

# Esquisse on Location of Psychiatric Hospitals in Osaka Prefecture and the Image of the Boundary of Osaka City in the Formative Period of "Great Osaka"

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**Keywords:** psychiatric hospital, location, boundary, Great Osaka, population, river, railway, Hedate.

**Abstract:** After the Meiji restoration, Osaka developed radically to become "Great Osaka" at the beginning of the Showa Period. For about 65 years, Osaka City administratively enforced area extensions twice, but despite this the city became a disorderly sprawl, losing its own distinct image. In the same period, in Osaka Prefecture, some modern psychiatric hospitals were founded, but they were not located in Osaka City but rather in the surrounding rural districts. Formerly I surmised, through the investigation of Iwakura and Kuze in Kyoto, that such location on the boundaries of the cities has medical significance for mentally handicapped people. For the psychiatric hospitals, a definite distance from the busy city filled with various stresses is necessary, but simultaneously an assurance of intimate relationships with its parent city. In this esquisse, I study the locations of 18 psychiatric hospitals that were founded from Meiji 14 (1881) to Showa 15 (1940) to reflect the boundary of Osaka City in reference to some rivers and railways. The "Hedate" relationship that such rivers as the Yamato River represent seems to be one of the important factors when considering the location of psychiatric hospitals and the city boundary.

## Prologue

Osaka, which has been a city since the middle of the 15th century with the building of Ishiyama Honganji Temple and Osaka Castle, was developing into a megalopolis like Edo and Kyoto throughout the Edo Period. After the Meiji Restoration, Osaka succeeded in its radical modernization based on its commercial and industrial power. In Meiji 22 (1889), Osaka started the municipal organization with four wards around the old Osaka Sango (Three Quarters) and has been developing into "Great Osaka" with global economic faculties between the Taisho and Showa Periods. However, there appeared some social problems with the lack of civic infrastructure and the occurrence of environmental pollution.

How did people imagine Osaka City in such a process of transforming into "Great Osaka"? In this esquisse, I reflect on the area of Osaka City and its boundaries with some research on the hospital facilities in Osaka Prefecture for about 60 years from the early years of the Meiji Period to Showa 15, when Osaka grew into the first city in Japan to overtake Tokyo with regard to population and economic power.

## 1. Mental Medicine in Pre-modern Period

Even in the Edo Period, when modern medical facilities had not appeared, it's well known that in every district in Japan many mentally handicapped people were cured with various folkloristic methods. In the Kinki region, Daiunji Temple at Iwakura, Kyoto has been very famous for the treatment of mental disease, and Iwayasan-Shimiyuin Temple in the northern area of

Kyoto City, which is well known from the Kabuki "Narutaki", was an ascetic practice place for medical treatment.

In comparison of these two temples, I have already indicated in my former report that Iwakura has some characteristics as a treatment place for mentally handicapped people. Though Iwaya is far from Kyoto City and therefore has a distinctly isolated atmosphere, Iwakura is separated by only the gently sloping Matsugasaki Hills, and is conscious of the relationship with Kyoto.<sup>1</sup>

Kuze, where the former Saigoku-Kaido Road from Kyoto City crosses over the Katsura River and continues to the western districts, is a very interesting place concerning folkloristic mental treatment. Around Dainichi-Do Temple along Saigoku-Kaido Road, a lot of mentally handicapped people gathered and lived cooperatively. Like Matsugasaki Hills for Iwakura, Katsura River was not only the separation but the assurance of the relation to Kyoto City. These handicapped people seemed to aim at a return to society looking at the Tower of Toji Temple over Katsura River.

These treatment places around Kyoto City show us the essential conditions for the location of the psychiatric hospitals. Such boundary areas are separated from the city but maintain a relation to the city

In Osaka Prefecture, similarly to Kyoto, there existed some folkloristic treatment places. In the southern part of Osaka Prefecture, at Nanayama, the former Hine District, at the end of the 16th century a religious pavilion for mental treatment by herbal medicine and acupuncture was founded. In the Edo Period many patients visited from Osaka City and other places and its place name "Nanayama" was well known as a mental treatment place and was feared as an isolation facility for insane persons.

In contrast to Nanayama, like Iwaya, Kyoto, Ishimaru Lunatic Asylum has been similar to Iwakura or Kuze. At the end of the Edo Period, the Doctor of Osaka Castle, Shugo Ishimaru, built the treatment facility at Kumanoda, in northern Osaka, and it developed into the modern Ishimaru Lunatic Asylum in the Meiji Period. Kumanoda, which was about 10 km from Osaka City and surrounded by the calm countryside, was a proper place for mental treatment.

