Tōyōkan shuppansha, 2001).

¹³ The main military conflicts in which Japan was involved include the Sino-Japanese War of 1894–1895, the Russo-Japanese War of 1904–1905, the conflict provoked by the Kwantung Army in 1931 which resulted in the establishment of Manchukuo and the beginning of a full-blown war with China in 1937, and the Pacific War in 1941 that ended with Japan's defeat in August 1945.

Neurasthenia: the global nervous breakdown

The rise of neurasthenia in Meiji-era Japan became a marker for understanding how well Japan already was integrated into the modern world. Japanese debates about its causes and consequences were tied into a world-wide pattern in which the emergence of sexological discourse and the rise of empires and capitalism led to the appearance of neurasthenia in many different contexts. One such place was Germany. As early as 1813, a German medical doctor wrote in *Versuch über die Nervenkrankheiten* (*On Nervous Diseases*) that

the most terrible consequences of this weakness and the exhaustion of nerve strength [...] can be observed among onanists. Most epileptics, cataleptics and morons, even the mad were onanists during their youth [...]. Nature penalises masturbation even more strictly than fornication with a prostitute by syphilis.¹⁴

At the end of the nineteenth century, the *Handbuch der Neurasthenie* (*Handbook of Neurasthenia*, 1893), edited by the German physician Franz Carl Müller, contained a virtually exhaustive bibliography and thus stamped the disorder with the high-status seal of German medical science. Subsequently, the most distinguished medical men of the modern world contributed to the voluminous literature on the ailment of neurasthenia. New symptoms were added to the old ones. According to these authors' records, neurasthenics suffered from a broad spectrum of symptoms: irritability, depressive moods, abnormal fatigue, weak memory and concentration, sleep disorders, anxiety, phobias, obsessions, hallucinations, hyperaesthesia, allergies, headaches and migraine, spasms and convulsions, loss of appetite, indigestion, palpitations, nervous cardiac weakness, and sweating, as well as disorders of the sexual functions.¹⁵

In the United States, the neurologist George M. Beard coined the English term "neurasthenia" in 1869. Beard regarded neurasthenia as a family of disease problems long recognised by laymen and medical professionals there. Calling neurasthenia the "American disease", he believed that it was much more common in the United States, especially in the Northeast, than in Europe, as well as more common among men than among women. With the increasing interest in sexual causes of mental disorder during the late nineteenth century, Beard entertained several possible sexual sources of neurasthenia. Relating nervous exhaustion to the difficulties of modern life, he argued that neurasthenia and sexual perversion were unfortunate outcomes of progress – the dizzying growth of industry, the overcrowding of American cities, and the dissolution of moral fortitude and cultural traditions.¹⁶

¹⁴ Cited in Magnus Hirschfeld, *Geschlechtskunde auf Grund dreißigjähriger Forschung und Erfahrung* 1 (Stuttgart, 1926), p. 287.

¹⁵ Andreas Hill, "'May the doctor advise extramarital intercourse?': Medical debates on sexual abstinence in Germany, c. 1900", in Roy Porter and Micolás Teich (eds), *Sexual knowledge, sexual science: The history of attitudes to sexuality*, (Cambridge, 1994), pp. 286–287.

¹⁶ Arthur Kleinman, *Social origin of distress and disease: Depression, neurasthenia, and pain in modern China* (New Haven and London, 1986), pp. 16–17. See George M. Beard, *American nervousness: Its causes and consequences* (New York, 1881).

The concept of this new disease entity developed quickly and Beard's work was accepted widely among American and European doctors and introduced in Japan as well.¹⁷ Considering the broad spectrum of the symptoms of neurasthenia, it is not surprising that the new concept merged and overlapped with other new disease entities, most frequently hypochondria and hysteria.¹⁸ Jean-Martin Charcot at the Salpêtrière, for example, seemed to strike a serious blow at normative masculinity in France when he extended the definition of hysteria from women to men. In 1872 he first asserted that some men who were subject to hysteria lacked all feminine traits. Even though they appeared to be robust men, Charcot noted, they could become hysterical, "just like women", and this tendency was "something that [had] never entered the imagination of some people". As a rule, Charcot added, hysteria developed in men after a physical trauma, usually experienced at the workplace, while women "went hysterical" due to an overpowering emotional experience.¹⁹ What seemed shocking for Charcot's contemporaries about his claims was that nervousness, after all, was the very opposite of the image of ideal masculinity.²⁰

In Austria, the psychiatrist and sexologist Richard von Krafft-Ebing gave the diagnosis of neurasthenia a new spin. In an 1899 article on the lack of sexual feeling, he wrote that surely neurasthenia and other disturbances of the nervous system negatively affected the function of the genitals and reproductive organs.²¹ He also believed that masturbation could induce neurasthenia, which, in tainted individuals, could deteriorate further into homosexual perversion.²² Leaning toward psychological explanations, his countryman Sigmund Freud attributed the cause of neurasthenia more specifically to masturbation, *coitus interruptus*, problems with the means of birth control, and the danger of venereal disease infection, all of which vitally weakened the male body's nerve force. About male hysterics, he wrote that such sufferers were "abnormally holding on to the past", and that they submitted to "abnormal tendencies instead of going about their business".²³

In 1926, Magnus Hirschfeld, one of Germany's most prominent specialists of eugenics and sexology, claimed that false ideas about the pathological character of masturbation had lost their power among medical experts. He remembered the relief that he and his fellow students had felt when his teacher Wilhelm Erb had announced that it was a mistake to ascribe serious illnesses such as the softening of the brain to *Ipsation* (masturbation).²⁴ However, in Germany and Austria, as well as in other European countries, many influential contemporaries held onto the old views. Masturbation was considered a threat to the very physical and moral fibre of the "race", and thus even supposedly progressive writers encouraged parents and teachers to do all within their power to prevent or stop the habit among their children.

¹⁷ Jennifer Terry, *An American obsession: Science, medicine, and homosexuality in modern society* (Chicago, 1999), p. 90. In Japan, the prominent pedagogue Shimoda Jirô, for example, discussed Beard's study in his book *Joshi kyôiku* (Tôkyô, 1904), p. 407.

¹⁸ Hill, "May the doctor advise extramarital intercourse?", p. 286.

¹⁹ George L. Mosse, *The image of man: The creation of modern masculinity* (Oxford, 1996), p. 85.

