

Anti-Cholera Measures by the Japanese Colonial Government and the Reaction of Koreans in the Early 1920s

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The Japanese colonial government used its police power to prevent the spread of cholera. However, although police activities were effective in locating suspected patients and isolating them from others, the Korean population resisted these efforts because they were regarded as coercive. Moreover, the measures clashed with Korea's medical traditions as well as Korean nationalist sentiment.

One of the worst aspects of the anti-cholera measures in the early 1920s was the poor state of conditions at *Sunhwawon*, a government isolation hospital. By attempting to build a substitute medical institute, the Korean population challenged the monopoly of Japanese rule in terms of health. They insisted that their proposed hospital use Oriental medicine in the treatment of Korean patients, and in this sense, the idea may be seen as a protest against Japanese rule. Although it was not realized, if Koreans, affected by the March 1st movement, had established a hospital using Oriental medicine for themselves, this institution could have played an active role for the future independence of Korea.

Keywords: Cholera, isolation hospital, Western Medicine, Oriental Medicine, Korean Nationalist Movement

Introduction

Cholera, producing severe symptoms such as intense vomiting and diarrhea, has a high mortality rate. In 1817, this dreaded disease first spread to the rest of the world from India, where it had apparently been long endemic. Korea was no exception. After 1821, when the first case of cholera was reported as *Goegil*, or

“mysterious disease,” Korea periodically fell victim to cholera epidemics.

After Japan annexed Korea in 1910, Japan installed practical and modernized anti-cholera measures; however, these measures met “expected” resistance from Koreans, as they were limited to unpleasant measures such as sterilization or quarantine, which were accompanied, for the most part, by restrictions of privacy. The Japanese colonial government used its police power to prevent the spread of cholera. Although police activities were effective in locating suspected patients and isolating them from others, as the measures were regarded as coercive, the Korean population resisted these efforts. Moreover, the measures clashed with Korea’s medical tradition as well as the Korean sense of nationalism. Though it was annexed in the end, Korea was self-confident in having maintained autonomous status and had developed medical knowledge on its own for thousands of years.

The purpose of this paper is to examine the anti-cholera measures taken by the Japanese colonial government, the reactions of Koreans to these measures, and the actions they sought to resolve this issue. Given that Koreans resisted the anti-cholera measures in the context of the burgeoning nationalist movement, these questions may be answered from a political as well as a medical context. I wish to limit my interests to the early 1920s not only because Koreans were most active and visible in their resistance to the measures, but also more importantly, because they attempted to find a concrete alternative.

I will divide my paper into three parts. First, I will describe the changes in the medical system after the annexation of Korea, the effects of which served as the underlying cause of a hostile reaction from the Korean populace. Second, I outline the anti-cholera measures enforced by the police in the late 1910s and early 1920s. This was the more immediate cause that incited Koreans and spurred them to take concrete action. Finally, I will discuss the Korean reaction to anti-cholera measures and their endeavors to establish an isolation hospital operated by and for Koreans. Hopefully, my paper will provide a specific case study of colonial medicine in the early 20th century, illustrating how political clashes took place in the field of medicine.

The Reorganization of the Medical System after the Annexation of Korea

After the introduction of Western medicine to Korea, the country took its first

efforts to establish a modern medical system to suit the needs of Korea's population. In 1885, the Korean government established its first Western hospital with the help of an American missionary. Although the Korean government officially prohibited the propagation of Christianity, it allowed missionaries to manage the hospital because the efficacy of Western medicine had made a strong impression on Koreans, particularly as demonstrated in surgical treatments (Park Hyoung Woo 2002: 45-55).

By founding a medical school where Western medicine was taught, the Korean government expressed its definite willingness to accept Western medicine (Shin Dong-Won 1997: 250-279). However, it continued to endorse Oriental medicine as the official form of treatment for the Korean people.¹ This seemingly conflicting attitude toward the two medical systems shows that the Korean government wanted to set up a medical system that consisted of both Western and Oriental medicine. On one hand, it approved of Oriental medicine as its official form of medical care; on the other hand, it encouraged Western medicine by expanding its influence through medical education, cautiously approving Western medicine's practical effects through systematic educational courses and examinations and the exchange of useful information. The government acknowledged the efficacy of Western surgical procedures, but it still had confidence in traditional Oriental medicine for internal ailments (Park Yunjae 2005: 99-109).