**2. Establishment of Psychiatric Hospital in Osaka Prefecture**

In the Meiji Period, when the new government was eager to establish modern institutions after the model of Europe and America, the first prefectural psychiatric hospital, Kyoto Prefectural Lunatic Asylum was founded in Nanzenji Temple in Meiji 8 (1875). This asylum was abolished after some years because of financial difficulties, but its location near Keage, one of the seven gates of old Kyoto along the Tokaido Road, seems to be important for such mental treatment facilities.<sup>2</sup>

Though the transfer of the capital to Osaka did not come about, Osaka started to construct its infrastructure to be the most important trading port and industrial city in Japan. In this process of city development, the public health service became so important according to the radical increase of its population that, in Meiji 6 (1873), Osaka Prefectural Hospital was founded on Nakanoshima Island at the center of Osaka City. After that, public facilities weren't established for some time but private hospitals steadily increased in Osaka City. From the Statistics of Osaka Prefecture,<sup>3</sup> in Meiji 14 (1881), there existed nine hospitals (including one at Sakai and another in Hino, in the southern part of Osaka). In Meiji 15 (1882), the number of hospitals increased to 22 and it is remarkable that, in Hine District, Honda Hospital was registered as the internal medicine and surgery until Meiji 26 (1893) but then became the mental hospital that inherited the above-mentioned "Nanayama" mental treatment facility.<sup>4</sup>

In Meiji 21 (1888), the number of hospitals in Osaka Prefecture increased to 31, and for the first time two psychiatric hospitals were recorded in the statistics. One of these was the

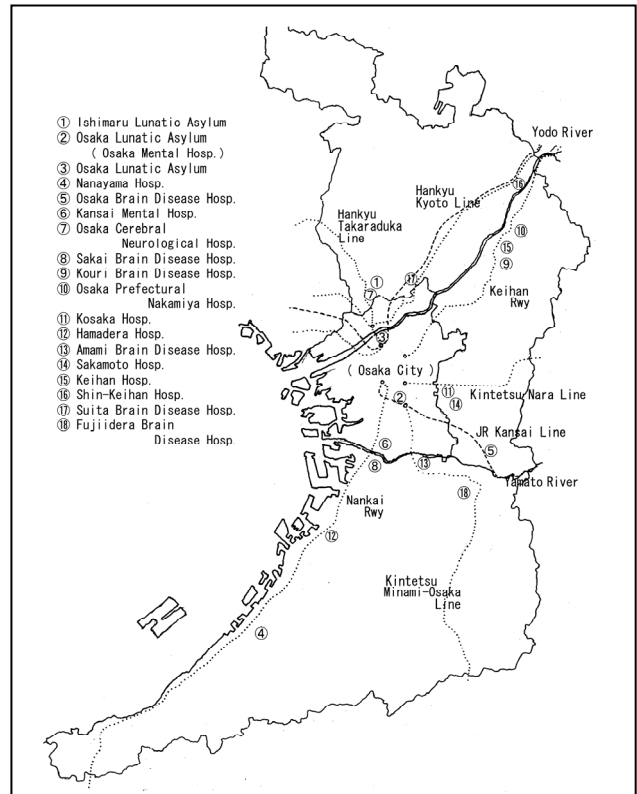


Fig 2. Location of Psychiatric hospitals in Osaka Prefecture

above mentioned Ishimaru Lunatic Asylum and the other was Osaka Lunatic Asylum founded at Tennoji Village, Higashinari District in Meiji 19 (1886). The latter was located in a rural district, not in Osaka City, like Ishimaru Lunatic Asylum. However, as compared with Kumanoda in northern Osaka, Tennoji was located on the outskirts of Osaka City or on the boundary between the city and the rural district. It seems that the location of this Osaka Lunatic Asylum was a gate to Osaka City along the Kumano-Kaido Road and Kishu-Kaido Road, which were important and well-traveled roads between Osaka and Kumano Shrine and Wakayama for many years.

In Meiji 22 (1889), Osaka was municipalized to be Osaka City with four wards. After the creation of this municipality, in Osaka Prefecture, the hospitals increased gradually but the rate of concentration of hospitals in Osaka City increased yearly. Concerning the psychiatric hospital, Honda Hospital at Nanayama changed its name to Nanayama Hospital but has been recorded as one for internal medicine and surgery. Osaka Lunatic Asylum changed its name to Osaka Mental Hospital, too. In Meiji 25 (1892), another Osaka Lunatic Asylum started practice at Toyosaki Village in Nishinari District. Toyosaki Village was on the bank of the Yodo River and, after the deluge of the Yodo River in Meiji 18 (1885), was developed to be a surrounding area for Osaka Station. In this era, the station generally was not placed at the center of cities, and Osaka Station was obliged to stand on the northern bank of the old Yodo River, far from the central areas of Osaka City such as Dojima and Senba. Toyosaki Village just north of Osaka Station was regarded as the surrounding area discriminated from Osaka City and the riverbank where Nose-Kaido Road crossed over the Yodo River. From this fact, we could recognize the firm connection between the psychiatric hospital and the principal road.