²⁰ *Ibid.*, p. 83.

²¹ Terry, *An American obsession*, p. 47.

²² *Ibid.*, p. 50.

²³ See Paul Smith, "Vas. Sexualität und Männlichkeit", in Walter Erhart and Britta Herrmann (eds), *Wann ist der Mann ein Mann? Zur Geschichte der Männlichkeit* (Stuttgart, 1997), p. 82.

²⁴ Hirschfeld, *Geschlechtskunde*, p. 287.

Anxieties about children's sexual awakening also were at the heart of early debates about sex research and sex education in Japan. Here it is important to emphasise that at the end of the 1920s, when Habuto's suicide was reported, neurasthenia or "a lack of nerve force" had acquired significant currency in debates about the national condition in terms of physical and mental health, military strength, and Japan's potential for empire building, precisely because neurasthenia had become associated with practices of self-destruction including suicide.

Neurasthenia in the Imperial Army: Body Building and Empire Building

In Japan, the modern mass military, founded in 1872, became a primary and increasingly crucial site for "body-building" efforts from the late nineteenth century onwards, when the physiological male body became a central organising principle of the nation state that was constructed primarily in the imperial armed forces. The imperial military was the first organisation under the control of the national government that deliberately and gradually adopted elements of a western diet in order to improve the physique of its members.²⁵ The imperial armed forces were also the first organisation to be drilled in the modern rules of public and personal hygiene. Moreover, military-style exercise became the basis for gymnastics later introduced in schools as a fundamental tool to increase students' fitness. Through these techniques, the armed forces also introduced and aggressively cultivated images of ideal masculinity and "true manhood", emerging from statistical data and averaging, in the creation of modern masculinity in Japan. "Real men" were at least 1.55 m tall and somewhat heavier than the average young man. A certain lung capacity proved their fitness, and their freedom from a number of illnesses including tuberculosis and venereal diseases, both of which were frequently associated with neurasthenia, attested to their overall health.

Being evaluated as healthy enough to serve in the imperial armed forces and particularly to be a Class A recruit carried a certain prestige, not only among the ranks but back home in remote villages and towns as well.²⁶ Those men who did not pass the military physical or seemed unwilling to serve were, in a way, stripped of the prerequisites of ideal manhood. Military surgeons reported them as "simple" and "naive", documented their feeble constitution, and classified them as "lazy" and "effeminate".²⁷ While a positive evaluation of their bodies did not turn every young man into a soldier willing to die for the emperor and the nation, some men who were denied this seal of true manhood responded to an unfavourable classification with drastic actions including suicide.²⁸ Once recruited, soldiers' masculinity was constantly monitored and their health frequently checked and documented.

²⁵ The adoption of western food elements began in the Imperial Japanese Navy (*Teikoku kaigun*) in the 1880s. The Imperial Japanese Army (*Teikoku rikugun*) followed suit after the turn of the century; see Katarzyna Cwiertka, *The making of a modern culinary tradition in Japan* (Leiden, 1999), pp. 122–123.

²⁶ Conscripts were classified into one of five categories according to fitness for service. Classes A, B, and C were considered different degrees of fitness for service. In class D were the "physically or mentally deficient", or those regarded as unsuitable for becoming soldiers, including criminals and dwarfs. Class E men were ill at the time of the annual physical examination and had to report for re-examination and reclassification the following year; see Edward J. Drea, *In the service of the emperor: Essays on the Imperial Japanese Army* (Lincoln, 1998), pp. 78–79.

²⁷ *Rikugunshō, Rikugunshō daiichi nenpō* (Tōkyō, 1876), pp. 83–88.

²⁸ The *Yomiuri Shinbun*, for example, reported such cases in an article on 11 June 1904 (morning edition, p. 3); in its morning editions on 28 August 1909 (p. 3) in a notice on the "Suicide of a Sick Young Man" and on 16 May 1911 (p. 3) in a short notice on the "Suicide of a Weak Young Man".

The diagnoses of hysteria, neurasthenia, venereal and mental diseases deemed them somewhat less than true men, as defined by the military authorities.

By the early twentieth century, the Japanese imperial army and navy health reports documented cases of both hysteria (*hisuterii*) and neurasthenia as separate categories within a continuously expanding list of mental diseases among soldiers. Magazines for military personnel also had begun to discuss the symptoms of and cures for neurasthenia.²⁹ “It is especially important,” one Japanese military surgeon emphasised in 1919, “to make sure that military leaders do not suffer from neurasthenia. They have to keep their nerve until the very end of a war, and to suffer from neurasthenia would be very dangerous in the case of military leaders who work under a lot of pressure.” According to this military surgeon, “nothing new and good [could] occur without a strong body and mind”.³⁰ The homosocial setting of the military, however, might well have been a breeding ground for the affliction. Among other prominent contemporaries, Ôsugi Sakae was trained in the “ethics of warriors” at the military academy between 1899 and 1901, but he also engaged in what he referred to as the “vices of bushidô”. A central figure in the left-wing radicalism of the early-twentieth century, Ôsugi recalled in his autobiography that at the age of thirteen he masturbated two or three times a day. At the military cadet school he had been diagnosed with neurasthenia and given a two-week leave of absence at the age of fifteen. “I, who had been so studious,” he remembered, “became a complete idler”.³¹ The understanding of masturbation as harmful and of neurasthenia as an indicator of more severe ailments, was reinforced by the fact that Ôsugi as well as other cadets were thrown out of the military academy for their inappropriate behaviour. As future protectors of national security and representatives of strong and healthy manhood, cadets and soldiers with diseases were particularly worrisome for the state. The military administration had to pay the cost of treatment in addition to the salaries of ill soldiers; while neurasthenia was believed to lead to other, fatal illnesses such as venereal diseases and tuberculosis. In severe cases, patients who suffered from neurasthenia and other mental ailments were prone to suicide and seemed to offer a glimpse of the empire’s fragility that had been a concern since the foundation of the modern nation state.

Throughout the modern world, military physicians especially and public health officials more generally noted with concern the challenges to the modern stereotype of a strong and determined masculinity. American fellow military surgeons, for example, chimed in when they found that neurasthenia was the most common malady among military men who had returned from the battlefields of the First World War.³² One medical doctor, for instance,

²⁹ Another example of the military’s take on neurasthenia is to be found in the May 1927 issue of *Senyû* (*Comrade*) where a military surgeon describes “Shinkei suijaku to sono ryôhō (Neurasthenia and its cure)”, vol. 203, pp. 28–34. For more details on sexual control in the military, see the first chapter of Sabine Frühstück, *Colonizing sex: Sexology and social control in modern Japan* (Berkeley, 2004).

