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The Medicine Cabinet: Korean Medicine Under Dispute

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Abstract This is a historical and ethnographic account of the transformation of Korean medical institutions in the context of national identity building. Focusing on the traditional medicine cabinet, the author discusses intraprofessional and interprofessional conflicts between Korean Oriental medicine and Western medicine. During the period under study, practitioners of Korean medicine institutionalized their practice by emulating the forms and institutions of Western medicine. In the process, practitioners strategically mobilized "science" and "tradition" to secure their epistemic and political power over contending medical professionals. Invoking the colonial experience as a national disgrace and associating it with the ordeal that indigenous medicine had undergone, practitioners homogenized, expanded, and secured their jurisdictional terrain by both appropriating the techniques and knowledge of traditional healers and accommodating values embedded in Western science. For example, contending that acupuncturists and herbalists had been cut off from the current of tradition by colonialism, practitioners reduced these practices to mere technical work and forced them out from the mainstream of Oriental medicine by ensuring that they were never legally recognized as true physicians. Concurrently, when faced with the expansion of Western medicine into some traditional therapies, practitioners resorted to cultural nationalism. They insisted that the theoretical foundations, diagnostic methods, and therapeutic applications of their own tradition could not be replicated by their Western rivals.

Keywords Korean medicine · Western medicine · National identity building

In the 1970s and 1980s a booming domestic economy enabled South Koreans to utilize herbal medicines on a larger scale, which created a lucrative market. When a number of Western pharmacies began to dispense medicines patterned after these

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traditional elixirs, the tensions between the adherents of Western and Korean approaches spilled into the open (Cho 1994, 2000a; Cho 2000b; Han 1997; Lee 2001). Western pharmacists were aligned with local pharmaceutical companies, which started manufacturing these traditional-style medicines in the late 1960s, lending them a veneer of modernity during a period of intense modernization, industrialization, and economic development.[1]

Starting in the mid-1970s, threatened by the extensive encroachment of pharmacists into the herbal medicine market, traditional practitioners attempted to erect legal boundaries around their profession. They collectively pleaded with the National Assembly of South Korea to regulate the pharmacists and protect medical traditions. In the struggle over markets that ensued, both sides strategically mobilized material and discursive resources, and two professional organizations soon emerged as the leading players, the Korean Pharmaceutical Association and the Korean Oriental Medical Association.[2]

Although the traditional practitioners did not explicitly use the concept of incommensurability outlined by Thomas Kuhn (1974, 1982), they relied on analogous ideas, arguing that their own diagnostics and therapies were unique and distinct, and not translatable into modern medical idioms grounded in Western science and culture. They contended that the uniqueness of the two medical systems warranted separate institutional bases at the level of government policy, education, and occupational practice. In response, Western pharmacists criticized them for being premodern and nonscientific and advocated translating scientifically valid components of their practice into modern, Western medicine. Since traditional practitioners use their medicine cabinets to categorize, organize, and store their wares, these cabinets have come to stand for all of traditional Korean medical knowledge. The cabinet was viewed by the traditionalists as a social, epistemic barrier, whereas the modernizers saw it as a permeable zone. Traditionalists saw it as what one might, using Latourian language, call a "phenomenal" embodiment of their learning (Latour 1987: 5), while their rivals saw it as a material object that could readily be moved between the two medical worlds.

Inspired by Gieryn's insights into cultural and epistemic boundaries between contending professional groups (Gieryn 1983, 1985, 1999; Gieryn et al. 1994; see also Abbott 1988), this paper takes a close look at the micropolitics of the Korean medical encounter and traces the ways in which both parties sought to acquire epistemic authority by articulating cultural boundaries alongside their knowledge and practice. Treating the herbal medicine cabinet as a material and semiotic link between two worlds (Galison 1997, 1999; Star and Griesemer 1989), I shall examine

[1] There is no point in denying that the colonial period coincided with modernization of herbal medicine: many new drugs were introduced to the Korean peninsula during the Japanese occupation. To borrow an observation made by Habib and Raina (2005) on Indian medicine, what distinguished the 1960s and 1970s from the earlier period was the institutional change associated with a new manufacturing and distribution system.

[2] Korean traditional medicine is indebted to Chinese medicine. In South Korea, it is termed Hanbang or Hanuihak. The official English translation is "Korean Oriental medicine," a term recognized by South Korea's professional association of Oriental doctors. Throughout the paper, traditional medicine is interchangeably used with Oriental medicine.

the social and political transformation of Korean medicine during a period of national building. I shall argue that the two parties' tactful use of (in)commensurability contributed to opening up the political, cultural, and epistemic space in which the jurisdictional boundaries between the two professions were negotiated. My argument is based on an extensive range of popular documents including newspaper articles and technical magazines relating to medicine, pharmacology, and pharmaceuticals. It also heavily draws on official documents such as policy reports and legal records. Furthermore, I have conducted interviews with pharmacists, herbalists, traditional physicians, college professors, and government officials; informal, semistructured interview methods were used to better understand the interviewees.

