

Hygiene, Medicine, and Modernity in Korea, 1876–1910

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Abstract Modernity in relation to medicine and the body is central to discussions on modernity in Korea. I have chosen to write this paper I have already penned several writings that are related to the topic: modern hygiene, cleanliness, medical service, and medicine. First topic is about the contrast between premodernity and modernity by comparing the prevalence of cholera in the early nineteenth and the early twentieth century. I discussed the new Western hygiene to control cholera decisively contributing to the destruction of the Confucian worldview and the generation of a new colonial modern order as well as preventing an epidemic, cholera. Second topic is about the dichotomy between cleanliness—cultured and uncleanliness—barbarity. Because it was related to the five senses, the discourse of uncleanliness and cleanliness could bring about an immediate effect, which made it the most elementary and primary discourse of modernity in Korea. Third topic is about premodern bodies in topknots and modern bodies in short hair. From among the incidents and topics that I studied then, the most impressive and extreme case regarding the relationship between the body and hygiene was that of the Cut Topknot Act (斷髮令). According to this decree, there were two main reasons for cutting off topknots: hygiene and convenience. Underlying them is the idea that long hair harms political reform and national enrichment. Indeed, this legislation had served as the battleground for a fierce war between modern standards and premodern traditions. Fourth topic is about the modernizing phase of health care system in Korea between 1876 and 1910. The health care system in Korea underwent tremendous changes from 1876 to 1910. In this process, the recently imported Western practices gradually came to occupy the center and existing practices were delegated to the periphery. Final topic is about the sanitation movement that believers of Ch' ŏntokyo initiated around the twentieth century. This voluntary movement was greatly different from the two external and forced modernizations by Japanese imperialism and Western missionaries.

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1 Prologue

Modernity in relation to medicine and the body is central to discussions on modernity in Korea. However, I am not adequately well versed in this topic to be able to examine it with ease. I have nonetheless mustered courage to present some thoughts on modern hygiene, cleanliness, medical service, and medicine based on my earlier writings in an effort at least to problematize this topic and suggest a starting point for discussions on it.¹

In this study, modernity is not an elaborate and profound theory. Instead, I will only focus on the two following aspects as the keys to modernity. First, modernity was based on rationality as represented by scientific truth and utility and paved the way to a new era with rationality as its weapon. Modern Western medicine, which comprehends the topics of this paper—hygienics, pathology, physiology, and surgery—has been a field that representatively boasts the truth and utility of natural science. Second, this modernity exercised power in a way removed from the scientific spirit that it originally espoused even though it presented scientific rationality as its cause and justification. In my view, the process through which modern Western medicine expanded in and infiltrated Korean society was not one of conversion where the “darkness of irrationality melted away like snow once the light of rationality was shed on it.” Instead, the process through which it was realized in Korea entailed strategies, tactics, distortions, and exaggerations, at times even accompanied by extreme violence. In my view, modernity in Korea has exhibited scientific truth and utility as well as their intractable politicality alike. The topic of modernity in Korea, which I have chosen to write on, reveals this dual nature. Through an exploration of this topic, I seek to argue against the modernistic interpretation of Korean history that whatever is modern, or related to Western science, is all “good.”

The methodology that I have selected in this paper is to reveal the context of the locus that such a modernistic interpretation upholds. My goal is to examine the origins of topics related to modern medicine and the body—in other words, be they individual desire, rituals of the body, etiquette, social or national ideology, ruling apparatus for the maintenance of social order, or academic disciplines—up to their historical points of inflection and to expose their pan-social context. Such a methodology will reveal the content and nature of modernity that Korean society has acquired in relation to

¹ My papers and book about modernity and medicine in Korea are the following: Dongwon (1986, 1995, 1996, 1997b, 2000, 2002a, b, 2004). Based on these writings, I wrote a review paper concerned characteristics of modernity in medical areas in Korea, titled “Isipseki Chŏnhu Hankuk Sahoii Yisaeng, Uihakwa Keuntaesŏng (Hygiene, Medicine, and Modernity around the 20th Century), *Hankuk kundaesŏngui kilrul mutta (Ask for the Road toward the Research on Korean Modernity)* (co-work), Dolbaegae, 2006; 95–137. I rule out the part of hygien after colonization in the paper. Beside, I insert newly the part of ‘hygien practiced by believers of Tonghkak (東學) or Ch’ ŏntokyo (天道教), indigenous Korean religion, around 20th century.’ My paper here is the reorganized translation of this article. The translator is Kim Yusŏk.

hygiene, medicine, and the body and pave the way for a different reflection on us in the contemporary era, we who are the products of that modernity.

2 Premodernity and Modernity, or “Strange Malady (怪疾)” and Cholera

What, then, prompted pro-modernists to voice their opinions with so much confidence? What struck me the most during my research on modernity in Korean society was the conviction of the thoughts and actions of those who “dreamed of a modern world.” Indeed, they were full of unquestioning confidence about the truthfulness and utility of what they were preaching. This conviction was as strong as—no, even stronger than—the Confucian ideology that had hitherto governed Korean society with a firm, undisputed hand, as represented by the three bonds and five human relationships (三綱五倫). Such confidence in modernity probably arose from the latter’s power. This power could be cannons and guns, money, or science that had completely grasped the natural order. Regardless of its precise identity or definition, modernity displayed through utility its considerable power. While demonstrations by steamboats amply boasted the power of new weapons, thus leading to the surrender of an entire nation, methods of exterminating epidemics left the native population with a tremendous impression on this new power by swiftly saving the lives of several hundred thousand people.

The history of cholera, one of my interests, dramatically shows the line created between modernity and premodernity by virtue of the former’s sheer power. When, in 1821, cholera was first introduced into Korea from China, at least 130,000 lost their lives to this epidemic. Because there were no means of prevention or treatment, however, the mysterious disease was simply called the “strange malady (怪疾).”² As Kim Okkyun (金玉均, 1851–1894) was to say in *Brief Discussions on Ways of Governance* (治道略論, 1882), the only remedy was to say, “One way fortunate to return alive after seeking refugee in safe areas.”³ Nor did the situation change at all: In 1876, over 50 years later, the devastation was the same. Following the opening of Korea’s ports to the West, however, those who advocated the modern world confidently boasted that this epidemic was none other than cholera and that it could be prevented. In fact, they scorned seeking refuge to avoid the epidemic, prevented the generation of noxious vapors by discarding nearby refuse, and, in cases of already generated noxious vapors, blocked streets and applied disinfectants to patients and their homes, the dead, and their surroundings (Picture 1). In addition, people were taught to boil water and food. Although this was enough to arouse public interest even if it were but a fraud, by a marvelous chance, it was, in fact, the most effective method for preventing cholera.