The Japanese colonial government, however, adopted a different attitude towards medicine. After the Meiji Restoration in 1868, Japan made clear that it would fully adopt Western medicine as the only legitimate form of medicine in establishing a modern medical system. Japan thought that Western treatments demonstrated great effectiveness in surgical procedures, especially in the care and treatment of wounded soldiers who were regarded as valuable assets and vital for producing a country with a powerful military. More importantly, modern Western medicine was better suited in establishing a national hygiene program which would protect the population from epidemics (Akinori Kamiya 1984: 155-156).

In contrast to the Korean government, Japan, after the annexation of Korea in 1910, gave official recognition only to Western medical doctors. One Japanese

1. In 1900, the Korean government promulgated laws for medical personnel in which it officially recognized Oriental medical doctors as the only legitimate doctors (*Gwanbo*, January 17, 1900).

official attacked Oriental medicine. His opinion was as follows:

Korea imported Oriental medicine about 4,000 years ago and Oriental medicine has been traditionally used to treat Koreans ever since. In spite of its long history, the pathology, ascribing the cause of disease to yin-yang dualism and the five phases of change theory, is just a collection of vain theories. It is beneath criticism. But since Oriental medicine has accumulated much treatment experience for 4,000 years, it is a little useful only to the extent that it was based on long medical experience. (Masaharu Ogusi 1921: 278)

According to his opinion, Oriental medicine was merely a collection of vain theories. But it could be somewhat useful because it had accumulated thousands of years of medical experience. Another Japanese doctor expressed the opinion that, as Western medicine showed great effectiveness in persuading reluctant elements to accept Western civilization in Meiji Japan, Western medicine would also be sure to persuade Koreans to recognize Japan's rule (*Dojin* 45, 1910: 19). Even though Oriental medical doctors continued to play a visible role in Korea, Japan did not grant authorization to them as official doctors. At most, the Japanese government granted them the label of *Uisaeng*, or medical assistant (*Chosensotokufu Kanpo*, November 15, 1913).

Important changes in the medical system were also installed in the police system. There was some confusion in distinguishing the role between the police and the sanitation department in dealing with sanitary issues (*Chosen Eisei*, 1929: 7-8). It was generally assumed that the sanitation police were to concentrate on regulating the field while the department of sanitation was to focus on shaping public policy. But there had always been the possibility of collision between the two agencies after the annexation of Korea. Japan ultimately resolved this problem by abolishing the sanitation department in the Ministry of Home Affairs. As a result, a sanitation police force came to control all sanitation activities except for the supervision of government hospitals.² Therefore, when an incident involving medicine occurred, the police naturally took charge of these issues and their decisions controlled a gray area where there were no regulations.

2. A Japanese official explained that, as government hospitals worked for charity, these hospitals were the exception (*Chosensotokufu Dohugunsyokikosyukai Kaigiroku*, 1916: 285-286).

Before being annexed in 1910, the Korean government had also regarded its police force to be one of the main components of the medical system. When epidemics arose, the Korean government, unable to find other means of safeguarding the population, was forced to deploy the police for prevention and control. According to the Law on the Prevention of Contagious Diseases promulgated by the Korean government in 1899, the anti-epidemic measures were to be performed by local administrative organs. Specific information on the epidemic was to be gathered and communicated by the village headman to the county headman, then to the provincial governor who would report to the Ministry of Home Affairs, and the measures taken followed this guiding principle and were done in the reverse order (*Gwanbo*, August 29, 1899). This clearly indicates that the Korean government attempted to establish a hierarchical, anti-epidemic system that was based on local autonomy. Anti-epidemic measures were to be taken in consideration of the specificity and efficiency of each province.

