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Author(s)	CORTAZZI, Hugh
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Dr. William Willis 1837-1894.

Sir Hugh CORTAZZI

Former Ambassador British Embassy Japan

Dr William Willis died on 14 February 1894, just over one hundred years ago. He made a significant contribution to the relief of suffering in Japan during the Bakumatsu period of Japanese history and to the development of Western style medicine in Kagoshima. It is right that we should meet here in Kagoshima in his memory.

I am grateful to all my friends here in Kagoshima who have invited me to give this lecture today. In particular I should like to stress my thanks to Kagoshima Medical University and to the Japan British Society of Kagoshima for their part in organizing this event. I must mention too all the pioneers who researched the life of Dr William Willis including Dr Samejima Kinji, Dr Sato Hachiro and Dr Otsuji Shogo. It is sad that Dr Sato Hachiro who did so much to ensure that Dr Willis was not forgotten here in Kagoshima was taken away from us last year. We should also thank Dr Hagihara Nobutoshi who discovered the letters which Dr Willis sent home and which throw much light on his work and attitudes.

I am sure that you are all aware of the facts about Dr Willis's life which I have recorded in my book 'Dr Willis in Japan, British Medical Pioneer 1862-1877' (published in London in 1985) and which was translated into Japanese by Professor Nakasuga Tetsuro under the title 'Aru Eijin Ishi no Bakumatsu Ishin' (published by Chuokoronsha in 1985). I shall, therefore, try to avoid repeating too much of what I wrote then, but I have not come across any really new material about Dr Willis and with one exception shall base my talk today on the facts recorded in my book.

First let me summarise briefly the outline of Dr Willis's career. He was born in Fermanagh in Northern Ireland on 1 May 1837. He had an, unhappy childhood as his father was harsh and sometimes brutal. With the help of his elder brother George William Willis studied medicine at Glasgow and Edinburgh Universities in Scotland and received the degree of Doctor of Medicine. He then worked at the Middlesex Hospital in London. In 1861 he was accepted for a medical post with the British Consular Service in Japan. He reached Japan in May 1862 to begin his duties as medical officer and clerk in the British Legation. One of his first experiences in Japan was of the attack during the night of 26 June 1862 by *ronin* on the British Legation then housed in Tozenji in Shinagawa. During this attack a British guard was killed and two British diplomatic and consular officials were wounded.

Between 1862 and 1867 Willis worked mainly in Yokohama. Although he had to do some clerical work in the Embassy he also had many patients to attend to. He inspected the body of the British merchant from Shanghai, Charles Lennox Richardson, who had been assassinated at Namamugi on the Tokaido by samurai from Satsuma in September 1862. It was this incident which first brought Willis to Kagoshima in 1863. He did not land on this occasion but was present on one the Royal Navy's ships during the bombardment. He first landed in Kagoshima when he accompanied the second British Minister to Japan, Sir Harry Parkes, on his visit to the Daimyo of Satsuma in 1866. Willis thought that the visit was 'humbug' and he described Shimazu Saburo as 'an old scoundrel' with 'a villainous expression'. He recalled 'a nauseatingly long dinner of fish and slush in which it floated.'

The year 1868 was a momentous one for Japan and for Willis. At the beginning of the year he was in Osaka when the last Shogun Tokugawa Keiki fled and the castle was set on fire. He was in Kobe when the Bizen incident occurred. The civil war in Japan led to many soldiers being wounded and Willis's services were much in demand. In February 1868 Willis's services were requested by Saigo Takamori who wanted a doctor to go to Kyoto to treat some of the Satsuma men who had been wounded in the battle at Toba Fushimi and who were housed in Shokokuji. Willis duly went to Kyoto with his friend the British Diplomat Ernest Satow. Hardly had he got back to Kobe than he had to return once more to Kyoto to attend to Yamanouchi Yodo, the retired Daimyo of Tosa who had led too dissipated a life. He was again in Kyoto in late March 1868 when the British Legation party on their way from their quarters in the Chionin were attacked by *ronin*. Willis was soon busy attending to the wounded in this incident.

Later back in Yokohama there were more wounded clamouring for his attention. Between 5 October and 28 December he was away with the Imperial Forces in the North East. He travelled via Niigata to Aizu Wakamatsu and had much medical and surgical work to do.

