Antiseptic Religion:

Missionary Medicine in 1885-1910 Korea

Shin Kwon Kim
Green Templeton College
University of Oxford
A thesis submitted for the degree of
Doctor of Philosophy
Trinity 2017

Abstract

The thesis explores the intersection between medicine and religion in the context of colonisation in Korea in the late nineteenth and early twentieth century. I will focus on the work of medical missionaries from Europe and North America that pursued perfect cleanliness in body, mind and society, including total abstinence and spiritual cleanliness, by spreading biomedical concept of hygiene.

One of the points that I will articulate is the ways in which medicine as a colonising force in its own right worked in the mission field to produce 'the docile bodies of people' in the Foucauldian sense. I will argue that what mission medicine in Korea utilised and relied on for its work was a new concept of cleanliness based on biomedical knowledge, the germ theory, rather than the power of colonisation. It was because mission medicine in Korea often worked without collaborating with direct colonial powers. In this sense, Protestant Christianity and biomedicine shared a common foundation in 'cleanliness.' Consequently, I will try to emphasise the multi-dimensional and multi-directional role of the use of cleanliness as an efficacious tool for control of the body. In relation to the historiography of medicine in Korea, I will

argue that Confucianism served the social and cultural control of bodies as a medicalised form and that Christianity tried to replace it by providing new knowledge concerning body, disease, health, and cleanliness.

In the same respect, I will explore the historical relationship between the germ theory and missionary medicine in Korea. The germ theories of disease were not simply a new etiology but also an effective cultural implement to change people's lives. Thus, the theories did not simply remain in the realm of medicine but were introduced, disseminated, and applied to all matters relating to the body, including its mental and spiritual aspects, through the concept of cleanliness.

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Abstract

My thesis explores the intersection between medicine and religion in the context of colonisation in Korea in the late nineteenth and early twentieth century. In the thesis, I will focus on the work of medical missionaries from North America that pursued perfect cleanliness in body, mind and society, including total abstinence and spiritual cleanliness, by spreading biomedical concept of hygiene.

One of the points that I will articulate is the ways in which colonial power of medicine worked in the mission field to produce 'the docile bodies of people' in the Foucauldian sense. I will argue that the nature of biomedicine as one of colonising forces in the context of modernisation and the ways in which it operated in Korea were quite different from other colonisations in the world. The operation of power had to be subtler and more implicit than other places, mainly because mission medicine often worked without collaborating with direct colonial powers and often independently of evangelical activity. In my thesis, I will argue that what mission medicine in Korea utilised and relied on for its work was a new concept of cleanliness

based on biomedical knowledge, the germ theory, rather than the power of colonisation. In this sense, Christianity and biomedicine shared a common foundation in 'cleanliness' in the context of colonisation. Consequently, I will try to emphasise the multi-dimensional and multi-directional role of the use of cleanliness as an efficacious tool for control of the body. In relation to the historiography of medicine in Korea, I will argue that Confucianism served the social and cultural control of bodies as a medicalised form and that Christianity tried to replace it by providing new knowledge concerning body, disease, health, and cleanliness.

In the same respect, regarding the enculturation of germ theory, I will explore the historical relationship between the germ theory and missionary medicine in Korea. The germ theories of disease were not simply a new etiology but also an effective cultural implement to change people's lives in Korea as well as in Europe and North America. Thus, the theories did not simply remain in the realm of medicine but were introduced, disseminated, and applied to all matters relating to the body, including its mental and spiritual aspects, through the concept of cleanliness.

In general, medical missionaries maintained a belief and hope that curing the physical bodies of native people was closely related to the salvation of their souls. Thus, even though medical treatment focused on physical illness, it was expanded to consider the soul. Missionary medicine was initiated by the presupposition of the wholeness of body, mind and soul; a point on which it intersected with Confucian ideology, in spite of the fact that some Western medical procedures were contested. At any rate, Korean people eventually came to accept the view of the 'body' popularised

by mission medicine and bodily cleanliness came to occupy a central position in missionary discourse.

In the first chapter, I will explore the early stage of biomedicine in Korea after 1885 when the first medical missionary, H. N. Allen, started his medical and religious service in Seoul, emphasizing the works of a Methodist medical missionary, W. B. Scranton. I will articulate how 'Korea' was conceptualised in relation to the modern, Western concept of cleanliness from the perspective of Europeans and Americans, and how the new standard of cleanliness was introduced and applied to Korean society by the works of the medical missionaries. Furthermore, I will inquire into the nature of mission medicine as a hybrid of Christianity and medicine, because hospitals, dispensaries, and schools were the only possible institutes of missionary work due to the strict government ban on the evangelical activities of foreigners. In particular, in consideration of the significance of 'space' in missionary works, I will investigate the meaning of 'clean space' in the mission and the ways in which missionaries tried to deliver 'cleanliness' in the field.

In the second chapter, I will explore how and why Korean people contested the power nexus of Christianity and biomedicine, focusing on the ‘baby riot’ in Seoul, in 1888, in order to see how people who lacked conventional political power expressed their opposition to Western medicine. They spread rumours, which pertained to the violation of the body as understood in the Confucian tradition, particularly the notion that the human body was a locus of virtue, to be preserved without modification. I will argue that through rumours about cannibalism by foreigners, the people regarded

Western medicine as cruel, ignorant, immoral and dehumanised. However, the Korean people also appropriated medical discourses from the West to maintain their dignity and cultural authority. In sum, this chapter considers the point at which two very different conceptions of the body encountered each other.

The third chapter will examine how a new formidable epidemic disease in nineteenth century Korea, cholera, was considered, conceptualised, and treated by Korean people. Its purpose is to examine the religious nature of the etiology of epidemic disease, and how treatment and eventually etiology changed after contact with missionary medicine after the Opening of Ports in 1876. I will scrutinise the measures implemented by the government of *Joseon*, focusing on 'the ghost rite' for epidemic disease compared to the practices of medical missionaries. I will argue that Korean people persisted with a religious etiology of epidemic disease based on traditions such as Confucianism, Buddhism, and Daoism. Particularly, Confucianism provided the foundation of a refined system of state rites to deal with epidemic diseases. The religious aspect of etiology did not change greatly, even after interacting with a new etiology in the shape of the germ theory, introduced by missionary medicine, because both of them shared a similar 'religious' structure in which epidemic disease was conceptualised. Therefore, I will argue that the religious nature of the two etiologies made the transition for people to accept a new medical system much easier and it became one of the key elements for the success of missionary medicine in Korea.

Chapter four examines how the concept of hygiene, based on the germ theory, the dominant etiology in late nineteenth century Europe and America, was

introduced, reconceptualised, and applied by medical missionaries to the daily practices of people and how the practice of health dramatically moved from the *yangsheng* (nurturing life) tradition based on Confucianism and Daoism to *wisaing* (hygiene) as a hybrid of biomedicine and Christianity. In addition, it will examine how the causal agent of disease, the germ, was connected to filthiness and how cleanliness came to be reduced to the practice of killing germs. This will entail an examination of missionary narratives in the articles of Christian journals regarding such topic as hygiene, germ theory, cleanliness of the water, air, clothing and food. I will articulate how the secular concept of hygiene was delivered religiously and how it was assimilated by Korean people as a Christian discourse. In particular, I will illustrate significant changes in the general notion on health under the influence of the germ theory that impacted on public health, in order to clarify how daily practices of cleanliness were related to those of killing germs. As a result of the works of missionaries, the concept of hygiene came to occupy a critical position not only in public health but also in religion. Eventually, Christianity came to be known as a religion of hygiene because Christianity expressed itself as a religion that made things clean and as a religion of cleanliness, by using the concept of hygiene.

The fifth chapter enquires into the work of medical missionaries for the purpose of total abstinence and spiritual hygiene. Using Foucault's perspective on the exercise of a disciplinary control of the human body, and Mary Douglas's theory of pollution, I will argue that what effectively produced 'the docile bodies of people' was a new concept of cleanliness in body, mind, and soul, based on biomedical knowledge

and germ theory, rather than the explicit or implicit power of colonisation. It therefore emphasised the use of cleanliness in spirit as an efficacious tool for control. In the history of medicine in Korea, it is evident that medicalisation of Confucian and Christian ideas served the social and cultural control of bodies, and, on the other hand, religiously conceptualised medical theories were employed for the same purpose.

In addition to the problem of consuming alcohol, in this chapter, I will deal with the Korean Christian revival movements of 1903 and 1907, after which Protestantism was widely accepted as a religion and the new Christian concept of spiritual cleanliness became widespread. It was an American medical missionary named R. A. Hardie resigned from being a medical doctor in order to concentrate on evangelical works, who initiated the movement in 1903. In particular, I will explain how religious and physical cleanliness intermingled in the process of transplanting alien religious concepts such as sin, guilty and repentance (as well as in medical knowledge). Medical missionaries simultaneously introduced new standards of surgical cleanliness and religious purity as well as physical dirt and religious sin.

