

A Short Biography of Takemi Taro, the President of the Japan Medical Association

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Introduction

Many Japanese who are older than fifty years old should remember the name Takemi Taro. He was the president of the Japan Medical Association (JMA) for 25 years, from 1957 to 1982. Takemi was well-known as “Kenka Taro,” a belligerent Taro. The media in his time liked to take up the issues which he fought against the Japanese government, particularly the Ministry of Health and Welfare. It liked to depict him as a boss of doctors, according to media’s coverage, who were all mad for money. Although Takemi admitted that one-third of doctors were “headmen of greedy selfish village,”¹ he himself claimed to have a vision about Japanese medicine, which was based on his own philosophy.

There have been many commentaries about Takemi by either Takemi-lovers or Takemi-haters. The divided reputations show that Takemi was a person who caused a heated argument. Mizuno Hajime, who has been a medical journalist and a close contemporary observer of Takemi, noted, “Considering his academic career and conversations with Takemi, what I thought was that Takemi himself did not want to be a scholar although he had an ability to be.”² Tanaka Shigeru, who was a doctor personally close to Takemi, also wrote, “Takemi’s political skills were first-class, and it was widely agreed that Takemi would have been able to be the Prime Minister if he had aimed to be a politician.”³ Takemi became neither scholar nor the Prime Minister although he might be able to be both. He chose to become the president of the JMA.

Whoever studies the development of health care after World War II must tackle the role of Takemi in it. However, there are still limited efforts by social scientists to analyze what kind of institutional, policy and cultural legacy Takemi had on the Japanese health care system, a gap

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¹ Mizuno Hajime. *Dare mo Kakanakatta Nihon Ishikai* [The Untold Story of the Japan Medical Association] (Tokyo: Sōshisha, 2003), 96.

² *Ibid.*, 25.

³ Tanaka Shigeru, *Takemi Taro wo Okoraseta Otoko: Inaka Ishikaichō Funtōki* [A Man Who Made Takemi Taro Angry: A Memoir of President of Rural Medical Association] (Tokyo: Mirai Shuppan, 1984), 40.

that also limits the available English literature on this subject. This essay takes a small step to fill in this gap.

This essay overviews Takemi's life before he seriously participated in the activities of the JMA, and it provides a hook to think about how his youth affected in his later life. Whether loved or hated, Takemi was definitely an interesting person in many ways.

I. Takemi's Childhood in Niigata

In 1904, Takemi Taro was born in Niigata Prefecture, which is located in the largest island of Japan on the coast of the Sea of Japan. Despite that Niigata was a rural part of the country, Takemi grew up in an intellectual, international, and stimulating environment.

Takemi's father went to the United States to study in 1887 when only about twenty years had passed since the feudal system ended and not so many Japanese would want to go abroad. Hido Shuichi describes that his father's decision to study abroad was "an example of Takemi family's nonconformism."⁴ Takemi's mother, on the other hand, received one of the best education for women at that time. She went to study in Ochanomizu High School and Tokyo Joshi Kōtō Shihan Gakkō. Takemi often mentioned, "I respect my parents best of all."⁵

Takemi had an interesting uncle. Takemi family believed in Jōdo Shinshū, a Shin Buddhism sect. But his uncle became a believer of Nichiren Buddhism. It was founded by Nichiren in the thirteenth century. Nichiren claimed that his teaching was the true follower of Mahayana Buddhism and criticized other existing forms of Buddhism, including Shin Buddhism. By betraying his family's belief, Takemi's uncle was disinherited by his family. Hido claims that his uncle's gene still survived in Takemi who makes a headlong rush on what he believes in.⁶

Takemi showed his self-assertion when he was in elementary school. When his school constructed a new school building, he was asked to deliver an address to the governor of Tokyo. His teacher gave him a manuscript to memorize. He memorized everything that was written but he felt ridiculous about it. He eventually made his own speech. The teacher was upset and forced Takemi to stand in the classroom for about one hour as a punishment. Takemi mentioned that his aggressive attitude toward authoritarianism began in this period. He wrote, "If the education is to force students to repeat teachers' words, it is the height of degeneration."⁷ He also noted, "I hate authoritarians."⁸