1 Revival of Korean Oriental Medicine

During and after the colonial era, Western medicine enjoyed clear legal privileges (Choi 1996; Cho 1988, 1994). Practitioners of traditional medicine hoped to be accepted as part of the legitimate medical regime, and they took on the Western-style physicians favored by official policy. Concurrently, they expelled competing groups such as herbalists and acupuncturists from the market by labeling them charlatans. In the following sections, I review two legislative actions that typified this period.[3]

1.1 Medical Law: The Inscription of Oriental Doctors

In the midst of the social and political turmoil of the Korean War (1950–1953), the government of South Korea drew up a series of new laws to handle pressing public health issues and to facilitate the establishment of modern medicine. Although there was a strong preference for Western medicine in the public health sector, the extreme shortage of medical personnel, supplies, and facilities posed a serious challenge. Under the circumstances, people resorted to traditional therapies and herbal medicines, while the National Assembly agonized over whether to grant traditional medicine legitimate medical status (Hong 1972; Jang 1984).

Supporters of traditional medicine at the National Assembly articulated their cause in terms of national cultural heritage (*minjok munhwa yusan*, 民族文化遺産) and emphasized the necessity of using existing resources to promote public health. Since Korean medicine had existed for a thousand years, they argued, it should be recognized and developed as a national heritage and a resource for public health, alongside modern Western medicine. In 1952, legislators passed the medical law according Oriental physicians the same occupational legitimacy as Western-style physicians: "Oriental doctors are recognized as those physicians who graduate from universities specializing in Oriental medicine and pass a nationally administered

[3] H. J. Lee (2001) and B. H. Cho (1988) studied the processes of professionalization of, respectively, Oriental medicine and Western-style medicine in postcolonial Korea. I agree with them that doctors from both groups emerged as powerful political organizations through professionalization. But I do not take professionalization as given; I am more inclined to delve into how social actors endeavor to claim professional authority (or epistemic authority).

licensing examination" (Eleventh National Assembly 1951).[4] Many practitioners consider 1952 the year of the "independence of Oriental medicine" and the terminal point for the dark age of colonial rule. Western physicians and pharmacists recall that year as the beginning of the two-tiered medical system.

1.2 Pharmacy Law: Positioning Western Pharmacists Vis-à-vis Herbalists and Traditional Doctors[5]

In the year following the enactment of a new medical law, the National Assembly deliberated legislation outlining the prerogatives of licensed pharmacists. Just as the medical law had created Oriental physicians, there was an attempt to create an occupational group called "Oriental pharmacists" through a state-sponsored examination for herbalists.[6] The promoters of Oriental pharmacists at the National Assembly argued that a distinct profession was necessary because of the specificity of herbal remedies. They contended that as the properties of herbs being used dictated how they were prepared, herbalists needed to exercise profound and specialized technical skills.

Chung Gyung Mo, South Korea's director of drug policy and a key figure in shaping the pharmacy law, strongly opposed the proposal, asserting that licensing Oriental pharmacists was unrealistic because of a conflict of interest between traditional physicians and Oriental pharmacists: "The existence of Oriental pharmacists is predicated on the division of professional labor between Oriental pharmacists and physicians, but Oriental physicians will never give up herbal medicines, which will make the creation of [official] Oriental pharmacists meaningless" (KPA 2004: 114).[7] A supporter of Chung's, a Western-style-physician-turned-legislator, declared, "There is no divide between Western physics and chemistry and Oriental physics and chemistry," possibly convincing a few of the legislators who ultimately defeated the preliminary motion. After almost 3 years debating the issue, members of the assembly reached a compromise: the law was changed so that, upon the request of patients, herbalists were allowed to "compound and dispense" (the word "prescribe" was avoided) herbal remedies based on the 11 officially recognized canonical Chinese medical texts. It would be illegal for

[4] Oriental doctors exploited the official categorization to keep acupuncturists from the legitimate domain of Oriental medicine, identifying them as fringes or quacks. The postcolonial Korean government continued applying the colonial categories to medical occupations, and it designated acupuncturists and moxibustionists as "quasi-medical" practitioners. By retaining them as quasi-medical practitioners, the government intended to use them in times of shortages to supplement legitimate medical personnel. Furthermore, the firm distinction between quasi-medical practice and (legitimate) medical practice reflects how the Korean government strove to make Korea a medically modern nation.