I think modern Western medicine did indeed have a right to be boastful. In addition to its considerable trustworthiness, thanks to its ability accurately to define and to prevent cholera, it could prevent smallpox with vaccination, cure malaria with

² See the following article (Dongwon 1989).

³ Kim Okkyun, *Chi'toyaklon* (治道略論 치도약론 Brief discussions on Ways of Governance, Samesong-ch'ulpansa (1984):88.



Picture 1 Refugees from a cholera epidemic. (朝鮮總督府, 大正9年コレラ病防疫誌, 挿圖, 朝鮮總督府, 1920)

quinine, and similarly avoid other epidemics including typhoid fever—no wonder the Korean populace came to place so much trust in it. Moreover, then it seemed that those who advocated modern Western medicine not only had a bag of cures against epidemics but also presented everything necessary for human life in a package, and the seemingly magical efficacy with which they could prevent epidemics served as a decisive weapon in building Koreans' trust in the entire package. Furthermore, the efficacy of this package was immediate, which made modern Western medicine a suitable representative of modern civilization. Indeed, the efficacy with which epidemics could be prevented was powerful enough to render all of the contents of this package of modern civilization, which included both diamonds and pebbles, valuable.

Instead of being limited to the construction of a system for preventing several particular epidemics, hygiene was therefore able to infiltrate all aspects of the populace's everyday lives that required hygiene. This was because noxious vapors that generated epidemics existed in not only discarded refuse and polluted wells but also all over the feces, urine, and phlegm that Koreans freely emitted, infrequently washed topknots (*sangtu*), unwashed oral cavities, and grimy skin. Indeed, these vapors seemed to lurk even in the trains of loosely hanging men's overcoats (*topo*) and lazy out-toed gait.

The realization of the modern prevention of epidemics was faced with and contingent on two tasks: the establishment of a hygiene system and the everyday practice of hygiene rules. For example, what was to be done to eliminate the feces that flooded streets and streams? The populace would be prevented from defecating in any and all places. Feces from homes would be collected and put away in certain locations. Public toilets would be established along thoroughfares. Those who

defecated in public would be punished. The populace would be taught that public defecation was not only highly indecorous but also barbaric and unpatriotic, an act that could interfere with the attainment of the national goal of power and wealth. The police would directly prevent public defecation, the Board of Sanitation would establish public toilets, and school education and the press would lead the enlightenment of the public regarding hygiene.

Nor did the modern epidemic prevention system, which thus ended the history of cholera in Korea, solely signify a new ability to prevent and to contain a hitherto intractable disease. Continuing from the Empire of Korea (大韓帝國, 1879–1910) into the Japanese colonial era, this epidemic prevention in fact had political significance: the justification of the activation of new power. To stop epidemics, monitoring and control came to be employed. Such intervention was implemented through the police force, with the scope encompassing the entire daily life related to the generation of noxious fumes and the intervention method taking on the form of militarism that was reminiscent of the Japanese' oppressive rule over the Korean people. Under the certain and unmovable pretext of saving the lives of the ruled, Japanese imperialists wielded widespread and excessive power over Koreans' bodies. In the name of cholera prevention, they dispatched policemen and military policemen, who had complete power over the bodies of the entire nation, from one home to another. This fact in turn signifies that modern knowledge related to epidemic prevention was not transmitted only physiologically in a vacuum. In other words, modern medical and scientific knowledge was employed in accordance with political motives. In the end, it decisively contributed to the destruction of the Confucian worldview and the generation of a new modern order—strictly speaking, a colonial modern order.

3 The Label of Uncleanliness: Barbarity Perceived Through the Five Senses

In discussing modernity and hygiene, the topics that I happened to choose when I began this study were none other than cleanliness and uncleanliness. Indeed, I felt that the contents of Km Okkyun's *Brief Discussions on Ways of Governance* were similar to those of the Englishman Edwin Chadwick's *Sanitary Movement* in 1830s, which I had learned about in a public health class 20 years ago. I therefore analyzed the contents of Kim Okkyun's work, barely managing to go beyond bibliographical notes. Looking back now, I realize that those topics were the key to modernity and medicine. This is because cleanliness and uncleanliness are in themselves the visual and olfactory expressions of modernity and premodernity.

Park Cheka (朴齊家, 1750–1805), who lived in the early nineteenth century, thus recorded in detail the filthiness of Seoul in his *Discourse on Northern Learning* (北學議) “Five Rules on Feces (糞五則)”:

All houses within our city are dirty and untidy because, due to the absence of carts, it is impossible to discard refuse far away. Even when refuse is discarded outside the city wall, only some dozen cattles can be discarded because, at best, sick horses are used....Likewise, in Seoul, because urine is discarded every day in the yard or the street, the water from all wells becomes salty, and the bridges and stone embankments across rivulets are so thick with dried feces, which does

not wash away until the rainy season. In addition, feces and urine from the six domestic animals constantly soil people's socks, which demonstrates that furrows are not cultivated. Manure is not gathered, and ash is discarded only in the streets so that when there is the slightest wind, it is impossible to open one's eyes and ash scatters everywhere, making food and drinks in all homes unclean.⁴

Fifty years later, Kim Okkyun recorded the uncleanliness of the city in his *Brief Discussions on Ways of Governance*:

I have heard early on that when foreigners visit our country, they remark without fail, "Although the land is beautiful, Korea will not easily become rich and strong because it has a small population. Even more fearful is the fact that the streets are full of human and animal feces and urine." How could we bear to hear such comments?...In this country, water spills over into government offices and the yards of civilian houses and ditches are clogged so that putrid smell is a veritable torment and lamentably cannot be avoided even when the nose is covered, which is indeed a matter for scorn from foreigners.⁵