Following his return to Yokohama he was appointed briefly in 1869 as Vice-Consul in Edo and then placed in charge of the Daibyoin in Edo where in addition to treating patients he began to give medical instruction to Japanese trainee doctors. But his work there did not last long. The Japanese authorities decided to adopt German rather than British medical practices and Willis was out of a job. It was at this point that he was asked to go to Kagoshima to establish a hospital and teach medicine. Saigo Takamori was once again the intermediary.

Between 1870 and 1877 Willis was in Kagoshima except for a spell of home leave in 1875/6. He was fully occupied in medical work and in teaching. But he was lonely and in 1871 he 'married' Enatsu Yae, the daughter of a Satsuma samurai. He took up fishing as a hobby and enjoyed climbing.

The Seinansenso of 1877 brought to an end Willis's work in Kagoshima and led to his departure from Japan. He began to work with his brother in medical practice in Monmouth, but he returned briefly to Japan in late 1881 to bring back to England his son Albert. In 1884 Willis was appointed doctor to the British Consulate General in Bangkok (Thailand). He stayed there until late 1892 when his health began to deteriorate and he returned to Northern Ireland where he died apparently as a result of advanced jaundice.

What sort of a man was William Willis? We can get a fairly clear picture of him from photographs and from accounts by his contemporaries. He was broad, tall and heavily built. I described him in my book about him as "a huge mountain of a man". He became bald when quite young and his beard and whiskers were rather straggly. He was outward going and of generally good humour. He seems to have made friends easily among his British contemporaries and was sympathetic and compassionate to the sick and injured as well as to those in trouble. He was conscientious in his work and in his dealings with his friends. Indeed he was the sort of man who would be described as a thoroughly good sort -someone on whom one could rely in times of trouble and difficulty. As a big man he had generally a good appetite. He preferred plentiful simple western style food but he was neither a gourmet nor a gourmand. He enjoyed a good glass of beer or wine, but there is no indication that he regularly overindulged in alcohol.

Willis was a young man with a normal sexual drive. There were hardly any British women in Japan and it was natural that he should look for Japanese partners. This was regarded as normal practice for foreigners in those days. He had had a liaison with a maidservant in Britain before he came to Japan and had had a son by her. He also had a child by a mistress in Yokohama and fathered another son by his 'wife' Yae in Kagoshima. (I have placed the word 'wife' in inverted commas because although Willis was probably married to her under Japanese customs he never seems to have registered the marriage at the British Consulate and was probably not regarded as married under English law.) This may suggest that his sexual morals were loose and that he was casual in his relations with women. But we must remember that he had little opportunity of establishing a permanent relationship with anyone in the foreign society in Japan in those days. Moreover the practice of taking a local concubine was a common one in the foreign community. His friends Ernest Satow and Algernon Mitford (the first Lord Redesdale) both had Japanese mistresses and fathered children in Japan. Modern contraceptive methods were unknown in those days and casual sexual relations frequently led to pregnancies.

A brief comment must be made on Willis's attitude towards his wife Yae and his children by his various liaisons. Towards his children Willis seems to have felt a real obligation and to have done what he could for them over the years. It is not right for us to judge whether he was a good father or not without taking into account the circumstances and attitudes of his time. Much has changed in the last 120 years and we cannot know all the circumstances. So I think we should reserve judgement. On his attitude towards Yae too we have to judge this by the standards of his time. After 1877 there was really no future for Willis in Japan. If he had taken Yae with him to Britain he might well have found it impossible in Victorian England with its narrow morality and racial prejudice to find another medical post. Yae would certainly have felt lonely in Britain and would have been ostracised by society. By modern standards this is deplorable and Willis's decision to leave her to her own devices in Japan seems harsh, but Willis's behaviour in this regard was not unique. Mitford did not acknowledge his Japanese liaison. Satow never

took his wife with him and she was never publicly acknowledged. It is probable that Satow's liaison was known to the British Foreign Office and was an obstacle to his career. While we must sympathise deeply with the women involved and while we must deplore the standards which encouraged or allowed such behaviour let us refrain from condemning them on the basis of different standards and times.