³⁰ Hirota Motokichi, *Shinkei suijaku ni tsuite* (Kyôto, 1919), p. 138.

³¹ *The Autobiography of Ôsugi Sakae*, trans. with an introduction by Byron K. Marshall (Berkeley and Los Angeles, 1992), p. 81. Ôsugi also described several instances of masturbation and homosexual misconduct as well as the punishment of a classmate by expulsion from the cadet school, see pp. 65, 68, 71, 77, 114, 117.

³² One particular surgeon pointed out, however, that at the beginning of his study, war-related psychoneurosis and neurosis had not yet been added to the nomenclature when the record was started, and so large numbers of these conditions were included as “neurasthenias”. Thus, undetected malingerers, arrested or not fully developed psychoses, and many of the so-called shell-shocked marines were in the neurasthenic class of his records. See E. C. Taylor, “Types of neurological and psychiatric cases common in the navy”, *United States Naval Medical Bulletin*, 1920, 14 (2), p. 194. See also Ben Shephard, *A war of nerves* (London, 2000).

announced at the meeting of the Kansas Medical Society at Topeka in 1916 that “the rapidity with which the number of neurotics, pervers and homosexuals is increasing is appalling and that if these tendencies are not checked, their effect in the not distant future will show a decided deterioration of the race”. He also claimed that neurasthenia occurred only among civilised peoples. In his words, the result of the malady was “a more or less perverted, weak and inefficient product [that] tends strongly to neurosis, and is unfit for marriage or parenthood [...]”.³³ In his opinion, neurasthenia occasionally affected individuals of exceptional brilliance but more often those who suffered from limited wage and uncertainty of employment, children in public schools who were crowded to the point of exhaustion, and the middle class in general.³⁴

In the Japan of the 1920s, neurasthenia had likewise slipped decisively outside the boundaries of military medicine. Its textual representations in popular medical books and magazines were characterised by a distinct internationalism that had been common not only for medical theories but for other new sciences as well, and which was rooted in the quest for modernity. On the one hand, some Japanese contemporaries were critical of the unquestioned application to Japan of what they viewed as western ideas of national health and sexual control. After all, nutrition was different, one pedagogue pointed out, as was the physical constitution of the Japanese people. In the West, another teacher suggested, people ate meat and drank beer and wine for lunch and dinner. As both meat and alcohol increased sexual desire, the threatening consequences – that is, neurasthenia – could be observed among western youth far more often than among Japanese youth. Medical findings about the occurrence of “civilisation diseases” helped confirm the modernity of Japan, but these diseases also emphasised the fragility of the Japanese empire.

The first generation of Japanese psychiatrists re-conceptualised *shinkei suiaku* as a particular type of nervous disease, or *shinkeishitsu*. The psychiatrist Morita Shoma, for example, described the typical neurasthenic in the following words:

[He is] a person with a particularly strong need to live a full life, perfectionist tendencies, and extreme self-consciousness. This person encounters some unpleasant event that focuses attention on a particular problem; blushing, headaches, and constipation are typical examples. He becomes quite concerned about the problem and increasingly conscious of its effects on his life. He becomes caught in a spiral of attention and sensitivity, which produces a sort of obsessive self-consciousness.³⁵

The causes of these weaknesses were ascribed to the rapid social transformation at the beginning of the twentieth century, which seemed to challenge established notions of masculinity and manhood that were then defined largely in bodily terms. When physical differences between the Japanese and other peoples were proclaimed, for example, the “races” were hierarchically ordered according to “racial” categories that placed Japanese men below “white” men and, at least in some accounts, below other Asian men. When more and more European and American anthropologists and physicians “discovered” Japan during the late nineteenth and early twentieth centuries, they commonly described the physical

³³ Geoffrey C. Mahaffy, “Sexual neurasthenia”, *The Journal of the Kansas Medical Society*, 1916, 16, pp. 323–326.

³⁴ Mahaffy, “Sexual neurasthenia”, p. 323.

³⁵ Cited in Kleinman, *Social origins*, p. 25.

condition of Japanese men in derogatory terms. In particular, European authors who were concerned about the development of the “races” discussed the nature and significance of the intellectual and emotive characteristics of the Japanese. Indeed, the small stature and frailty of the Japanese led members of the Caucasian “race” to discount them as of little or no consequence to the future achievements of mankind.³⁶

Fears about military and biological decline, similar to those experienced in France, Britain and America at the end of the nineteenth century, together with Japan's concerned eagerness to build a strong modern army and at the same time the economic crises and the hardships of city lives from the late 1920s resulted in a frequently-voiced anxiety regarding not only physical but increasingly also mental fitness.³⁷ Japanese intellectuals and, later, physicians, nutritionists, and other scientists (as well as charlatans) responded to this unfavourable classification in various ways, that ranged from practical efforts to improve the physique of Japanese men and women using a variety of techniques informed by eugenics to far-reaching attempts at the transformation of cultural practices. Newspapers reported on the physical condition of young men (and, to a lesser extent, women).³⁸ Hygiene and fitness programmes for pupils, mothers, factory workers and white-collar employees were accompanied by an enormous number of books and other publications on how to ensure a respectable body height and weight for growing young men.³⁹ An array of products and techniques that promised this very same effect was marketed in magazines and newspapers. One such advertisement promised that “Even Short Men Will Become Tall”. This product could be ordered discreetly by mail order, and – according to the description in the advertisement – it lengthened not only the bones of the whole body but also the cartilage between the bones. It could be used at home in order to increase one's height and improve one's posture – thus making it a “prime invention of national interest”.⁴⁰

³⁶ See Alexander Francis Chamberlain, “The Japanese race”, *The Journal of Race Development*, 1912, pp. 176–177.