Was this because, in the intervening 50 years, Seoul had become unbearably filthy? In closely describing the unclean environment of the capital, Park Cheka had argued for the introduction of the carts used in Qing China to clean up the city. In other words, his focus had been on carts, a new form of technology. Kim Okkyun's response to the problem was different, however: For him, uncleanliness was a major impediment to national wealth and power (Picture 2). In other words, his emphasis was on "scorn from foreigners." Even when deteriorations in the environment of Seoul from Park Cheka's era to Kim Okkyun's era are taken into consideration, the two men exhibited in their discourses a fundamental difference in their respective view of uncleanliness—i.e., whether or not to link unsanitary conditions to national wealth and power or civilization. In addition, Kim Okkyun's views constituted a kind of collective conscious: his ideas were shared by some pro-enlightenment such as Park Yŏnngghyo (朴泳孝, 1861–1939), Yun Ch'ihŏ (尹致昊, 1865–1945), and the Korean minister to Japan Kim Mansik (金晩植, 1834–1900). So did Horace Newton Allen (1858–1932), the missionary doctor, Isabella Bird Bishop the tourist, and staff members of the Japanese legation. Kim Okkyun was but one of them.

Admittedly, the refuse as well as the human and animal feces in the streets would have been visually unpleasant and even tactilely disconcerting if one accidentally stepped on them. However, the most unavoidable thing was smell. Indeed, George W. Woods, an American military doctor who arrived in Korea in 1884—the first Western doctor to do so—remarked on the stench that filled Seoul.

I have given the "street-scenes." Now for a word about the streets themselves. Save the principal thoroughfares, they are filthy, dirty lanes, crowded with pedestrians, pack animals, loaded coolies, and oxen laden with green pine brush, struggling along through the muddy pools, and over the occasional rough attempts at paving At the sides supposed to find its way into the canals,

⁴ Park Cheka, *Pukhakui* (北學議, Discourse on Northern Learning), Taeyangseocheok (1972): 425.

⁵ Kim Okkyun, *Chi'toyaklon* (치도약론 治道略論 Brief discussions on Ways of Governance, Samesong-ch'ulpansa (1984): 88.



Picture 2 Seoul in 1880s. Sachineuro Poneun Chosŏnsitae Minchokui Sachinch’ŏp 1 (Album of Korean People in Chosŏn 1), Sŏmuntang, 1994:46–47

thence it eventually reaches the river. The odors from these open drains are vile beyond description, and in the hot season must be a breeder of disease. Cholera has on one occasion, within less than 25 years, claimed more than a half million victims, and here is one reason for the spreading of such an epidemic. (Bohm and Swartout 1984)

A group of figures including him was oversensitive to uncleanness and could confidently curse it based on their knowledge of epidemiology. For example, Woods thought that such putrid smell would “undoubtedly turn into a hotbed of disease on summer days.” Likewise, Kim okkyun argued that putrid smell was dangerous because it could lead to infectious diseases and, eventually, population decrease.

In the West itself, uncleanness was similarly seen as a cause of epidemics, which in turn led to the equation of uncleanness with ugliness and cleanliness with beauty. However, such a tendency became more pronounced and exaggerated when Westerners traveled to “barbaric” countries. Indeed, cleanliness and uncleanness not only were not restricted to the factual relationship that epidemics were natural objects to be overcome but also served as the primary measure of civilization and barbarity. The designator “filthy” was a result of Westerners’ act of labeling Koreans. In other words, Koreans were defined as beings who were ignorant of the science of sanitation, enslaved to old traditions that made cleanly management impossible, and incapable of surmounting such customs and improving the situation.

Visible uncleanness, noise in traditional markets, unpleasantness of stepping on feces and urine, flavor of food likely to have been contaminated, and revolting smells of barbarity—such uncleanness was tied to the first impression created by external objects through the five senses. In turn, these senses went beyond

distinguishing among human physiological phenomena and served as the basis of the aesthetic cognition of beauty and ugliness and as the standard of value judgment regarding good and evil. It is therefore no surprise at all that the sarcasm of Yun Ch'ihō, who went into exile following Kapsin Coup (甲申政變) in 1884, took on the structure of the discourse of cleanliness and uncleanness. Indeed, he thus wrote in his diary: "In the entire world, no people are as filthy and vulgar as the Koreans"⁶; "The stale and putrid stench of the Qing Chinese' streets in Shanghai is unbearable. Those who live in even filthier Korea deserve to be cursed as the denizens of a dung tub"⁷; "I grew up in the outhouse-like Korea....The Qing Chinese' houses are so immeasurably gloomy that they are beyond comparison with the Japanese' clean and shiny houses. However, Koreans' homes, which are like outhouses, are beyond comparison with the Qing Chinese' two-storied houses. They are pitiful."⁸

However, would such ideas have been unique to Yun Ch'ihō? In fact, they were the commonplaces of Westernized Korean intellectuals as well as Westerners and Japanese who sought to acquire rights and concessions in Korea in reference to the intractable Korean populace. Because it was related to the five senses, the discourse of uncleanness and cleanliness could bring about an immediate effect, which made it the most elementary and primary discourse of modernity. In addition, this discourse boasted a wide scope and considerable power because its objects were the majority of Koreans and their everyday lives.

4 Topknots and Short Hair: Premodern Bodies and Modern Bodies

In my doctoral dissertation, I sought to survey public health and sanitation following the opening of Korea's ports to the West and during the modernization period. At first, I ambitiously planned to explore the body, sanitation, and institutions at once. However, I realized shortly thereafter that it would be beyond the scope of my dissertation to link all three topics. Consequently, I went on to focus on institutions. Nevertheless, I carefully examined and analyzed the nature, status, and contents of the discourse of hygiene during each period to maintain a grasp of the connection between the body and the public health system. From among the incidents and topics that I studied then, the most impressive and extreme case regarding the relationship between the body and hygiene was that of the Cut Topknot Act (斷髮令). Indeed, this legislation had served as the battleground for a fierce war between modern standards and premodern traditions.

How would people react if the following edict were to be announced in contemporary South Korea? "All adult males within the country must tie topknots and all adult females must do their hair up in chignons." Because we are so accustomed to short hair today, it would be impossible even to consider tying topknots. However, which would be more difficult—for modern South Koreans to

⁶ Yun Ch'ihō Ilki (*Yun Ch'ihō's Diary*), 1888.7.10, T'amkutang (1975):233.