[5] Herbalists dispense herbal remedies as dictated by Oriental pharmacopeia, and they have existed as long as or even longer than Oriental physicians. Clearly, there exists a conflict of interest between herbalists and Oriental doctors as both groups deal with herbal remedies.

[6] Since then, herbalists have lobbied at the National Assembly for recognition as regular Oriental pharmacists.

[7] Because of its association with mysticism in the West, Joseph Needham had reservations about using the term "herbal medicine," and he suggested that one speak instead of "drug plants" or "plant drugs" (Hill and Scheid 1993). For different reasons, I do not think that "herbal medicine" is a precise translation of Hanyak, as not only plants but also minerals and traces of animals are employed.

herbalists to customize herbal formulas to the needs of patients by making any alteration to familiar recipes.

The Pharmacy Law of 1954 is one of the most important pieces of legislation South Korea has passed in the field of public health. It gave Western pharmacists exclusive and comprehensive rights to prescribe and dispense drugs and to provide medical and sanitary supplies. And it specified professional duties, where drugs were to be dispensed, and how pharmacists' credentials would be assigned. This law defined pharmacists' work, distinguishing it from the practice of herbalists. After the law was enacted, herbalists and their lobbying group, the Korean Oriental Drug Association, petitioned the government for permission to establish a university, but they were opposed by the Association of Korean Oriental Medicine and the Korean Pharmaceutical Association, and their efforts came to nothing (KODA 1991, 1993, 1995).[8]

Decades later, herbalists, most of whom were by then in their late sixties or older, lamented that they had been cast out of the system, in spite of their knowledge of herbal remedies. "Our collective fault," said one, "is that we were ignorant of the importance of legalization back in the 1950s and 1960s, and that we were content with the way we practiced herbal medicine" (Kang, interview with an herbalist on February 24, 2005). Medical knowledge had been equated with the possession of credentials certified by regulatory agencies. Herbalists—who had never been expected to have a degree in their field—seemed destined to disappear. As Paul Starr (1982) has noted, institutionalized, standardized training and licenses confer cultural authority, and without them a practitioner in the modern marketplace faces the burden of proving his or her credibility before being able to recruit clients (See also Hsu 1999 for nuanced discussion on Chinese medicine).

2 Modernization Projects and Korean Medicine, 1962–1979

2.1 The Expansion of the Pharmaceutical Market

During the late 1960s and 1970s, the nation rapidly underwent industrialization and urbanization, unleashing negative side effects such as the impoverishment of rural communities and the widening of income gaps between cities and rural areas. Since most medical facilities and personnel were concentrated in major cities, addressing health problems in villages posed a huge challenge.[9] A solution envisaged by the government involved increasing the number of medical personnel, specifically physicians and pharmacists trained in Western-style medicine. Until the National Medical Insurance scheme was implemented in the late 1970s, hospital care proved too expensive for most people, and pharmacists took on the role of primary care

[8] The Korean Oriental Drug Association is a nationwide lobbying group for herbalists. Herbalists are certified to dispense only those herbal medicines made from fixed formulas recognized in existing herbal medicine texts. The Association of Korean Oriental Medicine, in concert with the Korean Pharmaceutical Association, tried to keep herbalists from being licensed as Oriental pharmacists.

[9] As of the end of the 1960s, it was reported that around 81% of registered Western-style physicians, 65% of Oriental physicians, and 61% of Western-style pharmacists were working in South Korea cities (Ministry of Health and Social Affairs 1968, 1969).

providers. Huge demand for pharmacists led to the dramatic multiplication of retail pharmacies by the mid-1960s. The Korean Pharmaceutical Association lobbied the Ministry of Education to curb the creation of new colleges of pharmacy in order to prevent the market from becoming saturated (KMA 1984; KPA 1995).[10]

The oversupply of pharmacists drove a wedge between large-scale and small-scale retail pharmacies, as the former consolidated their market position. To make up for lost business, some pharmacists began to dispense herbal medicines, installing the traditional herbal medicine cabinet in their shops. At that time, the market for herbal drugs was wide open. As a pharmacist who had endured the changing ecological environment of the pharmaceutical market for decades put it:

> In the mid-1960s large-scale local pharmacies like Bo Ryung dumped pharmaceuticals at very low prices and began to dominate the market, so that relatively small-scale independent local pharmacies, including mine, began to falter and to be marginalized in the marketplace. In search of a less competitive market, pharmacists turned to herbal medicines. Unlike his sales of Western medicines herbal medicines, when the pharmacist sold herbal medicines he did not need to compete against other pharmacists: the transaction was carried out solely between the pharmacist and the patient [rather than relying on the semi-regulated market price]. Moreover, no regulatory system was controlling herbal medicines, and, therefore, it was almost a case of "anything goes." Admittedly, it was true that people made a lot of money prescribing herbal medicines. [...] From the mid-1970s, local pharmaceutical companies such as Han Poong Pharmaceuticals and Han Guk New Pharmaceuticals joined the herbal market and began to manufacture and market herbal extracts to the pharmacists. (Kim, interview with a Western-style pharmacist on June 24, 2005 in Seoul, Korea)

As many more pharmacists entered the herbal medicine market, pharmaceutical companies that had seen their sales slump turned to making herbal extracts. They even offered free night classes on herbal medicine from the mid-1970s through the early 1980s. Soon the National Assembly stepped in to address the situation.

2.2 Contested Knowledge: (Re)-Configuring Experts and Expertise

Threatened with the expanding and systematic intrusion of pharmacists and pharmaceutical companies into the herbal market, between 1974 and 1976, the Association of Korean Oriental Medicine lobbied for legal regulations that would

[10] The Korean Pharmaceutical Association expressed this concern as follows:

> Recently, each pharmacological college has over-recruited students and produced far more pharmacists than this nation needs, and it is feared that pharmacists face a very uncertain future. In our country at present, basic chemical, pharmaceutical, food, hygiene industries, and the like, are not fully developed and thus they cannot create jobs for pharmacists. Therefore, graduates of pharmacological colleges tend to open their own businesses year after year, precipitating the rampant growth of retail pharmacies. This has inevitably created disorder in the drug business. We [pharmacists] request that the government should intervene in the situation and return the supply and demand of pharmacists to appropriate levels that the nation can accommodate, strengthen the standards for opening schools, and control class size. (KPA 1964: 1. Quoted in KPA 2004: 122)

criminalize as "malpractice" herbal prescriptions written by pharmacists.[11] These efforts bore fruit, and in 1976, legislators outlawed the sale of herbal medicines by pharmacists for the following reasons: first, the curriculums at pharmacy colleges were based on Western biomedical foundations that did not accommodate Oriental medicine; second, the state licensing examination for pharmacists included no herbal component; third, legislators supportive of Oriental medicine believed it was a distinctive and coherent system of knowledge without any overlap with Western medicine.

> 漢醫藥은 特性이 患者의 陰, 陽, 虛, 實, 寒, 熱症에 의한 診斷과 處方이 必要하며 藥材의 歸經 및 修治法, 方劑法 등을 長期間 修業하지 않고는 漢藥의 處方調劑는 不可能함.
>
> (Chinese medicine and drugs are used in tandem with diagnosis and treatment based on the patient's *eum*, *yang*, *heo*, *sil*, *han*, *yeol*, and *jeung*. Without having studied [the appropriate] prescription methods and actions of herbal drugs such as *guigyeong, suchi,* and *bangje* for an extended period of time, it is impossible to prescribe and dispense herbal drugs.) (Park 1976)

Legislators supportive of Oriental medicine often mentioned diagnostic and therapeutic principles from this body of knowledge, using esoteric terms such as *eum* (陰), *yang* (陽), *heo* (虛), and *sil* (實). They advocated a 6-year course of undergraduate study as a prerequisite for dispensing herbal medicines. An exception could be made for herbalists with at least 5 years of hands-on experience in a traditional clinic or herbal shops: such individuals could be granted the right to compound and sell herbal medicines following qualifying examinations. Practitioners attempted to amend the pharmacy law by adding a clause that prohibited pharmacists from prescribing, compounding, or dispensing herbal medicines (Park 1976). By defining a firm line between herbalists and pharmacists (and between herbal medicines and Western medicines), they believed that Oriental and Western medicine could both be given the chance to develop on their own.

