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Hanŭihak, singminjirŭl alt'a 한의학, 식민지를 앓다 : 식
민지 시기 한의학의 근대화 연구 [*The Modernization
of Korean Traditional Medicine during the Colonial Period*]
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The contemporary Korean ambition to globalize traditional medicine is often reported by the country's leading newspapers. A growing number of Korean doctors of traditional medicine are planning to take the licensing examination in the USA. One who passed the examination, a physician confident in his knowledge and experience, is planning to open a clinic in an American city soon; he proudly declared that Asian medicine in his adoptive country lags behind Korea by more than 20 years. Supporting this trend, another doctor argued that "traditional medicine should be Korea's leading industry in the future." This doctor insisted that Korea should overcome competition from China through a comprehensive strategy, then play a leading role in the world market for Asian medicine, which will grow to "\$250 billion in ten years, and \$5 trillion by 2050."¹ Such ambitions amount to a marked change for a nation whose history of traditional medicine remains unknown outside Korea. In addition to a language barrier, there is a methodological problem. Korean medicine has shared its textual tradition with China for more than a thousand years. The advent of Western medicine in East Asia reframed that tradition. The Japanese colonial regime (1910–1945) reformed institutional settings, prioritizing scientific medicine. Complicated by multiple origins, diverse groups of agents, and contingent opportunities and limitations, the history of traditional medicine in Korea cannot be conveyed simply by describing what Koreans have done in their own territory.

Responding to this challenge, *The Modernization of Korean Traditional Medicine during the Colonial Period* seeks to elaborate the multilayered elements of Korean medicine in transition. As a collection of nine articles by six authors, it aims

¹*JoongAng Daily*, December 1, 2008; *Chosŏn Ilbo*, August 31, 2006.

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primarily to highlight how Koreans faced challenges of *the modern*, which had to be unfolded within the millennium-long convention of indigenous medicine. Mediated through Japanese imperialism, the unprecedented demand for a transformation of medical policy, institutions, and markets profoundly affected the lives and careers of Korean doctors, patients, drug sellers, and intellectuals. Previous scholarship has already examined the colonial regime's enforced hygienic administration, medical policies, and education—mostly through the framework of the “colonizer and the colonized.” This edited volume, however, offers a more nuanced perspective, examining the intersection, not bifurcation, between colonialism and modernity. Four sections, each of which comprises two or three articles, offer rich narratives built on in-depth analyses of primary sources, images, and a series of statistical surveys carried out by the colonial government.

The book's first section examines the impact of the system of medical licensing imposed by the colonial regime on Korea. The “student of medicine” category—specific to practitioners of traditional medicine—is highlighted, as this was unique to colonial Korea and thereby exemplifies the Japanese colonialist compromise: Western medicine was officially promulgated to replace the outmoded traditional medicine, yet the old system was still in demand and was tolerated. However marginalized, the student of medicine was an indispensable element of the medical system. As Yeo In-sok points out, newly organized associations of traditional medicine practitioners often sought acknowledgement from the Japanese authorities, which they viewed as a means to secure their careers (56).

The book's second section examines Korean responses to the Japanese regulations. Among the groups discussed are doctors of Western medicine, doctors of traditional medicine, and patients. Here Yi God-me offers a vivid portrayal of the popular use of traditional medicine. She confirms that far more patients sought care from the students of medicine than from the newly authorized doctors of Western medicine. Yi's research depends on statistical surveys carried out by the Chosŏn Government-General in the 1920s and 1940s. One survey shows that in 1940 the ratio of patients to doctors of traditional medicine amounted to 3,604, whereas the figure for doctors of Western medicine was 11,800. In a rural town with 61 households, only 8.5% of all medical consults went to Western-style doctors, whereas 25.4% called upon traditional practitioners, 19.4% purchased medicine based on self-diagnosis, 23.9% used locally available botanicals, 19% ignored their symptoms, and 3.9% relied on shamans and other magical cures.

Over time, traditional medicine turned toward modernization. In the book's third section, Kim Nam-il questions the conventional notion that traditional medicine declined under the Japanese regime. Kim argues that the growing number of medical texts published mainly by scholarly doctors during the late nineteenth and early twentieth centuries demonstrates a vibrant commitment to meeting the challenge of Western competition by relying on indigenous textual resources. Far from resigning themselves to changes imposed from without, doctors aggressively sought solutions and suggested alternatives. Among the treatises to which they returned were Hŏ Chun's (*Precious Mirror of Eastern Medicine*, 1610), Yi Che-ma's (*Longevity and Life Preservation in Oriental Medicine*), and Hwang To-yŏn's (*Compendium of Prescriptions*, 1885). Chinese classics, such as *Shanghanlun* (*A Treatise on Cold-Damage Disorders*, 196–220 CE), once again became acknowledged standards. But

a synthesis of sorts was under way. Major textbooks for training the new generation of traditional practitioners borrowed terms and ideas from Western medicine. Although the schools of the day, the leading physicians, and the major texts are only briefly introduced, Kim's article offers a rich and dynamic picture of traditional medicine during its supposedly dark period.