However, Japan entrusted the police with almost all sanitary tasks in the process of colonizing Korea. A few years after its annexation of Korea, Japan promulgated the Law on the Prevention of Contagious Diseases that gave complete power to the police to supervise and execute anti-epidemic measures. The head of police in each province even had the right to decide whether to enforce this law or not (*Chosensotokufu kanpo*, June 5, 1915). Japan wanted to manage an anti-epidemic system that aimed at centralization at the highest level, and the main axis was the police.³ Local officials were merely passive “objects” in the reporting process and were not to act as “subjects” with agency (Park Yunjae 2004).

In short, Japan wanted to establish a medical system managed less by the coalition between police and local organs than by the monopoly of the police in Korea.

The Anti-Cholera Measures Taken by the Japanese Colonial Government

After Japan annexed Korea in 1910, it maintained the use of the police force in its anti-epidemic measures. This policy continued up to 1920. After a Japanese ship transported cholera to Korea in June 1920, the disease quickly spread

3. Japan did not manage this kind of system in Japan itself (Siraisi Yasusige 1918: 26).

throughout the entire country. Cholera was introduced through two seaports, north Jinnampo and south Jinhae. The epidemic quickly spread throughout the country, and about 97.7% of patients were infected through the Jinhae source (*Taisyokyunen Koreraabyo*, 1921: 9-10).

Whenever cholera occurred outside Korea, the Japanese Colonial Government (JCG) quickly quarantined seaports and railroads as the first step of its anti-epidemic measures. Ship crews and passengers were detained and checked for cholera by testing their stools. They were released once test results proved that they were not infected. To check passengers on trains, police boarded railcars and began interrogations as to departing location, destination, and whether they had a vaccination certificate, etc. As cholera began to spread more widely, the JCG tightened its enforced quarantine, going so far as to prohibit passengers from purchasing tickets if they did not have a vaccination certificate (*Taisyokyunen Koreraabyo*, 1921: 70-83).

Along with quarantines, the JCG attempted to expand public inoculation against cholera. Inoculation, they reasoned, would be the best way to prevent cholera. The JCG ordered local government hospitals to inoculate people for free and to carry out public rounds of inoculation. In locations where there were no medical personnel, police was permitted to perform inoculations after receiving training. To increase the overall public percentage of inoculation, the JCG attached a vaccination certificate on the main entrance of a house when an entire family had been inoculated. During the height of the cholera epidemic, 5,599,040 people were inoculated (*Taisyokyunen Koreraabyo*, 1921: 131-141). This number was equivalent to about a quarter of all Koreans.

By October 1920, the cholera epidemic had all but disappeared due to the drop in temperature. Still, the epidemic in 1920 resulted in a devastating 13,568 deaths out of a total 24,229 infected (*Chosensotokubu Tokeinenbo*, 1920 : 50). This was the most deadly outbreak of cholera in Korea during the colonial period.

As usual, police played a major role in anti-cholera activities in the 1920s. As there were not enough medical doctors in Korea, Japan insisted that it was forced to adopt police officers as the only viable substitutes. There were only two medical colleges in Korea in 1920 and each produced less than 100 graduates a year. Facing the demand for the establishment of medical colleges in Korea, Japan instead asked leading figures to support prospective applicants by opening private medical courses (Park Yunjae 2005: 312-314).

Japan could have used the existing Oriental medical doctors in Korea who were readily available all over the country to assist in prevention activities, but

Japan was reluctant to utilize this resource because of its disdain for Oriental medicine, considered far inferior to Western medicine. An official record of the JCG states that “even though Oriental medical doctors live all over the country, their medical technology is too poor, and even worse is their knowledge of the epidemic, so they cannot assist in anti-epidemic activities at all” (*Taisyokyunen Koreraabyo*, 1920 : 152-153). This statement should be interpreted in the context of the political ideology of the time as Western medicine was not just considered to be simply a form of medical treatment, but was also part of an ideology which justified Japan’s rule over Korea (Park Yunjae 2005: 233-236). As a result, Japan preferred to employ police officers who possessed limited Western medical knowledge rather than Oriental medical doctors.