In Meiji 27 (1894), in the Statistics, Nanayama Hospital changed its specialty from internal medicine and surgery to psychiatric medicine. Consequently, the psychiatric hospitals in

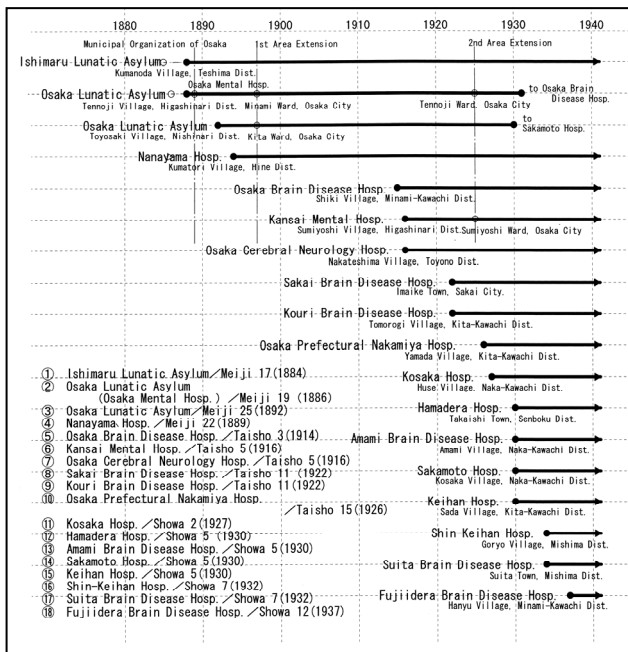


Fig 1. Psychiatric hospitals in Osaka Prefecture

Table 1-1. Numbers of hospitals and concentration rates in Osaka Prefecture (Meiji period)

Years	Total No. of Hosp. in Osaka Pref.	No. of Psychiatric Hosp. in Osaka Pref.	No. of Psychiatric Hosp. in Osaka City	Concentration Rate of Psychiatric Hosp. in Osaka City	No. of General Hosp. in Osaka Pref.	No. of General Hosp. in Osaka City	Concentration Rate of General Hosp. in Osaka City
Meiji							
14 (1881)	9	0	0	—	9	7	78%
15 (1882)	22	1*	0	0%	21	17	81%
16 (1883)	24	1*	0	0%	23	18	78%
17 (1884)	21	1*	0	0%	20	15	75%
18 (1885)	(No Data in Statistics of Osaka Pref.)						
19 (1886)	(No Data in Statistics of Osaka Pref.)						
20 (1887)	(No Data in Statistics of Osaka Pref.)						
21 (1888)	32	3*	0	0%	29	19	66%
22 (1889)	26	3*	0	0%	23	16	70%
23 (1890)	26	3*	0	0%	23	19	83%
24 (1891)	33	3*	0	0%	30	24	80%
25 (1892)	31	4*	0	0%	27	22	84%
26 (1893)	34	4*	0	0%	30	23	77%
27 (1894)	32	4	0	0%	28	25	89%
28 (1895)	36	4	0	0%	32	25	78%
29 (1896)	36	4	0	0%	32	25	78%
30 (1897)	50	4	2	50%	46	38	83%
31 (1898)	53**	4**	2	50%	49	43	88%
32 (1899)	59**	4**	2	50%	55	48	87%
33 (1900)	57	4***	2	50%	53	47	89%
34 (1901)	63	4***	2	50%	59	53	90%
35 (1902)	55	4	2	50%	51	46	90%
36 (1903)	56	4	2	50%	52	45	86%
37 (1904)	59	4	2	50%	55	48	87%
38 (1905)	64	4	2	50%	60	53	88%
39 (1906)	63	4	2	50%	59	54	92%
40 (1907)	64	4	2	50%	60	55	92%
41 (1908)	62	4	2	50%	58	53	91%
42 (1909)	68	4	2	50%	64	56	88%
43 (1910)	67	4	2	50%	63	55	87%
44 (1911)	(No Data in Statistics of Osaka Pref.)						

\* : Honda Hosp. in Hine District, which was recorded as internal medicine and surgery, is treated as psychiatric hosp. in this list because it has been well-known as a healing place for mental patients. This hosp. was not found in the data of Meiji 21 (1888) in Statistics of Osaka Pref. but it has continued to exist and has been classified in psychiatric hosp. as Nanayama Hosp. from Meiji 21 (1888) onwards.  
 \*\* : After the first area extension of Osaka City, Osaka Lunatic Asylum was registered both in Osaka City and in Nishinari District mistakenly. In this list, it is seemed located in Kita Ward, Osaka City.  
 \*\*\* : It is recorded that there exists a psychiatric hosp. in Mishima District instead of in Sennan District. It seems to be a mistake because Nanayama Hosp. in Sennan Dist. has been existing up to present.

Table 1-2. Numbers of hospitals and Concentration rates in Osaka Prefecture (Taisho and Showa period)

