

The American Medical Presence in Nagasaki, 1858–1922

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The practice of Western medicine in Nagasaki dates from the arrival of the Jesuit Luis d'Almeida in the 1550s, and was continued throughout the Edo period by European physicians attached to the Dutch factory at Deshima, such as Kaempfer, Thunberg, Siebold and Pompe van Meerdervoort. In preparation for the opening of the foreign settlement at Nagasaki in 1859, American physicians also began arriving at the port and practicing medicine on foreigners and Japanese alike. These medical officials can be divided into two general categories: Nagasaki-based physicians and visiting medical personnel.

The Nagasaki-based physicians were attached to four separate facilities: mission stations, the Japanese Government Hospital, the U.S. Army Hospital, and private hospitals and practices. Their contributions tended to be long-term and involved the treatment of both Japanese and foreigners.

In the nineteenth century, it was not uncommon for medical missionaries to serve as members of Christian mission stations in Asia. The first medical missionary assigned to Nagasaki was Ernst H. Schmid of the American Episcopal Church. In April 1860, Dr. Schmid joined the Episcopal missionary Channing Moore Williams, who had been in Nagasaki since the end of June the previous year. The strategy of including a physician in the Nagasaki mission was devised by the missionary S. Wells Williams of China (who had visited Nagasaki in September 1858) and agreed to by the Mission Board of the Episcopal Church. In order to foster good will, "A physician should be part of the mission, one who would give his professional services free."

Since foreign housing was not yet available upon Schmid's arrival in Nagasaki, he and Williams lived and worked out of Kotokuin within Sofukuji Temple. In July 1861, Schmid rented No. 4 Higashiyamate within the foreign settlement. According to Guido Verbeck, a Reformed Church missionary who lived in Nagasaki at the time, Schmid "opened a very successful work among the natives, but was obliged to return home on account of ill health, on November 25, 1861." Schmid's departure marked the end of the experiment to attach physicians to church missions in Nagasaki.

The only American physician to serve at the Japanese Government Hospital was Edward Amuat. A native of Switzerland, Dr. Amuat was a naturalized U.S. citizen who arrived in Nagasaki in August 1889. In addition to his duties as Director of the Government Hospital, Amuat also had his own private practice, which he operated out of his home. Initially, he resided at No. 11 Higashiyamate, but when this burned in March 1891, he moved to No. 9 Oura.

In late May 1892, Dr. Amuat became ill and planned a trip to the country to recuperate. Before he got far, however, his condition worsened and he was forced to return home. Amuat lapsed into unconsciousness on 31 May 1892 and never recovered. Ironically, he had been nominated to serve as American Vice-Consul and the notice of his appointment arrived three days after his death. Dr. Amuat is buried in Sakamoto International Cemetery.

In 1901, the U.S. Army built a government hospital in Nagasaki to administer to the needs of American soldiers going to and from the Philippines. As early as January 1899, the Nagasaki English-language newspaper had announced that the U.S. government was going to establish an Army Sanitarium in the city for use by American troops at Manila. It would take more than two years, however, for this for this report to become a reality.

In January 1901, work finally began in earnest when the U.S. Secretary of War instructed Major John Hyde, Quartermaster of the U.S. Army Depot in Nagasaki, to lease a building for use as a hospital. Japanese officials refused to sanction a Government Military Hospital, but did agree to allow the United States to open and maintain temporarily a private hospital for army use. The building decided upon, No. 12 Higashiyamate, was owned by the Methodist Church. Dr. Irving W. Rand, surgeon of the U.S. Army, was put in charge of operations at the hospital. The experiment, envisioned by both the Americans and Japanese as temporary from its inception, was soon abandoned. American troops and their dependents were thereafter treated on U.S. hospital ships or at the private practices of the American physicians Dr. Mary Suganuma and Dr. Robert Bowie.

Suganuma and Bowie had both come to Nagasaki in the decade of the 1890s and established private practices and hospitals. Suganuma's hospital ran with the support of the Methodist Church, while Bowie's was aided by French Catholics in town.

Dr. Mary Suganuma came to Nagasaki with her Japanese husband in 1893 and operated a women's hospital for almost three decades. Mary had arrived in Japan in 1891 with the intention of conducting medical missionary work with the Methodist Church. However, in February 1893, at the age of thirty, she married Suganuma Motonosuke (commonly called Joe Suganuma by the foreign community), and was thus forced to sever her official relationship with the Methodist mission.

The Suganumas moved to Nagasaki in September 1893 and Mary soon opened a two-room medical practice in her home at No. 42 Junin-machi, on a hill just above the foreign settlement. She also operated a dispensary out of this office for students from Kwassui Jo Gakko (the Methodist mission school for girls situated just below her home on Higashiyamate) that was partially funded by the Woman's Foreign Missionary Society and the Methodist Church. In June 1896, she moved her residence and hospital to nearby No. 36 Juzenji-machi. By 1902, the hospital situated here was called Nagasaki Women's Hospital.

