

Medicine in Japan and Scotland: Dr. N. G. Munro

Roderick J. TURNER

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Abstract

In 1997 the Sapporo District Court ruled that the Ainu people of Hokkaido were its original indigenous people¹. This was as a result of an (unsuccessful) attempt by the then cultural leader of the Ainu and only Ainu member of the Japanese Diet, Dr. Shigeru Kayano (1926-2006), to block construction of the Nibutani Dam, which would flood sacred Ainu land. Dr. Kayano's birthplace, Nibutani in Hokkaido, is a town where another champion of Ainu culture, Dr. Neil Gordon Munro (1863-1942) died and is buried. Upon arriving in Japan in 1890 from Scotland until his death, Munro not only worked as a physician who treated the Ainu people without charge for most of his life, but was also: personally and collaboratively instrumental in numerous archeological excavations, a rigorous documenter of Ainu cultural heritage, the author of several academic papers on subjects as varied as ancient coins², anthropology³ and the nature of the self⁴. However, perhaps his most significant contributions were to the documentation and preservation of Ainu heritage. Dr. Kayano personally knew Munro through Dr. Kayano's grandmother, who only spoke the Ainu language and instilled in him his lifelong dedication to Ainu causes⁵. After receiving his medical degree in 1888, Munro treated patients throughout his life in Hokkaido, Karuizawa and Yokohama.

While we can find sometimes very detailed historical record on other notable Scots in Japan, most notably William Burton⁶, Thomas Glover⁷, (to a lesser degree) Ranald MacDonald^{*8}, and the Rev. John Batchelor⁹; Munro, at least to the Ainu peoples and to the *thousands* of patients he treated, may be the most important of these, and yet he remains relatively unknown in Japan and Scotland. I aim to introduce readers to Munro's life and achievements.

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Department of English, Faculty of Medicine, Toho University

*MacDonald was actually born to a Scottish father and Native American Mother in what is now Canada.

Introduction - Early life

Neil Gordon Munro was born in Lochee, Scotland on the 16th June/July (there are conflicting accounts-RT), 1863 to a General Practitioner (GP—although the term was not commonly used in the UK at that time) Dr. Robert Gordon Munro, and his mother Margaret Pringle Munro. Neil attended school at Kinross and his family moved to Ratho in 1882. He matriculated with the School of Medicine of Edinburgh University in 1879¹⁰ (although he would not actually receive his physician's doctorate from Edinburgh University until 1909), but in 1882 became ill with a serious lung infection (probably tuberculosis [TB]) and moved to Tunisia that year, most likely for the dry climate, thereby delaying his graduation exams. Whether this destination engendered interest in archeology, or an existing interest in the subject was a factor in choosing the location, remains unresolved¹¹.

After graduating in 1888, during the next 3 years of his life there are periods of which we know little; however, we know that: in the Victorian ideal and following a well-established (and continuing) pattern of global exploration by the Scottish people, he worked for a time for the P&O ferry line and certainly voyaged to India during this time⁴. It was via Hong Kong that he arrived in Yokohama, Japan in May 1891; he would thereafter leave his adopted country just once, to register as an M.D. in Edinburgh in 1909, until his death in 1942.

While it has been stated that he started work as a physician at the Yokohama General Hospital in 1892⁸, it is also on record that he founded, at least jointly, said hospital¹¹. In 1898 he made his first visit to Hokkaido, the massive northern island home to the Ainu, and in 1899 he was granted a medical license in Japan¹². In 1905 he became a naturalized Japanese citizen, adopting the Katakana syllabary characters マンロー (*man-ro-*), and subsequently the Chinese (*Kanji*) characters 満 ('full', 'long-awaited', 'satisfaction') 郎 (often used in names given to first-born sons; also 'official title'; same pronunciations). Interestingly, Munro's earlier seals show the (antiquated) Chinese characters 卍樓 (*man-ro-*)². I found no reference to this change by Munro himself in his letters, or by other scholars; I can only assume that the first symbol's usurpation (which is, in any case, an ancient religious symbol associated with Hinduism, Buddhism and Jainism, not to mention many other cultures worldwide¹³) by the National-Socialist movement in Germany prior to the Second World War led Munro to discontinue its use.

Although perhaps not to the extent that another, more famous Scot-Thomas Glover, on whose life Puccini's opera *Madame Butterfly* is reputedly based—was thought to be 'proactive' in his pursuit of women, in 1895 Munro married his first wife (of eventually, four), Adele Retz, a German with whom he had 2 sons, one of whom (Robert; a dedication to him appears in 'Coins of Japan' [1908]) died in 1902. Adele Retz died in 1905, and that same year Munro married Toku Takabatake (Japanese). Although they were

divorced in 1909 they had a daughter, Iris/ あやめ (Ayame). In 1914 Munro married Adele Favre-Brandt, of Swiss and Japanese heritage, although he again divorced in 1937 to marry his 4th wife, Chiyo Kimura, a nurse who assisted Munro in his medical practice and to whom he remained married until his death in 1942. They had no offspring, and she died in 1974.

Munro and archeology

As archeology is perhaps the most well-documented aspect of Munro's work in Japan—he personally directed or participated in *hundreds* of excavations throughout Japan, collected thousands of Jomon-era and subsequent artefacts and in so doing, simultaneously turned traditional anthropological paradigms on their head, establishing the primacy of the indigenes of the Ainu in Japan—and therefore I will only briefly describe certain details, namely those of particular interest to me or relevance to Munro's role in medicine in Japan.