What were Willis's motives in his coming to Japan and in staying there for some fifteen years? Initially Willis's main concern was probably to escape from the results of his liaison with a maidservant in London. He was also no doubt attracted by the relatively good salary available and as a young man may well have been interested in going to a distant and exotic country promising new experiences and an element of danger and adventure. But I think that Willis who had probably taken the Hippocratic oath on his graduation took this oath seriously and put the care of his patients before his own comfort and profit. He was well paid by the standards of his time but it is doubtful if he ever had much enjoyment from his earnings. He sacrificed a great deal by remaining in Japan in difficult circumstances, often lonely and in at best limited comfort.

(I am sure that all the doctors in the audience will know the Hippocratic oath, but perhaps I should explain it briefly for the lay members. I knew of the oath but I confess that I had to look it up for this lecture. The oath probably originated with Hippocrates, an ancient Greek pioneer of medicine in about 400 BC. It has been translated in the following terms: -"I do solemnly swear by that which I hold most sacred;

"That I will be loyal to the profession of medicine and just and generous to its members;

"That I will lead my life and practise my art in uprightness and honour;

"That, into whatsoever house I shall enter, it shall be for the good of the sick to the utmost of my power, I holding myself aloof from wrong, from corruption and the tempting of others to vice;

"That I will exercise my art solely for the cure of my patients, and will give no drug, perform no operation for a criminal purpose, even if solicited, far less suggest it;

"That whatsoever I shall see or hear of the lives of men which is not fitting to be spoken, I will keep inviolably secret.

"These things I do promise, and in proportion as I am faithful to this my oath may happiness and good repute be ever mine -the opposite if I shall be forsworn.")

To the modern observer some of Willis's attitudes seem incorrect and out of date. He probably had an element of racial prejudice and was something of an imperialist. But he deplored the arrogance and bullying tendencies of many of his British contemporaries in Japan.

Willis was frank in his comments in his letters about his superiors and others with whom he came in contact. He clearly found it difficult to dissemble. He was also frequently self-critical and did not make himself out to be better than he actually was.

How good a doctor was Willis? It is obviously difficult to come to any final judgement at this time one hundred years after his death. It is also difficult for a layman who is ignorant of medical science. But some points can be made on the basis of the evidence available. Willis had been well trained by the standards of his time and he seems to have been well regarded by his contemporaries. He understood the value of basic training in the sciences and in anatomy and physiology and he did his best to teach these to his students. One serious difficulty which he encountered in teaching anatomy in Japan was the problem of obtaining cadavers for dissection, but in earlier years in Britain doctors had encountered similar problems. He had learnt not only practical surgery during his training but he must also have come into contact with the principles of anti-sepsis taught by Lister. He was above all a practical surgeon and physician who had to cope with extremely limited resources. He had frequently to operate in the field without even the semblance of an operating theatre. Such anaesthetics as were available were limited probably to chloroform. Indeed by modern standards he had very few drugs and most of these had to come from England. This might mean a delay of at least six months and up to a year before the drugs he ordered came to him. There were no trained nurses available in Japan when he arrived in the country and he made strenuous efforts to promote nursing as a worthy profession.

Willis had been trained in the British tradition to look at the whole body and all the symptoms before reaching

a diagnosis which frequently had to be based as much on observation and experience as on objective tests. Willis was not a medical innovator or a great researcher. But he was interested in trying to find cures or at least treatment for some of the diseases which he found in Japan and which he would not have met in his studies in Britain. One of these was leprosy of which there were in those days a number of cases here in Kyushu. He did much to help cure diseases of the eye performing many operations involving the removal of cataracts. According to Japanese sources he is also said to have performed the first iridectomy for glaucoma in Japan. [Dr Willis in Japan page 185]. He was frequently engaged in obstetric work and helped many children into this world, foreigners and Japanese alike. He worked hard to improve public hygiene and made suggestions about diet and food handling. He also advocated the establishment of public hospitals for the poor.