In response, the Korean Pharmaceutical Association argued that the profession of pharmacy should be independent from the profession of medicine, as the prescription and dispensation of drugs required specialized knowledge independent of the practice of diagnosis and treatment. The group contended that Oriental physicians had been allowed to prescribe drugs only because of particular historical and social contingencies, referring to the contemporary pharmacy law to strengthen its position: "Pharmaceuticals, whether so-called Western pharmaceuticals or herbal medicines, are, in principle, to be prescribed and sold by pharmacists only, since they are the experts most qualified to handle pharmaceuticals. However, because of our nation's public health situation [after the Korean War], physicians, dentists, traditional practitioners, veterinarians, druggists, herbalists, and druggists have all been permitted to prescribe and dispense pharmaceuticals, albeit conditionally and in

[11] The Association of Korean Oriental Medicine, established in 1947 and reorganized in 1952, is a nationwide professional organization and serves as the central agency representing and lobbying for the interests of Oriental practitioners and their jurisdictional rights in the Korean legislature.

a limited fashion" (KPA, Yaksaneunhanyakeuljojehalgwonrigaitda (Pharmacists retain the right to herbal medicine) (Public statement) *Yaksa Gongron*; March 24, 1975). Furthermore, they appealed to legal authority, pointing out that the comprehensive rights of pharmacists to issue prescriptions were set out in the pharmacy law of 1954.

The upshot of this debate was a resolution passed by the National Assembly in 1975 that outlined guidelines for pharmacists' prescriptions. To make the boundary between Western and Oriental medicine quite visible, legislators identified Oriental practitioners' practice of preparing herbal remedies squarely with practices of traditional diagnostics and therapeutics. This meant that a pharmacist who issued herbal remedies was guilty of malpractice even if he or she relied on the standard *Traditional Diagnostics and Therapeutics* (*Han bang ryo beop*). The Korean Pharmaceutical Association was asked to tighten up the ethical practices of its members. Although Oriental practitioners had failed in their attempt to criminalize the issuing of herbal remedies by pharmacists, they succeeded in getting the legislature to call them "unethical."

2.3 Contested Cabinet: Epistemic Buffer?

Once the Korean Pharmaceutical Association had been armed with a set of state-approved ethical guidelines, the medicine cabinet became a contested site. The presence of the traditional medicine cabinet in Western-style clinics and pharmacies implied that herbal remedies were concocted there. To avoid this impression, the association soon began to look for something that could replace the antiquated chest of drawers. A representative spoke of the new cabinets as if they alone would transform traditional medicines into modern pharmaceuticals: "The traditional type of medicine cabinet is designed for herbal pharmacies, so we need to modernize the cabinet to better suit a Western-style pharmacy. [...] It is the responsibility and the obligation of the pharmacists to standardize and scientize herbal medicines in order to develop herbal pharmaceuticals in the forms of pills, tablets, capsules, and powders extracted from the herbs" (KPA 1980: 1).

With the drawers labeled with the Latin names of the herbs, the new model (Fig. 1) was designed to accommodate traditional herbal compounds as well as synthetic medicines and antibiotics: the new cabinets also boasted improved ventilation and better protection against insects.

The upper drawers were intended to accommodate herbal medicines, whereas the lower section would contain Western pharmaceuticals. Although some members adopted it in the early 1980s, the new cabinet failed to catch on. As a pharmacist recalled 25 years later, "The design itself was not that aesthetically pleasing [compared to the traditional type], and customers didn't appreciate having herb names in Latin, which had nothing to do with the traditional cabinet" (Seo, interview with a Western-style pharmacist on June 24, 2005 in Seoul, Korea). Pharmacists held onto their old cabinets, giving them a conspicuous location in their shops to reassure customers. Moreover, they continued to dispense traditional medicines in addition to modern forms of the herbal drugs being marketed by the pharmaceutical companies.