Years	Total No. of Hosp. in Osaka Pref.	No. of Psychiatric Hosp. in Osaka Pref.	No. of Psychiatric Hosp. in Osaka City	Concentration Rate of Psychiatric Hosp. in Osaka City	No. of General Hosp. in Osaka Pref.	No. of General Hosp. in Osaka City	Concentration Rate of General Hosp. in Osaka City
Taisho							
1 (1912)	(No Data in Statistics of Osaka Pref.)						
2 (1913)	55	4	2	50%	51	40	78%
3 (1914)	(No Data in Statistics of Osaka Pref.)						
4 (1915)	59	5	2	40%	54	46	85%
5 (1916)	65****	7****	2	29%	58	50	86%
6 (1917)	69	7	2	29%	62	55	89%
7 (1918)	75	7	2	29%	68	57	84%
8 (1919)	80*****	7*****	2*****	29%	73	62	85%
9 (1920)	99*****	0*****	0*****		99	80	81%
10 (1921)	121	7	2	29%	114	91	80%
11 (1922)	134	9	2	22%	125	97	78%
12 (1923)	142	9	2	22%	133	101	76%
13 (1924)	149	9	2	22%	140	103	74%
14 (1925)	160	9	3	33%	151	128	85%
Showa							
1 (1926)	171	10	3	30%	161	138	86%
2 (1927)	166*****	11*****	3	27%	155	132	85%
3 (1928)	(No Data in Statistics of Osaka Pref.)						
4 (1929)	126	11	3	27%	115	105	91%
5 (1930)	135	15	3	20%	120	108	90%
6 (1931)	136	14	2	14%	122	109	89%
7 (1932)	(No Data in Statistics of Osaka Pref.)						
8 (1933)	(No Data in Statistics of Osaka Pref.)						
9 (1934)	196	15	1	7%	181	160	88%
10 (1935)	200	15	1	7%	185	162	88%
11 (1936)	205	15	1	7%	190	168	88%
12 (1937)	208	16	1	6%	192	181	94%
13 (1938)	217	16	1	6%	201	182	91%
14 (1939)	220	16	1	6%	204	184	90%
15 (1940)	241	16	1	6%	225	203	90%

\*\*\*\* : No psychiatric hosp. is recorded in Minami-kawachi District, but Osaka Brain Disease Hosp. founded in Taisho 4 (1915) existed surely. Therefore its data of Osaka Brain Disease Hosp. is added in this list.  
 \*\*\*\*\* : In Statistics of Osaka Pref. of Taisho 8 (1919) only 4 psychiatric hosp. are mentioned. Actually there existed Osaka Mental Hosp. in Minami Ward and Osaka Lunatic Asylum in Kita Ward, Osaka City along with Kansai Mental Hosp. in Sumiyoshi Village, Higashinari District. Thereby the data is corrected to 7 hosp. from 4 in this item.  
 \*\*\*\*\* : There is no data for psychiatric hosp. in Statistics of Osaka Pref. There seem to exist 7 psychiatric hosp. as much as the data of next year.  
 \*\*\*\*\* : Though, in this Statistics, Osaka Cerebral Neurological Hosp. and Osaka Brain Disease Hosp. are not mentioned, these three hosp. are added in this list and there seem to be 11 hosp. in Osaka Pref. in Showa 2 (1927).

Osaka Prefecture increased by one, to four, and these hospitals all were located in the rural districts such as Higashinari, Nishinari, Teshima and Hine Districts.

### 3. Development of railway and extension of surrounding areas

Osaka City expanded in Meiji 30 (1897), in the first area extension and, therefore in the statistics two psychiatric hospitals were registered in Osaka City, one in Toyono District and another in Hine District. However, this change of indication merely resulted from the address modification in the area extension. After that, only these four psychiatric hospitals had been registered in Osaka Prefecture until when, in Taisho 2 (1913), Osaka Brain Disease Hospital was established in Shiki Village, Minami-Kawachi District. Moreover, in Taisho 4 (1915), Osaka Cerebral Neurological Hospital was founded in Naka-Teshima Village, Toyono District, and Kansai Mental Hospital in Sumiyoshi Village, Nishinari District; thus, the psychiatric hospitals in this prefecture numbered seven in all. Shiki Village, the location of Osaka Brain Disease Hospital, was about 15 km from Tennoji, Osaka City, but Shiki Station on the Kansai Line of the Japan national railroad connected this village to Osaka City. Naka-Teshima Village along Nose-Kaido Road was rather near Ishimaru Lunatic Asylum and the nearest station, Hattori Tenjin Station on the Takaraduka Line of the Hankyu Railway founded in Meiji 43 (1910) intimately connected this village to Osaka City. Sumiyoshi village along Kishu-Kaido Road has been crowded in front of Sumiyoshi Taisha Shrine for many years and was located in the surrounding area of Osaka City like Toyosaki Village, the location of Osaka Lunatic Asylum.

There seems to be some confusion on the data of the psychiatric hospitals in the Statistics of Osaka Prefecture because of the enforcement of the Mental Hospital Law in Taisho 8 (1919). In Taisho 11 (1922), Sakai Brain Disease Hospital was founded on the left bank of Yamato River at Imaike-cho, Sakai City, and Kouri Brain Disease Hospital was established in the Kita-Kawachi District. These nine psychiatric hospitals existed in Osaka Prefecture and, after the second area extension of Osaka City, Osaka Mental Hospital, Osaka Lunatic Asylum and Kansai Mental Hospital were registered in Osaka City.

### 4. Establishment of Osaka Prefectural Nakamiya Hospital and removal to rural districts of psychiatric hospitals

In Taisho 15 (1926), Osaka Prefectural Nakamiya Hospital was established at Yamada Village, Kita-Kawachi District at long last. Since the establishment of a public mental hospital was required of Tokyo, Kyoto and Osaka Prefectures first by the regime of medical service founded in Meiji 6 (1873), the public hospitals hardly were built without any financial supports of the Japanese Government. Therefore it has been common that the private hospitals served usefully as substitutes for public hospitals for many years.