³⁷ For the development of eugenic thought in Japan, see Matsubara Yôko, “Meiji-matsu kara Taishôki ni okeru shakai mondai to ‘iden’”, *Nihon Bunka Kenkyûsho Kiyô*, 1996, 3, pp. 155–169; Matsubara Yôko, “Senjiki Nihon no danshû seisaku”, *Nenpô Kagaku Gijutsu Shakai*, 1998, 7, pp. 87–109; Saitô Hikaru, “Chiiku taiiku iden kyôikuron o kangaeru: Nihon yûseigaku no ichi koma?”, *Kyôto Seika Daigaku Kiyô*, 1993, 5, pp. 168–178; and most recently, Jennifer Robertson, “Japan's first cyborg? Miss Nippon, eugenics and wartime technologies of beauty, body and blood”, *Body & Society*, 2002, 7 (1), pp. 1–34. For an overview on the literature on the history of eugenics see Frank Dikötter, “Race culture: Recent perspectives on the history of eugenics”, *American Historical Review*, April 1998, pp. 467–478. For the concerns with neurasthenia among Americans in the Philippine Islands, see Warwick Anderson, “The trespass speaks: White masculinity and colonial breakdown”, *American Historical Review*, December 1997, pp. 1343–1370. Judith Farquhar and Hugh Shapiro have examined the history of neurasthenia in China; see Farquhar's “Technologies of everyday life: The economy of impotence in reform China”, *Cultural Anthropology*, 14 (2), pp. 155–179 and Shapiro's “The puzzle of spermatorrhea (*yijing*) in Republican period China”, *Positions: East Asia Cultures Critique*, 1999, 6 (3), pp. 551–596.

³⁸ For example, the national newspaper *Yomiuri Shinbun* reported on 7 February 1890 (morning edition, p. 1) the superior physical condition of “Western soldiers” compared with their Japanese counterparts; on 4 December 1894 (morning edition, p. 2) comparisons were made about the physical condition of Chinese and Japanese soldiers; on 16 March 1897 (morning edition, p. 2) the results of the physical examination of male students were discussed; on 11 September 1904 (morning edition, p. 2) reasons were given for the improvement of the physical condition of male students; and every year the newspaper reported on the results of the physical examinations of conscripts.

³⁹ Among other fitness programmes, people participated in *rajio taisô* (gymnastics programmes on the radio) in their homes, on school grounds, and in many other public places. Kuroda Isamu describes its fascinating history in Japan in *Rajio taisô no tanjô* (Tokyo, 1999).

⁴⁰ *Shin Seinen*, 1925, 7, p. 112.

Neurasthenia in Pedagogy: Mind vs. Body

Paediatrics was another field of medicine that concerned itself with neurasthenia from the time of its founding days. In May 1899, an article on the causes of “Psychological Illness among Children”, that appeared in the academic journal *Jidô Kenkyû* (*Pediatric Research*), cited masturbation (*shuin*) as one factor leading to the occurrence of these illnesses.⁴¹ Soon other paediatricians expressed similar views in other journals that dealt with children’s development, care and health, in contributions about, for example, dangers to a child’s health during the growth phase, or venereal diseases in children. In 1900, the medical doctor and distinguished historian of medicine, Fujikawa Yû (1865–1940), published an article on sexual desire (*seiyoku*) in children in *Pediatric Research*, five years before Sigmund Freud caused a stir among his colleagues by publishing *Drei Abhandlungen zur Sexualtheorie* (*Three Essays on the Theory of Sexuality*), and also before August Forel’s influential *Die sexuelle Frage: Eine wissenschaftliche, psychologische, hygienische und soziologische Studie* (*The Sexual Question: A Scientific, Psychological, Hygienic and Sociological Study*) appeared in 1905.⁴² In this article and in many others that followed, Fujikawa insisted that children masturbated because they were not properly educated on sexual matters by their parents. This redefinition of neurasthenia by paediatricians marked an important new branch of inquiry that added to earlier efforts in military medicine.⁴³

A few years later, the daily *Yomiuri Shinbun* printed, for nearly two months, a series of articles on the necessity of sex research and sex education that were written primarily by high school and university teachers. The confusion among these writers about the age of sexual maturity was closely related to the question of masturbation, unquestionably the *bête noir* of almost every *fin de siècle* writer on human sexuality.⁴⁴ Subsequently, this debate and its spin-off in other newspapers and general women’s, household, hygiene and health magazines, all of which targeted a wide readership, triggered a nation-wide discussion on the creation and dissemination of sexual knowledge. Japanese physicians, pedagogues and bureaucrats shared their concerns with many others who worried about the future of the Japanese nation. Among their dominant convictions was the view that a lack of sexual knowledge among children and youth would not be a problem in itself if it were not for

⁴¹ Matsubara Yôko, “Meiji matsuki ni okeru seikyôiku ronsô: Fujikawa Yû o chûshin ni”, *Ningen Bunka Kenkyû Nenpô*, 1993, 17, pp. 231–239, on p. 232.

⁴² Fujikawa Yû, “Gakureki jidô no shikijô ni tsuite”, *Jidô Kenkyû*, 1900, 2, pp. 454–460. For a detailed analysis of Fujikawa Yû’s career as a medical historian, see Matsumura Noriaki, Hirono Yoshiyuki and Matsubara Yôko, “Fujikawa Yû: Pioneer of the history of medicine in Japan”, *Historia Scientiarum*, 1998, 8 (2), pp. 157–171; Fujikawa Hideo (ed.), *Fujikawa Yû chosakushû* (Kyôto, 1982); and Fujikawa Yû sensei kankôkai (ed.), *Fujikawa Yû sensei* (Tôkyô, 1988).

⁴³ For literary authors around 1900, neurasthenia was a largely personal affair. In their writings, neurasthenia primarily appeared as a foil for contemplations on an intellectually and emotionally demanding modern lifestyle. In Natsume Sôseki’s novels, neurasthenia is commonly used to describe and explain the flaws of the leading characters. Neighbours ascribe neurasthenia to the leading character in *Wagahai wa neko de aru* (*I am a Cat*) as well as in *Kusamakura* (*The Three-Cornered World*). Natsume Sôseki suffered from the disease himself and obviously attempted to increase sympathy and understanding for other victims of the ailment through his sympathetic description of “neurasthenics” (*shinkei suijaku-sha*) in the novels that he wrote in Tôkyô after he had returned from England in 1903. He also might have been influenced by the aforementioned renowned psychiatrist Morita Shoma, with whom he was acquainted. See Takahashi Masao, “Sôseki bungaku ni okeru naoshi. ‘Shinkei suijaku’-sha no rikai to kyûsai”, *Nihon Byôseikigaku Zasshi*, 1996, 52, pp.30–36.