⁷ Yun Ch'ihō Ilki (*Yun Ch'ihō's Diary*), 1888.9.10, T'amkutang (1975):250.

⁸ Yun Ch'ihō Ilki (*Yun Ch'ihō's Diary*), 1888.9.20, T'amkutang (1975):252–253.

tie topknots once again or our ancestors a century ago to cut off topknots, which had been tied for over a millennium?

The Cut Topknot Act was implemented on December 30, 1895. The contents of the announcement on the Cut Topknot Act, made on the same day in the *Official Gazette* (官報) in the name of the Deputy Vice Minister of Interior Yu Kilchun (兪吉濬, 1856–1914), are as follow:

This excision of topknots has been undertaken by His Majesty [i.e., King Kochong] to set an example in the promotion of political reform and national enrichment because it is advantageous to the protection of life and the conduct of daily affairs. The people of the great kingdom of Chosŏn must therefore revere and emulate His Majesty's intentions, and the [new] apparel system is hereby announced. November 15, 504th year of national foundation. Deputy Vice Minister of Interior Yu Kilchun⁹

According to this decree, there were two main reasons for cutting off topknots: hygiene and convenience. Underlying them is the idea that long hair harms political reform and national enrichment.

The Cut Topknot Act was a tremendous event indeed, tantamount to calendar change, the act of changing the temporal standard of an entire nation. Here, calendar change signified the momentous shift from the lunar calendar, the temporal standard of the Sinitic civilization hitherto in use, to the solar calendar, the temporal standard of the modern era. In terms of their long history and prevalence as cultural practices, however, topknots and horsehair-woven headbands (*mangkŏnn* 網巾) alike were as influential in the daily lives of Koreans as was the lunar calendar (Pictures 3 and 4). The custom for a man to grow his hair long, to tie a topknot, and to wear a headdress was an ancient one indeed, practiced even during the Three Kingdoms period, and was an epitome of the distinction between children and adults, men and women, and noblemen and aristocrats. In other words, topknots were immediate markers of the traditional social order on the body. Moreover, they made it possible for Koreans to feel that their country was the only civilized nation to continue [Confucian] sages' tradition following the shift of power from the Han Chinese (Ming Dynasty) to the Manchus (Qing Dynasty).

Modern civilization is characterized by a desire relentlessly to force its standards on “uncivilized” racial and ethnic groups. This is because using the same code facilitates the flow of money and power. Consequently, modern civilization invariably establishes and disseminates standards on time, monetary unit, and political and legal systems. To the immediate revelation of such standards, the human body is essential. In other words, the fact that an individual had had his topknot cut off and wore a Western suit immediately revealed his mentality. After all, it was unlikely for someone with a topknot actively to embrace modern civilization. Consequently, topknots were a litmus test to sort out those who resisted modern civilization, and the act of cutting them off was that of converting them to modernity by breaking such resistance.

⁹ *Official Gazette* (官報), 1896.1.4.



Picture 3 Top-knot. *Korea Sketch*, 國立民俗博物館, 2002:125

Despite the pretext of hygiene, convenience, and national wealth and power, such forced elimination of topknots was invariably met with death-defying resistance. Indeed, Koreans saw the act of cutting off topknots as one of humiliation that would obliterate their identity. The missionary Lillias Horton Underwood recorded this in detail in her *Fifteen Years among the Top-Knots; or, Life in Korea*.

Tender associations of early manhood, honored family traditions, ghostly superstition, the anger and disgust of ancestral spirits, the iron grip of long custom, the loathing of the effeminate, sensual and despised Buddhist priests, all forbade this desecration. Their pride, self-respect and dignity were all assailed and crushed under foot. Sullen angry faces were seen everywhere, sounds of wailing and woe were heard continually in every house, for the women took it even harder than the men. Farmers and carriers of food and fuel refused to bring their produce to market, for guards stood at the gates, and cut off with their swords every top-knot as it came through. Men were stationed also in all the principal streets, cutting off every top-knot that passed, and all public officials and soldiers were at once shaved. There was a voice heard, lamentation and mourning and great weeping. (Underwood 1904)

According to her, because Koreans' social and historical lives were being suddenly and forcibly changed by the government through the legislation, the populace had to choose between resigning themselves to or resisting against the humiliation. After having their topknots cut off, some committed suicide; others



Picture 4 Cutting top-knot. Sachineuro Poneun Chosŏnsitae Minchokui Sachinch’ŏp 2(Album of Korean People in Chosŏn 2), Sŏmuntang, 1994:16

went into hiding to avoid government officials; and still others staged armed uprisings. Throughout the nation, righteous armies fiercely revolted—an act that did not merely signify an opposition to the Cut Topknot Act but also was a de facto declaration of war against the Korean government and Japan, both of which were enforcing short hair. As a result of such resistance, the Cut Topknot Act was repealed. In addition, government ministers including the Prime Ministers who had led this topknot-cutting drive were seized and beheaded in the streets. In other words, the “topknots had triumphed.”

However, this was but a momentary victory. Although the rashness and coercion with which it was initially implemented were quite problematic, as has been examined above, the drive to cut off topknots nevertheless triumphed in the end, through a process that was forced and voluntary by turns, to make short hair the standard among contemporary Koreans. Indeed, those who still tied topknots and wore horsehair-woven headbands were disadvantaged by being barred from holding government posts and entering schools, while those who had had their topknots cut off were provided

with privileges. In 1904, under Son Pyŏnghui's leadership (孫秉熙, 1861–1922), over 100,000 adherents to Tonghak (東學教徒) or members of the Advancement Society (一進會) had their topknots cut off en masse and adopted black clothing (Chŏngin 1994). This incident dramatically transformed the removal of topknots, which, since the assassination of Queen Myŏngsŏng (明成皇后), had made slow progress. Although Son Pyŏnghui and his followers cut off their topknots to vaunt their determination that Koreans had to strengthen their nation through active modernization, Japanese imperialists understood this act as an increase in their influence over Koreans.