The police in particular played a leading role in isolating patients and placing them in isolation hospitals. This was regarded as the best way to keep neighbors from contracting diseases. But it was not unusual for Koreans to conceal their family members after finding them succumbing to diseases. The hiding of patients was considered the largest obstacle since early detection was the most important step in epidemic control. A Korean medical doctor affirmed that the conventional concealment of patients among Koreans was one of the most vicious practices (*Taisyokyunen Koreraabyo*, 1920 : 141).

However, these measures provoked hostile reactions from the Korean populace. Police transported suspected cholera patients to isolation hospitals by force. They treated patients suspected of infections like criminals,⁴ investigating private citizen’s homes as though they harbored serious criminals or fugitives (*Dong-A Ilbo*, August 21, 1920). The police might have also taken “innocent” persons sleeping in public to isolation hospitals without explanation or due process, and routinely quarantined citizens whenever they found a person who was suffering from diarrhea (*Maeilsinbo*, August 12, 1920). Police, without notifying a private doctor, conducted their own medical investigations even when patients had their own private doctors (*Chosensotokufu*, February 12, 1915). Considering that the police did not have sufficient knowledge of epidemics, it was not strange that the population would resist such activities.⁵

One of the worst aspects of this policy was the poor conditions of isolation

4. When transporting a suspected patient, police used handcuffs (*Dong-A Ilbo*, August 22, 1920).

5. From the viewpoint of professional doctors, police were the same as civilians in that they had no knowledge of medicine (*Keimuiho* 213, 1923: 71; *Chosun Ilbo*, June 13, 1920).

hospitals. According to the anti-epidemic law of the JCG, infected patients were prohibited from remaining at their homes or at private hospitals, and were instead forcibly relocated to isolation hospitals (*Chosensotokufu*, February 12, 1915). As there were only a few isolation hospitals, the JCG established a new public isolation hospital in Seoul in 1911. To thwart antipathy toward the isolation hospital, the JCG designated it as *Sunhwawon*, its name originating from the town of its location rather than “*Pibyeongwon*, or isolation hospital,” and assigned several medical personnel including a medical doctor exclusive to Sunhwawon (Kim Jeongmyeong 1964: 1287; *Kanjyoeisekaijyokyoippan*, 1914: 92). This could be interpreted as an endeavor to meet the demand for a more perfect anti-epidemic system.

However, Koreans hated the Sunhwawon for its poor accommodation of patients. It had only a small number of beds. Whenever an epidemic struck, it had to admit patients beyond its capacity, so the environment for patients grew worse (Park Yunjae et al 1998: 38-39).⁶ There was also discrimination in the reception of patients. In general, wealthy Japanese residents were accommodated at the Government-General Hospital, whereas poor Korean patients were taken by police and transferred to Sunhwawon (Jeon Jonghwui 1994: 38).

Koreans disliked Westernized medical treatment as well. Whether they were actually infected with cholera or not, Koreans often asked Oriental medical doctors for treatment. There were not enough qualified practitioners of Western medicine to effectively deal with the epidemic, and as a result many had to die “without taking any remedy” (*Dong-A Iibo*, August 17, 1920). Oriental medicine, however, could give emotional comfort to Korean patients and alleviate febrile symptoms (Shin Dong-Won 2001: 296). Furthermore, according to an advocate of Oriental medicine, as Oriental medicine had developed a large number of prescriptions, Oriental medicine, in all possibilities, could cure epidemics.⁷ He asserted that “even though Koreans face death, as long as they

6. The Japanese official frankly stated that isolation hospitals in each province were not suited for receiving infectious patients. “The isolation ward isn’t good, it had only a small room and a few disinfectants” (*Taisyokyunen Korerabyo Hoekisi*, 1920: 101).

7. A news report said in 1918 when influenza raged in Korea, Oriental doctors played a big role in epidemic control. Oriental doctors named influenza as *Onyeok* or Epidemic, which was familiar to them, and prescribed medication according to Oriental medicine. As a consequence, “without Oriental doctors and Oriental medication, it would have been impossible to treat so many patients.” There were not only Koreans “but also a lot of Japanese who got prescriptions of Oriental medication. Even Western doctors were among them” (*Bandosiron* 3-1, 1919: 58).

are treated with Oriental medicine, they are willing to accept death” (*Chosun Ilbo*, March 27, 1921; *Bandosiron* 2-8, 1918: 7, 9).