Munro's most notable excavations include Mitsuzawa, Omori, (Tokyo—coincidentally where I live) and Negishi near Yokohama¹⁴. As well as excavations in Hokkaido, he also carried out investigations in Kanagawa prefecture, Nagano prefecture and Kagoshima prefecture¹¹. His early archeological work culminated in the book 'Prehistoric Japan' (1908, reprinted 1911). Before Munro, the prevailing theory of prehistoric settlement in Japan had nothing to do with the Ainu¹⁷. Munro was the first to posit that the indigenous peoples of Japan were Ainu in origin, a separate (from the ancestors of modern Japanese) ethnic group who inhabited parts of the Japanese archipelago stretching from the southern *Ryukuus* (modern-day Okinawan islands) to the northern island of Sakhalin (now Russian territory), which lies off the northeastern tip of Hokkaido. The Ainu were particularly prevalent in northern Honshu (the main island of Japan) as well as in Hokkaido, but especially in Aomori. Munro had a 30-year association with the Mitsuzawa excavation alone¹⁴.

Tragically, Munro lost most of his books, materials, artefacts, letters and almost all his personal belongings in the Great Kanto Earthquake of 1923; the same thing occurred in 1932 when his rented accommodation in Hokkaido was destroyed by fire. Fortunately, he had started sending archeological finds back to the UK as early as 1894; thanks to such efforts, The National Museum of Scotland has the largest collection of Munro artefacts outside Japan. In the 1923 (Great Kanto) and 1935 (Formosa: modern Taiwan) earthquakes, both of which were reported worldwide¹⁷, although he lost everything in the former, he immediately returned to Yokohama afterwards to treat its victims. Free healthcare to those who could ill afford it was to be a continuing theme in his life.

Munro and Medicine

Munro's death certificate states that he died of cancer in 1942 at the age of 79⁴. We know that he suffered from TB in 1882, which led him to Tunisia to recuperate for a year; that he didn't receive his medical degree from Edinburgh University until 1909; and that he spent his life after 1930 in Nibutani, Hokkaido^{4, 18}. However, he had previously visited Hokkaido many times, and while he was there (and was documenting, with archeological fastidiousness, the culture, language, folklore, traditions and artefacts of the Ainu people) he administered low-cost or free medical treatment to the Ainu people. He was able to fund this by treating patients at the Karuizawa Sanatorium, which was popular with the expatriate community, particularly in summer. He had worked at the sanatorium since at least 1923, and became director in 1930⁴.

His Doctoral thesis, which he submitted to receive his medical degree on a trip to Scotland in 1908, is (perhaps cruelly ironically, given his own cause of death) titled 'Cancer in Japan'¹⁵. However, he also gives extensive data regarding the prevalence and incidence of TB in Japan, deaths from cancer compared with those from TB, non-cancer stomach/intestinal-related causes, by prefecture, for several years. He posits several theories regarding his statistics. For example, we know that the death rate from stomach cancer in Yokohama is low in 1908, at 44.4 per 100,000 living, despite the newly widespread practice of eating meat, which he attributes to the large foreign population. Conversely, Nara, he says has a "phenomenal" death rate from cancer (in 1905): 92.8 per 100,000 living¹⁵. He also makes interesting comparisons with similar statistics from the UK: "*Japan, in the light of its official returns, thus computed by the write, is seen to correspond with England so far that the female cancer mortality is in excess of the male, but the rapid increase of male cancer in England has not yet brought it abreast of that in Japan.*"¹⁵ He even goes as far as suggesting possible causes of cancer, which may be especially interesting to readers in an age of infinitesimal intricacy and deep understanding regarding cell pathology and biogenetics: "*It seems to be clearly established...that the extrinsic cause, par excellence, of cancer, is a mechanical, thermal or chemical assault on the living tissues.*"¹⁵ (author's italics) However simplistic this may sound to modern physicians and researchers, further analysis of his thesis shows that Munro had a deep understanding of terms still in relevant use today, such as 'enzyme', 'toxin' and the suffix '-blast/-plast'. As can be seen in some of his other, more esoteric writings¹⁶, Munro certainly had the capacity for profound intellectual reasoning and comprehension of abstract concepts, despite the fact that his everyday activities were physical rather than particularly abstract, *i.e.*, treatment of his patients, and archeological excavation.

Conclusion

While I have necessarily omitted accounts of numerous other aspects of Munro's life and work in the interests of brevity—in particular, his relationship with the Ainu alone

has been the subject of several Japanese-language documentaries, books and exhibitions –I hope I have provided a very rudimentary introduction to Munro, and perhaps created interest leading to further research which may reveal greater breadth to his interests. Any such investigations will be limited due to the loss of thousands of Munro's personal writings, data, artefacts and materials in 1923 and 1932, but thankfully there is still enough material with which to form a general estimation of the man and more accurate rendering of his influence in so many fields. Also, I would urge the reader to remember that many of the rigorous, detailed and influential investigations which Munro performed were done in his 'spare' (*i.e.*, non-working) time. Furthermore, although there do exist a number of works on Munro, or specific parts of his achievements, in Japanese, to my knowledge there are few books or other general reference materials which can give the English-speaking reader an insight into the life and works of Munro. This is detrimental to all those interested in the history of Scotland and Japan. I believe that Munro's medical care of the Ainu people with whom he came to love and live among is just one reason why Ainu organisations continue to remember and honour Dr. Munro, and that in future, researchers will develop a deeper understanding about the man in the same way.

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