The most important argument regarding hygiene was the logic of short hair. Because they merely demanded changes in habits, injunctions such as those forbidding public defecation, urination, and expectoration and promoting frequent bathing and hand washing did not entail a head-on collision between traditional and modern values. However, this did not hold true of the act of cutting off topknots. If hygiene had been the sole consideration, it would have been more appropriate to urge Koreans to wash their hair more often than to enforce the Cut Topknot Act. Precisely because of this alternative, the logic behind short hair—i.e., hygiene and cleanliness—was clearly insufficient. Indeed, hygiene was merely a pretext; the main reason for the legislation was the destruction of the traditional values that topknots represented. Nevertheless, the discourse of hygiene, according to which short hair would save individual lives and allow them in turn to help Korea to become strong and wealthy, had the nearly magical power to disguise even such feeble excuses. This irrational power of the logic or discourse of hygiene, too, was the power of modernity, as it took roots in and spread throughout Korea.

5 The Modern Transition of the Health Care System

When the years 1876 and 1910 are examined in a cross-section, what large differences would there be in terms of health care system? This is the question that I endeavored to answer macroscopically in my doctoral dissertation. Because I was unable fully to address the politics of the body, power, and health care, I had to content myself with an exploration of the modernity of the health care system. In terms of the health care system itself, some things had disappeared while others had emerged newly or changed in form. Moreover, the value placed on society on health care likewise had changed, thus transforming in turn the position of health care in the social context.

When 1876 is examined in a cross-section (Dongwon 1997a, pp. 437–438), health care in Korea existed as a national medical system, with the three medical offices—Palace Pharmacy (*naeuwon*, 內醫院), Office for Medical Administration (*chŏnuikam*, 典醫監), and Office for Helping the People (*hyeminsŏ*, 惠民署)—as the foundation. It was based on the loyalty of the subjects and the populace to the monarch on one hand and on the so-called ideology of monarchical rule, where the ruler would bestow grace on them in return, on the other. Accordingly, the medical officials (*euikwan*, 醫官) who could take charge of national medical service were chosen and trained through the selection of talented individuals or the administration of medical service examinations (*euikwa*, 醫科) and generally were responsible for the health of the monarch and high-ranking officials, administrative

procurement and supply of medical ingredients, and medical treatment of the populace, respectively. In times of infectious diseases, the state distributed medication and dispatched ritual invocations (*chungmun*, 祝文) and memorial rite officials (*chekwan*, 祭官) for memorial rites held to placate the spirits that incited infectious diseases (*ryŏche*, 厲祭) to appease the populace, and collected and buried the bodies of those without families or legal guardians outside the city wall. In addition to such state medical service and public health activities, diverse folk remedies and methods existed among the populace, with traditional Korean medicine as a deeply rooted practice. While medical doctors (*euiwon*, 醫員) attached to government organs at times diagnosed civilians in the case of Seoul, no such doctors existed in most provinces, and those who had acquired minimal medical knowledge simultaneously served as apothecaries and doctors instead. Although some Koreans at that time were knowledgeable of Western medicine, this did not go beyond an academic interest. Even the so-called Western treatment practiced by Roman Catholicism assumed the form of “praying to [Christian] God in the name of Matteo Ricci to cure a stomachache” instead of advanced Western medical treatment. In addition, variolation, originally from China, was widely practiced as a form of traditional medicine instead of smallpox vaccination, which could be seen as a Western medical treatment.

When 1910 is examined in a cross-section (Dongwon 1997a, pp.438–439), traces of the three medical office systems that had dominated national health care in 1876 could be found only in the medical officials attached to the Chamberlain’s Court (*kungnaepu*, 宮內府). By this time, medical service for the imperial household had dwindled to a part of the Chamberlain’s Court, which was in charge of the imperial household separately from affairs of the government, instead of existing as and in terms of an independent medical organ. On the other hand, traditional Korean medicine, which had been responsible for civilians’ health, by this time, had acquired the status of “medical doctors” (*euisa*, 醫士) and changed into a kind of profession in which one could practice with state permission, formed organizations, and continued to play a key role in medical treatment for the bulk of Koreans. Although they thus existed, whether through reduction or adjustment, existing medical practices and occupations constituted only a fraction of overall health care system. The remainder was occupied by hitherto unknown practices and occupations. Now, unfamiliar medical treatment that tore open and penetrated the human body was being implemented. The state established spaces across the nation for this new treatment method, imported or trained medical practitioners, and conferred on the latter a special status through the license system. To prevent infectious diseases, quarantine stations were set up and managed in ports and train stations, disinfectants were sprayed throughout infected areas, the freedom of movement was restricted in these areas, and those afflicted with infectious diseases were incarcerated in isolated hospitals. In addition, the treatment of garbage, feces, and urine and the dredging of rivers became constant activities, and public toilets were established in the streets. It was not possible to defecate or urinate publicly or to sell unripe fruits and cucumbers as well as stale meat. Wells, too, now had to be maintained to prevent contamination. In particular, in relation to smallpox prevention, variolation came to be prohibited and smallpox vaccination came to be recommended instead. All of the above was determined

within the framework of law, and state administrative apparatus were specially established to implement such measures. The Sanitary Board (衛生局) was in charge of health care administration, and the police was in charge of monitoring and controlling public health and medication. This powerful system was based essentially on the logic that health care and hygiene could improve individual health, strengthen the nation, and lead to civilization.

In my view, this break with the past can be summarized as the disintegration of a health care system centering on the three medical offices and based on the monarchical ideology and the new establishment of a health care system that managed the population qualitatively and quantitatively. These were indeed the heart of the modern transition of the health care system in Korea. However, I believe that such changes were not determined solely by the influx of foreign practices and materials but due to the inevitable task of eradicating and preventing infectious diseases, a problem that Korean society had already faced. Moreover, because of the competition among Western powers due to the opening of Korea's ports to the West, the issue of population control became even more pronounced. Since the eighteenth century, in the West, population had come to be seen as an important factor and determinant of national power so that measures to increase the population through public health including quarantine and environmental sanitation had been put into practice. Although Korea likewise had traditionally been aware of the importance of population, it had been clearly limited due to its lack of actual methods and techniques for maintaining and increasing the population. Consequently, Korea had no choice but to take a considerable interest in population increase as a means to national power and wealth, which in turn necessitated the wholesale transformation of the existing health care system.