Throughout my thesis, I will argue that the hybrid forms of church/hospital or Christianity/biomedicine were characteristic of missionary medicine and Protestant Christianity in Korea. It was evident that mission hospitals in Korea, whether they were affiliated to government or not, had the purpose of evangelising and gaining converts among patients and workers. There was no escape from a degree of evangelising in the mission hospital. In this way, the hospitals performed the same

functions as churches, even when evangelical activities were prohibited. Thus, the physical transformation of patients was taken as a sign of spiritual transformation, which a stay in hospital could apparently bring about. Through the church/hospital, evangelical Christianity from America utilised medical knowledge that had been developed in Europe to make the body and soul of people clean and healthy according to European standards, practices, and ideals about cleanliness. In order for that to happen, missionaries combined Biblical messages and the education of hygiene, and they intended to popularise the germ theory of disease using Christian journals. In addition, the propagation of germ theory was carried out in churches and religious meetings. In this tradition, as germ theory came to be dominant and pervasive, not only was sin identified with germs, but also new standards for cleanliness in the shape of religious purification were suggested. In this regard, Christianity was a medicine to cure individual, social, and national diseases. Simultaneously, Western medicine and a new standard of cleanliness were introduced almost as religions in which belief was required for bodily and spiritual salvation.

When this new, materialistic concept of cleanliness was transplanted in the name of hygiene, spiritual cleanliness was also emphasised in the name of purity and the healing of the soul. Suffering and sin were inseparable in missionary medical discourse. As this kind of connection between physical illness and moral states was deeply rooted in Confucian culture, it was not that difficult for people to accept it. However, what was clearly different from the previous Confucian medical system was the cultural construction of illness through biomedical discourse, which was a powerful tool of social control. The discourse of mission medicine utilised this

powerful biomedical discourse, but allied it to a rather different and very directly moral and religious one.

In order to delineate the interplay between religion and medicine, I suggest a term ‘antiseptic religion’ which represents one of the most important aspects of Protestant Christianity in the modern history of Korea. An ‘antiseptic religion’ emphasises perfect cleanliness in body, mind, society, and soul, achieved by the practices of washing in relation to the germ theories of disease. In fact, germ theories brought about a kind of imaginary and also very real fear of invisible germs, and the daily practice for health was reduced to the practice of cleanliness by killing germs. As the idea that health amounted to 'the absence of something' and, more actively, the killing of something came to be accepted, spiritual cleanliness could be easily explained using the same idea. As a form of medicalised Christianity based on the modern concept of hygiene, this religion explicitly or implicitly highlighted the symbolic connection between ‘washing away sins’ and ‘killing germs’ in daily life. The message delivered was simple but strong. “If you eradicate all germs and sins, you obtain health in body and soul; otherwise, you are going to suffer serious disease in body and mind, leading to death." In order for that to happen, not only daily behaviours of undoing/cancelling pollution but also pollution itself caused by germs and sins was accentuated.

Therefore, it was evident that Korean Christians understood baptism and the revival movement as washing rites and as signs of God’s cleansing action. An antiseptic religion controlled people by forcing them to repeat certain actions for cleanliness, even though there was no tight timetable for discipline. In this way, the

human body became a locus of the nexus of power/knowledge in the Foucauldian sense. This nexus appeared as medical power formulated through an interplay with religious traditions, obtaining thereby an unlimited power to define and proclaim disease, illness, and healing as well as sin, guilt, and redemption. On the other hand, there is a possibility that the human body retained the agency to recognise, disclose and eventually resist against that power. In contemporary Korea, which has only recently passed through colonisation and dictatorship, it is essential to reconsider the power of medicine and religion over the body in physical and spiritual meaning in order to cure its historical 'wounds', whether these were inflicted by colonisation or tradition.

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Contents

Introduction ---------- 1
Chapter 1. Soap, Bible or Both:
A Medical Mission in the Third Space ---------- 55
Chapter 2. Contesting a Medical Gaze:
'The Baby Riot' in Seoul, 1888 ---------- 117
Chapter 3. The Religious Dimensions of Epidemic Disease:
Cholera, the Ghost Rite, and Missionary Medicine ---------- 158
Chapter 4. A Religious Hygiene ---------- 204
Chapter 5. Total Abstinence:
The Campaign against Smoking and Alcohol ---------- 278
Conclusion ---------- 332

Abbreviation

ARBFM Annual Report of the Board of Foreign Missions of the Methodist Episcopal Church
ARWFMS Annual Report of the Woman's Missionary Society of the Methodist Episcopal Church
KMPCUSA Korea Mission Presbyterian Church in the United States of America
PHS Presbyterian Historical Society
Silok *Joseon Wangjo Silok* (The Annals of the Joseon Dynasty)
UMA United Methodist Archives & History Center.

Introduction

> The ancients who wished to illustrate illustrious virtue throughout the kingdom, first ordered well on their own States. Wishing to order well on their States, they first regulated their families. Wishing to regulate their families, they first cultivated their persons. Wishing to *cultivate their persons (bodies)*, they first rectified their hearts. Wishing to rectify their hearts, they first sought to be sincere in their thoughts. Wishing to be sincere in their thoughts, they first extended to the utmost their knowledge. Such extension of knowledge laid in the investigation of things.... From the Son of Heaven down to the mass of the people, all must consider *the cultivation of the person (body)* the root of everything besides.[1]

This passage from the introduction of the Great Learning has occupied an important position in the Confucian tradition, providing an itinerary through which the ultimate goal of Confucianism can be realised, because "the relationship between the transcendent realm of heaven and human moral self-cultivation is a major aspect of the ethical models" in Confucian texts.[2] According to the text, in order to achieve that goal, one should start with the investigation of things. Then, one should keep enlarging one's capacity stage by stage until the realisation of the ultimate goal. The whole process consists of eight phases according to the size of the scope of action: 1) the investigation of things; 2) the extension of knowledge; 3) sincerity of thought; 4)

[1] Confucius, *The Great Learning*, James Legge, trans. *Confucius; Confucian Analects, the Great Learning and the Doctrine of the Mean* (New York: Dover Publications, 1971), pp. 357-9: In the text, what is translated 'the cultivation of person' is originally '*sushin*' (修身), which literally implies 'washing body' and becomes 'cultivation of person' in loose translation. Given the fact that the body in this case includes physical, mental, spiritual, and even social aspects of the human body, the meaning of 'washing the body physically, mentally, and spiritually' should not be excluded in the interpretation.
[2] Mark Csikszentmihalyi, *Material Virtue: Ethics and the Body in Early China* (Leiden: Brill, 2004), p. 163.

rectification of the heart; 5) the cultivation of body; 6) regulation of the family; 7) establishing order in the State; 8) making the whole kingdom tranquil and happy.

One significant point arises from this passage. The cultivation of body is the foundation of them all, encompassing every bodily practice – physical, mental and spiritual. In this respect, the human body is located in between the microcosm within the body and the macrocosm above all bodies, representing 'the order above all patterns.' [3] In addition to that, one of the most famous and influential Confucian teachings on bodily practices emphasises the cleansing of the body as a core discipline to nurture virtues related as the Confucian ideal. The same idea was upheld by the Confucian scholar Mencius when he said," to preserve one's mental constitution, and nourish one's nature is the way to serve Heaven. When neither a premature death nor a long life causes a man any double-mindedness, but he waits in the cultivation of his personal character for whatever issue; this is the way in which he establishes his Heaven-ordained being."[4] In this way, Mencius fabricated the connection between the human body and the Heaven.

Even though the term, *sushin*(修身) was translated in English as 'the cultivation of person or personal character' in these phrases, the literal meaning in the original text denotes 'the cleansing or washing of the body.' The validity of the translation is unquestionable, but the concept cannot be reduced to a simple meaning. Because the cultivation or cleansing of the body encompasses many dimensions including the physical body, mind and soul, ethical virtue, human relations, and even health, it is

[3] Ted J. Kaptchuk, *The Web That Has No Weaver* (New York: McGraw-Hill, 2000), p. 15.
[4] Mencius, James Legge, trans. *The Works of Mencius* (New York: Dover Publications, 1970), pp. 448-9.

evident that cleanliness of body has occupied a pivotal position in the Confucian tradition.

After the Joseon Dynasty was established in 1392, it formulated Neo-Confucianism as the state policy and the Confucian politics of the body became more strongly evident in Korea. In addition, one of the specialties of Korean Neo-Confucianism was a type of medicalisation of that ideology, developed by Confucian scholars. In other words, after the concept of bodily cultivation was accepted and practiced by Korean scholars, it was applied and expanded to the ways in which people took care of health in their daily lives, as a type of preventive medicine.[5] That kind of movement clearly appeared among the literati who initiated the tradition of 'the Confucian Physician'. In general, the Confucian physician denoted a group of literati who researched and practiced medicine for public good. They were medical practitioners as well as Confucian scholars in their local communities and aimed to realise Confucian ideology, the re-establishment of the ideal society on earth by cultivation of the body. A healthy body was one of the key elements in the realisation of that goal.[6]

The tradition was medically conceptualised by Heo Jun in *Donguibogam* (1610). What made his work different from previous medical texts in China and even Korea was the way in which he arranged diseases and treatments. Heo was the first person in East Asia to classify disease not according to the disease itself, but according to the

[5] Hojun Seong, "*Donguibogam Pyeonchanui Uhak Dokyojoek Baikyoeng,*" (Confucian and Daoist Background of Donguibogam) *Hankook Cheolhaksasangga Yoengu* (A Study on Korean Philosophers) (Seoul: Cheolhakkua Hyeonsilsa, 2002), pp. 76-7.
[6] Namil Kim, *Hanuihake Michin Joseonui Jisikindeul* (Passionate Intellectuals for Korean Medicine) (Seoul: Dulnyouk, 2011), pp. 7-8.

concept of the body. He divided illnesses into five categories: 1) inside of the body, including inner organs; 2) outside of the body, capable of being visually examined; 3) miscellaneous diseases; 4) medical decoctions; and 5) acupuncture. In this sense, the concept of the body was prioritised over the concept of disease.[7] In this new classification and arrangement, the disease could be understood and diagnosed as long as it was conceptualised in relation to bodily function. Later, Lee Jema (1837-1900), one of the most influential scholars in the Korean medicine in the late Joseon Dynasty, inherited the medical concept of 'the Four Constitution Theory' in his medical text, *Donguisusebowon* (1894) that dramatically changed the medical practices and theories. He expanded the disease classification of Heo Jun by considering different constitutions of the body itself' in order for providing different treatments even in case of the same disease. As a result of 'the Four Constitution Theory,' in terms of etiology, even the same disease could be caused by different reasons due to different constitutions of the body.