The Sunhwawon used only Westernized medical treatments, in conflict with the demands of the Korean public (*Maeilsinbo*, September 10, 1920). For example, Sunhwawon used ice bags to relieve fever for the patient. This was regarded as an unsound treatment because Koreans traditionally left fever patients in a warm room on the ground, based on a thousand years of experience (*Chosun Ilbo*, June 14, 1921).⁸ Koreans thought ice treatment would not drive “fever” out, but on the contrary, would drive the fever deeper into the body (*Maeilsinbo*, April 17, 1918).

As a result, Koreans tended to hide suspected patients, rather than deliver them to Sunhwawon. Only patients detained by police were delivered to the Sunhwawon. In addition to the fact that there were no efficacious methods to cure cholera at that time, the poor, crowded environment of the Sunhwawon prompted many Koreans to think that the isolation hospital was not a place for treating, but rather a place for killing “innocent” persons. Koreans even dubbed the Sunhwawon as “a living hell.” Koreans wanted to find another way to receive and cure patients. Their solution was to establish their own private isolation hospital operated by Koreans.

A Movement for the Establishment of a Korean-Operated Isolation Hospital

In 1920, the forcible taking of a suspected patient to Sunhwawon by the police sparked a popular movement for the establishment of a private isolation hospital. On August 16th, on Jongro in Seoul, the police attempted to take a suspected patient to the Sunhwawon, but the patient resisted. On seeing the quarrel between the police and patient, citizens began to gather and soon exploded in anger. Shouting, “Doesn’t it bother you that you are killing an innocent Korean?” and “Kill the police! They’re trying to push an innocent person into a death hole!” One reporter stated, “[The citizens] seemed as if they were igniting a smoldering anger which had been suppressed for a long time” (*Dong-A Ilbo*,

8. Sunhwawon provided Japanese style food to Korean patients, which caused additional troubles (*Maeilsinbo*, July 8, 1916).

August 18, 1920).

Before this incident, some villagers around Seoul had already expressed their intention to establish private isolation hospitals. But this conflict provided momentum for a full-scale movement. On October 7, Seoul citizens assembled to organize an association for the establishment of a private isolation hospital. After receiving approval from the JCG, the association started to raise funds. Many groups supported this cause; for instance, a *gisaeng*, or a female entertainer, held a public performance to assist the movement, and the YMCA sponsored a public lecture to support the movement and to let citizens know the danger of the epidemic (*Chosun Ilbo*, March 20, June 10, July 21; *Dong-A Ilbo*, March 27, 1921).

There is little doubt that Koreans wanted a “Korean” isolation hospital that hired Korean medical personnel.⁹ Koreans had difficulties communicating with Japanese doctors in government hospitals, including the Sunhwawon. With a Korean doctor at an isolation hospital, Korean supporters argued that patients could relate their symptoms, sufferings, etc. in the Korean language (*Dong-A Ilbo*, August 18, 1920). But this was only one minor reason for demanding a Korean-operated hospital. Koreans also wanted to have an isolation hospital operated for and by Koreans for nationalist reasons. One newspaper stated that Koreans should “establish and manage the isolation hospital under its own sole responsibility” (*Chosun Ilbo*, May 21, 1921). Koreans wanted to construct an isolation hospital using their own resources, and not receive outside funding, especially from the JCG. That is why a JCG’s police secret report estimated that this movement had begun in an “antagonistic mood” (*Jaedeungsilmunseo* 10, 1990: 219). In short, the Korean people wanted a “Korean” institute for Koreans.