It was in this situation that Western hygiene and medicine were imported, and these new practices subsequently formed a new health care system together with existing hygiene and medicine. In this process, the recently imported Western practices gradually came to occupy the center, and existing practices were delegated to the periphery (Dongwon 1997a, p. 439). Immediately following the opening of Korea's ports to the world (開港期, 1876–1885) until the period in which the health care system was grounded on the ideology of “Eastern thought and Western technology” (東道西器, 1885–1894), the traditional three medical office systems formed the backbone of health care, and Western medicine and medical practices such as Chechung Hospital, smallpox vaccination, and quarantine either adjusted to or supplemented this existing system. However, during the Kabo Reforms (甲午改革, 1894–1896), Korea's health care system was transformed completely to control the population. Moreover, during the Kwangmu Reforms (光武改革, 1896–1905), the plans and ideas originally presented during the Kabo Reforms came to be implemented. Nevertheless, according to the principle of “deliberat[ing] on the old and refer[ring] to the new” or of taking into consideration both the old and the new, traditional Korean medicine, too, was made use of as a useful resource in this period—a far cry from the radicality of the earlier Kabo Reforms. By the time that the Residence-General of Korea (統監府時代, 1906–1910) came to hold sway over Korea, the Japanese had completely taken over health care and reorganized it to supplement the emerging colonial system. In addition, traditional Korean medicine was categorically excluded from any and all official systems.

As has been examined above, the health care system in Korea underwent tremendous changes from 1876 to 1910. The feudal system of the three medical offices, which had consisted of the Palace Pharmacy, Office for Medical Administration, and Office for Helping the People and had been based on royal favor, disappeared, to be replaced by an organizational system focusing on Western hygiene and medicine and capable of controlling the population. In this process, the medicine, hygienics, and medical practices that had been established in the West and were based on the natural sciences became central, thus delegating traditional Korean medicine to the periphery.

Looking back, the newly established health care system was still half-fledged. In the early years of the Empire of Korea, health care, hygiene, medical service, and medicine alike were only formally Westernized or modernized. While the period of the Residence-General of Korea did witness improved medicine and medical service, they were subordinated to the interests of particular social classes and employed as a useful means of justifying Japan's colonial rule over Korea. In addition, the administrative power and resources used to manage infectious diseases manifested themselves not as increased benefit to the Korean populace but as infringement or oppression of everyday life. In other words, the modern health care system formed around 1910 fundamentally differed from its current counterpart because the former was devised to serve colonial power while the latter is based on the concept of civil rights.

6 Dynamics of Foreign Powers and Chosŏn Government in Health Care

Two myths have dominated modern history in Korean medicine.¹⁰ First is the 'Allen myth', related to the former citation. According to this myth, "Western medicine, carried by Allen and Christian missionaries, has taken main role in the development of modern Korean medicine." This 'Allen myth' was created by scholars of history in the Christian church, based on Allen's diary and autobiography. Second is the 'Chi Sŏk-young myth', related to the later citation. According to this myth, "Chi Sŏk-young, also studied smallpox vaccination from a Japanese naval surgeon and made a decisive contribution to its wide spread and institutionalization of the vaccination throughout Korea." Japanese colonial rulers made this myth in the end of 1920s, commemorating the 50th anniversary of introduction of the smallpox vaccination by Chi Sŏk-young to Korea (Picture 5).

The above myths both have three similar features: exaggeration of individual heroic action, depreciation of the role of the Chosŏn government, and ignorance of imperialistic motives of the USA and Japan. Fundamentally, these myths assume that the government was incapable of modernizing medicine for itself, and the strong foreign nations led to the modernization. However, I discussed the two scenes from a different angle. Instead of the mythical interpretation, I insisted that the introduction of Western medicine, including surgery and smallpox vaccination, had been in the context of a power struggle between modernizing activities of the government and the imperialistic activities of the USA and Japan.

¹⁰ Discussion in this section came from the following article, Dongwon (2004).

As the result of comparison of the establishment of government hospital and the development of the smallpox vaccination during 1885 to 1910, I attained some insights of the differences in three areas: the difference in clinical medicine and public health, the difference of imperialistic medical activities of the USA and Japan, and the difference of modernizing activities of the government and imperialistic nations.

First, I saw the difference of the imperialistic activities between Japan and the USA. In case of Japan, their government played a crucial role in transplanting Western medicine into Korea. While in case of the USA, the several missions played an important role in the transplantation, unlike the case of other Western colonies, where missionary medicine worked as a supplementary means to colonial occupation. The difference of interests of the two imperial states led to the difference. Japan strongly intended to occupy Korea from an early stage, while the USA wanted only economic exploitations and dissemination of Christianity. Japan had interests in the introduction not only of treatment medicine but also of public health such as smallpox vaccination, for she regarded it as a means of expanding her influence on Korea. Unlike Japan, the American missions had interests mainly in treatment medicine that could be used as a good tool to convert Koreans to Christianity.

Second, I saw the cooperation and conflict between the activities of the Chosŏn government and the imperialistic states of Japan and the USA in the introduction of Western medicine. The two activities were not divided obviously in Korea during 1876–1910. Imperialistic medicine did not dominate the Korean medical world for the entire time, and simultaneously the advanced Western medicine by Japan and the USA did not entirely absorb into the nourishment of modernization of Korean medicine. Calculating the loss and gain, the activities of both sides were sometimes combined, sometimes compromised, or sometimes conflicted each other. When the Chosŏn government had the capability to control the power of foreign countries, even imperialistic medicine was absorbed into the modernizing activities of the government. On the contrary, when the government was weak, imperialistic activities attain superiority over the modernizing efforts.

Third, I saw the constraints of not only the ability of the Chosŏn government but also the problems of imperialistic medicine. In comparison with other modernized nations such as Japan, the attitude of the Chosŏn government toward Western medicine was too passive to establish the reproduction system of Western medicine. Moreover, the government did not have enough stability to root the medicine. These refrains gave the imperialistic medicine, such as Japanese army medicine and American missionary medicine, to broaden their field of actions. The refrains, however, do not legitimize the imperialistic activities of the medicines. The primary purpose of the missionary medicine was not to heal Koreans' sickness but to induce Koreans' conversion into Christianity. Furthermore, as some studies had discussed, imperialistic economic exploitations such as exploitation of goldmines were conducted in the other side of the medicine. Western medicine by the Japanese played important roles to enlarge her imperialistic influence on Chosŏn and finally acted as tools of controlling colonial Korea. Western medicine by the USA and Japan was the power itself agitating Korean society as well as the science of saving the diseased.