When he was fourteen, he suffered from a kidney disease and stayed in the hospital for about two years. His family was told that he might not be able to recover. But he did recover from the ailment. This period of hospitalization gave him time to read Fukuzawa Yukichi's books and he decided to transfer to Keio Futsubu School. His book collection also included

⁴ Hido Shuichi, "Itansha Takemi Taro [A Heretic Takemi Taro]," *Chūōkōron* vol. 79 no. 7 (July 1964), 247.

⁵ *Ibid.*

⁶ *Ibid.*

⁷ Takemi Taro, *Chōshinki* [Examination with Heart] (Tokyo: Jitsugyō no Nihonsha, 1978), 102-3.

⁸ *Ibid.*, 34.

Charles Darwin's *On the Origins of Species*. He was captivated by the mystery of life and became interested in pursuing medical education in Keio University when thinking of the future.⁹

II. Takami's Life at Keio University

Takemi's unique approach to study attracted attention from his friends. One of his friends at Keio university noted, "He was based on a completely different body of knowledge. I always wanted biology class to come to end as quickly as possible because I thought it was merely a work of rote memorization. But he stayed with a microscope for thirty minutes when he saw atomic fission.... He was special.... It is right and proper that everyone treated him as an eccentric person."¹⁰

Takemi was interested not only in medicine. He also took a serious interest in other fields of study. One of Takemi's later friends recalled the flexibility of his thought by saying that Takemi had "an ability to think flexibly by adopting other people's opinions. Whenever he faced problems related to philosophy, economy, and law, he asked specialists in these fields and got to know more about these fields than the specialists."¹¹ At Keio, Takemi did not study medicine as an isolated area of study but saw medicine in relation with other academic disciplines.

When Takemi was a second year student at Keio, he was allowed to do research freely in Koizumi Makoto's laboratory. Koizumi, a parasitologist, was not only a professor whom Takemi had great respect for but also a person through whom Takemi had opportunities to know famous intellectuals at that time. Koizumi was a good friend of Iwanami Shigeo. Iwanami was the founder of Iwanami Shoten, an influential publisher. Through Iwanami, Takemi became acquainted with influential "Iwanami-kei gakusha (Iwanami-faction scholars)," such as Nishida Kitaro, Abe Yoshishige, Watsuji Tetsuro, and Komiya Toyotaka.¹² At Keio, he had an opportunity to deepen and widen his curiosity and knowledge.

Takemi later wrote, "Fundamentally speaking, Japanese people are good at integrating different things. We have a prodigious ability to break things into small pieces, but we all, from university professors to craftsmen, are very poor at having interdisciplinary approaches."¹³ By taking an untraditional approach as a medical student, Takemi himself sought to overcome the Japanese weakness at Keio University.

After he graduated from medical school, just like many other graduates, he stayed at Keio as a member of the hospital staff. Being a member of the hospital staff was important for the graduates' future career. Since the academic faction was very strong in Japan, not listening

⁹ Sugiyama Hisahide, *Fuu-un wo Yobu Otoko* [A Man Brings About a Crisis] (Tokyo: Jiji Tsūshinsha, 1977), 102.

¹⁰ Hido, "Itansha Takemi Taro," 248.

¹¹ Tanaka, *Takemi Taro wo Okoraseta Otoko*, 39.

¹² Sugimura, *Fuu-un wo Yobu Otoko*, 108.

¹³ Takemi Taro, *Ishin Denshin* [Immediate Communication of Medical Truth from One Mind to Another] (Tokyo: Jitsugyō no Nihonsha, 1976, 29.

carefully to older graduates and mentors was a behavior of treason.¹⁴

In one occasion, Takemi committed this kind of treason. He was in the laboratory with Nishino Chujiro, who was known as a leading internal medicine scholar. According to Takemi, Nishino made a diagnosis by not so much based on scientific medical knowledge. To Takemi, Nishino was just sitting in front of patients for diagnosis and looked like a fortune-telling doctor.¹⁵ Takemi decided to throw out his assistant position.