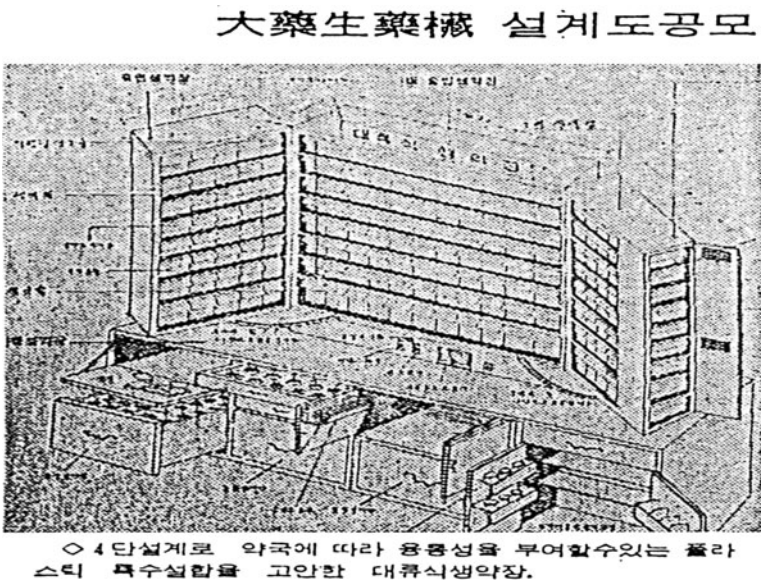

Fig. 1 New herbal medicine cabinet. Source: *Yaksa Gongron*, February 14, 1980

Repeated petitions from the Oriental medicine lobby and counter-petitions from pharmacists prompted the Ministry of Health and Social Affairs to introduce a legal amendment concerning the traditional herbal medicine cabinet along with a restrictive measure to control pharmacists' prescriptions. In March 1980, the ministry passed the amendment as a compromise measure to ease the heightened tension between Western pharmacists and traditional practitioners: "If and when a pharmacist keeps a medicine cabinet at a pharmacy it shall be the duty of the pharmacist to keep a medicine cabinet other than the traditional type and to keep it clean" (KODA 1991: 153). This clause, mockingly referred to as the "hygienic clause," served as a precarious link bridging the two professional worlds (Anonymous 2005, interview with former government official at the Ministry of Health and Welfare, March 29, 2005, Seoul, Korea).

But within a month, the Ministry of Health and Social Affairs sent a communication to the Ministry of Internal Affairs and local governments, advising them not to enforce the law. It had become clear that the ministry lacked the funds needed to implement the new law. After the government came to the conclusion that the presence of the medicine cabinet at a pharmacy would not and could not be controlled, the Association of Korean Oriental medicine sent an official letter petitioning the ministry to immediately initiate inspections and sanction offenders. Moreover, the Oriental medicine lobby then mobilized supporters at numerous localities across the nation to protest the government's apparent slight. Responding to the pressure, the ministry's director of pharmaceutical affairs held a press conference and explained:

> The clause was added to signify that it is, in principle, within the purview of herbal dealers and practitioners of Oriental medicine to dispense and administer *cheop yak* (herbal tonics) by cutting the herbs with a fodder chopper. Accordingly,

> pharmacists should be forbidden to dispense herbal medicines. The presence of a traditional type of medicine cabinet in a pharmacy might lead some to conclude that the pharmacy is a place where herbal medicines are dispensed. Although it is true that the relevant law was proclaimed in order to avoid such misunderstandings, enforcement has been continually postponed because of the expense. (Ji, UiSam (internal correspondence) 1420-66113; July 22, 1980)

As evidenced by a press interview with the official who had been in charge, the law about the medicine cabinet had been proposed to ease tensions between the Western-style pharmacists and the herbalists. Members of the Korean Pharmaceutical Association interpreted the clause differently from members of the Association of Korean Oriental Medicine. The latter believed that pharmacists were banned from prescribing herbal medicines—after all, the traditional medicine cabinet was "a cultural symbol representative of and exclusive to Oriental medicine" (Choi, interview with an Oriental doctor last March 3, 2005 in Seoul, Korea). They interpreted the dispensing of herbal medicines by pharmacists as an encroachment on the rights of traditional practitioners.

In contrast, pharmacists emphasized that the law was enacted in order to modernize and standardize herbal drugs: it had nothing to do with prescription rights. They insisted that the particular form and appearance of the medicine cabinet had changed over time: it was a plastic object to be transformed to accommodate shifting needs. Accordingly, the medicine cabinet, they argued, needed "reforming" (i.e., modernizing) to accommodate new forms of "scientific," "modern" drugs prepared by scientific experts. The legal clause served as a safety barrier, maintaining a peaceful relationship between two distinct spheres for more than a decade until animosities resurfaced in 1993.

3 The Traditional Herbal Medicine Cabinet: The Material

The herbal medicine cabinet is used to categorize, organize, and store medicinal specimens such as herbs, minerals, and animal specimens.[12] Placed adjacent to clinical sites where herbal remedies are dispensed, the cabinet protects its contents against extremes of temperature, against humidity, and against the encroachment of insects. It is designed to enable its user to repeatedly rearrange materia medica as needed. Some traditional herbal medicine cabinets (see Fig. 2), fabricated out of empress tree wood, were decorated with Chinese calligraphy or engraved with plants and flowers such as bamboos and chrysanthemums. The ornate design of these custom-built medicine cabinets associates them with the studio of a scholarly physician.

When I spoke with them in 2005, practitioners of and historians of Korean traditional medicine told me that the organizing principle for classifying the herbs was drawn from Daoism. Only a vestige of that principle is still honored, for the

[12] The historical origins of the cabinet's uses and users are poorly documented. It is said to date back thousands of years, to the earliest times when herbs were utilized for treating illnesses. Although wild speculations abound, the oldest artifacts are only very roughly dated (Lim 1986; Dongseo Medico-Pharma Museum 1986).

