

Korean Medicine: A Time-Honored Brand that Transformed Itself

BY HARRY YI-JUI WU*

JOHN P. DIMOIA, *Reconstructing Bodies: Biomedicine, Health and Nation-Building in South Korea since 1945*. Stanford, CA: Stanford University Press, 2013. 296 pp., illus. ISBN 9780804784115 (cloth).

THEODORE JUN YOO, *It's Madness: The Politics of Mental Health in Colonial Korea*. Oakland: University of California Press, 2016. 248 pp., illus. ISBN: 9780520289307 (cloth).

SOYOUNG SUH, *Naming the Local: Medicine, Language, and Identity in Korea since the Fifteenth Century*. Cambridge, MA: Harvard University Press, 2017. xv + 229 pp., illus. ISBN: 9780674976962 (cloth).

In recent years, Korean medicine, together with mobile phones, automobiles, K-Pop, and even Korean-style fried chicken, has become a much beloved commodity internationally, further testifying to the rise of the country as an emerging global soft power. Best-selling medical books introducing traditional Korean holistic ways to health and healing that emphasize the cultivation of balance within human bodies have been translated into English and Chinese. There are even books on *hwabyōng* (fire disease), an ancient Korean mental disorder presented as a unique set of somatic and anxiety-based symptoms, which has increasingly gained attention in mainstream psychiatry. Nowadays traditional medicine is not only influential among Korean immigrants in the United States and Europe but also more and more emphasized locally in Korea. The transformation of disease categories and health practices across Korea's history, from its time of a hermit kingdom to a modern democracy, is interrogated in three recently published books: John Dimoia's *Reconstructing*

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Bodies: Biomedicine, Health and Nation-Building in South Korea since 1945 (2013), Theodore Jun Yoo's *It's Madness: The Politics of Mental Health in Colonial Korea* (2016), and Soyoung Suh's *Naming the Local: Medicine, Language, and Identity in Korea since the Fifteenth Century* (2017).

Reconstructing Bodies is a two-part analysis of how the imagination of the Korean traditional body was progressively reconstructed by the state after World War II. Dimoia skillfully combines six very different biomedicine stories to appraise the transforming culture of health and diseases. In the first chapter, through the family history of a traditional Korean medical practitioner, Byun Sang-Hun, the author depicts a microscopic picture of how indigenous knowledge managed to survive the regime change from Japanese colonial rule (1910–1945) to the United States Army Military Government in Korea (USAMGIK, 1945–1948). In chapter 2, the author analyzes how the USAMGIK mimicked the Japanese public health model to control cholera in 1946. Chapter 3 examines the determining moment of the conversion of Korean doctors to adopt American medical techniques through a talent exchange program called the Minnesota Project. Chapter 4 provides a contextual evaluation of Koreans' gradual acceptance of the concept and practice of birth control in the family planning project in the 1960s and early 1970s. In chapter 5, the author focuses on the professional identity-building of parasitologists and public health strategies targeting schools throughout almost three decades of antiparasite campaigns from 1969 to 1995. In the last chapter, the author traces the trajectories of aesthetic surgery in South Korea from its *Meiji* Japan origin to the twenty-first century, when multiple shaping forces in public and private domains positioned South Koreans with a new “face.”

It's Madness is a shorter monograph that specifically tells the story of mental health within the limited timeframe of colonial rule. The title of Yoo's book is straightforward. In addition to the introduction and conclusion, the four chapters recount a narrative of mental illness similar to that in other Japanese colonies. Chapter 1 presents a history of madness as understood and explained in terms of Korea's shamanistic practices and traditional Chinese and Korean medical discourses. Chapter 2 then examines the development of modern psychiatry introduced by Japanese psychiatrists, who were considerably influenced by German theories. The chapter also introduces several important figures such as Suitsu Shinji, student of Kure Shuzo, the father of modern psychiatry in Japan, and Charles Inglis McLaren, an Australian psychiatrist and Christian missionary who established his own school in Korea informed by spiritual and psychoanalytic theories. Chapter 3 is less a historical analysis

than readings of early cultural and legal texts including a film, *Arirang* (1926), from which Yoo concludes that there is a connection between Koreans' everyday distress and Japanese brutality in the colony. Using several anecdotes in the old press, chapter 4 follows the ways in which medical and judicial systems jointly exercised their power to interrogate patients with mental illness. "Social epidemics" in that period emerged through deployment of instrumental rationales, including statistics, hospital custody, and the invention of climate theories on nerves. By framing social problems as pathology and epidemics, the colonial authority could thus fully explain away social issues and control the public discourse. The chapter also includes a section on suicide. Yoo claims that such a "shameful behavior" was shaped by public discussions as a byproduct of "flawed modernity," which was a rhetorical conception that appeared not only as a critique of colonialism, but also of conservative traditional family values.