Takemi himself noted, “When I got into internal medicine section to be a clinician in the future, what was the most surprising thing was that professor was god, old assistants were Shinto priests, and young assistants were garden keepers.”¹⁶ What he did to his mentor, according to his metaphor, was a garden keeper rebelled against his god. It meant that he committed suicide in terms of his career. He had to rely on himself, living without any support and benefit from Keio’s academic faction.¹⁷

To make it worse, Takemi was not bound by the Japanese way of resignation. He wrote a letter of resignation which meant what he really meant. Even if someone had had to resign, he would have usually written, “I resign for personal reasons.” But Takemi’s resignation letter to Nishino included the phrases which meant, “I resign because I have a position to medicine that is fundamentally different (from Dr. Nishino).”¹⁸ Because the letter sounded insulting to him, Nishino was so upset that Takemi’s matter went to Kitajima Taichi, dean of Keio medical school. Kitajima called Takemi to his office and asked for rewriting the resignation letter. But he did not. Takemi decided to completely break away from the Keio faction.¹⁹

III . Way to be a Clinician in Ginza

Takemi did not commit the career suicide without prudence. After he resigned his position at Keio, he moved to Rikagaku Kenkyūjo (Riken) which was established in 1917 as the first large-scale national science research institute. Takemi was acquainted with Nishina Yoshio who was a physicist and studied theoretical physics, nucleus, and cosmic rays at Riken. When Takemi told Nishina that he would leave Keio, Nishina allowed Takemi to work for him by saying, “Medicine might not be a science. But what you say is scientific.”²⁰

Although Takemi worked at Riken without pay, he was happy at Riken. Miwa Kazuo writes, “Takemi adapted himself well to the environment of Riken. Riken provided the environment in which mentors and disciples discussed without discrimination; it included scholars from various academic disciplines; and it provided a unique space for them to almost live under the

¹⁴ Murasaki, *Fuu-un wo Yobu Otoko*, 111.

¹⁵ Takemi, *Chōshinki*, 106.

¹⁶ *Ibid.*, 103.

¹⁷ Sugiyama, *Fuu-un wo Yobu Otoko*, 111.

¹⁸ Takemi, *Chōshinki*, 106.

¹⁹ Miwa Kazuo, *Mōi Takemi Tarō* [Fighting Doctor, Takemi Tarō] (Tokyo: Tokuma Shoten, 1995), 104.

²⁰ Hido, “Itansha Takemi Taro,” 252.

same roof.”²¹ With his interdisciplinary and untraditional approach to medicine, he was in his element when working at Riken.

When the American occupation authority closed down Riken after World War II ended, Takemi had to decide what to do next. He made a decision to open his own clinic. He had had patients from his time at Keio and from Riken’s own clinic that he had headed. For Takemi, who had given up his position at Keio hospital, there was no way to get back to medical school.²²

Iwanami Shigeo helped Takemi open his clinic in Ginza, Tokyo. Iwanami asked his friend, the president of Fuji Ice, to provide Takemi with a room in his company’s building at discount price. Takemi furnished the most recent medical equipment in his rather small office. In the summer of 1948, he opened his clinic.²³

On the reception desk, Takemi himself hand-wrote consultation provisions. It included, “The following should have higher priority to be consulted: those who severely suffered; those who served as government ministers; those who are older than eighty; and wartime servicemen.” It is a famous story that Konoe Fumimaro could see Takemi quickly when he was the Prime Minister, but he had to wait with other patients after he resigned from the post.²⁴

Takemi did not take any national health insurance plans. The Health Insurance Law was created in 1922 for factory workers. The National Health Insurance Law was passed in 1938 for agricultural workers and other self-employees. The government’s efforts to mobilize the people to fight during World War II resulted in the expansion of national health insurance system. When the war ended, the majority of the population was under some national health insurance programs.²⁵ However, Takemi did not see any patients with health insurance plans. He continued his medical work based solely on the traditional fee-for-service practice throughout his life.