His attitude towards Chinese medicine was at best patronising and generally contemptuous. Nowadays we can see that Chinese herbal remedies and methods of treatment have real merits in certain cases and many attempts are now being made to combine the best of both western and Chinese style medicine. But Willis's attitude was in part at least justified by the way in which Chinese medicine was practiced in Japan at that time. The practitioners of Chinese medicine were not trained in anatomy and physiology in the way in which Western doctors were trained. They were unable to deal with gunshot wounds and were apparently at that time frequently unable to cope effectively with broken bones. Willis complained "that it is apparently a part of the Chinese system to avoid ablution during illness, and so general is the feeling that it is almost impossible to make cleanliness a part of the treatment of sick Japanese" [page 105 of Dr Willis in Japan]. On a number of occasions however he found Japanese practitioners of Chinese medicine ready to learn from him. For instance at Shibata during his journey in the autumn of 1868 in support of Imperial Forces he noted: "I am glad to say that though nearly all the doctors I met at this place professed the Chinese principles of medicine, and might therefore be presumed to be opposed to European innovations, the best understanding existed between them and me." [Dr Willis in Japan page 141]. On the other hand he encountered opposition and hostility from the practitioners of Chinese medicine when he arrived in Kagoshima. They feared that he would undermine their practice. He was understandably ignorant of the properties and effectiveness of Chinese medicines and in July 1876 he recommended that "the sale of such medicines be discouraged as their use tended to make people delay in seeking proper treatment."

How did Willis get on with Japanese people? He must have learnt quite a lot of colloquial Japanese but he was not a language scholar and indeed he would not had had the time to master the language even if he had had the inclination. This must have reduced his ability to communicate with Japanese officials and leaders in the community hardly any of whom would have been able to speak with him in English. The lack of communication combined with the prejudices of the nineteenth century Britain in which he had been brought up meant that he was probably never very close to any Japanese except perhaps his wife Yae.

It is difficult to imagine how Kagoshima must have seemed to Willis when he first arrived here in 1870. The samurai of Satsuma who represented some 40% of the population of the fief were unproductive. As the total population of Satsuma in those days was probably not much over 600,000 and some 70% lived in or around Kagoshima city the burden of supporting such a huge number of unproductive people was a heavy one even though the samurais' life was spartan. Inevitably the life of the farmers was much worse. They were poor and exploited. Some industry had been started in Kagoshima but the Meiji authorities did nothing to encourage the development of industry in what was a remote and backward province. Kagoshima was isolated by mountains and rivers. There were no proper roads in Kyushu in those days and the railway age was many years in the future. Most communication with the rest of Japan had to be by sea. There were no modern western style buildings. The streets were narrow, unpaved and dirty. The houses of wood and lath and plaster were susceptible to fire. The city was dominated by the castle of the Shimazu family and despite the enlightened efforts of Shimazu Nariakira Satsuma under the less than benign rule of Shimazu Saburo (Hisamitsu) who was the real power behind the nominal Daimyo was a very conservative place. Satsuma with its own dialect and customs was far from providing a welcoming atmosphere to the first foreign doctor.

Willis had to 'start absolutely from scratch. He had in those days to do all the medical work himself as well

as teach his pupils. They were at least keen and generally hard-working, but with most of his pupils he had to start by teaching the basic elements. Willis noted soon after his arrival in Kagoshima that his life was not an easy one: "My life is one that would present few features of attraction to anyone accustomed to the amenities of civilized existence and to that regard for life, his own especially, which civilization engenders at least in most people. I may say I am hundreds of miles from any soul who speaks any European tongue and daily associate with men whose education has taught them till lately that the first duty of a thorough Japanese was to put to death all outsiders." [Dr Willis in Japan page 177].

I noted in my book on Dr Willis that Henry Brunton, the British engineer who had come to Japan to set up the lighthouse service had reported that "Willis was much respected there but he was very lonely." In his account of his stay in Japan Brunton (see 'Building Japan 1868-1876' edited by me and published by Japan Library in 1991) recorded of his visit in 1870: "Right glad to hear the voices of his own compatriots once again, Dr Willis almost lived on board the vessel, while she remained at Kagoshima. He described the people amongst whom he lived as inoffensive and kindly in their ways, but devoured by the most degrading lusts, and, in consequence, suffering from the most loathsome diseases.

"Having little or no means of relaxation or enjoyment, Dr Willis devoted his time partially to a study of the Japanese language, and partly to reading the Encyclopedia Britannica, the whole twenty-eight volumes of which he had in his library, and every line of which, he informed me, he was determined to read and digest."

Brunton's reference to "loathsome diseases" presumably means venereal diseases which seem to have been very prevalent at that time in Satsuma.