Contrasting with *It's Madness* is *Naming the Local*, a book with an immense ambition to write the history of medicine across six centuries. Taking a very different approach from the former, Suh adopts a socio-historical perspective to emphasize the use and meaning of language in medicine. The chronologically ordered chapters explore linguistic, social, and cultural elements, all inseparable from medicine, across different historical periods. In the first chapter, the author examines the *materia medica* in pre-modern Korea, focusing on the medical men's indecisive attitude to embrace Chinese or Korean languages. Chapter 2 took a big jump to the nineteenth century to look at the conceptual change regarding biomedical thoughts on diseases introduced through Japanese colonialism. The author then carefully nuances the notion of *Chosŏn* medicine employed by various stakeholders under Japanese rule while demonstrating the tension between traditional medical concepts and modern biomedicine. In chapter 4, the biomedical commodities manufactured by Japanese were produced in parallel with the growing purchasing power of consumers who self-fashioned their Korean identity. In chapter 5, the author uses *hwabyŏng* as a case study to explain the interactions among psychiatric symptom manifestations and culturally specific emotional expressions in contemporary Korea. The friction between psychiatric and folkloric languages in managing Korean's emotions persists to the present day.

Despite the fact that the three books, published in succession, cover a wide range of subjects, they jointly contribute to the understanding of experiences with modern medicine in an East Asian society. Ever since Ruth Rogaski

coined the term “hygienic modernity” to explain the translation and appropriation of “hygiene” as a Western notion, including its theories and practices in modern China, historians of medicine have explored other case examples in East Asian societies.¹ Most of the studies echoed such a narrative, one that portrays the transformation of a backward and sick society to a healthy and modern civilization that demands intervention of modern medicine. However, recent studies have shown various experiences of modernity during encounters between East and West. To frame modernity in such pluralistic terms is more useful in interpreting the unique transformative processes of digesting and adopting modern medicine in different civilizations. For example, Sean Lei’s *Neither Donkey Nor Horse* is a recent typical example that enriches the concept and content of modernity in the Republic of China before World War II.² Angela Leung has proposed to provincialize a variety of “locals” including Europe itself in order to counter the Euro-centric approach that has been long taken for granted.³

Historians have long considered how modern medicine was adopted to become useful knowledge in different local contexts. Instead of simply assuming such a hybrid structure, the three authors reviewed herein pay attention to the contexts in which hybridization was rejected or enabled. Detailed in these three books are cases in which theories, practices, or even medical products emerging in the specific locales, following agents of Western and the broadly defined Korean medicine, encountered each other. For example, in *Naming the Local*, Suh opens the book by examining why the text of *hyangyak* (local botanicals) tended to preserve its Chinese origins despite the state’s endeavor to differentiate Korea from China. In *Reconstructing Bodies*, Dimoia detailed how the Byun family resiliently conserved its legacy despite the states’ interference.

The authors further interpret phenomena beyond what Benjamin Elman describes as the acceptance of Western medicine as local knowledge “on their own terms,” as was the case in China.⁴ Sometimes, scientific concepts

1. Ruth Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China* (Oakland: University of California Press, 2004).

2. Sean Hsiang-Lin Lei, *Neither Donkey nor Horse: Medicine in the Struggle over China’s Modernity* (Chicago: Chicago University Press, 2014).

3. Angela K. C. Leung, “Medical History and the Problem of Chinese ‘Modernity,’” *Chinese Social History Review* (2007):1–18 (in Chinese).