⁴⁴ R. P. Neuman, “The sexual question and social democracy in imperial Germany”, *Journal of Social History*, 1974, 7 (3), pp. 272–273.

neurasthenia, which was commonly diagnosed by school physicians and generally explained as caused by “sexual immorality”, that is masturbation. School physicians rejected the claims of teachers and parents – that the weak physical constitution of many students was caused by studying too hard – and repeatedly stated that neurasthenic disturbances were caused by students’ autoerotic practices. Popular consensus in Japan was that weaknesses caused by neurasthenia struck the educated upper classes in particular but potentially challenged every man’s body and mind.

Representations of the malady in newspapers and magazines varied. Echoing European and American ideas about the connection between the malady and intellectual capacities, neurasthenia in intellectuals was ascribed to weak nerves, psychological illnesses or simply intense intellectual work. When striking less educated men in the military, factories and schools, however, neurasthenia was clearly, and to an increasing extent, associated with harmful sexual practices. This latter understanding of neurasthenia as an ailment resulting from certain forms of sexual behaviour and affecting sexual functioning gradually gained ground during the early decades of the twentieth century.

Author and medical doctor Mori Ôgai embedded masturbation as a cause of neurasthenia in his autobiographic text *Wita Sekusuarisu* (*Vita Sexualis*). Although not a member of the naturalistic school, whose representatives defended their bold attention to the theme of sex against critics from the older generation, Ôgai was convinced of the importance of correct knowledge about sex for Japan’s youth. In his novel, the narrator Kanai Shizuka describes his sexual development up to the age of nineteen, from his first childish look at erotic woodblock prints to his first visit to a courtesan. An attempt at publication in the July 1909 issue of the literary magazine *Subaru* failed. Ôgai’s text was one of many confiscated or banned for the “stimulation of low instincts”, only to be rediscovered in the 1930s as an important pedagogical document of sex education that described “sexual development in such an objective way that parents need not blush”.⁴⁵

Public health officials viewed the phenomenon in somewhat less benign terms. In 1922, for example, Ôkuma Shigenobu – a prominent politician and educator who had been appointed Minister of Domestic Affairs, Foreign Minister, and Mayor of Tokyo – presented to the participants of a conference on mental illnesses an appeal for a law for the institutionalisation of the mentally ill. His appeal clearly was dominated by the potential challenge to public health and order that the mentally ill posed. “Insanity occasionally becomes infectious”, he claimed, and “this infection can be terrible, spreading ceaselessly among the people”. Ôkuma also suggested that a society, or even a state, can eventually become morbid, and he named Russia as an example of a nation affected by insanity. According to his view, the process of the destruction of a nation started with neurasthenia, then became psychosis, and finally turned into a pathological attack resulting in the nation’s complete failure – a revolution. Once affected by insanity, he warned, even the Japanese, who had been known

⁴⁵ The censorship of *Wita sekusuarisu* was reported in *Taiyô*, 1 January 1908, cited in Jay Rubin, *Injurious to public morals: Writers and the Meiji state* (Seattle and London, 1984), pp. 21–22. For the rehabilitation of the text by sexologists, see Takasugi Saburô, “Ryôsho no suisen”, *Seikagaku Kenkyû*, 1936, 1 (5), p. 78.

for a unique loyalty to their emperor, might exhibit disloyalty. Subsequently, he argued, the Japanese populace would become confused and fall out of control.⁴⁶

Ôkuma identified infection, moral degradation and the threat to social and national integrity as the main attributes of insanity. He argued that prevalent among the youth was a decadence of public morals that caused neurasthenia, which in turn occasionally developed into genuine psychosis. In his mind, the contagiousness of immorality was associated with an assumed infectiousness of mental disorders, which would be all the more devastating because it threatened the morality of the people, and in the end he predicted that it would lead to social turmoil. If parents did not educate their children on sexual matters, he suggested, children would not be able to develop a moral attitude or possess a degree of knowledge of physiology and pathology concerning sexual practices. Regardless of how unrealistic Ôkuma's anxieties about a dawning revolution in Japan later proved to be, his assessment – as we have seen – was accurate in one respect: the ailment was neither a distinctly Japanese phenomenon nor an entirely new one.⁴⁷ But by the beginning of the twentieth century, pedagogues, physicians, sexologists and other social reformers had declared sex research and sex education based on scientific facts to be inevitable.

As becomes clear from these examples, commentators of various affiliations had mixed views of Japan's children and youth. While they generally ascribed a morally decisive role to the middle class, they were aware that even a son from a good home might be corrupted by bad friends, the criminal underworld, or scandalously irresponsible print media. Among others, the editor of the weekly *Fujo Shinbun* (*Women's Newspaper*) worried about passengers on trains, many of whom he observed reading "exclusively books about sexual matters, the psychology of love or sex research". "Magazines", he warned, "constantly print articles on sexual topics to stimulate the curiosity of Japan's youth and to increase sales".⁴⁸

Japanese thinkers assumed that masturbation affected all classes, albeit for different reasons. In their view, masturbation was common in the families of the rich, the refined, and the wealthy, who spoiled their children or allowed them to become spoiled. Masturbation, and hence neurasthenia, affected high school students who read trashy novels until after midnight and knew how to get hold of the dirtiest books. In order to combat this trend, the mass magazine *Taiyô* (*The Sun*), for example, dedicated a major part of its 1908 New Year's edition to the question of whether young men and women should be allowed to read certain novels.

⁴⁶ Nakatani Yoji, "Relationship of mental health legislation to the perception of insanity at the turn of the 20th century in Japan", unpublished manuscript, 1995, p. 15.