In addition to that, the medical theories of Heo and Lee share the same element that the proper control of body/mind and emotional expression were conditions of health and disease.[8] In most cases, that kind of self-control was expressed by bodily movement in daily life for self-cultivation and cleanliness of body, mind, and soul. At this point, the Confucian ideal of bodily practice could be correlated with and realised through medical practices. In other words, medicine was

[7] Hun Heo, *Dongmu Lee Jemaui Cheolhaksasang* (A Philosophy of Lee Jema) (Seoul: Simsan, 2008), p. 30.
[8] Ibid., pp. 246-7.

not simply about disease and treatment, but also about the proper body practice as one of practical ways in which the Confucian ideal could be realised.

However, the concept of body and medicine based on Confucianism was fiercely challenged and ultimately forced to change after 1884 when Korean people began to encounter new forms of medical knowledge from the West. In order to describe that medical tradition, I will use the term 'biomedicine,' which is widely used to refer to modern Western scientific medicine or European modern medicine. Based on the premise that every society has its own *ethnomedicine* as a part of cultural systems to deal with sickness and healing, biomedicine can be seen as the *ethnomedicine* of the Western world; at least, after about 1800.[9]

Missionary Medicine

Christian missionaries have used medicine as an effective tool since the eighteenth century, but the historical relationship between Christianity and medicine is much deeper, particularly in Protestant missions. In fact, from the early stages, based on scriptural injunctions, charitable Christian institutions were designed for multiple functions such as sheltering and feeding the poor, providing clothing, and performing other caring functions.[10] Considering this tradition, it is not surprising that medicine came to play a very important role in missionary works. By constructing an image of Christ as the Great Physician, Christians acknowledged and legitimised

[9] Cecil G. Helman, *Culture, Health and Illness* (London: Hodder Arnold, 2007), p. 94.
[10] Guenter B. Risse, *Mending Bodies, Saving Souls: A History of Hospitals* (Oxford: Oxford University Press, 1999), p. 74.

physical healing efforts,[11] which eventually expanded to the world of non-Christians. The relationship between healing and Christianity would never be closer than it was in missionary activity in colonial contexts, mainly because, from the perspective of Christian mission, medicine came to be recognised as an effective tool of conversion.

Nevertheless, in view of the long entanglement of medicine and Christianity, one cannot simply subsume missionary medicine under the heading of 'western medicine.'[12] Nor should missionary medicine be regarded as a peculiarly colonial mode of health care. The first charitable mission dispensaries for the sick poor were opened in Edinburgh in 1776 and were soon followed by others.[13] The fact that mission dispensaries were established initially for domestic work, implies that missionary medicine was not initially created to serve an imperial strategy or establish overseas colonies. Although missionary medicine would be closely associated with colonisation later, it was first envisaged as part of the social and evangelical responsibilities of Christian churches. Evangelicals often depicted paganism, whether it was inside or outside of their homeland, as a sickness of both mind and body, requiring an all-round therapy administered by a man of God.[14]

In this respect, a number of scholars, including David Hardiman and Jean and John Comaroff, have noted that "images of healing and social amelioration infused each other, in which the blighted body served as a graphic symptom of moral disorder.

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[11] Ibid., p. 77.
[12] Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Cambridge: Polity Press, 2004), pp. 55-6.
[13] David Hardiman, *Missionaries and Their Medicine: A Christian Modernity for Tribal India* (Manchester: Manchester University Press, 2008), pp. 8-9; J.V. Pickstone, "Estalishment and Dissent in Nineteenth-Century Medicine," in W.J. Sheils ed., *The Church and Healing* (Oxford: Basil Blackwell, 1982), pp. 170-4.
[14] Hardiman, *Missionaries*, p. 9.

Physical affliction suggested a *sin-sick soul*."[15] This way of thinking also had a social dimension: just as it had been Europe's responsibility to heal the wound caused by slavery, so it had become its duty to cure physical illness and moral sloth everywhere in the world, which seemed to exactly correspond to the cause of imperialism. Thus, the medical mission, that had begun as a domestic mission, came to include a combination of Christian conviction, imperial mission, and science. It was a compelling amalgam in an age in which each such values were held in high regard.

However, it should be also pointed out that the coalition of religion and medicine was still far from solid, even in Protestant missions. Rather, it had to confront a significant obstacle as the nineteenth century progressed, because there were many challenges to long-held religious beliefs in accordance with the revolutionary development of science and medicine. Consequently, medical missionaries were forced to straddle an ever-growing chasm between religious doctrine and secular science.[16]

Furthermore, given the fact that the origins of missionary medicine were within Europe, the political collaboration of Christian medical missions and imperialism in other continents needs to be explained. As David Arnold has noted, Western medicine was, in many cases, seen as "one of the most powerful and penetrative parts of the

[15] David Hardiman, *Healing Bodies, Saving Souls : Medical Missions in Asia and Africa*, David Hardiman ed. (Amsterdam: Rodopi, 2006), p. 5: Hardiman quoted Comaroffs: John and Jean Comaroff, *Of Revelation and Revolution : The Dialectics of Modernity on a South African Frontier,* vol. 2 (Chicago: University of Chicago Press, 1997), p. 324: In particular, the term 'sin-sick' that was used by both authors was originally quoted from John Lowe, *Medical Missions : Their Place and Power* (New York: Fleming H. Revell Company, 1887), p. 218.
[16] Hardiman, *Healing*, p. 5.

entire colonising process, one of the most enduring and, indeed, destructive or distorting legacies of colonial rule in India as many other parts of Asia, Africa, and Latin America."[17] If so, what role did mission medicine play in this? While historians such as Hardiman and the Comaroffs point out the distinctive features of missionary medicine, Nancy Rose Hunt takes issue with the notion that mission medicine was exceptional compared to other forms of colonial medicine. She has argued that it would be a mistake to view missionary medicine as intrinsically different from the medical care provided by the colonial state. She points out that missionary medicine has often been portrayed as an anomaly within colonial medicine (in Africa); in other words, as a benevolent, persuasive, sentimental form closely associated with medical work among women and children. State medicine, by contrast is usually portrayed as insensitive to gender and consequently African women became patients in much smaller numbers than men.[18] Hunt argues that the contrast between missionary medicine and colonial medicine as one between soft and hard, gentle and coercive forms of medicine is false because colonial evangelism was not soft, and the colonial state was not always strong.[19] However, even though her observation fully made sense in the African context, it is also evident that the ultimate objectives of state medicine and mission medicine could not be all the same in spite of the fact that there was not always a marked difference in practice. Consequently, it is fair to say that there was a tension between state medicine and missionary medicine based on their differences

[17] David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkley: University of California Press, 1993), p. 4.
[18] Nancy Rose Hunt, *A Colonial Lexicon of Birth Ritual, Medicalization, and Mobility in the Congo* (London: Duke University Press, 1999), p. 161.
[19] Ibid.

and similarities. More importantly, there has been ambiguity rather than clarity in the natures of missionary medicine and state medicine.

The ambiguity of missionary medicine is more clearly revealed in Korea than in most other contexts. The Protestant Church in Korea was established on the back of work by medical missionaries, who contributed to the structure of the church as well as to mission hospitals. Furthermore, there was no reason for Korean people to draw a distinction between Western medicine and mission medicine. Before 1910, mission medicine and Western medicine were indistinguishable, although after that date Western medicine would be increasingly encountered through interventions by the new colonial power, Japan. Furthermore, missionary medicine was seen as a single discipline or learning from the West encompassing religion and science, without recognising the chasm between them. On the other hand, the state medicine of Japanese Government General since 1910 marked a clear distinction from missionary medicine.

Secondly, because the first medical missionary in Korea, Dr. H. N. Allen and following missionary doctors collaborated extensively with the Korean government rather than the colonial power, there was no significant difference between mission medicine and state medicine, apart from the fact that traditional medicine still occupied an important part in the national health system. Thus, it is impossible to define the nature of missionary medicine without considering 'state' medicine. Additionally, because Korea was colonised by the Japanese empire and not by European or American powers, there was always more tension between missionaries and the colonial power than there was in contexts in which missionaries and colonial

governors were of the same or similar national, ethnic or religious backgrounds. The characteristics of missionary medicine in Korea were therefore extremely complex and ambiguous.