4. Benjamin A. Elman, *On Their Own Terms: Science in China, 1550–1900* (Cambridge, MA: Harvard University Press, 2005).

re-interpreted “on their own terms” do not necessarily imply acceptance. For example, beyond the nomenclatural meaning of *hwalmlyongsu* (life-saving water), the patenting of such a biomedical product originally manufactured by Japanese could imply Korean’s identity pursuit that shaped the consumer culture under colonial rules. In addition, in Yoo’s analysis, suicide as explained by modern psychiatry was appropriated by Koreans to critique the authority that tried to medicalize their behavior.

In the history of medicine, much ink has been spilt on the altering of material foundation over time, resulting in the revolutions of medical theories and practices. As pioneers in a highly specialized area, all three authors venture into discussions of emotional and intellectual infrastructures in Korea that balance the forces between traditional legacy and state-led biomedicine. Among our authors, Yoo employs the concept of emotional regime to counter the traditional approach in the history of psychiatry, which entails a study of institutionalization and a biopolitical agenda in colonial medicine. In conventional writings that emphasize the power of institutions, some writers tend to over-determine psychiatric symptoms, resulting in the elimination of the patients’ own voices. Yoo, instead, showcases how bizarre thoughts and behaviors were explained outside medicine by using literary works. Regarding the foundation of knowledge, the intellectual genealogies of individuals who acted as liaison between different medical systems are worth further exploring. In Yoo’s book, Suitsu Shinji reinvented the German-Japanese school of psychiatric epidemiology in Korea, and in Suh’s book, Min Söng-gil’s role was critical in promoting *hwabyöng*; both remind readers of other recent scholarly works on the middlemen. These were people who were central to the popularization of certain disease categories in the 1960s and ’70s like Arthur Kleinman, who “rediscovered” neurasthenia (*shenjing shuairuo*), the somatized form of depression in post-Maoist China, and Gwee Ah Leng and other Southeast Asian neuropsychiatrists, who conscientiously promoted the inclusion of *koro*, the ancient Chinese disease about imagined genitalia shrinkage, which is included in DSM-IV, the *Diagnostic and Statistical Manual of Mental Disorders* (2000), in the American disease classification system.⁵

5. Arthur Kleinman, *Social Origins of Distress and Disease: Depression and Neurasthenia in Modern China* (New Haven, CT: Yale University Press, 1986); Howard Chiang, “Translating culture and psychiatry across the Pacific: How koro became culture-bound,” *History of Science* 53, no. 1 (2015), 102–19.

As mentioned in all three books, the unique family values in Korean culture can be singled out as a determining factor that serves as the foundation of Korea's experiences of modernity concerning the development of medicine. In Korea, a harmonious family is the determining factor of an individual's happiness and well-being. Hierarchy in "family doing" is essential to maintain such harmony. In *It's Madness*, Korean families in the colonial era were caught up in the dilemma between preserving family honor and sending afflicted family members to a facility operated by the state. Inadequately equipped, the state also tended to shift the burden of care to families. In *Naming the Local*, the etiology of *hwabyōng* involves psychiatrists' in-depth excavation into the emotion *han* (hatred), rooted in Korean family dynamics beyond simple judgement, according to the diagnostic criteria of depression. *Reconstructing Bodies* puts forth the notion that between women's autonomy and the state-led family planning laid the role of the traditional family in decision making. If the authors could elaborate on how families belonging to different socio-economic classes have functioned over time, readers might see a more layered argument about the relationship between traditional Korean bodies and the modern nation-state.

Writings on medicine in China and Japan outnumber those in other East Asian countries. However, when it comes to literature on colonial and post-colonial medicine in the region, perhaps accounts on Taiwan are the pioneers in the field. Nevertheless, most of these accounts still cannot walk away from the historiographical framework of pre-WWII colonial biopolitics and post-WWII North-South developmentalism. Rejecting this cliché, these three books on Korean medicine offer a new horizon to explore how ancient knowledge transformed itself in the most culturally homogenous, yet politically complicated history. They also attest to how this time-honored brand survived in the global medical marketplace.