Early in the Showa Period some psychiatric hospitals were founded one after another in the rural districts around Osaka City. In Showa 2 (1927), Kosaka Hospital was established at Fuse Village, Naka-Kawachi District followed in Showa 5 (1930) by Hamadera Hospital in Takaishi Town, Senboku District; Amami Brain Disease Hospital at Amami Village, Naka-Kawachi District; Sakamoto Hospital at Kosaka Village, Naka-Kawachi District; and Keihan Hospital at Sada Village, Kita-Kawachi District. Then, there existed 15 psychiatric hospitals including Osaka Prefectural Nakamiya Hospital.

The Kita-Kawachi area, where this Osaka Prefectural Nakamiya Hospital was established, has seemed to be an Omote-Kimon, a tabooed quarter from Osaka and an Ura-Kimon, a rear tabooed quarter from Kyoto. Therefore, this area had not developed very positively but, after the opening of Keihan

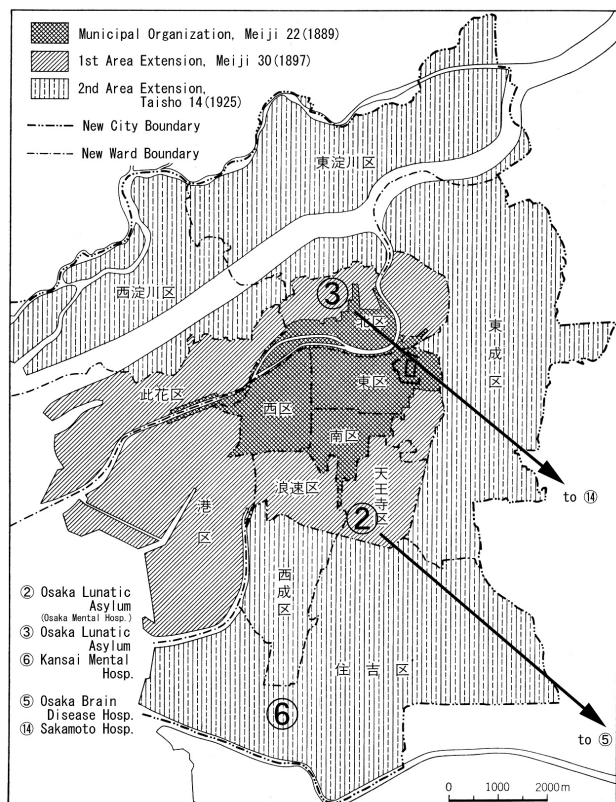


Fig 3. Area extensions of Osaka City and Removal of psychiatric hospitals to surrounding districts<sup>6</sup>

Electric Railway in Meiji 43 (1910), has showed the rapid metamorphosis. Hirakata East Gate Station (present Hirakata City Station) near Nakamiya Hospital started to develop as the center of the Kita-Kawachi area. Also, Kouri Station near Kouri Brain Disease Hospital and Kozenji Station between Hirakata and Kouri close to Keihan Hospital were the traffic bases to connect surrounding villages to the center of Osaka City smoothly. The great significance of Keihan Railway for these hospitals could be inferred from the name of Keihan Hospital.

Similarly, Shin-Keihan Hospital founded at Goryo village, Mishima District in Showa 9 (1934) was closely related to Shin-Keihan Railway (present Hankyu Kyoto Line) between Tenmabashi, Osaka and Saiin, Kyoto and opened in Showa 3 (1927). After its opening, when the new station called Kanmaki-Sakurainoeki Station of Shin-Keihan Railway was established in Showa 9 (1934), at the same time, Shin-Keihan Hospital was constructed in the Kanmaki area. Along this Shin-Keihan Railway, Suita Brain Disease Hospital was also established in Showa 9 (1934) and connected to Tenmabashi and, later, to Juso and Umeda Terminals of Osaka through some stations in the Suita area on the right bank of the Kanzaki River as the border of Osaka City. This Suita area, as with Sakai City, was an example showing that, concerning the location of the psychiatric hospital, the relation between its location and the principal city should be considered.

Successively in Showa 9 (1934), Suita Brain Disease Hospital began examinations at Suita Village, Mishima District as did Shin-Keihan Hospital at Goryo Village, Mishima District. On the other hand, the mention of Osaka Lunatic Asylum had disappeared in the Statistics of Osaka Prefecture in Showa 6 (1931), nor was there mention of Osaka Mental Hospital in the same statistics in Showa 9 (1934). These two hospitals, which were founded early in Meiji 25 (1892) and Meiji 19 (1886), were substantially succeeded by Sakamoto Hospital and Osaka Brain

Disease Hospital, each moving to the surrounding rural districts from Osaka City. As a consequence of such removals, only Kansai Mental Hospital, which changed its name from the former Kansai Brain Disease Hospital, remained in Osaka City. This hospital, whose name would again be changed to Tedukayama Hospital in Showa 15 (1940), continued to operate for a good while after that. In Showa 12 (1937), Fujiidera Brain Disease Hospital was established at Hanyu Village, Minami-Kawachi District, and then the number of psychiatric hospitals in Osaka Prefecture became 16.