The history of missionary medicine in Korea has been barely researched. As Hardiman has pointed out, the bulk of historical work on medical missions has focused on Africa, even though the majority were located in Asia.[20] Even in those rare cases when Asian medical missions have been studied, such as in Hardiman's work, they have tended to look at India. An examination of medical missionary work in Korea is likely to reveal a very different situation, for the reasons briefly outlined above, but it is also important in view of the lasting legacy of missionary activity in the peninsula. Indeed, Korea may be counted as one of the few cases in which the work of medical missionaries was successful in its own terms.

Power and Medicine: Foucault

One of the chief theoretical perspectives on mission medicine over the past three decades has been the Foucauldian concept of medicine as a form of disciplinary control.[21] Not exclusively in the realm of mission medicine, but in biomedicine in general, Foucault's *Discipline and Punish* has significantly influenced historians who have examined disease concepts and hygienic practices in modernising countries.[22]

[20] Hardiman, *Healing*, pp. 8-9.
[21] Ibid., p. 5.
[22] Mark Harrison, *Disease and the Modern World: 1500 to the Present Day* (Cambridge: Polity Press, 2004), p. 9.

Thus, regarding the matter of mission medicine, it can be beneficial to consider Foucault's argument on the shift/transition of power over the body.

Foucault's insights into 'biopolitics' can be summarised in three points. The first is that power operates upon bodies through the application of knowledge to bodies. The second is that power is only occasionally repressive, because in many cases power can be productive, producing benefits in life. Thirdly, power is not something outside of the body. Rather, it insinuates itself in individuals' self-judgments, goals and aspirations, and their impositions on the self, i.e. self-discipline.[23] According to Foucault, whose work focused exclusively on Europe, power over the human body was formerly represented by sovereign power, which rested in the sovereign's power over life and death.[24] However, in the nineteenth century, the right of sovereignty in Europe was complemented by a new power, which did not erase but penetrated and permeated the body. It was the power to "make" live and "let" die.[25] In other words, Foucault tried to articulate the transition from a corporeal mode of power, vested in the sovereign, to a new mode in which power did not operate directly on the physical body but on the mind, which controlled the body – sometimes through institutionalised discipline but ultimately through self-control. In this way, medicine took over the old power of sovereignty and came to occupy an important role in the daily lives of people.

[23] Arthur W. Frank, "From Sick Role to Practices of Health and Illness," *Medical Education* vol. 47, 2013, p. 21.
[24] Michel Foucault, *Society Must Be Defended; Lectures at the College de France, 1975-76* (Picador: New York, 2003), pp. 240-1.
[25] Ibid.

According to Foucault, power worked on the body in two ways. The first was through 'governmentality,' which corresponded local requirements for a micro-politics of surveillance and control. In this regard, power was conceptualised as "a relationship that was localised, dispersed, diffused and typically disguised through the social system, operating at a micro, local and covert level through sets of specific practices."[26] The second was related to the sociology of the body as an analytical underpinning for medical sociology. In this case, the body is the target of the medical gaze and health is a form of policing that is related to the quality of labour force in the macro-global level. Foucault was interested in the production, regulation, and the representation of bodies within a context of disciplinary surveillance, which provided "a perspective on the socially constructed nature of disease categories and the role of medicine in regulating individuals through regulating bodies."[27]

For each point, two technologies of power were established and superimposed. One was disciplinary, centred on the body, and produced individualising effects in order to manipulate the body as a source of forces to be useful and docile. The other, centred not upon the body but upon life, and was a technology to bring the massive effect on the control of population.[28] The former, which took care of details, was 'discipline' and operated by adjusting power mechanisms to the individual body through surveillance and training. The latter, which applied to larger populations, began to emerge at the end of eighteenth century.[29]

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[26] Bryan S. Turner, "From Governmentality to Risk: Some Reflections on Foucault's Contribution to Medical Sociology," *Foucault, Health, and Medicine,* Alan Peterson and Robin Bunton eds. (Abingdon: Routledge, 1997), pp. xi-xii.
[27] Ibid., pp. xv-xvi.
[28] Foucault, *Society*, p. 249.
[29] Ibid., p. 250.

Foucault's arguments can and have been be applied to the history of biomedicine in the context of colonization, even though he did not write about that himself. Another perspective that was not emphasised by Foucault sees resistance as an essential element in the evolution and articulation of a medical system. This is also highly relevant in colonial contexts, in which resistance to medical intervention was often related to resistance to foreign rule.[30] In the mission field, when medical treatment was dispensed, technologies such as personal 'discipline' and 'bio-power' were implemented at different levels by medical doctors and colonial powers. In order to understand mission medicine, it is necessary to consider the two great myths that Foucault mentioned: that of a nationalised medical profession, organised like the clergy, and invested, at the level of bodily health, with powers similar to those exercised by the clergy over men's souls; and the myth of the total disappearance of disease in an untroubled, dispassionate society restored to its original state of health. The former was expressed in a very positive way, i.e. the strict, militant, dogmatic medicalisation of society, by way of a quasi-religious conversion, and the establishment of a therapeutic clergy.[31]

Foucault analysed the nature of medical/religious power in Europe in relation to the relationship of priests and doctors as the natural heirs of the Church's two most visible missions: the consolation of souls and the alleviation of pain.[32] He addresses the correlation of priest and doctors in the creation of another power:

> Having become a public, disinterested, supervised activity, medicine could improve indefinitely; in the alleviation of physical misery, it would be close to the old spiritual vocation of the

[30] Arnold, *Colonizing*, p. 7.
[31] Michel Foucault, *The Birth of the Clinic* (Vintage Books: New York, 1994), p. 32.
[32] Ibid.

> Church, of which it would be a sort of lay carbon copy. To the army of priests watching over the salvation of souls would correspond that of the doctors who concern themselves with the health of bodies.[33]

When these combined forces were applied outside of Europe, their collaboration was fortified for the benefit of both mission medicine and the colonial government, allowing power to penetrate into the daily life of people to gain more control. As a result, when mission medicine was working in the assistance of a colonial power, this coalition of clerical and medical power could not be stronger. Also, the collaboration aimed to realise the ideal goal of healthy society in personal and social techniques of control.

In this respect, medicine was no longer simply a body of techniques for curing ills but would embrace knowledge of the 'healthy man'; a model to which all should aspire. In the ordering of human existence, it therefore assumed a normative posture, which authorised it not only to distribute advice for living a healthy life, but also to dictate the standards for physical and moral relations of the individual and of the society in which one lived.[34]

However, there are two important points to mention if Foucault's concepts are to be applied to the history of medicine in modern Korea. Firstly, even though Foucault's theory of power can be a useful tool for analysing the history of biomedicine in Europe, the replacement or the shift of the power from sovereignty to medicine was not as obvious in other places. Rather, the sovereign, medical, and even pastoral powers interacted and were interconnected and even intermingled in hybrid

[33] Ibid., pp. 32-3.
[34] Ibid., p. 34.

forms. For example, the first American medical missionary in Korea, N.H. Allen, was a medical doctor, but he worked for the Korean government, and later, he became a diplomatic representative of the US government in Korea. Moreover, the first Methodist medical missionary in Korea, W.B. Scranton, was a medical doctor and an ordained pastor from the start. Even the identities of missionaries, including nationality and denomination, could be compromised according to local requirements, implying that the agencies of power, eventually serving colonisation, were ready to collaborate with each other in spite of the different domains they occupied.

Secondly, even considering the close relationship between missionary medicine and the Korean government, mission medicine did not become directly into colonial power relationships until the Japanese occupation in 1910. Even then, there was a tension between medical missionaries and the Japanese empire, which consequently prevented mission medicine from expanding. Indeed, mission medicine was sometimes disrupted by the colonial state and colonial biomedicine. Thus, it is difficult to consider mission medicine in Korea as a part of an explicit process of colonisation.

Consequently, the aspect of Foucault's analysis of power most appropriate to the missionary context in Korea is his concept of 'govenmentality' in micro-politics, rather than on 'bio-power', in the sense of medicine's co-operation with the colonial state. Simply because missionaries couldn't fully participate in the power of native or colonial government, the control of population in 'macro-global' level was naturally far from their purpose. Instead, for them, cleanliness in daily lives of people was much

more important. In fact, in Europe, as Foucault articulated, the modern bourgeois 'obsession' with filthiness and stench embodied in public health campaigns, and the regulations of cleanliness and dirt tended to justify the surveillance and control of the poor.[35] By the same token, in the works of medical missionaries, these techniques for controlling and disciplining the body through cleanliness and hygiene occupied a very important position, which forms the main object of analysis in this thesis.