The fourth section of the book focuses on the growth of the Korean brand of medicinal drugs. According to Japanese regulations promulgated in 1913, only college graduates who passed a state-sanctioned examination would be certified to act as pharmacists; hence there was just a handful during the 1920s. But since the eighteenth century innumerable drug sellers had plied their trade, establishing their own trade routes and preparing efficient medicines. Yang Jeong-pil argues that drug sellers confronted by the state's effort to control the trade adapted to the colonial authority's patent regulation. They turned to newly introduced newspaper advertisements and modified old formulas to bring them into line with modern expectations. Park Yun-jae's article shows this modernization of the drug market was principally a concession to the Japanese occupier. Park details the process of adjustment by analyzing an early twentieth century controversy between two leading pharmaceutical companies over patent rights.

Overall, the strength of this book lies in elaborating Korean agency without imposing a nationalistic framework. The authors acutely point out that the growing emphasis on uniquely Korean—or *minjok* (nationalistic)—medicine did not always take the form of resistance to Japanese or Western authority (21). A corollary of this perspective, though, is a homogenized depiction of the Japanese actors, who are primarily viewed as an "impediment," a merely "administrative power" that exercised its "influence via texts." For the sake of comprehensiveness, the Japanese influence should be more carefully scrutinized. For instance, Korean drug sellers imitated Japanese advertisements and produced knock-offs of Japanese patent medicine. As Shin Kyu-hwan explains, Koreans reacted in a host of ways, some contradictory, others unexpected, to the Japanese revival of traditional medicine. Thus, the question arises: What role did *Japanese* pharmacists, drug sellers, patients, and doctors of traditional medicine play in the Korean story?

Some editing would have helped throw a spotlight on the central argument of each article. Time after time, the same events from Korea's modern history are rattled off. For instance, summaries of the Japanese regulations on medical licenses show up in five articles (17, 40, 61, 105, 199). The 1930s controversy between doctors of traditional and Western medicines is presented in three articles (91, 130, 200). This redundancy could have been avoided by providing a chronological table of major events as an appendix.

I also feel the book would have benefited from more discussion about "colonial modernity." Although the preface put forth this idea as a theoretical framework, the following chapters do not even allude to the subject. What is at stake is not a more nuanced use of theory but a more refined way to set Korean experience into a broader context. The authors should have paid more attention to comparative approaches. Most of the themes discussed in this book are not unfamiliar to readers of the history of East Asian medicine. The 1930s controversy is reminiscent of the revival of traditional medicine in Republican China; the Korean claim to synthesize Western and Eastern medicine closely resembles claims made by Chinese medical

practitioners; studies of the dynamics of different schools in Korea could draw on insights about local approaches persuasively presented by Marta Hanson and Volker Scheid in their work on eighteenth century China. What does the Korean experience teach us about the modernization of East Asian medicine more generally?

More thoughts on the contemporary situation of traditional medicine could have helped elaborate the big picture. To be exact, the authors could have looked at the “colonial origins” of traditional medicine in contemporary Korea, instead of the promised pursuit of “colonial modernity.” Kim Nam-il touches on this point by asking how the scholarly doctors’ publications during the colonial period established a foundation for post-1945 traditional medicine’s success. Kim’s approach is excellent, but his point can be taken further by asking whether colonial vestiges are still intertwined with the contemporary condition of Korean traditional medicine. What has been perpetuated? What has been shed? Can the problems traditional medicine is now facing be traced to colonial origins?

Finally, no one has bothered to proofread the English abstracts that appear in the book. A couple of major terms appear in different forms, and erroneous transliterations abound. At the very least, the English translation of *hanŭihak* should have been regularized. Yeo, Yi, and Yang translate it as “traditional Korean medicine” (298, 303, 306), Kim as “oriental medicine” (304), and Park uses both phrases (300). (Although “traditional Korean medicine” is often used as a counterpart of traditional Chinese medicine, scholars have pointed out that *traditional* is not a neutral term of historical analysis.) The student of medicine is translated as “herbal doctors who practiced traditional Korean medicine” by Yeo (299) and as “Student Doctor” by Shin (302). Due to inconsistent transliteration, “student of medicine” is rendered as both “Eui-Sang” (299) and “Uisaeng” (302). The authors seem to follow “Revised Romanization of Korean,” not McCune-Reischauer, but some names of historical figures and the name of a text have eluded the former standard. For instance, “Chang Ki-moo” (301) should be “Jang Ki-mu,” “Bang Hap-shin” (310) should be “Bang Hap-sin,” and “Pyeun” (304) should be “Pyeon.”

Despite these weaknesses, this volume provides many interesting details and fresh ideas about traditional medicine in colonial Korea. Although the interaction between colonialism and modernity is not addressed with any theoretical sophistication, all of the articles contribute to a fuller and deeper understanding of the Korean experience of a global phenomenon. Historians of Korea and of Asian medicine will certainly want to add this book to their shelves.