Amami Brain Disease Hospital and Fujiidera Brain Disease Hospital were built along the present Minami-Osaka Line of Kinki Nippon Railway. The nearest stations for each of these hospitals, Amami Shako-Mae Station (present Kawachi-Amami Station) and Fujiidera Station, could link these hospitals to Osaka City by the Kinki Nippon Railway.

### 5. Development of "Great Osaka" and the location and number of sickbeds in psychiatric hospitals

In Showa 5 (1930), there were recorded 135 hospitals in the Statistics of Osaka Prefecture. Though 90% of the general hospitals were situated in Osaka City, only 3 of 15 psychiatric hospitals stood in Osaka City. As mentioned, these three hospitals were all founded originally in the surrounding rural districts and, in consequence of the two area extensions of Osaka City in Meiji 30 (1897) and Taisho 14 (1925), came to be registered in Osaka City. Furthermore, I have already mentioned that Osaka Lunatic Asylum and Osaka Mental Hospital moved substantially to the rural areas, and therefore only one hospital remained in Osaka City after Showa 9 (1934). In regard to the number of sickbeds in hospitals, many general hospitals were built on a small scale, and 60% of them had less than 30 beds.

Table 2. Populations of Osaka Prefecture and Osaka City, its concentration rates in the city area

	Population of Osaka Pref.	Population of Osaka City	Concentration Rate of Pop. into Osaka City
Meiji			
17 (1884)	1139800	300662	26.4%
21 (1888)	1242400	442658	35.6%
26 (1893)	1315500	482961	36.7%
31 (1898)	1485500	821235*	55.3%
36 (1903)	1675600	995945	59.4%
41 (1908)	1948200	1226647	63.0%
Taisho			
2 (1913)	2175700	1395823	64.1%
7 (1918)	2560600	1641580	64.1%
9 (1920)	2587847	1252983**	48.4%
14 (1925)	3059502	2114804***	69.1%
Showa			
5 (1930)	3540017	2453573	69.3%
10 (1935)	4297174	2989874	69.6%
15 (1940)	4736900	3252340	68.7%

\* : In Meiji 30 (1897) the first area extension of Osaka City was carried out to increase the population of Osaka City one and a half times rapidly.

\*\* : From Taisho 9 (1920) the National Census started in Japan and the continuity of population data was interrupted.

\*\*\* : In consequence of the second area extension in Taisho 14 (1925) the Concentration Rate of Population into Osaka City increased to about 70%.

In contrast to such small-scale general hospitals, almost all psychiatric hospitals possessed over 100 beds and showed an increasing trend. Particularly, some psychiatric hospitals that were established in the rural district after the Taisho Period possessed over 300 beds, becoming huge asylums. Such newly founded hospitals were a little far from Osaka City but practically connected enough with Osaka City by railways as modern urban transportation service.

In Showa 15 (1940), Osaka City became "Great Osaka" with 13 wards. In about Meiji 15 (1882), the population of Osaka Prefecture was almost 1,000,000, and in Osaka City some 300,000 people resided. In Meiji 21 (1886), the population of this prefecture became 1,250,000 and 35%, 450,000 people, dwelled densely in Osaka City. After the first area extension of Osaka City, the population increased one and half times from 500,000 to 750,000, and so half of the inhabitants of Osaka Prefecture were concentrated there. At the beginning of the Taisho Period, the population concentration in Osaka City was 70% and, in Taisho 14 (1925) after the second area extension, the population of Osaka City topped 2,000,000. Two thirds of the population of Osaka Prefecture were citizens of Osaka City.

As I have said, in Osaka Prefecture, in spite of such concentration of population into Osaka City, 94% of psychiatric hospitals were located in the rural districts and one third of the psychiatric hospitals possessed over 300 sickbeds. Their average number of sickbeds was 236 and such large-scale psychiatric hospitals were conspicuous in contrast to 69% of the general hospitals, which had under 30 sickbeds.

Investigating more closely the location and number of sickbeds of the psychiatric hospitals, it could be understood that the number of sickbeds of the psychiatric hospitals, which stood in the areas close to Osaka City, in short, on the boundary between Osaka City and its surroundings, was comparatively small.

Sakamoto Hospital, whose address changed nominally from Naka-Kawachi District to Fuse City, had 125 sickbeds in Showa 15 (1940) and Kosaka Hospital in Fuse City had 130 beds. These hospitals were located along Osaka Electric Railway, which opened in Taisho 3 (1914). Kosaka Hospital, close to Eiwa Station (present Kawachi-Kosaka Station), and Sakamoto Hospital near Fukae Station (present Fuse Station) or Hitonomichi Station (present Kawachi-Eiwa Station), were immediately connected to Uehonmachi Terminal Station in Osaka City by this railway. Thereby, their location in Fuse City seemed to be the boundary of Osaka City.