⁴⁷ There is a huge volume of literature on neurasthenia and its place in the history of sexual knowledge. For the European history see the following authors: Karl Braun, *Die Krankheit Onania. Körperangst und die Anfänge moderner Sexualität im 18. Jahrhundert* (Frankfurt am Main, 1995); Arnold Davidson, "Sex and the emergence of sexuality", *Critical Inquiry*, 1987, 14 (1), pp. 16–48; and R. P. Neuman, "The sexual question and social democracy in imperial Germany", *Journal of Social History*, 1974, 7 (3), pp. 271–286; Roy Porter and Leslie Hall, *The facts of life: the creation of sexual knowledge in Britain, 1650–1950* (New Haven and London, 1995); Robert A. Nye, "The history of sexuality in context: national sexological traditions", *Science in Context*, 1991, 4 (2), pp. 387–406; and Peter Weingart, Jürgen Kroll and Kurt Bayertz, *Rasse, Blut und Gene: Geschichte der Eugenik und Rassenhygiene in Deutschland* (Frankfurt am Main, 1992), pp. 108–113. For the discussion of sexological ideas in Russia, see Laura Engelstein, *The keys to happiness: sex and the search for modernity in fin-de-siècle Russia* (Ithaca and London, 1992); and for China, see Kleinman, *Social origin* and Frank Dikötter, *Sex, culture and modernity in China: medical science and the construction of sexual identities in the early Republican period* (London, 1995).

⁴⁸ *Fujo Shinbun*, 19 June 1921, cited in Furukawa Makoto, "Ren'ai to seiyoku no daisan teikoku", *Gendai Shisô*, 1993, 21 (7), p. 114.

One of the contributors thundered that the new literature “full of adultery” caused great damage in youth, stimulated “low instincts”, led to individualist, liberal ideas, and propagated a negative worldview.⁴⁹ The literary scholar Oguri Fûyô countered that the naturalist school did not make sexuality a theme out of pure pleasure, but rather because knowledge about sex was too important for youth to be ignored.⁵⁰

Neurasthenia and the Science of Sex

In contrast to earlier assumptions, sexologists – in an attempt to establish scientific knowledge based on quantitative if not representative surveys – insisted that masturbation seemed to be just as rampant in the quarters of underprivileged hard-working craftsmen and farmers’ sons. By the 1920s, Japanese pedagogues, biologists, physicians and social reformers alike agreed that the working classes were no less prone to give in to the national “bad habit” (*akuheki* or *warui kuse*) of masturbation, or the new interchangeably-used category of “homosexuality”. Rather, they suggested, it was often especially the lower classes that did wrong, not because of a lack of morals, however, but because of a lack of knowledge. Parents were not able to instruct their children properly on sexual matters, they conceded, because they simply did not know any better themselves.⁵¹ Views and concerns expressed and suggestions made ranged from a call for the control of sexual desire by mere willpower to the demands of more conservative commentators to apply social control and penalty. In an attempt to dismiss any form of sex education, some pedagogues warned that pupils would begin to *misuse* their sexual organs if they learned how they could be *used*, and so they forcefully suggested that it would be in the younger generation’s developmental benefit not to talk about sex at all.⁵² Eventually, however, the view that one should no longer tell children that they came from trees prevailed. Instead children were to be taught true knowledge in order to avoid the health risks that supposedly resulted from masturbation. The concern about the health of the “race” legitimised a tight network of examination, control and supervision by schoolteachers and physicians, parents and children themselves. Self-examination and observation by children, interrogation by their parents, and instruction by teachers and physicians, it was believed, should counter whatever effects a degenerated society might have caused.⁵³ The pedagogue Mukô Gunji spelled out what many others must have thought: what once had been the “ethics of warriors” (*bushi no dôtoku*) should now be replaced by a “social apparatus of penalties”.⁵⁴

By the mid-1920s, the attempts to establish various kinds of sex research had brought forth studies on sexuality ranging from small-scale statistical data collected by individual researchers to historiographical articles based on literary sources. The first substantial quantitative study of sexual behaviour, however, was published in a reputable Kyôto-based medical journal. In 1923, *Kyôto Igaku Zasshi* (*Kyôto Medical Journal*) published the results of Japan’s first empirical sex survey on “The Sex Life of Young Men”, carried out and analysed by the biologist

⁴⁹ *Taiyô*, 1 January 1908; cited in Rubin, *Injurious to public morals*, pp. 121–122.

⁵⁰ *Taiyô*, 1 October 1908; cited in Rubin, *Injurious to public morals*, p. 122.

⁵¹ Mukô Gunji, “Seiyoku mondai to kongô kyôiku”, *Yomiuri Shinbun*, 10 September 1908, p. 5.

⁵² Yoshida Kumaji, “Seiyoku mondai o shitei ni oshifuru no rigai 3”, *Yomiuri Shinbun*, 11 October 1908, p. 5.

⁵³ Inagaki Suematsu, “Seiyoku mondai to kongô kyôiku”, *Yomiuri Shinbun*, 10 September 1908, p. 5.

⁵⁴ Mukô Gunji, “Seiyoku mondai”, p. 5.

Yamamoto Senji and Yasuda Tokutarô, a medical student at Kyôto University who was also Yamamoto's cousin and friend.⁵⁵ In this first report, Yamamoto emphasised that masturbation was a normal variation of sexual behaviour that did not lead to any kind of negative effects on the physical and psychological development of Japan's young men. It was by no means a practice of a small group of "perverts", as he (and many of his contemporaries) had originally thought.

Yamamoto and his collaborator Yasuda, described their findings countless times in articles and speeches in an explicit attempt to liberate the masses from incorrect sexual beliefs. Like the Austrian psychiatrist Richard von Krafft-Ebing, the Englishman Havelock Ellis, and his Japanese colleague Habuto Eiji, Yamamoto received many letters from the readers of his articles on sexual behaviour and the audience of his public speeches on sex education. In his replies, he repeatedly asserted that masturbation was "normal" and not to be worried about too much.⁵⁶ Yamamoto claimed that, based on his surveys, there was very little correlation between class and sexual behaviour in a broader sense. More than half of the men he had surveyed about their sexual experiences had had their first sexual intercourse before the age of eighteen. About half of those who had graduated from a middle school had chosen a prostitute for their first partner. This trend was also the case for a third of those who had graduated from a high school or a university.⁵⁷ Other surveys carried out in Japan as well as in European countries reflected similar results.⁵⁸

Neurasthenia and the Power of Capitalism

Ironically, just as Yamamoto and other doctors, biologists and sexologists began publicly to dismiss theories about the supposedly harmful consequences of masturbation as nonsense, neurasthenia was becoming recognised in the popular media as one of the most common ailments, and the pharmaceutical industry jumped at the opportunity to put new products for treatment on the market. Even more ironically, neurasthenia was perceived by many as a side effect of an urban, capitalist, consumerist society with its different patterns of work and production; yet the cure involved more consumption – of new medicines. During an era of intense militarisation, empire-building, war-making and aggressive pro-natal policies, the symptomology of neurasthenia became increasingly reduced to sexual dysfunction, and the earlier, more diverse, interpretations gave way to anxieties about the decline of Japanese men's virility, and perhaps about the lurking fall of the Japanese empire. The pharmaceutical industry responded to the disease, which gained stature hand-in-hand with the emergence of a consumer society, by recommending greater consumption. Perhaps because whether they perceived neurasthenia as the result of a misled sexual desire, the lack of knowledge on correct sexual behaviour or the underdevelopment of the genitalia, many medical doctors,

⁵⁵ The first survey of sexual behaviour in boys and girls was published in 1949, see Asayama Shin'ichi, *Sei no kiroku. Sengo Nihonjin no seikôdô o kagakuteki ni chôsa shita shiryô ni motozuku* (Ôsaka, 1949).