According to Foucault, Christianity appropriated two essential instruments at work in the Hellenistic world: self-examination and the guidance of conscience. Christian pastorship closely associated these two practices to make its followers consistently rely on the guidance of conscience, entailing an endless process of self-examination. The aim of self-examination was not self-awareness in itself, but to open up the self entirely to its 'director'--to unveil the depths of one's soul.[36] The practical works of the medical doctor were united to this process because the pioneers of missionary activity in Korea were medical doctors. Using these techniques, mission medicine could infiltrate the daily lives of the people, and not only in times of illness. This amalgam of Christianity and medicine could operate in all situations, covering almost every aspect of life. In fact, Christian techniques of examination, confession, guidance, obedience, had a single aim: to get individuals to work at their own 'mortification'.[37] Thus, the conceptualisation of 'Christian sin' was considered a critical

[35] William A. Cohen, "Introduction," *Filth: Dirt, Disgust, and Modern Life* (Minneapolis: University of Minnesota Press, 2005), p. xx.
[36] Michel Foucault, "Omnes et Singulatim" *The Tanner Lectures on Human Values 1981 II* (University of Utah Press: Salt Lake City, 1981), pp. 238-9.
[37] Ibid., p. 239.

factor in the victory of evangelisation. When it was combined with the new concepts of cleanliness and filthiness, in relation to body, mind and soul, it came to be stronger.

Objectification and Subjectivity

As I stressed above, one of the chief foci of research on the history of biomedicine in European colonial territories during the nineteenth and twentieth century has been the ways in which colonial states sought to promote biomedical forms of treatment, which has been analysed in terms of 'the exercise of disciplinary control' on the basis of Foucault's theory.[38] Notably, Megan Vaughan's ground-breaking work critically applied Foucault's analysis to investigate the history of missionary medicine in Africa. Vaughan examined how medical discourses were produced and how their effects were felt.[39] She attempted to analyse within the specific historical context of British colonialism in Africa, the process of objectification and the creation of subjectivities through a delineation and discussion of biomedical discourses on 'the African.' Vaughan showed that medicine and its associated disciplines played an important part in the construction of 'the African' as an object of knowledge, and elaborated classification systems and practices which were intrinsic to the operation of colonial power.[40] However, she intended to draw a line between her concept of colonial power/knowledge regimes and Foucault's. She argued that power

[38] Hardiman, *Healing,* p. 5.
[39] Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Cambridge: Polity Press, 1991), p. 8.
[40] Ibid.

was not an external force but was constituted in the everyday actions of individuals. Thus, the idea that individuals or groups might be positioned in different relationships with power was not simply a possibility, since this would involve conceptualising power as external to the individual. Vaughan pointed out that Foucault had not considered the differences that could be made by different individuals who could have different relations to power. In addition, she emphasised that in Foucault's theory, the possibility of effective resistance by people to power was minimised or ignored.[41] In this way, she opened another possibility to locate the subjectivity of people in history by emphasising 1) individual differences and 2) the possibility of resistance.

In addition, Vaughan criticised Foucault by pointing out some differences in Africa, mainly because the colonisation in Africa was in many respects unique. Firstly, power operated in a different way than in Europe. She argued that colonial states were hardly 'modern states' for much of their short existence, and therefore they relied, especially in their early histories, on a large measure of 'repressive' power. Only in some cases, and then only in the later colonial period, and in their liberal, welfarist functions, did they create the systems of surveillance and control common to Europe.[42] Secondly, in Africa, the medical power/knowledge complex was much less central to colonial control than it was in the modern European state. Thirdly, Foucault's argument that the extent to which colonialism and medical discourse created 'subjects' as well as 'objects,' and thus operated through individual subjectivities was problematic. Rather, in colonial Africa, group classification or identification was more important than individualisation. Thus, Africans were much

[41] Ibid., p. 9; see footnote 27; In fact, David Arnold also mentioned the same point.
[42] Ibid., pp. 10-1.

more bound to collective identities than individual subjectivities. Finally, the extent to which colonial power was different from that described by Foucault, owed a great deal to the particular and uneven development of capitalism in Africa and its relation to the colonial states, and to discourses on the 'African' medical discourses both described and helped to create the 'contradictions' of capitalism.[43] Apart from the fact that the close relationship between colonial power and capitalism in Africa can be applied to other cases of colonisation in other parts of the world, including Korea, it seems plausible that the purpose of making 'docile bodies' was deeply related to the supply of labour to new industries and the creation of consumers of industrial products.[44]

In distinguishing her argument from Foucault's, Vaughan intended to emphasise difference, resistance, and subjectivity in the process of medicalisation. She reapplied and adjusted Foucault's concept, from the perspective of people who were 'stereotyped' and 'othered.' In this way, she articulated how the colonial medical literature on differences between Europeans and Africans fortified the binary concepts including self/other, coloniser/colonised, black/white and primitive/modern in different ethnic groups.[45] As a result of the process of othering, she adverted to the fact that some African writers asserted the idea of 'indigeneity' to stress the continuity of African culture, and others concentrated rather on 'hybridising,' in which the binary oppositions of black/white and coloniser/colonised no longer held centre stage

[43] Ibid.
[44] Ibid., pp. 11-2.
[45] Ibid., pp. 12-5.

according to the personal and political choice of individual writers. Thus, in this sense, all subjectivities are created rather than given and so there are endless possibilities for the creation and recreation of individual and collective identities.[46]

In particular, according to Vaughan, what made Christianity or missionary medicine different from colonialism *per se* was its deep concern with 'subjectification' rather than 'objectification', with the aim of creating a new identity.[47] Consequently, a significant point of Vaughan's argument was the consistent attempt by medical missionaries to effect more than a physical transformation in their patients, and to create new subjectivities,[48] based on the proposition that the physical body and mind or soul of human were indivisible. Thus, in theory, the mission hospital was a place where the individual patient was 'created.' Each sick person was a potential convert, each had a 'soul' as well as a body to be attended to, and the rituals of the missionary hospital reflected this. Healing, for medical missionaries, was part of a programme of social and moral engineering through which 'Africa' would be saved.[49]

Nevertheless, it remains to be seen whether Vaughan's statement regarding colonial 'subjectification' is applicable to other colonial contexts. Particularly, in the situation of East Asia or Korea, it is important to determine whether missionary medicine aimed at the creation of 'subjectivity' in similar ways to missions in Africa.

Pollution, Cleanliness, and Germs

[46] Ibid., pp. 15-6.
[47] Ibid., pp. 23-4.
[48] Ibid., p. 74.
[49] Ibid.

Foucault's insights have often been married with those from other disciplines, notably from anthropology – especially the work on pollution and contagion by Mary Douglas.[50] However, one aspect of cleanliness and cleansing practices has been overlooked. Modern standards of cleanliness emerged between the soft power of missionary medicine and the hard power of colonial control, allowing new discourses to penetrate into the daily life of the people, without obvious attachment to either.

This dissertation takes cleanliness as its main object of analysis and it examines the ways in which people attempted to achieve cleanness of body and soul by exploring the intersection between medicine and religion in the context of colonisation in Korea in the late nineteenth and early twentieth century. It focuses on the work of medical missionaries who established hospitals as well as churches, advocating a new etiology and a new way of physical and spiritual cleanliness, hygiene.

Foucault has provided an effective theoretical base from which to understand the history of biomedicine in European colonial territories, but as Vaughan has pointed out, the reality of colonisation cannot be explained adequately by the application of Foucault's theory alone. As I mentioned above, due to the missionary medicine in Korea having complicated characteristics – particularly the fact that mission medicine started without collaboration with the colonial power and was deemed by Korean people even as a tool to resist colonisation - Foucault's insights

[50] Harrison, *Disease*, p. 9.

should be applied with caution. Therefore, I will argue that, in the case of Korea, what effectively produced 'the docile bodies of people' (in Foucauldian terms) was the new concept of cleanliness in body and mind based on biomedical knowledge and germ theory, rather than the explicit power of colonisation. In other words, the implicit and potential power of colonisation was working on the body by redefining and imposing the European standard of cleanliness in advance to the actual colonisation.

In this respect, it is crucial to make inquiries into the modern concepts of cleanliness and filthiness, because the close relationship between filthiness and microbes, and, simultaneously, cleanliness and antisepsis, was a comparatively modern phenomenon, which eventually resulted in the strong bond between the concept of cleanliness and washing practices. At any rate, the germ theory of disease was a modern discovery and ancient practices of cleansing such as Greek or Roman baths were only incidentally cleaning processes. The Greek term, *Sanitas* meant health, not the removal of dirt. The communal baths of the Middle Ages, and the Turkish bath in its many revivals in Europe, had a like purpose.[51] It was about 1860 when the bath revived as a private cleaning routine, but with something of the monastic penance in the preference for cold water. With the coming of liberal hot water, it became once more an enjoyable cleansing routine in addition to a Roman style of relaxation.[52]

Since modern Europe experienced the Christian movement initiated by John Wesley, who preached that moral salvation lay in bodily hygiene, a clean house, a

[51] Lawrence Wright, *Clean and Decent* (Penguin Books: London, 2000), p. 2.
[52] Ibid.

temperate life and an ordered and industrious daily routine,[53] it was commonly accepted that cleanliness was, after all, next to godliness.[54] When Wesley insisted that everyone should be as clean and sweet as possible in their houses, clothes and furniture,[55] to his religious mind, the two worlds were one and could not be separated.[56] For Wesley, theological abstraction and biological study existed in a dynamic relationship because he was fascinated by the full range of human existence.[57] Healing was central to Wesley's theology but hope was pivotal in both medical and spiritual holism.[58] Thus, he believed that his religious/medical method could strengthen body and mind against even the most inveterate conditions - whether they were physical, psychological or spiritual, insisting that man could work towards his own salvation: for he trusted that pristine purity and eschatological hope was God's gift for everyone.[59]