Consequently Osaka Lunatic Asylum, founded in Meiji 25 (1890) at Toyosaki Village around Osaka City, was temporarily absorbed into Osaka City but then left it for the eastern rural area to become Sakamoto Hospital. Similarly Osaka Mental Hospital, established at Tennoji Village, Higashinari District as Osaka Lunatic Asylum in Meiji 19 (1884), moved to Shiki Village at the southern foot of the Ikoma Mountains but maintained the relationship to Osaka City by means of the railways radiating from it.

## 6. Conclusion and Considerations

In the process of the creation of "Great Osaka", as mentioned in "History of Osaka City", the city area of Osaka expanded as a disorderly urban sprawl.<sup>5</sup> The two area extensions of Osaka City seemed to always be forestalled by such urban sprawl. The actual border of the Osaka area has not been very explicit, but the people have a common, vague image of its boundary. I have thought that such an image was reflected as one of the factors of the site selection for psychiatric hospitals. In this developing term, a lot of hospitals were built as social health facilities in Osaka Prefecture, but concerning the psychiatric hospital, only 18 were opened in total up to Showa 15 (1940). Almost all the general hospitals were very small and possessed 10 to 30 beds. In contrast to the fact that about 90% of these general hospitals were concentrated in Osaka City, all psychiatric hospitals were founded in the rural districts. As mentioned above, three psychiatric hospitals were absorbed into Osaka City by the two area extensions, but two of these hospitals were shut down at the

beginning of the Showa Period and actually unified with affiliated hospitals located in the rural districts to leave Osaka City. Most psychiatric hospitals were built on a large scale with over 100 beds and, in Showa 5 (1930), Osaka Mental Hospital had 145 beds, and Osaka Lunatic Asylum had 105 beds in Osaka City with fairly spacious sites. As the reasons for these hospitals to moving or closing, it was pointed out that they needed large sites difficult to find in dense city areas and that potential problems with the psychiatric patients should be prevented for the public peace. At the same time, there was medical significance that the psychiatric hospitals required calm environments far from Osaka City with its various social stresses. In the first half of the Meiji Period, besides Nanayama Hospital and Ishimaru Lunatic Asylum with the background of folk medicine or pre-modern treatment, some psychiatric hospitals were established in the Higashinari and Nishinari Districts neighboring Osaka City. This fact is apparently connected with the conditions of the sites for psychiatric hospitals illustrated by the example of Iwakura, Kyoto mentioned above. That is to say, early psychiatric hospitals had been founded on the boundary of Osaka City, where some distance was ensured and simultaneously an intimate relationship with Osaka City could be maintained.

However, after that, according to the remarkable development of the railway network radiating from Osaka City in the Kansai Area, such closeness to the city would be not so important for the psychiatric hospitals. With the direct connection between the nearest station of each hospital and a terminal inside Osaka City, in spite of some physical distance, it seems that the hospitals in the rural districts acquired a modern relationship to Osaka City. Like Saigoku-Kaido Road was beneficial for the formation of the treatment place in Kuze on the right bank of the Katsura River, these railways accelerated construction of psychiatric hospitals in rural districts whose land prices were evidently cheaper.

As I have said, in the Meiji, Taisho and early Showa Periods, "Great Osaka" expanded with no relation to the administrative borders of Osaka City and its actual borders were surmised from such investigation on the location of the psychiatric hospitals and so on. In the opposite way, it has been proved that, for the planning of the psychiatric hospitals, the distance relation, called in Japanese "Hedate", between its site and the city area is one of the important factors.

At the end of this esquisse, I would like to explain Sakai Brain Disease Hospital as an example of this "Hedate" relation of the boundary.

Similarly to many psychiatric hospitals in Osaka Prefecture, Sakai Brain Disease Hospital and Hamadera Hospital were both just located along the Nankai Railway opened wholly between Namba, Osaka and Wakayama in Meiji 36 (1901). This Nankai Railway originated as Hankai Railway, the first privately owned railway in Japan, and could allow the chance to found psychiatric hospitals in the southern part of Osaka Prefecture by connecting directly into the center of Osaka City. From ancient times, this area has been crowded with lots of travelers on Kumano-Kaido and Kishu-Kaido Roads and, in particular, Sakai was the most important international trade port in the 15th and 16th centuries. Sakai has the Sumiyoshi Taisha Shrine and even now there exists Aguchi Shrine as a branch of Sumiyoshi Taisha, and it remains a resting place for the Gods of Sumiyoshi in Sakai City. Until the beginning of the Edo Period, the Yamato River was not running between Sakai and Sumiyoshi and so the unity of Sumiyoshi and Sakai on the same adjoining plain was stronger than nowadays because of their active interchange of personnel and merchandise. To avoid the deluge of the Yamato River, the redirection of its course was completed only for 10 months in Genroku 17 (1704).

The Yamato River flows in a straight line to Osaka Bay just on the north of Sakai Port and a large quantity of earth and sand that the Yamato River brought from Nara Prefecture would clog the port of Sakai causing the decline of Sakai City. Consequently, the Yamato River had been the definite boundary between Osaka and Sakai. From Osaka City, Sakai Brain Disease Hospital was founded on the opposite bank of the Yamato River as a boundary area adequate for the psychiatric hospitals. Here, I could find a resemblance to the example of Kuze, Kyoto City.