This desire seems to have germinated under the influence of US President Woodrow Wilson’s declaration after the First World War. After President Wilson declared respect for the self-determination of peoples, Koreans began to demand the immediate independence of Korea. They asserted Korea’s desire for liberty and equality by organizing massive demonstrations on March 1, 1919 (Eckert 1990: 276-281). This movement made it clear that Koreans harbored bitterness and resentment toward Japanese rule and the institutions built by the JCG. The collision between police and citizens over the arrest of the suspected patient

9. It is not clear how many Koreans worked at the Sunhwawon in the 1920s. According to an official bulletin published by Sunhwawon, there were four Japanese doctors, one Korean doctor, and two Japanese pharmacists in 1935 (*Keijohuritsu Sunhwawon Yoran*, p. 5).

being transported to the Sunhwawon was an example of this hostility (*Chosun Ilbo*, May 21, 1921). Although a medical facility, Sunhwawon was still a colonial institution and thus an object of hatred toward which Koreans expressed their anger. By insisting on building a hospital for and run by Koreans, it is natural to interpret that the movement for the establishment of a private isolation hospital was influenced by the March 1st independence movement (Park Yunjae et al 1998: 40).¹⁰

In terms of medicine, the movement for the establishment of an isolation hospital can be interpreted differently. The introduction of Western medicine resulted in a gradual decline in the practice of Oriental medicine in Korea. Even before Japan took measures to erode Oriental medicine, the Korean government had already taken distinct steps to develop Western medicine. One newspaper asserted that it was the most urgent priority for Korea to import Western medicine and to develop its medical field (Park Yunjae 2005: 107-108).

But Koreans held an abiding faith in Oriental medicine and persisted in their belief that they could be cured by Oriental medicine in a Korean-built institution. While some Koreans acknowledged that Western medicine was particularly effective in surgical procedures, there was disagreement on its effectiveness in internal medicine. Traditional Oriental medicine is based on a particular belief system that people possess different physical constitutions and natural features (Park Yunjae 2005: 45-46). Following this logic, the imposition of Western medicine on Koreans who had lived in a completely different environment from that of Western countries and even Japan, could be interpreted as an attempt to convert the familiar thousands of years of indigenous thought and mind (*Chosun Ilbo*, June 14, 1921).

The conflicting acceptance and rejection of Western and Oriental medicine can be seen in the anti-epidemic activities. After using Western medical techniques to sterilize a patient,¹¹ Koreans would use Oriental medicine to cure patients with herbal remedies. One reason for this was that, “though Western medicine is said to have developed quite a lot of medications, they do not have any medication effective in curing epidemic diseases” (*Bandosiron* 3-1, 1918: 7). Moreover, as each person had a different physical constitution, the treatment

10. JCG police suspected that the National University Movement in 1922 was directly linked to the isolation hospital movement (*Jaedeungsilmunseo10*, 1990: 219).

11. Oriental medical doctors were compelled to recognize the effectiveness of sterilization in preventing epidemic diseases (*Chosun Ilbo*, June 13, 1920).

had to be different. Thus, only Oriental medicine, which took into account the particular and pervasive belief system of fundamentally different physical constitutions, was believed to be effective (*Hwangseong Sinmun*, May 26, 1910).¹²

Within four months, fundraising efforts reached 25 percent of their projected goal since the association first began its efforts in April of 1921. The association not only urged potential donors to contribute money, but also started architectural blueprint designs for the isolation hospital and tried to find a suitable site. According to the blueprint, patients could choose between Western and Oriental medical treatments as there was to be a Western medical doctor and an Oriental medical doctor on staff in the isolation hospital (*Maeilsinbo*, August 10, October 1, 1921; *Dong-A Ilbo*, July 11, 1921).

There was opposition from citizens living near the site proposed by the association to build the isolation hospital. Local residents worried about the spread of infections in their area. This was one reason why the movement gradually lost momentum. However, other factors included the failure of fundraising efforts to retain the wealthy segments of the association who perhaps did not intend to donate as much money as they had initially promised.¹³ It can be inferred that the interest of wealthier donors waned as the movement progressed because of differing opinions on the role of the hospital.