Indeed, the relationship between religious purity and physical cleanliness has occupied a very important position in many traditions. Although their origins are unknown ideas of purity and impurity seem timeless and unchanging.[60] As the anthropologist Mary Douglas argued in her book *Purity and Danger*, the concept of dirt or pollution is culturally rather than naturally embedded in any given society. According to Douglas, dirt is essentially disorder and there is no such thing as

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[53] Hardiman, *Missionaries*, p. 9.
[54] Virginia Smith, *Clean* (Oxford University Press: Oxford, 2007), p. 3.
[55] Jean and John Comaroff, *Of Revelation and Revolution 2* (Chicago: University of Chicago Press, 1997), p. 336.
[56] Smith, *Clean*, p. 3.
[57] Deborah Madden, *A Cheap, Safe, and Natural Medicine* (New York: Rodopi, 2007), p. 267.
[58] Ibid., p. 272: Particularly, John Wesley wrote the book, 'Primitive Physic', on the topic, and the book was popularised in eighteenth and early nineteenth century England.
[59] Ibid.
[60] Mary Douglas, *Purity and Danger* (Frederick A. Praeger Publishers: New York, 1966), p. 4.

absolute dirt. It exists in the eyes of the beholder.[61] Thus, "if one shuns dirt, it is not because of craven fear, dread or holy terror. Nor do our ideas about disease account for the range of our behaviour in cleaning or avoiding dirt. Rather it is because dirt offends against order. Eliminating it is not a negative movement, but a positive effort to organise the environment."[62]

In other words, Douglas stated that the old concept of dirt could be explained without pathological ideas such as the germ theory of disease in two conditions. One was a set of ordered relations and the other was a contravention of that order. She stressed that dirt was never a unique, isolated event but that where there was dirt, there was a system. In her view, dirt was the by-product of a systematic ordering and classification of matter, in so far as ordering involved rejecting inappropriate elements.[63] In this sense, dirt can be defined in relation to the place or space, which implies that a kind of dirt can be accepted in another place as not dirty according to the cultural conception that created it. Furthermore, the fact that dirt in one space is innocuous and the same dirt in another space can be detrimental displays that the actions of removing dirt, cleaning, can be closely related to a means of keeping separate, as religious interdictions, that which must be kept apart.[64] In her mind, cleanliness or cleansing cannot be detached from cultural/religious concepts. It is therefore unsurprising that even in thought of, some modern historians of science such as Barnes and Thomes who articulated the relationship between dirt and the

[61] Ibid., p. 2.
[62] Ibid.
[63] Ibid., p. 35.
[64] David Armstrong, "Public Health Spaces and the Fabrication of Identity," *Sociology* vol. 27, no. 3, August 1993, p. 393.

germ theories of disease, provided a type of 'revisionist' perspective to describe the germ theories as social constructions, embedded in structures of meaning.[65]

However, recent researches in psychology and epidemiology suggest that reactions of disgust towards some substances are universal and therefore natural, even though they have different cultural inflections. For example, Valerie Curtis argues that the link between dirt, disgust, hygiene and disease predates human history and even pre-historic culture, because the sense of disgust is neither cultural nor historical, but biological.[66] Moreover, some psychological research points out that human disgust was developed as a disease-avoidance mechanism, which can offer a compelling explanation to bridge a chasm between the concrete and the ideational disgust and a possibility to naturally extend disgust into the moral domain.[67] It is mainly because disgust evolved to help omnivorous species decide what to eat in a world full of parasites and microbes that are potentially dangerous.[68]

Consequently, the assertion of Douglas that "there is no such thing as absolute dirt" requires some revision. On the other hand, it is also plausible that the biological peculiarity of human species regarding disgust played a critical role in the process of constructing a social/cultural structure related to dirt/pollution. In this case, although dirt cannot be totally cultural, dirt/pollution cannot be defined without culture.

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[65] Valerie A Curtis, "Dirt Disgust and Disease: A Natural History of Hygiene", *Journal of Epidemiology and Community Health*, 2007, p. 660; Nancy Tomes and John Warner, "Introduction to Special Issue on Rethinking the Reception of the Germ Theory of Disease: Comparative Perspective," *Journal of the History of Medicine* vol. 52, January 1997, pp. 7-8.
[66] Curtis, *Dirt*, p. 660.
[67] Magan Oaten, Richard J. Stevenson, and Trevor I. Case, "Disgust as a Disease-Avoidance Mechanism," *Psychological Bulletin*, vol. 135, no. 2, 2009.
[68] Simone Schnall, Jonathan Haidt, Gerald L. Clore, and Alexander H. Jordan, "Disgust as Embodies Moral Judgment," *Personality and Social Psychology Bulletin* vol. 34, no. 8, August 2008, p. 1097.

At any rate, what I will focus on in this thesis is the way in which the concept of cleanliness that had originated in cultures alien to Korea was imposed by on people who possessed a different standard of cleanliness. In doing so, Douglas's argument on pollution will be useful. She argues, "Ritual pollution arises from the interplay of form and surrounding formlessness. Pollution dangers strike when form has been attacked."[69] In her view, pollution occurs when the socially structured forms are endangered by the trespassing of established social boundaries. Therefore, to any extent, all margins are dangerous. If they are pulled this way or that, the shape of fundamental experience is altered. Any structure of ideas is vulnerable at its margins.[70] When Douglas mentioned about the boundary between organised and protected spaces, the line across which pollution threatens to pass should be understood as "a space or region marked out by its own conceptual axes and containing its own anomalous objects excluded by the contextual classification system."[71]

Therefore, it seems natural that the colonies as marginal spaces or regions, were described by colonisers as dangerous, dirty, and readily polluting. At this point, pollution became an ethical matter, closely related to moral judgment and justification of the work of power, in Foucauldian terms. In fact, Douglas argued that in many cases, the idea of pollution was closely related to the ethics of any given society, and in some cases, belief in pollution upheld the moral code. Particularly, when a situation is morally ill-defined, belief in pollution can provide a rule for determining post hoc whether infraction has taken place or not.[72] Furthermore, according to Douglas's

[69] Douglas, *Purity,* p. 104.
[70] Ibid., p. 121.
[71] Armstrong, *Health Spaces*, pp. 393-4.
[72] Ibid., p. 133.

argument that in a case when moral indignation is not reinforced by practical sanctions, pollution beliefs can provide a deterrent to wrong doers,[73] and thus pollution itself can naturally incur moral judgment.

In regards to the link between disgust and morality, other recent research in psychology illustrates that disgust shapes moral judgement of the human, even when it is extraneous to the action being judged.[74] Whether the feeling of disgust originates in culture or innate human nature, it is plausible that, on the basis of the moral judgment against pollution or dirt, surveillance apparatuses could gain leverage in the daily lives of people by providing the techniques of personal/interpersonal hygiene and social medicine.

One of the most important pieces of research on the relationship between pollution, moral judgement, and colonisation is Warwick Anderson's article on 'excremental colonialism'.[75] In this article, he stressed the political, cultural, and medical contrast between the clean and ascetic American body and the polluted, grotesque Filipino body in the literature of American public health in the Philippines in the late nineteenth and early twentieth century.[76] From the perspective of American colonisers, Filipino bodies required control and reformation due to their pollution, and, on the contrary, vulnerable and formalised bodies of the American colonists demanded sanitary quarantine.[77] In this regard, Douglas's concept of pollution could

[73] Ibid.
[74] Schnall and Haidt, *Disgust,* p. 1096.
[75] Warwick Anderson, "Excremental Colonialism: Public Health and the Poetics of Pollution," *Critical Inquiry* vol. 21, no. 3, Spring, 1995.
[76] Ibid., pp. 640-1.
[77] Ibid.

help us to understand the bodily control of Filipinos that aimed to reform toilets, streets, markets and more broadly the public system for excrement, because the Filipino's bodily orifices and its products marked racial and social boundaries that brought surveillance on the body. In the process of its reformation, American physicians "sought to extend their power to inspect and regulate the personal conduct and the social life of the errant Filipinos."[78] What Anderson tries to clarify in his research is how colonial power utilised the concept of pollution to control the bodies of people in the Philippines, which were defined as filthy and thus, harmful to health. In order for that to happen, Filipinos were conceptualised as "the chief, and most generous, sources of contaminating matter and uncivilised, even bestial, Filipinos were seen as promiscuous defecators, transgressing colonial safe havens, imperilling the innocent Americans who had managed to transcend nature."[79] It was therefore deemed natural by American colonists that "vulnerable foreigners would be wise to treat all Filipinos as potentially infected and dangerous."[80] The purpose of colonisation was to civilise and to train childlike Filipino bodies with the correct techniques of the body, i.e. hygiene.[81] The American toilet thus came to represent civilisation and hygiene, and all Filipinos were forced to learn how to build and use it.