The river generally is an obvious physical boundary and often an administrative boundary, but it seems that the image of the boundary for the residents does not necessarily agree with such a physical boundary. A river has a function of separating both banks of itself and at the same time it has another function that connects its both banks ontologically. The Yamato River became the boundary between Settsu and Izumi Province after the excavation work for replacement of the course of the Yamato River and has been the boundary between Osaka City and Sakai City even up to now. However, thanks to the long, intimate relationship between Osaka and Sakai, these cities didn't lose friendly relations, and the northern edge of Sakai City as the left bank of Yamato River could be considered to be the opposite bank for Osaka City. In other words, the left bank of the Yamato River in northern Sakai and its right bank in southern Osaka are separated and connected ambiguously. On the left bank of the Yamato River, Sakai Brain Disease Hospital was separated from Osaka City and connected to Osaka City in order to heal the mentally handicapped people in a calm environment while maintaining the relationship to their society in Osaka City. Such location is indeed the typical example that shows the "Hedate" relation. The location of the psychiatric hospital has to be not so far from the city area. When the network of railways was completed in the modern period, some areas around the stations far enough physically from Osaka City seemed to be connected directly to the city terminals with the modern railways but, for the imagination of the inhabitants, lost the "Hedate" relationship.

Like Iwaya in the north of Kyoto and Nanayama in the south of Osaka, such treatment facilities so far from the city of Kyoto and Osaka were not able to maintain the intimate relations with their parent cities, and therefore they had to be a sort of asylum. On the other hand, at the center of the cities or inside the cities, the distance is so close that any stresses are rather strong for the patients. There the patients couldn't build "Hedate" relation with their parent societies. They needed some distance for the ambiguous "Hedate". Some rivers could be the proper "Hedate" for the psychiatric hospitals, I think. For the psychiatric hospitals, such ontological meanings have been very important.<sup>7</sup>

At the present time, there exist 52 hospitals of mainly psychiatric specialty in Osaka Prefecture, but only one psychiatric hospital that was newly founded in Heisei 20 (2008) is registered in Osaka City.<sup>8</sup> Like in Showa 15 (1940) as mentioned above, even now it seems that the psychiatric hospital is considered to be improper for Osaka City for various reasons. With the development of public transportation such as railways, the area of Osaka City has extended and the rural areas close the railway stations came to be practically the boundary of Osaka City. However, it is necessary to reflect on the significance of the location of the psychiatric hospital once more, I believe. This requires further comprehension of the spatial construction of the cities. Also as future work, I would like to continue this esquisse for other prefectures.

## Endnotes

1. On these examples in Kyoto concerning psychiatric treatment, I have already mentioned in my paper "Esquisse on the city boundary of Kyoto and the location for the psychiatric treatment facility" in "Bulletin Osaka Seikei University Faculty of Art and Design" No.1, 2005. There I examined the meanings of the city boundary at Iwakura and Kuze as a sort of "Hedate".
2. About the history of psychiatric treatment in Japan, various studies have been reported lately. On the psychiatric treatment facilities before the Modern Period, the following documents comprehensively explain the historical facilities. cf. Waichiro Omata "The Origin of Psychiatric Hospitals", 1998, Yasuo Okada "History of Psychiatric Treatment in Japan", 2002, Gohei Yagi and Akira Tanabe "History of Treatment for Mental Illnesses in Japan", 2002. Particularly on the formation of modern psychiatric hospitals in Japan, Waichiro Omata "The Origin of Psychiatric Hospitals Volume on Modern Period" shows lots of examples in detail.
3. Almost all "Statistics of Osaka Prefecture" of the formation period of "Great Osaka" from Meiji 14(1881) to Showa 15(1940) are stored and open for public in the "Digital Library from the Meiji Era" of the National Diet Library. Also, "Statistics of Osaka City" of the Meiji Period can be inspected in the same "Digital Library".
4. On the historical change of the psychiatric treatment in Osaka Prefecture, in the report "New Fudoki (description of various characters of a certain region) of the psychiatry in Japan (29) Osaka Prefecture" in "Japanese Journal of Clinical Psychiatry" no.8, vol.38, 2009, Yoshiharu Honda outlines it plainly.
5. cf. Compilation Office for the History of Osaka City, "History of Osaka City, New edition" vol.6, 1994, pp.120–124.
6. This map is adapted from the following book and revised partially in English. Study Group on the Name of Towns in Osaka, "The Name of Towns in Osaka—Osaka San-go (three quarters of old Osaka) to Yonku (four wards of East, West, North and South) of new Osaka City—", 1977.
7. Concerning "Hedate" as architectural phenomenon, Yoshio Tamakoshi reflected in "Dwelling in ancient Japan", 1980, in an ontological logic relying on Martin Heidegger. In the planning of psychiatric hospital, the "lived Hedate" between the patients and their families, societies, medical stuffs should be examined with some documents as the clinical records or visitors reports of their families, diaries of the patients themselves from the phenomenological point of view.
8. About the data of the hospitals in Osaka Prefecture, all hospitals are recorded in "Hospital Information of Kinki District 2010". I select 52 hospitals that are licensed to possess the particular beds for mental patients.