It must be doubted whether Willis got very far either with his study of the Japanese language or in his reading of the Encyclopedia Britannica. He was soon so busy in his hospital and in his teaching work that he would have had little energy or time for either. Fortunately too he met and "married" Enatsu Yae in 1871. She and his pupils must have afforded him much relief from his feelings of loneliness and isolation. There was always much work to do. Shortly after he returned from home leave in 1876 he recorded that "My in-patient list today was 43 and my out-patient list was 55. We have lots of what one would call good cases for study." [Dr Willis in Japan page 213]

There were also social occasions in which he had to take part. It does not seem that he greatly enjoyed these occasions. He tolerated rather liked Japanese food and sake and it is doubtful whether he ever got to like *shochu*, still a favourite drink here in Satsuma. He recorded that he gave a feast in July 1876 to say good-bye to the Chief Japanese doctor, (probably Dr Mitamura Hajime). He wrote; "I wish I could depute my duties as host to somebody else as one is expected to drink with each guest and the weather is too hot for much alcohol." [Dr Willis in Japan' page 215]. At least here in Kagoshima the meal which began at 6.0 p.m was likely, he noted, to be over by 10.0 p.m. The party clearly went well as Willis recorded on 15 July 1876 that: "I did my best to throw life into the thing and I think I was successful. Surely everyone seemed to eat and drink and in this place this counts for much. I must confess I was not very happy next day, at least in the morning." For once he had over-indulged.

By this time he had a reasonably comfortable house and his household equipment included breakfast and dinner services, glass and clocks as well as eight mahogany chairs. He had a saddle and fishing equipment as well as a hunting gun. He also had many books including some in Latin.

Willis was not always in good health and came to rely on his senior assistants especially Dr Mitamura Hajime and Dr Takaki Toshiro with whom he seems to have developed a friendly relationship. He fought hard for them and finally unsuccessfully against their being removed from Kagoshima. He noted in one memorandum that "As matters stand at present the most ignorant man who calls himself a doctor after the Chinese system of medicine and who keeps a dirty little shop and sells useless and often filthy rubbish under the name of medicine makes more money than many of the chief doctors of the School or Hospital." [Dr Willis in Japan page 190]. Willis had developed a Japanese sense of obligation and loyalty to his staff. Like many foreigners in Japan he found the Japanese officials with whom he came in contact obstructive and bureaucratic.

We have little direct information about Willis's relationship with Saigo Takamori. However in July 1874 he wrote: "I expect today an ex-Commander in Chief [i. e. Saigo] to call at my house with his boys (little fellows) and

I am about to show them some shadows thrown by a magic lantern which I dare say will amuse them." While in London in 1876 Willis bought a watch to take back to Saigo. [Dr Willis in Japan page 175]. Even if Willis scarcely mentioned Saigo in his letters his relationship with the great Satsuma hero seems to have been well-known in British circles in Japan. When he was forced to leave Kagoshima in 1877 the Japan Punch (published in Yokohama by the British artist and journalist Charles Wirgman) featured a cartoon depicting Willis under the heading "Special envoy sent by the man Saigo to borrow a few British men-of-war." In fact it would seem from Willis's letters that he was not really interested in or informed about the political developments which led to the outbreak of civil war in 1877.

It seems clear from Willis's reluctance to leave Satsuma in 1877 that he had developed a special affection and affinity to Kagoshima and its people whatever his initial feelings of dismay may have been when he took up his post. Of course he was getting a good salary when he agreed to a further contract in 1875, but we have good reason to doubt whether this was any longer a key factor for Willis. Kagoshima had become his home and once that was no longer available to him he had little inclination or incentive, except the ties of family, to stay in Japan. But he probably felt that his best chance of providing for them after 1877 lay in his working elsewhere. As a friend of Saigo, the leader of the rebellion, Willis was inevitably suspect in the eyes of the Meiji Government authorities and it is very improbable that he could have got another government job. He might have been able to resume practice as a doctor for the foreign community in Yokohama but other doctors were then established there and with his "marriage" to Yae he would probably not have been 'persona grata'.

What should our final assessment of Dr William Willis be? I think we should conclude that all in all he was a very human person with many good qualities as well as human failings. He was a competent, conscientious, practical physician and surgeon. He was not a great scholar or an outstanding medical specialist, but he made a valuable contribution to the development of western medicine in Japan and his treatment must have saved many lives and improved the health of many Japanese with whom he came in contact. On this centenary of his death we can justly remember him with honour and affection.