In identifying the isolation hospital's position in the colonial medical system, there were two different orientations. The first was represented by the JCG, who approved of the movement on the following grounds:

The JGG has been making every effort to establish a perfect medical system. But, due to financial difficulties, completing the system at this time is impossible. So, it is urgent and necessary to support the movement by establishing an isolation hospital as unofficial members have been doing. (*Maeilsinbo*, April 18, 1921)

12. When Koreans resisted the JCG's isolation policy, even the official gazette criticized the JCG for its unwillingness to understand the Korean specific physical constitution, and recommended the use of Oriental medicine to complement insufficient resources supplied by Western medicine (*Maeilsinbo*, July 7, September 10, 1920). There was a phrase "private isolation hospital using Oriental medical herbs" in a newspaper advisement demanding subscription for establishing a private isolation hospital (*Dong-A Ilbo*, May 17, 1921).

13. The association, to succeed in this movement, emphasized the active participation of the rich (*Chosun Ilbo*, March 27, 1921).

The JCG thought that an isolation hospital could act as a complementary “private” hospital within the colonial medical system. This hospital meant adding one more institution to an insufficient medical infrastructure (*Maeilsinbo*, July 7, 1920). Thus, some Korean supporters believed that the hospital could help stabilize recent tensions between Koreans and Japanese over the colonial medical system that had originated from Japan’s coercive isolation policy. For the Korean supporters, founding the isolation hospital was regarded as a step toward establishing a modern medical system in Korea. The problem of who founded the isolation hospital mattered little.

But other Koreans demanded an isolation hospital from a different point of view. To these Koreans, this was a “Korean” hospital for them rather than just a “private” hospital. One Korean newspaper opined as follows:

A healthy nation and national organization must consist of people in good health in both body and mind. To keep the health of the people, perfect health administration and sanitary institutions are necessary. (*Chosun Ilbo*, June 15, 1921)

According to the newspaper, the proposed hospital could act as one of the leading institutions for the future independence of Korea, citing the belief that a healthy nation had to consist of healthy people. One report anticipated, “When the hospital is finally constructed, how happy and comfortable we Koreans will be” (*Chosun Ilbo*, July 4, 1921)!

Furthermore, this hospital could use Oriental medicine as an alternative medicine for Koreans. Since Japan refused to officially approve of Oriental medicine except on a complementary basis, this hospital could operate on a different, and in some sense, “counter-medical,” basis. If the hospital had utilized Oriental medicine as its primary form of treatment, it would have shaken the basis of Japan’s ruling ideology of Western superiority to Oriental medicine, or Japan’s dominance in Korea.

In the beginning of this movement, some well-known Korean citizens occupied high positions within the association for establishing a private isolation hospital, and it is clear that they harbored a positive attitude toward colonial rule.¹⁴

14. The chairman of the association was Bak Yeonghyo, one vice-chairmen was Min Byeongseok, and the manager was Jeong Eungseol. After Japan occupied Korea, it graced Bak

But they gradually gave up their active roles in the association, and withdrew their support in securing funds and donations.¹⁵ There is no documentary evidence providing a clear reason for the gradual withdrawal of support from these members of the movement. It is suspected that these figures feared that this movement would develop into a full-fledged independence movement. Considering that leading figures like Bak Yeonghyo preferred Oriental medical treatment for specific diseases (*Chosentouchinokaikotohihang*, 1936: 64), it can be inferred that it was not for reasons related to Oriental medicine but lack of nationalism that incited them to withdraw their participation in the movement. If the hospital using Oriental medicine had been established by “Koreans” it could likely turn out to be a base for the independence movement.

The association tried to reach their financial goal by extending the fundraising period, but it failed. By 1923, the association decided to donate their funds to another hospital after they found it too difficult to collect further contributions. It was also under these circumstances that some leaders of the association began to participate in the National University Movement of 1922. Some feared that unfairly taking charge of contributions, such as a misappropriation of contributions, could be an obstacle to the success of the National University Movement (*Jaedeungsilmunseo* 10, 1990: 220).

The association donated their funds to Severance Hospital, a hospital run by Western missionaries, on the condition that Oriental medicine could be used at the request of patients (*Dong-A Ilbo*, August 2, 1923).¹⁶ It was generally believed that Severance Hospital, compared to government hospitals, was considered to be amenable to the Korean people, or at the very least, was considered an impartial institution by Koreans.¹⁷

Yeonghyo and Min Byeongseok with titles. Jeong Eungseol presented the Government-General petition for the autonomous rights of Korea in 1920 (Park Yunjae et al 1998: 41).