Dr. Suganuma saw more than 2,000 patients a year. She unselfishly administered to the down-trodden of Nagasaki, especially the women and children. Most of the prescriptions she filled were distributed free of charge. She attended to those, both Japanese and foreigner, who could not afford standard hospital costs.

In 1920, the Suganumas moved to a larger quarters in Junin-machi, but in June of the following year, fire destroyed both Mary's home and practice. While much was lost in the fire, Mary began the struggle to open another hospital out of her new home at No. 15B Minamiyamate. Six months later, however, her husband Joe died suddenly. Alone and almost sixty years of age, Mary Suganuma decided to return to the United States to live with her adopted Japanese son who was a student at Garrett Biblical Institute.

Dr. Mary Suganuma left Nagasaki on 15 March 1922, after having served the needy in the community for twenty-eight years. A newspaper article describing her departure, noted that "She takes with her the good wishes of a large number of foreign and Japanese friends."

Dr. Robert I. Bowie came to Nagasaki as a surgeon on the steam ship Baltic and in 1897 was appointed Acting Assistant Surgeon of the U.S. Public Health and Marine Hospital Service at Nagasaki. Born in San Francisco in 1856, Bowie was joined in Nagasaki by a son and daughter from a previous marriage. In Nagasaki Bowie married a Japanese woman, by whom he had a son in 1905.

Robert Bowie opened a private practice at No. 23 Oura in January 1898. At the same time, he also founded a Catholic hospital called St. Bernard on a hillside at Kosuge-machi for the treatment of foreign residents and visitors. The hospital was situated on land owned by Les Soeurs de l'Enfant Jesus. The French sisters handled the nursing duties at St. Bernard.

In June 1908, Bowie announced that due to ill health he was going to close St. Bernard Hospital. The following month, a public meeting, headed by U.S. Consul George Scidmore, met to review the affairs of the hospital and to determine whether it should remain open. The hospital did continue operating, even for a brief period after Bowie's death.

Dr. Robert Bowie died of kidney failure at St. Bernard Hospital on 24 April 1911 at the age of fifty-four. Initially, it appeared that a physician would be named to replace Bowie, but when word was received that no new doctor would be sent, it was decided to close the hospital on 30 April 1912. This left Dr. Mary Suganuma as the only remaining American physician based in Nagasaki. Her departure in March 1922 (see above), meant that the only American medical officials in Nagasaki were those who visited the port town in one capacity or another.

The visiting American medical personnel in Nagasaki had little long-term impact on the city, but served specific needs, especially in times when more permanent medical facilities were not available. They can be divided into two broad groups: ship surgeons and traveling physicians. American naval surgeons visited Nagasaki for extended periods of time as early as the summer of 1858—a full year prior to the opening of the foreign settlement. The first U.S. steam frigate to enter Nagasaki harbor was the *Mississippi*, which arrived 23 June 1858 and stayed until July. The ship carried three physicians: John L. Fox, Surgeon; D.B. Phillips, Passed Surgeon; and P.S. Wales, Assistant Surgeon.

While ship surgeons had to deal with a variety of injuries and illnesses, their greatest concerns were infectious diseases, such as cholera, small pox and typhoid fever, and sexually transmitted diseases, such as syphilis and gonorrhea. With the increased traffic in foreign ships at Nagasaki Harbor, these diseases came to strike terror in the hearts of Japanese and Westerners alike. Therefore, while the ship surgeons may not have spent long periods of time in Nagasaki, the results of their treatment of American sailors had a profound effect on all residents of the popular port-of-call.

The *Mississippi* was accused by the Dutch of introducing cholera to the port, but according to an American account, it was simply a severe epidemic of diarrhea that attacked forty-seven members of the crew. The ship made three more visits to Nagasaki between October 1858 and June 1859. On the second of these, all the surgeons were pressed into service when most of the crew suffered food poisoning due to ingesting bad mackerel. Just before departure, the ship's doctors also had to treat a badly injured sailor who fell from the rigging. On the final trip, a crew member tried to commit suicide by cutting his throat and had to be operated on by Assistant Surgeon Wales.

Also in the port prior to the opening of the foreign settlement at Nagasaki was the steam frigate *Powhattan*. The *Powhattan* first arrived on 10 July 1858 and remained for twelve days. The ship's surgeon, William A. Spottswood, had to deal with the sudden death of a sailor in Nagasaki and two weeks later with the death of a private marine from a brain injury at Shimoda. Spottswood later in the summer spent two month's as head surgeon on the *Mississippi*, as Surgeon Fox temporarily transferred to the *Powhattan* and accompanied it to Shanghai. Upon Fox's return, Spottswood went back to the *Powhattan* and remained with the ship at Nagasaki until its departure at the end of

October.