Americans tried to accomplish this goal by *extension of the boundaries of modern hygienic space* in Philippines.[82] The work of colonial medicine was not limited to bodies but was also applied to spaces. The 'civilising process' in the Philippines

[78] Ibid., p. 643.
[79] Ibid., p. 668.
[80] Ibid., p. 646.
[81] Ibid., p. 648.
[82] Ibid., p. 658.

contained filling of a medical, closed, colonial space as the reproduction of 'abstract space' of colonialism.[83] For American colonialists, the whole of the Philippine archipelago was in incipient colonial laboratory, and the colonial space might replicate the controlled conditions of the Bureau of Science.[84] In this sense, filthy places such as markets were considered as centres of pollution and disorder, and they were evidently obstacles to make the Philippines as one of clean laboratories of America.[85] Consequently, in order to clean up these filthy spaces including markets, streets and dwelling areas, colonial authority introduced compulsory measures.

Even though Anderson's research is useful in understanding the historical relationship between pollution and power, it should be applied circumspectly in the case of Korea. As mentioned above, the vehicle of biomedicine in Korea was missionary medicine, separate from the colonial power of the Japanese empire. Therefore, to some extent, the workings of medical power were subtle and complicated, although both collaborated in producing modern concepts of pollution and cleanliness. Secondly, in comparison to Philippines, biomedicine in Korea was much more religious and was recognised as a part of the religion from the West. Thus, recognition of medicine's religious aspect is very important. While cleanliness in the Philippines was conceptualised in a material way, in Korea it was expanded to include mind and eventually soul. Finally, while the separation of clean places from filthy ones

[83] Ibid., pp. 651-2; see Henri Levebvre, *The Production of Space*, Donald Nocholson-Smith trans. (Oxford: Oxford University Press, 1991): Anderson used the concept of 'abstract space' from Henri Lefebvre that indicated the space for each society above all formal and quantitative, dominated by the rationality of exchange and calculation.
[84] Anderson, *Colonial Public*, p. 654.
[85] Ibid., p. 655.

was emphasised in the Philippines, some medical missionaries in Korea intended for 'clean spaces' to permeate filthy society by making missionary compounds in the middle of markets and other congested places. In other words, rather than separation, penetration was more important in Korea as a method of making spaces and people clean.

Nevertheless, it is significant that Anderson argues that one of the resonant aspects of the American colonial project was that it produced a space for somatic disciplining of supposedly refractory Filipinos.[86] The germ theory of disease became a theoretical ground for justifying the colonists' reformation of people and spaces. The existence of microbes capable of causing disease was closely connected to the filthiness of people. Dirty bodies were the dwelling places of germs. "The general message was that Filipino bodies were filthy-had not the microscope shown it to be so? – and personal contact or loose behaviour would only distribute this filth."[87] Furthermore, the germs inside of the bodies could spread through dirty places. The main supportive reason that claimed the peril of market places in the Philippines was that "many varieties of intestinal germs and parasites may lurk in most foods."[88] Not only because it was filthy, but also because it contains germs, the market was filled with hazards.

Germ Theories of Disease and Modernising Projects

[86] Ibid., p. 644.
[87] Ibid., p. 660.
[88] Ibid., p. 656.

The germ theory of disease has been related to fundamental human beliefs about 'contagion and its association with certain behaviours and objects'.[89] The idea of communication by contact, in other words 'contagion', is exceedingly old and did not originate in connection with disease at all.[90] Regarding the matter of communication of disease, many physicians have conjectured a generalised, atmospheric source of infection, which was often referred to as the 'miasma' theory.[91] However, since Louis Pasteur (1822-95) and Robert Koch (1843-1910) successfully demonstrated the necessary cause of specific diseases, the causal relationship between microbes and disease has been accepted by ordinary people as well as physicians in the name of 'the germ theory of disease', which eventually replaced the miasma theory as a solid etiology. Many historians have argued that the germ theory was central to the 'scientific revolution in medicine' of the last quarter of the nineteenth century, which was forged around the growing role and authority of the laboratory in medical investigation and practice. As Mark Harrison clarified, one of the great contribution of germ theories was a reorientation of public health from the environment to the individual.[92]

Although the life and work of the heroes of the germ theory, Louis Pasteur, Robert Koch, and Joseph Lister (1827-1912) have been researched in some detail, the development and spread of the germ theory within medical practice is relatively

[89] Nancy Tomes, *The Gospel of Germs: Men, Women, and the Microbe in American Life* (Cambridge: Harvard University Press, 1998), p. 2.
[90] William Bulloch, *The History of Bacteriology* (New York: Dover Publications, 1938), p. 3.
[91] Tomes, *Gospel*, p. 3.
[92] Harrison, *Disease,* p. 118.

understudied.[93] Michael Worboys attempted to remedy this deficiency in his book, *Spreading Germs*, in which he made several important points regarding the ways in which germ theory should be treated historiographically: 1) rather than a single germ theory, there many germ theories developing in the period after 1865; 2) germ practices should have equal place to the germ theory; 3) ideas on how the body reacts to germs even before the emergence of formal immunological models from the mid-1880s need to be considered; and 4) how the meaning of science was changed under the influence of the new knowledge of germs.[94] In his book, he shows that the notion that the attacking germ was once accepted as the sole explanation of any disease is mistaken; rather, germ theories of disease, explicitly or implicitly, have always included ideas about interactions between germs and bodies, hence the popularity of contemporary metaphors such as 'seed' and 'soil'.[95] Consequently, the term 'germ *theories* of disease' should replace the singular 'germ *theory*', because "there was no single germ theory, but a range of germ theories and practices that flourished independently in various branches of medicine, nursing and public health."[96]

In spite of its significance in cultural history as well as in the history of medicine, the cultural implications of germ theories have been under-researched. It was not until Nancy Tomes' book, *The Gospel of Germs*, that this began to change. Tomes argued that in order to make people believe in the germ theory and to initiate changes in daily life, the supporters of germ theory in America resorted to religious

[93] Michel Worboys, *Spreading Germs: Disease Theories and Medical Practice in Britain, 1865-1900* (Cambridge: Cambridge University Press, 2000), p. 1.
[94] Ibid., p. 2.
[95] Ibid., p. 281.
[96] Harrison, *Disease*, p. 118.

analogies such as whited sepulchres. In the 1870s, believing in the germ theory was thus often likened to a religious conversion. Its adherents referred to themselves as "converts" to the new "doctrine" and presented the tenets of their creed in the form of a catechism.[97] Tomes described the changes of American life on the basis of the germ theory in the first two decades of the twentieth century as a new 'antiseptic consciousness,' which was one of goals of the germ theorists.[98] As a result, germ theories of disease, religious metaphors, and the sanitary movement were combined and together changed the lives of the American people.

It is also true that germ theories have not been considered much in relation to the modern concept of cleanliness. One of the famous exceptions is Mary Douglas's theory of pollution. As described above, Douglas pointed to two notable differences between contemporary European ideas of defilement and those of 'primitive' cultures. The first was that dirt avoidance was a matter of hygiene or aesthetics and was unrelated to religion; the second was that the European idea of dirt was dominated by the knowledge of pathogenic organisms. According to Douglas, the culture of avoiding dirt moved from social reorganisation to pathology, because the bacterial transmission of disease was a great nineteenth century discovery that produced the most radical revolution in the history of medicine and totally transformed the people's lives. It even became difficult to think of dirt except in the context of pathogenicity.[99] However, although the modern concepts of dirt or filthiness should be considered in the context of pathogenicity, it is also worth remembering that hygiene can be located in different

[97] Tomes, *Gospel*, p.27.
[98] Ibid., p. 182.
[99] Douglas, *Purity*, p. 35.

cultural contexts such as religion and that germ theories can be applied to areas beyond medicine and public health in relation to the concept of cleanliness. At any rate, it was no accident that one of great contemporary inventions of clinical medicine was the reduction of illness to the skin-encapsulated pathological lesion.[100]

In order to comprehend the spread of germ theories of disease and more broadly of biomedicine outside of European context, it is also crucial to consider the fact that, in many cases, biomedicine was delivered to other parts of the world in the name of modernisation, and numerous medical missionaries dedicated themselves to modernising projects. David Hardiman's research on missionary medicine in India has brought out some important issues in relation to this. For Hardiman, modernisation is a particular world-view that can appear in any context whether it is colonial or non-colonial, and modernisation does not naturally mean secularisation, because, in many cases, missionaries including medical doctors have represented modernity to the people in the mission field even in non-colonial context. In particular, Hardiman notes that the fusion of Christianity and biomedicine played an important role in many mission fields. Firstly, regarding the efficacy of medicine for the evangelisation of the colonised, he argues that treatment in a mission hospital or medical establishment was one element within an extended narrative of conversion, and it was not necessarily a determining cause.[101] Therefore, the most lasting legacy of medical missions was probably not so much the number of converts but their popularisation of

[100] Armstrong, *Health Spaces*, p. 406.
[101] Hardiman, *Healing*, p. 48.

biomedicine, or at least certain aspects of biomedicine, in many parts of the world.[102] Hardiman emphasised the fact that medical missions were one expression of a moral duty felt in rich countries to provide good medical care for those who would otherwise have had no access to it; this was based on a premise that European civilisation was an embodiment of Christianity. Thus, it was important for the missionary to represent that civilisation in a full sense.[103] Christianity was losing its intellectual credibility but there was still a strong belief in social duty, social reform and sympathy for the weak and powerless.[104]

In his research on the work of medical missionaries to an Indian tribe, the Bhil, Hardiman argued that the 'medicine' provided by the missionaries encompassed far more than just treatment for physical illness. What they were providing was, rather, an all-round therapy designed to 'civilise' the supposedly 'primitive' Bhils, bringing them into the light of a Christian modernity.[105] One of the significant points of Hardiman's research was that he positioned missionary medicine in the historical tradition of Christian modernity. Thus, according to Hardiman, missionary medicine could be understood as a part of the modernising project that was launched in Europe at the time of the Enlightenment. Initially, it was associated with science, rationality and the fight against religious superstition. In Britain, it became associated with a modernising Christian evangelism which, largely accepting the Newtonian and

[102] Ibid.
[103] Ibid., p. 49: He quoted it from C. P. Williams, "Healing and Evangelism: The Place of Medicine in Later Victorian Protestant Missionary Thinking," in *The Church and healing : papers read at the Twentieth Summer Meeting and the Twenty-first Winter Meeting of the Ecclesiastical History Society*, W. J. Sheils ed. (Oxford: B. Blackwell, 1982), pp. 276-7.
[104] Hardiman, *Healing*, p. 49.
[105] Hardiman, *Missionaries,* p. 5.