15. Before this movement in the 1920s, there had been a Korean-run private isolation hospital. However, it could not maintain operations mainly because of the lack of continued funding and inadequate preparation (*Bandosiron* 2-8, 1918: 9).

16. Severance Hospital performed its groundbreaking ceremony in 1924, and completed construction of an isolation hospital in 1929. The isolation hospital was “the first building to be built with Korean funds” (*A Visit to the Severance Union Medical College*, 1927: 16).

17. In 1907, when a dispute arose between Japanese and Korean soldiers, who refused to accept the order of disarmament, Dr. Avison, the head of Severance Hospital, asked for volunteers to go out and bring in wounded Korean soldiers. This could be interpreted as while the Japanese ambulance corps took care of Japanese soldiers, Severance Hospital acted as a hospital on behalf of Koreans (Avison 1988: 422).

The donation to Severance Hospital displayed the conflicting attitudes Koreans had toward Western medicine. When police tried to take a suspected cholera patient to Sunhwawon on August 16th 1920, Koreans asserted that the patient should be taken to Severance Hospital for a closed examination. They believed that a Western missionary doctor could make a fair investigation as to whether he was really infected by cholera or not (*Dong-A Ilbo*, August 19, 1920). This incident indicates that Western medicine was believed in the end to have the final say regarding epidemics. This helps explain why the association donated their funds to Severance Hospital, which is seemingly contrary to the goal of the movement, albeit it imposed a condition of the use of Oriental medicine upon Severance.

Conclusion

In the process of annexing Korea, Japan reinforced the power of the police for the purpose of suppressing the Korean demand for independence. This policy was true in the medical area, especially in its anti-epidemic measures. It was inevitable that Japan would apply this policy because it did not have sufficient financial resources to construct the basic facilities and infrastructure necessary to prevent and control epidemics, such as regulation of water supply and sewage system facilities, and the establishment of isolation hospitals, etc.

As the police often executed these measures by force, Koreans began to resist the JCG's policy. The policy of forcibly isolating infected patients by the colonial police was one of the most hated measures, and it roused the ire of the Korean population. An alternative to the coercive measures of the colonial police was to construct a private isolation hospital by and for Koreans.

Koreans raised a counter-theory to Japanese rule in asking to build a substitute for the hated government isolation hospital, the Sunhwawon. Koreans insisted that their proposed hospital use Oriental medicine in the treatment of Korean patients. It is in this sense that the hospital may be seen as a protest against Japanese rule because in the course of ruling Korea, Japan had continuously emphasized the superiority of Western medicine over Oriental medicine; in other words, the superiority of colonizer Japan over colonized Korea. Furthermore, if Koreans influenced by the March 1st Movement had established a hospital using Oriental medicine for itself, this institution could have played a role in the future independence of Korea.

The movement for the establishment of a private Korean isolation hospital ended in failure. It was not only a failure for the Korean people, but for Oriental medicine as well as the association for this movement ultimately donated its funds to Severance Hospital, which was managed by Western missionaries. It is appropriate to interpret that under Japanese rule, an isolation hospital could be established neither on the basis of nationalist Korean sentiment nor on the traditional Korean belief in Oriental medicine. Korean nationalism lacked the sufficient material means to realize self-determination, and Oriental medicine could not prevent or cure contagious diseases. Korean nationalist factions and Oriental medicine supporters had to make efforts to find partners with each other to complement their mutual weaknesses. As far as this movement was concerned, a third element, Western missionaries, became the solution because Koreans thought that they were impartial, and also because there was a basic acceptance and acknowledgement as to the effectiveness of Western medicine.

This movement was exemplary in the early stages of the Korean nationalist movement that sought to lay the foundations for the future independence of Korea. Despite its failure, the movement for establishing a “Korean” institution continued during the 1920s. Two successors of this movement were the Korean Production Movement and the National University Movement. The similar resulting failure of these movements divided the nationalist movement into two currents, the assimilation movement and the immediate independence movement, a trend already displayed in the movement for the establishment of an isolation hospital.

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