Ginza was close to both Japanese economic center and political center. Takemi’s clinic attracted many rich people. Meanwhile, his clinic became a meeting place for Iwanami-faction scholars and later for politicians. Takemi had many politicians as his patients because he knew an influential politician at that time, Makino Nobuaki. Makino was a son of Okubo Toshinobu who played a leading role in making the Meiji Restoration happened. Makino trusted Takemi, who was about thirty years younger, not only as his doctor but also as his friend.²⁶ Takemi’s connection to Makino was strengthened by his marriage to Makino’s granddaughter. Makino’s wife made an offer of marriage. Through this marriage, Takemi had a relation with Yoshida Shigeru who played an important role to recover Japan from the war devastation as the Prime Minister (see Figure 1).

²¹ Miwa, *Mōi Takemi Taro*, 114.

²² *Ibid.*, 119.

²³ *Ibid.*, 119–20.

²⁴ *Ibid.*, 252.

²⁵ Takakazu Yamagishi, *War and Health Insurance Policy in Japan and the United States: World War II to the Postwar Reconstruction* (Baltimore: Johns Hopkins University Press, 2011).

²⁶ Hido, “Itansha Takemi Taro,” 252.

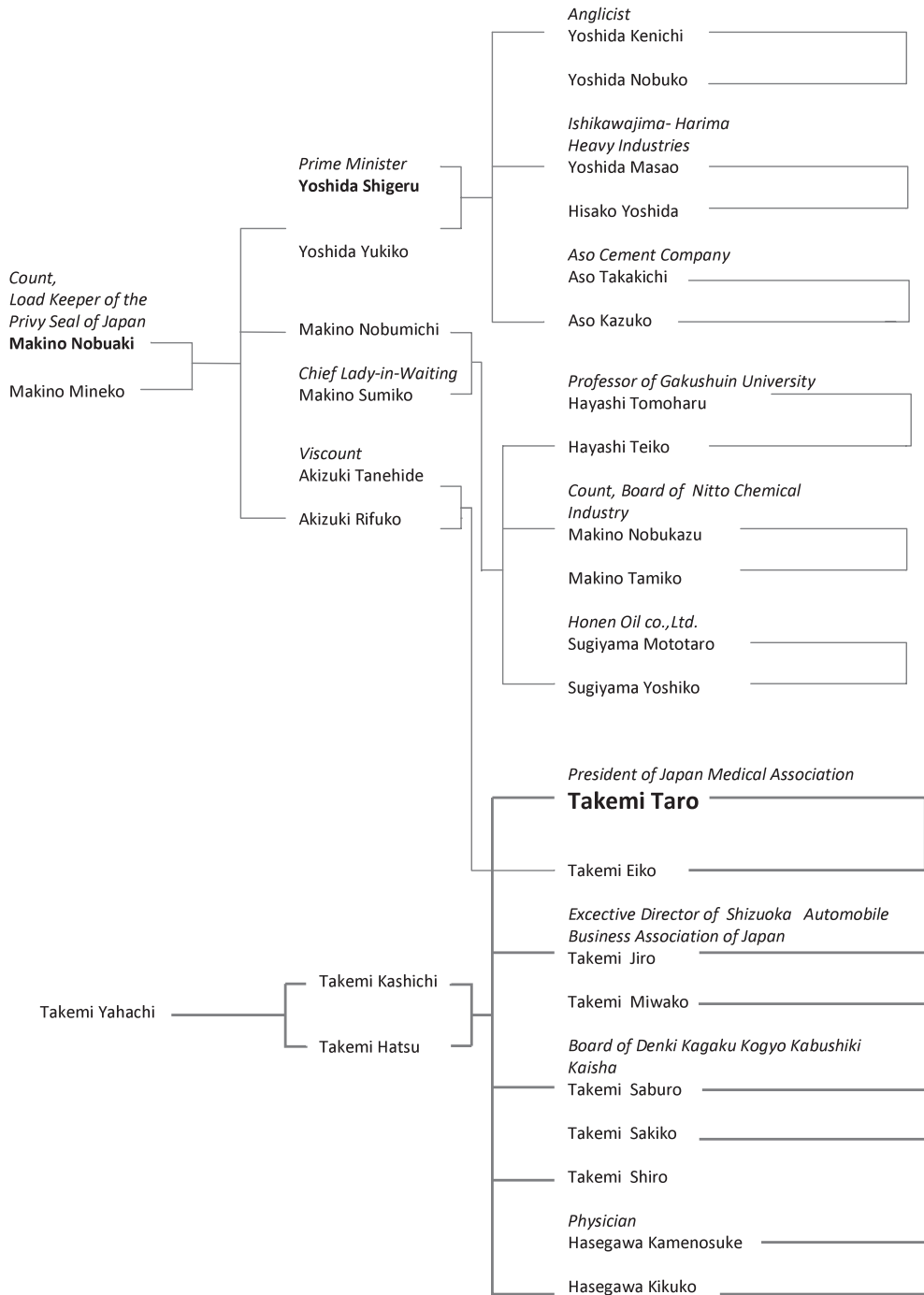


Figure 1 The Family Tree to Takemi Taro

Note: This family tree is made based on Ikura Yasumasa, *Shindan Takemi Taro* [Judging Takemi Taro] (Tokyo: Sōshisha Shuppan, 1979), 109.

The Future Tasks

It was in 1950 when Takemi Taro began to get involved in the Japan Medical Association. Takemi became the vice president of JMA. Although the term ended very shortly, Takemi became the president of the JMA in 1957 and continued to serve until 1982. Takemi was there when the American occupation authority sought to reform the Japanese health care system. Takemi was there when the Japanese government sought to introduce a universal health insurance system. Takemi was there when the Japanese government began to have a fiscal problem and sought to cut back its health care expenditure. If we study the history of the post-war Japanese health care system, we cannot completely discuss the subject without mentioning Takemi.

This essay shows Takemi's life before he started to play a role in the JMA. Media liked to take up Takemi's aggressive protest against the government. But it did not often tell about where his aggressiveness came from, what he wanted to achieve, and why some people really hated and others loved Takemi. This paper hopes to be a small step to answer these questions.

