

The elderly and the weak, males and females, will all, without exception, bring forth their contributions in varying amounts of wheat in the summer, rice in the fall, and cash in the winter.

The sponsors will establish a collection-place for the cash and grain and without fail keep a detailed record of loans extended to village officials on an annual basis and the amount and interest incurred.

Loans will not be extended to those who do not deposit an appropriate item in security, even with the mediation of a sponsor.

For a five-year period, the cash fund will not be used for purposes of relief activities.

Those suffering from extreme hardship will not be compelled to make contributions.

All agree that this emergency fund exists for the entire village and is not under the direction of a **single** head.

Based on deliberations among village leaders and mediators, those determined to be in gravest distress will be aided first.

The fund must not be used to promote the personal interest of individuals.

Outstanding persons known for their filiality and loyalty, being close to hand, should be given assistance with special care.

Private **aims** and favoritism must not be allowed to intervene in council.

Those whose contributions accumulate to a sum in excess of 10 **monme** in cash, and of 10 shu in grain, will be designated benefactors; their names will be duly recorded in the benefactors' book of accounts: and their fund(s) will then extend indefinitely into the future to aid all those who encounter extreme and unexpected disasters.

In order that we carry out this agreement without fail, we call on each one of you for your watchful and diligent support.

Sponsoring group of Tominaga village (**sewanin**): Yazohachi:
Buzaemon; Tadasuke.

FUSHI IKAI NO RYAKU

[The Twelve Tenets of the Dutch Studies Academy,
Tekijuku]¹

Ogata Kōan (1810-1863)

Translated by Tetsuo Najita

1. The work of the physician is only to help other human beings and not to promote the self. This is the basic tenet of the profession. Not seeking idleness or thinking about fame, one must simply abandon the self and pledge to save humans. No other work is involved than protecting lives, restoring people from illness, and relieving their pain.

2. When encountering a patient, see only the patient. See not high or low, poor or wealthy. Consider the **gain** within yourself in comparing the tears of gratitude in the eyes of the poor with the handful of gold of the wealthy. Think deeply about this.

3. When applying your method address the **afflicted** person as the exclusive subject. Never rely on the hit or miss method. Do not cling to biases and rely on careless testing. Always be disciplined and detailed.

4. Besides perfecting medical skills, one must also strive to speak and act in ways that will encourage trust in the patient. However, to simply rely on the latest trends and present deceptive theories to become persuasive is truly shameful.

5. Every evening review once again the cases treated during the day, and document these in detail. As they accumulate toward a book, these may be of use to yourself and to the patients as well as to others more broadly.

6. In calling on a patient, it is best to concentrate on **making** a detailed diagnosis in a single visit rather than on making several visits. However, to be so overly self-confident as to deny the need for repeated examinations is detestable.

7. It is the calling of the physician to provide relief to the suffering of even the incurably ill. To turn away from this

¹ Taken from Momose Meiji, *Tekijuku no Kenkyū* (Kyoto: Php Bunko, 1989), 33-34.

without reflection is contrary to the human way. Even though there is no hope of saving the patient, to provide relief is to practice the method of *compassion-jirujutsu*. Try to prolong that life even for a minute. Do not say that recovery is impossible and convey this in your language and manner.

8. Reflect on the lack of wealth of the patient. In seeking to extend life, should the capital that ties that life together be taken away. what sort of profit is there? Weigh this thoughtfully in treating the poor.

9. In dealing with the community, gaining the good wishes of the people is desired. Though excellent in medical skill and strict in language and manner, one's virtue cannot be put to use without having gained the trust of the people who are to be saved. There must be sensitivity with the world of everyday affairs. In particular physicians are entrusted with human lives, view the naked body, speak about deeply held secrets, and listen to humiliating confessions. Hold always a feeling of warmth and generosity within, and speak sparingly. Strive to be silent. It goes without much saying that gambling, wining, playing in the gay quarters, gaining a name in the world of luxury should all be **avoided**.

10. Toward fellow physicians be respectful and affectionate. Even if such might not seem possible, be restrained. Do not question another physician. To point out the weakness of another person is firmly contrary to sagely wisdom. To speak with exaggeration about others is the **limiting** virtue of a small person. A person may **simply** criticize the excesses done in a day while we may lose the virtue of a human life. What are the issues here? Each physician possesses the teachings handed down by his house and a methodology that is his own. These should not be recklessly criticized. Elderly physicians should be extended respect. Younger colleagues should be treated with affection. Those who wish to query the advantages and disadvantages of physicians from the past should base their decisions on actual effectiveness (*toku*); and their healing methods should also be gauged with reference to observable illness (*genbyo*).

11. In holding a conference to discuss medical treatment, the group should be as small as possible. At the most there should be no more than three persons. Special care should be given to selecting the right people. The sole purpose should be the health of the patient; no other matter should be under consideration, and disputes should absolutely be avoided.

12. When a patient discards a physician to whom trust had been placed and secretly seeks the counsel of another physician, do not carelessly take part in such a tactic. Unless the view of the previous physician is heard, do not go along. However, should a physician know there has in fact been an erroneous diagnosis and he still disregards it, this too is contrary to the responsibility of a physician. Indeed, when a dangerous illness is involved, do not be indecisive.