Today, criticizing on the myth related to Japanese imperialism is easier than criticizing on the myth related to American missionary medicine because Korea society is in a mood of agreeing with overcoming colonialistic view of Korean history. In my view, the researches on imperialistic aspect of American missionary medicine, however, are few because the power of the USA is still very strong in contemporary Korea.

7 Voluntary Sanitation Movement of Tonghak (東學) and Ch'ödogyo (天道教) around Twentieth Century

In addressing Ch'öntokyo's concept of body and hygiene, I aim to demonstrate that there was a path different from the aforementioned two (external and forced modernization).¹¹ Tonghak (東學, at the end of Chosŏn dynasty) and the following Ch'öntokyo (around twentieth century), each grew to substantial size, and these religious groups showed a willing internal acceptance of the western concept of hygiene. At its peak, Ch'öntokyo is known to have had a staggering 3 million followers, and even accounting for the possible exaggeration, it was a sizeable presence. It was much larger in size than Christianity, which numbered only tens of thousands. The Ch'öntokyo followers consciously accepted Western concept of hygiene in their everyday lives, a fact that swas largely ignored in the study of Korean modern practice of sanitation.

Religion and healing are inseparably interrelated, as one of the biggest human sufferings is illness. Without exception, religions pay deep attention to human illness. In the development of Tonghak, the predecessor of Ch'öntokyo, healing was an important part of proselytizing efforts of its founder Choi Chae-woo (崔濟愚 1824–1864), second leader Choi Shi-hyŏng (崔時亨, 1827–1898), and third leader Sohn Pyŏng-hee (孫秉熙, 1861–1922). From the moment Choi Chae-woo founded Tonghak in 1860, he promoted relief from sickness as one of his most urgent missions, by declaring “relief to all” (*kwangchaechangsaeng* 廣濟蒼生). At the, time it was what the people desperately needed. Aside from the political confusion, economic hardship, and foreign influence's expansion, there were endless hunger, epidemics, and natural disasters, which put people's lives under a constant threat. Epidemics would particularly wreak havoc, taking away hundreds of thousands of lives in one sweep. Around the time when Choi founded Tonghak, 1859–1860, a cholera outbreak is known to have killed around 400,000. Not only such lethal epidemics, but other diseases continued to plague the people of Chosŏn. Many of them were not treatable with the medicine available at the time. There are many records that Choi exercised supernatural power to heal the sick in the publications of Tonghak.

While healing remained a personal act during Choi's time, from the second leadership under Choi Shi-hyŏng, it became more of a group exercise. Choi Shi-hyŏng predicted a virulent disease outbreak in 1886 and taught his followers how to avoid its malignant effect. In fact, there was a cholera outbreak in 1886, on a scale that would have taken away thousands of lives. Choi Shi-hyŏng predicted its onset

¹¹ Discussion in this section is came from the following proceeding, Dongwon (2008).

and emphasized prevention to all members, through largely two ways: first, to double their religious practice and keep the mental equilibrium to receive the energy; and second, chant the incantations with the utmost devotion and pray with pure water. These included the following: (1) Do not mix new steamed rice with the old one; (2) after boiling again, eat old food; (3) do not spit anywhere, instead cover the spit with the soil in the street; (4) if you have a bowel movement, bury the excrements in the ground; (5) do not flow dirty water anywhere; and (6) clean the inside of your houses twice a day. As a result, while “even one out of a hundred” hardly survived, reportedly, none of the Tonghak families and Choi Shi-hyǒng’s neighboring 40 households suffered from it.¹²

I believe that such hygiene guideline is related to the concept of cleanliness of Tonghak as a religion and the acceptance of modern sanitation knowledge. Since the opening of the nation’s ports in 1876, modern knowledge of hygiene was introduced from the west, reaching the public through the Hansǒng daily founded in 1882. When there were signs of cholera outbreak in 1885, the Chosǒn government issued a sanitation decree to citizens of Hansǒng (漢城, today’s Seoul) through missionary doctor H.N. Allen, who worked at Chechungwon (濟衆院, Korean government’s first modern hospital). The decree included such instructions as “thoroughly clean the inside and outside of the house, throw limestone over sewage holes, drink boiled water only.”¹³ I suspect that Choi Shi-hyǒng, coming upon such modern hygiene concepts, tried to incorporate them into the spirit of Tonghak (devotion and cleanliness) and everyday rule. As a result, Tonghak followers were not inflicted by the epidemic, a manifestation of “relief to all.”

Tonghak’s hygiene concept was further refined by the third leader, Sohn Pyǒng-hee. He published his *Writing on Hygiene* to his followers in 1901. Sohn was burdened with the task of reviving the group’s influence, much weakened after the 1894 Peasants’ War, and he decided to do that by actively introducing elements of modern civilization. This was the reason why he went to study in Japan. It was there that he came in contact with liberal leaders such as Oh Se-chang (吳世昌) and Park Young-hyo (朴泳孝), discussing the issues of the time, including “enlightenment.” He returned home briefly in 1901, when he published the hygiene concept.¹⁴

His written theory combined oriental medicine with western physiology and hygiene knowledge into Tonghak’s religious principles and consisted of the main body and sub-provisions, which served as an action plan. The sub-provisions were a developed version of Choi Shi-hyǒng’s 1888 teaching for women’s discipline (內修道文, *naesutomun*). They offer four principles: protecting the mind (守心), uprighteousness (正氣), diet control (飲食調節) and clean living quarters (居處清潔).

Disease treatment and epidemic prevention were not mere rhetorics. Healing and hygiene were two of the most important reasons why many people sought out

¹² Yi Ton-hwa, *Ch’ ōntokyoch’ angkōnsa* 천도교창건사 (天道教創建史, History of Creation of Ch’ ōntokyo) (Tonghaksasangcharyochip 2 東學思想資料集2, 亞細亞文化史) Seoul, 1979: 128.

¹³ Ponkyoryōksapōnyōk 본교력사번역 本敎歷史翻譯, Translation of Our Religion) 28, 1912.11, *HanmalCh’ ōntokyoch’ aryōchip 2* (한말천도교자료집2), Seoul, 1997: 209

¹⁴ Yi Ton-hwa, *Ch’ ōntokyoch’ angkōnsa* 천도교창건사 天道教創建史, History of Creation of Ch’ ōntokyo) (Tonghaksasangcharyochip 2 東學思想資料集2, 亞細亞文化史) Seoul, 1979: 204.