⁵⁶ Yamamoto Senji, *Yamamoto Senji zenshû: Daiikkan jinsei seibutsugaku*, ed., Sasaki Toshiji (Tokyo, 1979), pp. 104–105.

⁵⁷ Okamoto Kazuhiko, "Taishû no gaku toshite no seikagaku no tenkai", *Gendai Seikyôiku Kenkyû*, 1983, 14, pp. 108–118.

⁵⁸ See, for instance, Sugita Naogeki, "Seibyô to seishinbyô no kankei", *Kakusei*, 1924, 14 (8), pp. 17–19; Yoshii Kaneoka, "Eiseijô kara mitaru kôshô mondai", *Kakusei*, 1940, 30 (1), pp. 38–39; and Alfred Blaschko, "Eiseijô yori kôshô seido o ronzu", *Kakusei*, 1914, 4 (3), pp. 5–11.

government officials and pharmaceutical experts increasingly linked individual masculinity with male sexual potency and imperialist efforts.

Popular texts and the explosion of potency-enhancing pharmaceutical products responded to long-harboured anxieties that Japanese men's bodies were not as well-developed as those of other peoples, and that their sexual potency was being challenged by non-procreational practices. The print media, ranging from military magazines, family and household magazines, and women's magazines to general magazines and newspapers, began to discuss symptoms and cures. Advertisements for clinics explicitly announced that examinations and treatments were on offer for neurasthenia as well as for problems concerning the sexual organs and chronic gonorrhoea, thus suggesting that someone who suffered from neurasthenia could be infected by more serious venereal diseases as well.⁵⁹ In 1930, Abe Isoo, for example, the founder of the first Japanese socialist party and a fervent activist in the Purity Society (Kakuseikai), which fought for the abolition of prostitution, submitted a report to the journal *Tsūzoku Igaku* (*Popular Medicine*) about his recovery from neurasthenia in order to encourage other sufferers to consult a particular hospital in Tokyo. In the article, Abe reported that he had suffered from acute neurasthenia after a serious illness. He could not sleep and became forgetful. Just when his pride in having been healthy for sixty years began to crumble, Abe wrote, he decided to consult the Yamashita Kōryō Clinic in Tokyo and was healed by a fifty-visit treatment there.⁶⁰

Advertisements that were printed in various media promoted a variety of hormone products mostly for men.⁶¹ In 1927, *Popular Medicine*, for example, ran an advertisement for the hormonal product Tokkapin.⁶² As pictured in the advertisement, a young man assuming a Superman-like pose with overly long legs holds up a packet of the product. He wears a suit and a bow tie and stands on a pile of Tokkapin packets. Through his legs and behind him, the reader sees the smoking chimney of a factory, in front of which a few *rikisha*-men are on their way to serve customers. The advertisement features the young, successful, middle-class man who can – in addition to all of his other achievements – strengthen the functions of his genitalia and increase his energy in general, simply by taking Tokkapin. According to the text, Tokkapin also could cure a number of other ailments including impotence, premature ejaculation, nocturnal pollution, decline of sexual strength, senility, loss of staying power, hysteria, insomnia, amnesia, anaemia, wrong nutrition and, of course, neurasthenia.

In 1933, the same magazine featured a hormone tablet for the treatment of “sexual defects” and “incomplete development of the genitalia”. The text of the advertisement claimed that injections and other complicated methods of treatment had become unnecessary. Instead, it announced that the medical world now welcomed and highly praised this new method of treatment for “sexual neurasthenia”, incomplete development of the sexual organs, atrichia, frigidity or apathy, and other disorders.⁶³ A test sample could be ordered by sending a meagre fee in postage stamps to the Japan Society for Popular Medicine in Osaka.

⁵⁹ *Tsūzoku Igaku*, October 1930, 10 (10), p. 175.

⁶⁰ Abe Isoo, “Shinkei suijaku nanshōsha ni”, *Tsūzoku Igaku*, 1930, 10 (8), p. 152.

⁶¹ Matsumoto Shizuo, “Seishin suijaku to shuin (onanii)”, *Tsūzoku Igaku*, 1937, 15 (3), p. 98.

⁶² *Tsūzoku Igaku*, 1927, 5 (1), advertisement section.

⁶³ *Tsūzoku Igaku*, 1933, 11 (10), p. 156.

Another advertisement for hormone tablets sold at the Shisandô Pharmacy in Tokyo⁶⁴ promised to heal a decline in sexual desire, premature ejaculation, nocturnal pollution, and a number of other disorders. According to the explanation in the advertisement, the substance for the tablets was scientifically extracted from the genital glands of healthy bulls. The advertisement claimed that, according to results from recent research in internal medicine, the hormone extracted from the sex glands had proved to be highly effective in the treatment of “sexual neurasthenia”. Advertised as a “hormone product”, the price of 2.5 Yen for 50 tablets and 7 Yen for 150 made the product a luxury item, at a time when one could buy a book for one yen and the average urban middle class household monthly income was about sixty yen.

In yet another advertisement, hormone tablets were described as especially successful for the treatment of premature ejaculation.⁶⁵ In the advertisement, physicians described their successful treatment, typically addressing married men who were unable to enjoy a satisfactory sex life. According to the text of the advertisement, the tablets did not cause dependency, but one can imagine that those who could have afforded it might have taken more than recommended and thus spent even more money on them. Hormone treatment was, in any case, a luxury for most of them, as the quantity of hormone tablets to be used for about 22 days cost 2.5 Yen, for one month it was 4.5 Yen, and for two months it was 7.80 Yen.