Fig. 2 Traditional herbal medicine cabinet, Joseon dynasty, Korea (courtesy of the National Museum of Korea)

cabinet is divided into three sections according to the therapeutic properties of the herbs. The lower parts of the cabinet were used to store toxic and rare materials.

In contemporary Korea, the traditional type of herbal medicine cabinet is found in multiple social worlds, those of Oriental physicians, herbalists, herbal dealers, and Western-style pharmacists. Mass-produced by Hanseong Hanyakjang or some other local manufacturers, the cabinets share a more or less uniform design: no longer are they customized for each customer and virtually the only variation is in the size of the cabinets (see Fig. 3).

Although the medicine cabinet acquired a standardized form, more research is needed to determine whether embodied practices and procedures surrounding the cabinet are stable and commensurable across the diverse users in clinical settings.

4 Conclusion

In this paper, I have discussed the social and political transformations of Korean medical institutions during a period of national identity building, with particular attention to both interprofessional and intraprofessional struggles. The struggles took place in the midst of a massive program of national modernization that included efforts to set medicine on a firmly scientific footing. To present itself as a modern industrialized nation, the South Korean government restructured bureaucratic, administrative, and legal institutions.

Inevitably, the South Korean government did not treat the traditional medical system as the equal of Western medicine in drawing up medical and public health policies. And the government's ambiguous attitudes shaped the cultural, social, and political space in which the relevant professional organizations maneuvered. The strategic employment of discursive and material resources allowed traditional

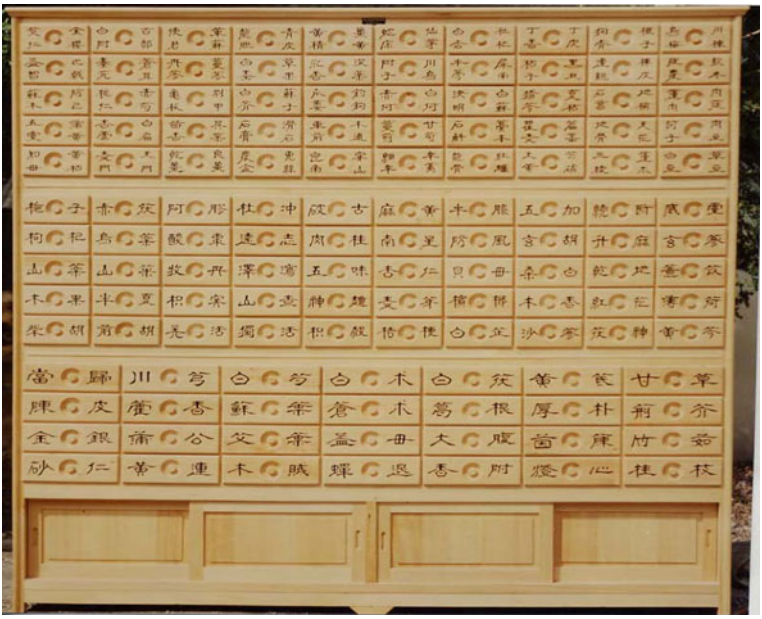

Fig. 3 Herbal medicine cabinet (courtesy of Hanseong Hanyakjang, Seoul, Korea)

practitioners to open a cultural and political space in which they were able to invalidate the credentials of Western-style pharmacists to dispense herbal preparations and to argue for elevated professional and political status.

By presenting their knowledge and practices as authentic Korean medicine, Oriental medicine doctors claimed an alternative medical paradigm, and Oriental practitioners consolidated their power over rivals such as herbalists and acupuncturists.[13] Whether or not modern Oriental medicine represents an alternative medical paradigm has not been settled, but no other traditional practice has acquired the position of a legitimate form of medicine: it has been incorporated into modern schemes of medical training, hospitalization, and national insurance. In the process, the herbal medicine cabinet served as a material and symbolic link between two distinct professional realms (see Table 1).

Western-style pharmacists emphasized the translatability of some valid elements of Oriental medicine into scientific methods and language, and they dismissed the rest as nonscientific, premodern, superstitious, and unverified. They stressed that Oriental medicine needed to be "scientized," "modernized," and "standardized," and they upheld modern (Western) science as the common ground for doing so. For

[13] Oriental practitioners have professionalized their practices by emulating Western medicine and physicians. When Korea revived diplomatic relations with China in the late 1970s, traditional Chinese medicine, in its institutionalized form and practice, was reintroduced to South Korea. This exposure prodded local practitioners to begin institutionalizing Oriental medicine in education by, for instance, appropriating Chinese texts. As with most professions, Oriental practitioners homogenized their knowledge and practice by creating uniform curricula. When Oriental medical schools standardized medical texts in the early 1980s, they embraced the modern sciences embedded in Western medical education. This is reflected in the curricula of Oriental colleges, where 30% to 60% of courses are devoted to Western biomedical sciences such as microbiology, genetics, and Western diagnostics (AKOM 1989; Lee 1970).