Tonghak. The rumor that “you will not get sick and live a long life” gave a significant boost to its membership. This tradition was passed on to Ch’öntokyo, which claimed, “Ours is a religion that heals the world’s illnesses.”

While Sohn’s 1901 theory of hygiene was emphasizing personal hygiene by protecting the mind and controlling energy, what he published after coming back from a long stay in Japan was more geared toward public sanitation at the national level because it was part of his ambition to build a constitutional monarchy by actively embracing the West’s modern civilization through Tonghak (Ch’öntokyo). Upon his return in 1906, Sohn renamed Tonghak to Ch’öntokyo, set up its headquarter in Seoul, and expressed his plans centered on constitutional monarchy through the writing “Era of Preparation.”

In the main part of this paper, Sohn made it clear that western physiology was to be the basis of self-preservation, declaring “we should learn to care for ourselves through physiology.” In the appendix titled, “Self-governance in non-capital regions,” laying out the organization and activities needed for non-capital regions to govern themselves, he finely detailed the sanitation activities as well. It included implementation of hygiene law to prevent epidemics, vaccination (with cowpox) to prevent smallpox, and prevention of livestock epidemics. As for details of the hygiene law, he proposed controlling toilets, sewage, inside and outside of the house, food, drinking water, traffic control, and quarantine during epidemic outbreaks, and disinfection and sanitation of epidemic patients and their premises.¹⁵

What Sohn had proposed was actually nothing new, as it was already implemented in almost all modern countries and Korea was no exception. But his hygiene theory was still valuable in that he defined it as something to be undertaken by the citizens themselves, as part of their self-governance. Sohn believed that sanitation activities should be overseen by each region’s governing office. At the time in Korea, there was no active sanitation administration at the regional level, and under the Japanese residency-general set up in 1906, hygiene was enforced by police and military police monitoring, rather than voluntary implementation.

But sanitation is more effectively implemented through voluntary participation and enlightenment, not administrative enforcement. Since Sohn’s 1906 paper, *Era of Preparation*, Ch’öntokyo paid close attention to sanitation enlightenment. The *Ch’öntokyo Monthly Newsletter*, (天道教會月報) launched after Japan’s forcible annexation, provides evidence. In the early 1910s, the Newsletter gave extensive coverage to hygiene. From the first issue in August 1910 to the 30th in 1913, hygiene and sanitation topics included emergency room, food digestion, child care, bacteria, sanitation, and longevity. Notably, it was mostly written in Korean characters, indicating that it was specifically targeting women. It implies that the purpose of the coverage was enlightenment and edification.

Around 1910, such sanitary life habits by Ch’öntokyo followers was part of their efforts toward a better civilization, where they tried to apply modern knowledge to build industries and live a rational life based on natural science. It was made all the more significant by the fact that it was targeted to Ch’öntokyo membership, which went on a growth spurt in the early 1910s to reach either 3 million (by the group’s

¹⁵ Yi Ton-hwa, *Ch’öntokyochoch’angkönsa* 천도교창건사 (天道教創建史, History of Creation of Ch’öntokyo) (Tonghaksasangcharyochip 2 東學思想資料集2, 亞細亞文化史) Seoul, 1979: 207–208.

own estimate) or 1 million (by *Peninsula Time*'s estimate) as of 1916 (Ch'ngin 1994). This means that possibly more than one tenth of the 20 million Korean population was associated with Ch'ontokyo's sanitation campaign. There was sanitation education through schools and media, but Ch'ontokyo's represented a religious approach, through internal enlightenment. This implies that the level of sanitation improved in Chos' on not only through Japanese imposition but also through religious renewal.

8 Epilogue

When addressing the topic of medicine in the Korean society at the turn of the twentieth century, we often recall the relationship between Western medicine and traditional Korean medicine. We therefore ask what happened to traditional medicine during this period. Such questions are valid because traditional medicine still existed and had secured its own place. However, at this time, Western and traditional medicine were not equal in either actuality or discourse. In terms of the interrelation between medicine and society, the relationship modern Western medicine–modern society/traditional Korean medicine–traditional society was—and continues to be—asymmetrical. This is because the structure in which the medical knowledge system is closely tied to the power system of a society is a characteristic peculiar to modernity.

Though loosely, traditional Korean medicine and its knowledge system likewise had upheld traditional Korean society. For example, traditional medicine had buttressed, as a knowledge system, Confucian ideology as represented by filial piety in addition to treating illnesses. However, it had failed to rise as a knowledge system capable of ruling over an entire world comprehensively, in depth, and thoroughly. Traditional medicine had not truly gone beyond the sphere of the medical treatment of diseases itself.

On the contrary, modern Western medicine, as a part of Western natural science, was in a key position to support everything related to the modern “body.” Indeed, it was the apex and source of the knowledge and ideology necessary for maintaining and controlling the entire modern social order: the separation of the mind and the body, the definition of the body as an object, the training of the body for the birth of the modern man, population control techniques, eugenics based on a view of racial superiority and inferiority, and judgments on “normality” and “abnormality.” In comparison with these effects, the treatment of patients—i.e., the original goal of medicine—was actually secondary. Nevertheless, the effects of such medical treatment, which included the prevention of diseases, were the key ground that justified the dominance of medicine over a broad spectrum of areas even beyond its own. In other words, medicine was not limited to the management and treatment of illnesses but achieved dominance over all areas and spheres of the body of medical knowledge and practice. This can very well be called imperialistic because it is similar to the ways in which modern South Korean conglomerates dominate over a large number of private corporations through a handful of shareholders.

I have hitherto explored several topics related to medicine and modernity in Korean society at the turn of the twentieth century. These topics, however, are but

the tip of the iceberg. Indeed, innumerable issues including the following await subsequent studies: the extent and depth to which medical knowledge informed the organization of modern Korean society; the ways in which medical knowledge defined modern Koreans' bodies and their modes of behavior; the ways in which diverse political forces made use of medicine and medical treatment; the ways in which medical doctors, the upholders of medical knowledge, have come to wield the immense power that they boast today; and whether traditional medicine, a medical system different from Western medicine, can serve as an alternative to the problems of modern medicine.

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