Takemi's story is a matter not only to exalt his biography but also for the historical, institutional and political investigation of the Japanese health care system in general. If we had to name one most influential person in the development of the Japanese health care system, that would be Takemi Taro. Takemi's political strength resulted from his personality and personal connections. He knew how to fight against the government and how to reach a compromise. His political skills did not come out naturally after he got involved in the JMA. This essay shows a part of how he developed his own philosophy about medicine, communication skills, and campaign skills.

He could be also politically influential because he got involved in the JMA when Japan began to develop its own health care system from post-war turmoil and when the JMA had to start almost from scratch after it was ordered to be dissolved by the American occupation authority. After World War II, some Japanese bureaucrats were seriously considering reforms toward the nationalization of medicine. The Japanese health insurance system had become near-universal by the end of the war, and the reform-minded bureaucrats continued their efforts to expand the governmental authority in medicine. Takemi was the central figure to fight against these reform-minded bureaucrats. Studying on Takemi's life story, therefore, helps us to understand how the JMA has become a large and influential institution and how the Japanese health care system has evolved and improved as it has become now.

The Japanese government now faces the pressure of health care reform. In past few years, media has sensationally reported that pregnant women were rejected by many hospitals and died in the ambulance. This problem occurred because some local hospitals have closed down obstetric, gynecology, and pediatric departments for their unprofitability. Many doctors, who were employed by hospitals on salary base, are almost broken down by their overwork. Finally, many health insurance associations have been pushed hard and reaching on the brink of bankruptcy. Many commentaries call the situation as health care crisis, *iryō kiki*. While the health care crisis has continued, it seems hard for the recent administrations to make a grand

design of the future health care system. By studying Takemi, I hope to show what institutional and political obstacles we face now, and to rethink what kind of health care system Japan should have in the future.