Table 1 Comparison of two views of the traditional herbal medicine cabinet

What is the herbal medicine cabinet for traditional practitioners?	What is the herbal medicine cabinet for Western-style pharmacists?
–It is a storage device for herbs that should be placed in Oriental medicine clinics, hospitals, and herbal shops.	–It is a storage device that can be placed wherever needed.
–It embodies a classificatory system contingent on the needs of the Oriental practitioner.	–The classification system should be modernized by adopting the Linnaean classification system.
–It is a visual manifestation of the organizational characteristics of Oriental medicine.	–It is a common cultural artifact across East Asian countries (Chinese medicine is a common denominator).
–It is a material embodiment of Oriental medicine knowledge and practice.	–Herbs are classified according to the needs of the pharmacist.
–Craft knowledge is embedded in the design of the medicine cabinet.	–It is a product of the time when Western pharmaceutical products were not widespread.
–It is found only in Korea.	–It can be modified to accommodate modern pharmaceuticals.
–Herbs are to be considered herbal drugs (no distinction between raw materials and finished products).	–Herbal drugs are to be differentiated from herbs (which are stored inside the cabinet).
–Oriental practitioners are experts with herbal drugs.	–Herbal drugs can and should be transformed into modern pharmaceuticals by means of scientific methods.
–Herbs require esoteric knowledge of Oriental medicine.	–Science is the universal knowledge and method for modernizing herbal drugs.
–The medical profession is inseparable from the pharmacy profession.	–Drugs belong to the pharmacists' jurisdiction.
–Principles of Oriental medicine cannot be exactly translated into modern scientific language.	

them, Western science and medicine represented the only valid worldview: Oriental medicine was a residue of a prescientific mind. Consequently, for them, the image of two incommensurable systems of medicine did not apply; instead, there was one genuine system that incorporated valid elements of the other, consigning the rest to subordinate categories (superstitious practices, nonmedical health supplements, and "practices whose efficacy was as yet untested").

Oriental medicine practitioners were more ambivalent and less consistent. When resisting proposals for a unitary medical system, they characterized their own diagnostics and therapeutics as essentially nontranslatable into modern medical idioms: for them modern biomedical language and methods could not serve as neutral measures to assess the validity of their own practices. They emphasized that translated terms or objects (for example, the new medicine cabinet vs. the traditional type of medicine cabinet) did not retain the same meanings as before, since they lost associated tacit assumptions and interrelated material and social connections.

However, even among champions of the old ways, incommensurability was not a constant theme. Accredited Oriental medicine practitioners dealt with traditional practitioners such as herbalists in an ambiguous and uneven way, undermining their

relations with noncertified medicine in order to avoid being dismissed. Still, they maintained connections to herbalists in order to present themselves as agents of a popular medicine integral to Korea's daily life and traditional culture. While demarcating Oriental medicine from Western medicine by resorting to essential epistemological and cultural differences, Oriental practitioners did not acknowledge herbalists' tacit knowledge, accumulated through years of clinical experience (Lee 1963; also Son 1999). This was because the herbalists' craft knowledge was not institutionally certified in universities.[14] Their claim that the herbal medicine cabinet embodied and symbolized the world of Oriental medicine seemed to contradict the suggestion that only "institutionalized" craft knowledge could be accepted and that herbalists did not belong to the unitary world of Oriental medicine. But Oriental practitioners believed that the old world had been fragmented by the whims of colonial powers and that such quasi-medical practitioners as herbalists and acupuncturists were damaged hybrids left behind by colonialism. They pushed herbalists out of the mainstream of officially recognized medicine by preventing their practice from being legalized. Concurrently, playing the role of victim, they complained that they had suffered under a colonial regime that promoted modern Western medicine. They linked their profession to the national essence, which they painted as under siege by Western science. That is, by invoking the colonial experience as a national disgrace and associating it with the collective ordeal that traditional practitioners had undergone, they rode a wave of resentment unleashed by the rising economy and the fast approaching national independence.

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[14] This paper did not detail the struggle between Oriental medicine physicians and herbalists, but it should be mentioned that Oriental physicians made a point of being on good terms with herbalists when they battled against Western-style practitioners. However, whenever herbalists were about to organize as a profession, Oriental physicians linked arms with Western-style practitioners to block such efforts.

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