Ten years later, U.S. naval ships still provided the only American medical presence in Nagasaki. From October 1868 to August 1869, the U.S.S. Iroquois made three trips to the port town. The surgeon on the Iroquois was Dr. Samuel P. Boyer, a native of Pennsylvania. Boyer, in his journal, recounts in great detail the sexual exploits of American sailors at the Japanese “tea houses” in Nagasaki. It should, therefore, not be surprising that he treated a number of cases of syphilis and gonorrhea. Boyer also handled two cases of cholera and made out a death certificate for a ship’s cook who died of a stroke.

The more serious cases on the Iroquois were transferred to the U.S. Naval Ship Idaho. The medical duties of the ship were supervised by Surgeon Albert L. Gihon and Assistant Surgeon James H. Kidder. The Idaho left port with the Iroquois on 14 August 1869, ending at least ten consecutive months of hosting the sick and wounded American seamen of Nagasaki.

U.S. naval ships were not the only ships that brought surgeons into Nagasaki. Some of the mail ships that cruised the waters of East Asia carried their own doctors. On 10 August 1872, one N.A. Ware, surgeon on a Mitsubishi mail steamer which ran between Yokohama, Nagasaki and Shanghai, died while in Nagasaki. The West Virginian native was buried in Nagasaki’s Oura International Cemetery.

Other Americans served the medical needs of the people of Nagasaki on a short-term basis. Some came as visitors, others as traveling physicians who roamed from foreign settlement to foreign settlement in Japan. One visitor was a medical missionary from China who was on his way back to the United States. Daniel J. Macgowan was a member of the American Medical Mission based in China, and he came to Nagasaki for five weeks in February and March 1859—five months prior to the official opening of the foreign settlement.

Macgowan was born in Fall River, Massachusetts and went to Ningbo, China as a medical missionary in 1843. While U.S. Vice-Consul to Ningbo in 1855, he showed an early interest in Japan by delivering a paper to the North China British Royal Asiatic Society on physical phenomena in Japan and China. In December 1858, Macgowan received first-hand information on Nagasaki when he shared speaking honors at the same society with Pompe van Meerdervoort, the Dutch physician who was visiting from Deshima.

It was undoubtedly Pompe van Meerdervoort who invited Macgowan to Nagasaki on the missionary’s way home to the United States. Macgowan spent his five weeks in Nagasaki teaching English and assisting Pompe van Meerdervoort with the medical curriculum at the naval training school. Dr. Macgowan wrote of his observations in a series of articles for Shanghai’s North China Herald. He later became a surgeon for the North in the U.S. Civil War, before returning to China as an agent for a Shanghai telegraph company in 1865. Macgowan died there at the age of seventy-nine on 25 July 1893.

Traveling physicians would usually advertize in the local English-language newspaper to announce their presence or imminent arrival in Nagasaki. One such traveling physician was Avron S. Newman, a doctor who had formerly operated a practice in Oakland, California. While visiting Hiroshima, he died of alcoholic poisoning at the young age of thirty-five. His body was returned to Nagasaki and buried in the Jewish section of Sakamoto International Cemetery.

The final representative of visiting American medical personnel in Nagasaki stretches the definition of “medical,” but is included because in a sense he was part of the American medical presence there. Nagasaki occasionally hosted visiting “doctors” like one Professor Sequah, who swept into town with promises of treatment “To the Halt and Lame; to the Incurable; to those suffering from Chronic diseases; to those whom doctors have failed to relieve; to those whose life is a misery on account of suffering and pain.” Professor Sequah met nightly at a site in the foreign settlement, where, according to a local newspaper account, “he is doing a roaring trade with large and appreciative audiences.” The account mentions the case of a Chinese man “Who had been a cripple from rheumatics for many years, but was able to walk away rejoicing after being under treatment for thirty minutes [by Professor Sequah].” One of the inducements used to gather the crowds was “the scrambling for coin, which the Professor very generously throws, as ‘a sprat to catch a whale.’”

From the above, it is clear that most of the American medical personnel who came to Nagasaki for short-term visits made little contribution to the community, other than monitoring U.S. sailors for various diseases. They ranged from faith-healing frauds and alcoholic doctors to naval surgeons who seemed more akin to drunken shipmates than they did to their professional long-term colleagues. In the early years of the foreign settlement, however, they provided the only American medical presence there was in town.

On the other hand, Nagasaki-based American physicians offered qualified treatment to foreigners and Japanese alike at facilities such as the Japanese Government Hospital, Nagasaki Women’s Hospital, St. Bernard Hospital, and the U.S. Army Hospital. The talents of doctors such as Ernst Schmid, Edward Amuat, Irving Rand, Robert Bowie and Mary Suganuma contributed greatly to the well-being of the people of Nagasaki for decades.

By the 1920s, the foreign community in Nagasaki had dwindled to the point that it was no longer feasible to maintain such institutions and with the departure of Dr. Mary Suganuma in 1922, the American medical presence in Nagasaki disappeared. Today, little remains to acknowledge the contributions of these Americans to Nagasaki, other than a scattering of tombstones across the city.

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