From the early modern to early post-WWII period, Korean medicine had been searching for self-definition by fitting into conventional and suitable categories. This attempt included re-classification of traditional/indigenous herb species in early modern period and disease names/terminology in the colonial and post-colonial contexts. With a long pre-history, according to Suh, such a struggle commenced in colonial Korea along with the making of *Chosŏn*. It became a specifier of traditional medicine in the manner of autonomy building to prevent itself from being incorporated into Chinese or Japanese tradition medicine. And now, Korean medicine, as advertised as different commodities or classified by disease categories, is not only catered for Korean

immigrants' needs, it also responds to a rapidly growing global market as part of the "Korean Wave" in the 1990s. This craze is best exemplified in Dimoia's chapter on the development of aesthetic surgery. According to the author, the shaping of the specialized medical practice requires multiple factors acting in concert: a new specialist medical culture in the mid-1980s as a form of resistance to state regulation, development of private medical insurance, a growing demand of new Asian "styles" of physiques in local and global markets, and finally, state-led tourism after 1997.

Interestingly, various minor shortcomings in the three books can be mitigated by cross-reading them. Whereas Yoo does not actively define the medical or mental health care system in South Korea, Dimoia's nebulous use of "South Korean medicine" entices criticism. In Suh's book, one can see how the meanings of terms like *Tongui* and *Chosŏn* change in different historical periods to shape the field of the "local." In addition, gender as a factor weighs differently in three books. Dimoia's book is gender insensitive, whereas women's roles are more emphasized in Yoo's discussion on suicide and in Suh's analysis of *hwabyŏng*. In terms of structure, Suh's different stories across more than five decades lack cohesion, as each of them is adapted from journal papers previously published. Her preoccupation with the nomenclatural politics of Korean medicine misses the opportunity to elaborate on the agenda of most historians of medicine, such as the manner in which medical paradigms shifted, the evolution of scientific methods, and the emergence of experts in different kinds. While Yoo's and Dimoia's accounts look at narrower contexts, they function more successfully to examine the transformation of mental health and biomedicine in greater detail.

As non-Korean Studies specialists, we learn mostly from the media about how the government, scientists, and corporations worked in conjunction to promote the state's achievement in science, technology, and medicine. We are familiar with South Korea's global market shares in smart phones and automobiles. Tourists would not forget to purchase ginseng products and facial masks in the airports. But we seldom delve into the backgrounds of the nation-state's success and the prehistory of its soft-power through its exported cultural productions. These three books not only open doors for general readers who are interested in a less explored area in East Asian medical history, but also provide historians with a new means to reappraise the definition and content of East Asia's medical experiences of modernity through their rich and superbly researched case studies. Their creative selection of study subjects and use of unconventional primary sources carve an ample space to converse with other scholarly works.

Regarding gender, Eunjung Kim's *Curative Violence: Rehabilitating Disability, Gender, and Sexuality in Modern Korea* (Durham, NC: Duke University Press, 2017) and Sonja Kim's *Imperatives of Care: Women and Medicine in Colonial Korea* (Honolulu: Hawai'i University Press, 2019) have further enriched areas that are less touched upon in the three books under this review. In addition, scholars of Science and Technology Studies have used the concept of "national socio-technological imageries" to better explain the pursuit of science, medicine, and technology that is coproduced beyond the context of the "state."⁶ For example, Sang-Hyun Kim analyzes Hwang Woo Suk's stem cell scandal to examine the dynamics among the state, scientific communities, industries, political elites, and religious activists. He situates them within the struggle of Korean biomedicine for the sake of the nation's future survival in globalized society.⁷ Dimoia's treatment on the shaping of cosmetic surgery from 1990s onward shares a similar approach that looks at a how a single medical culture was discoursed by different stakeholders. The recent development of COVID-19 mass infection in a megachurch in Daegu further corroborated the much more convoluted tension among state and non-state establishments over agendas related to biomedicine. With the pictures painted in the books under review, three historians' endeavor and achievement in the field definitely contribute to the expanding scholarship with foundational insights.

6. Sheila Jasanoff and Sang-Hyun Kim, eds., *Dream Scape: Sociotechnical Imageries and the Fabrication of Power* (Chicago: Chicago University Press, 2015).

7. Sang-Hyun Kim, "The Politics of Human Embryonic Stem Cell Research in South Korea: Contesting National Sociotechnical Imaginaries," *Science as Culture* 23, no. 3 (2013), 293–319.