Hormone products for the treatment of neurasthenia and the improvement of sexual potency as well as general physical strength were clearly intended to appeal to men, and they did so in a very peculiar fashion by inciting sexual desire and simultaneously restricting its scope to heterosexual practice. Experts, identified as medical doctors, explained the “scientific methods” used in the production of the medication. An increase in sexual desire and a cure for sexual malfunctioning were promised.

While sexual intercourse was not mentioned explicitly, many of these advertisements featured a woman’s face or other parts of a woman’s body, which seemed to suggest at least one reason why nocturnal pollution, premature ejaculation, neurasthenic ailments, or a lack or decrease of sexual desire should be cured. It was the photographs of women’s faces that represented a sexual counterpart and reinforced what was implicitly suggested in the text – that non-reproductive sex was a waste of energy. A lifted skirt, a pair of bare legs or a smiling female face seemed to be intended to stimulate sexual desire in the male reader, on the one hand, and at the same time to emphasise that sexual desire and pleasure (which these images might provoke) had to be shared with a woman. It is significant to note that, regardless of the prevalence of the presence of parts of a naked female body, her sexuality was absent as she only existed as the potential object of male desire. Although some readers suggested in their statements that they tried the products because they were concerned about not being able to satisfy their wives, female sexuality was merely utilised for the stimulation of male readers’ fantasies and desires.

The post-Second World War era provided a new framework for a significantly transformed manhood, as well as a reconfigured relationship between the individual male body and the

⁶⁴ *Tsūzoku Igaku*, 1933, 11 (8), p. 124.

⁶⁵ *Tsūzoku Igaku*, 1938, 16 (1), p. 114.

nation at peace.⁶⁶ Neurasthenia did not survive the war unscathed. Rather it was stripped of its sexual and imperialist connotations and reappeared in various popular medical books for home use, typically in the category “neurological diseases” either under its old name “*shinkei suijaku*” or renamed “*shinkeishō*” (nervous disorder or neurosis). According to the self-help book *Manseibyō no Katei Ryōhō* (*Home Remedies for Chronic Diseases*), a supplement to the November 1949 issue of the women’s magazine *Shufu no Tomo* (*Women’s Companion*), for example, neurasthenia was an ailment that could easily occur in people who were overworked, had too many concerns, or suffered from a lack of sleep.⁶⁷ No potency-enhancing product would appear as prominently in popular media again until Viagra was legalised and hit the Japanese market in 1999 – just in time to reassure Japanese men (and other men all over the world) in the midst of a severe economic crisis of their sexual potency despite the sharp decline of their economic and social power.⁶⁸

Conclusion

From the late nineteenth to the mid-twentieth centuries, Japanese scholars and practitioners in medicine, pedagogues, psychologists, hygienists, as well as philosophers and bureaucrats, developed a new understanding of the programming of the Japanese body and, through it, of the entire population. They increasingly attempted to make use of scientific knowledge in order to form well-functioning and well-regulated bodies that would constitute a better and more modern nation. “Neurasthenia”, among other illnesses, seemed to put these reform attempts at risk. Stirring anxieties about both individual manhood and the power and stability of an empire in the making, its symptomology tied together the ability to overcome the challenges of modern life, the necessity of scientifically informed sexual behaviour, and the capacity to launch imperialist actions.

During the early 1920s, sex reformers attempted to educate the masses on correct sexual behaviour, and – among other new ideas – began to oppose vehemently the view that masturbation could result in neurasthenia, social turmoil or even a revolution. Instead they urged the public that masturbation was harmless and even part of a normal sex life. By the early 1930s, however, popular print media, pharmacies and medical doctors had joined in an otherwise unlikely alliance in their search for new ways of increasing profits. They recognised the commercial value of advertising sexual potency and the possibilities of increasing it.

⁶⁶ I have discussed aspects of the complex transformation of military masculinity in the post-WWII era in the following articles: “‘Nur nicht kampflos aufgeben!’ Die Geschlechter der japanischen Armee (‘Don’t give up without a fight!’ The genders of the Japanese military)”, in Christine Eifler and Ruth Seifert (eds), *Gender und Militär: Internationale Erfahrungen und Perspektiven* (Berlin, 2004), pp. 155–187; and “Männer, Tauben und Kirschblüten: Zur kollektiven Gedächtnisproduktion in Militärmuseen (Men, doves and cherry blossoms: On the production of a collective memory in military museums)”, in Roland Domenig, Susanne Formanek and Wolfram Manzenreiter (eds), *Innovationen in der Japanforschung* (Münster, 2004), pp. 1–27.

⁶⁷ The women’s magazine *Shufu no Tomo* had been particularly active in providing medical handbooks to its readers; in these handbooks reputable medical doctors explained the causes, nature and healing techniques for a great variety of ailments. A wartime example of such a handbook is the *Musume to tsuma to haha no eisei dokuhon* (*Hygiene reader for daughters, wives and mothers*), published in 1937. Other organisations produced similar self-help books, such as the *Katei ryōhō hyakka jiten* (*Encyclopedia of house medicine*) that was published by the Tokyo branch of the Union for Electricity and Medical Insurance in 1952.

⁶⁸ The significance of Viagra as a marker of the transformation of the social, economic and gender order since the 1990s is discussed in the epilogue of Sabine Fröhstick, *Colonizing sex*.

Advertising sexual health and strength was widely tolerated by the censors during the 1930s, most probably because it fed into the increasing attempts by authorities, leading intellectuals and social movements to build a physically and mentally strong population, enhance its procreative potential, and thus programme a nation fit for war. Japanese imperialism did not need truthful knowledge but sexually and militarily potent men. Hence, in modern Japan, the creation of sexual knowledge and the stigmatisation of certain kinds of sexual behaviour, as well as the promotion of others, were intrinsically intertwined with politics. By the mid-twentieth century, this configuration had culminated in a rhetoric of the militarisation of sexuality and the sexualisation of the military, ultimately followed by a sense of failure of modern (militarist) manhood.

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2. *Ibid.*, p. 30.
3. C. E. Bosworth, “Ghaznevid military organisation”, *Der Islam*, XXXVI (1960), pp. 40–50.
4. M. Sharon, “The Ayyubid walls of Jerusalem”, in *Studies in Memory of Gaston Wiet*, ed. M. Rosen-Ayalon (Jerusalem, 1977), pp. 179–95.
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