Cartesian understandings of the world, reserved a place for God over and above natural forces. Evangelicals were at the forefront of British radical politics, as anti-slavery campaigners and electoral reformers. They were also deeply involved, as missionaries, in the project of colonial expansion, which was one of the foremost defining features of British power at that time.[106]

In favour of a definition of modernity as a process of continuing dialectical engagement between the religious and the secular, Hardiman rejects both claims that the modernity of Christian missionaries was a retrospective and transient form of the historical process, and that secularism is the inevitable outcome of the Enlightenment, as Max Weber famously argued.[107] In this sense, evangelical Christianity was a thoroughly modern project. It was one in which an emerging middle class in Britain sought to create a 'New Jerusalem' of Christian civilisation, something that was taken as universally desirable. They believed it was their moral duty to evangelise and reform the peoples of not only their own countries but also other ones.[108] It was commonly believed that through the process of purging heathen people's cultures and internalising such values as self-help, sobriety, representative governance, thrift, and profitable enterprise, true civilisation could be achieved.[109]

Even though missionary medicine in Korea could be understood in terms of "Christian Modernity," the ways in which this modernity was introduced or imposed by missionaries, and was enculturated remains in question. Warwick Anderson's argument that "Western methods and knowledge were not passively accepted, but

[106] Ibid., pp. 5-6.
[107] Ibid., p. 6.
[108] Ibid.
[109] Ibid., pp. 6-7.

adapted and selectively absorbed in relation to existing traditions of natural knowledge and religion and other factors" seems apposite here.[110] It is hard to identify a single European theory as the driving force behind medical and sanitary strategies in colonial contexts.[111] Consequently, the recent terms 'alternative modernities,' 'multiple modernities', or ; varieties of modernity' emphasising multiple ways of understanding modernity, avoiding generalisation and homogenisation, are more suitable when in describing the history of modern medicine in Korea because, in Korea, modernisation did not necessarily mean colonisation. The Korean government began its own type of modernisation prior to the Japanese occupation, in part to resist against colonial powers. It was this attempt that made possible the first missionary hospital supported by government. Therefore, modernity before 1910 in Korea, including 'missionary medicine', should be distinguished from the 'colonial modernity,' initiated by the Japanese Empire, although they shared many common aspects. During the time between the opening of the ports in 1876 and the Japanese occupation in 1910, for Korean government and people a third way without choosing resistance or acquiescence was theoretically possible. Above all, one of the most important duties of Confucian government, Joseon, since 1392, was to take care of the bodies of people, even though it can be counted as a primitive form of modernity.

The Korean context

[110] Warwick Anderson, "Postcolonial Technoscience," *Social Studies of Science* vol. 32, no. 5/6 October-December, 2002, p. 648.
[111] Warwick Anderson, "Where is the Postcolonial History of Medicine," *Bulletin of the History of Medicine* vol. 72, no.3, 1998, p. 524.

One of the leading scholars of missionary medicine in Korea is Lee Mahnyol who has researched the history of the Korean Protestant Christianity.[112] Lee tried to understand Korean Christianity from the perspective of Korean nationalism, seeking the subjectivity of people in the acceptance of Protestant Christianity. Thus, he adheres to a position that criticises the works of Western Missionaries as being part of colonial power. Among Lee's students, Ryu Dae Young inherited Lee's 'left wing' perspective. Ryu describes American missionaries as advance guards of 'American Imperialism' in relation to the expansion of the United States 'colonial' power in the years after 1945.[113] Particularly, Ryu harshly criticises the wealth and political power of American missionaries, as well as the diplomatic activities of the US government from the position of Korean nationalism.

On the other side, Rhie Deok-Joo sees Korean Christianity as a result of enculturation initiated by Korean people.[114] And the recent research of Oak Sung-Deuk emphasises the 'making' of Korean Protestant Christianity as a religion for the fulfillment of the Korean people's aspirations on the basis of a religious system structured by Chinese and Korean traditions.[115] If this research on the early history of

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[112] Mahnyol Lee, *Hankook Gidokkyo Suyongsa Yeongu* (A Research on the Acceptance of Christianity in Korea) (Seoul: Dooresidai, 1998); *Hankook Gidokkyouiryosa* (A History of Christian Medical Work in Korea) (Seoul: Acanet, 2003)

[113] Dae Young Ryu, *Chogi Mikook Seonkyosa Yeongu* (Early American Missionaries in Korea: Understanding Missionaries from Their Middle-Class Background) (Seoul: Hankook Gidokkyo Yeoksa Yeonguso, 2001); *Gaihwagi Joseonkwa Mikook Seonkyosa* (Joseon in the Opening Ports and American Missionaries: Invasion of Imperialism, Enlightenment and Self-Strength, and American Missionaries) (Seoul: Hankook Gidokkyo Yeoksa Yeonguso, 2004)

[114] Deok-Joo Rhie, *Hankook Tochackkyohoe Hyeongseongsa Yeongu* (A Study on the Formation of the Indigenous Church in Korea, 1903-1907) (Seoul: Hankook Gidokkyo Yeoksa Yeonguso, 2001)

[115] Sung-Deuk Oak, *The Making of Korean Christianity: Protestant Encounters with Korean Religion 1876-1915* (Waco: Baylor University Press, 2013)

Korean Christianity shares a common point, it is the fact that the authors try to seek the subjectivity of people in Korean nationalism, arguing that it was the people of Korea who chose to accept Christianity in some ways.

However, given the fact that it was the Japanese Empire and not the United States that physically occupied and colonised the Korean peninsula, the presumed connection of American missionaries and imperial power remains unclear. Moreover, Korean nationalism came to be structured comparatively later, when the intention of the Japanese to colonise Korean the peninsula became more evident. Thus, it is not accurate to interpret the early history of Christian missions in terms of Korean nationalism.

Furthermore, specifically on the subject of the modern history of medicine, Shin Dongwon delineates a comprehensive picture of the establishment of the modern public health system in Korea.[116] One of his outstanding arguments is that the public health system had been already organised before 1910, when Japan occupied Joseon. He viewed the period from the Opening Ports 1876 to 1910 as the process for Korean government to reorganise the public health system, and thus, missionary medicine was just an auxiliary part of the system, because the government had been ready to accept Western medicine. Consequently, Shin has comparatively underestimated the works of missionary medicine in order to highlight the activities of the government. Thus, eventually, he tries to find and emphasise the subjectivity of Korean government and people in the process of accepting a new medical tradition from the West. He could articulate the innate progress of modernisation in Korean society through the

[116] Dong-Won Shin, *Hankook Geundai Bogunuiryosa* (A History of Modern Public Health in Korea) (Seoul: Hanwool Academy, 1997)

history of medicine.[117] Park Yunjae's research focuses on the transitional stages from the Opening Ports (1876) to the early period of Japanese Occupation (1919), in order to clarify the nature and characteristics of colonial medicine.[118] Park's research provides a wide range of perspective on the modern history of medicine in Korea until the early stage of Japanese occupation. However, he also made comparatively little account of the contribution of mission medicine in the process of the construction of the public health system and more broadly of modern medicine, mainly because he focuses on government regulations, law, and administrative systems for public health. Because, in many cases, mission medicine was more private than official and bureaucratic, it could hardly be captured by the official/ legal point of view. On the contrary, Park Hyoungwoo's research has different foci on the works of medical missionaries. His research on the history of the first mission hospital in Korea, *Jejungwon*,[119] tries to reinstate and evaluate the works of early medical missionaries by consulting original sources of American missionary organisations, which has rarely been done before. Previously, one of the most comprehensive researches on the mission medicine in Korea was done by Mahnyol Lee.[120] Through his research, Lee argues that the history of medical mission in Korea can be conceptualized as the process of self-identification of mission medicine as a new medical tradition in Korean society rather than an auxiliary method for evangelisation.[121]

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[117] Yunjae Park, *Hankook Geundai Uihaksa Yeonguui Seongkwawa Jeonmang* (The Trend and Prospect of Studies in the Modern History of Medicine in Korea) Korean Journal of Medical History vol. 19, June 2010, p. 51.
[118] Yunjae Park, *Hankook Geundaiuihakui Giwon* (The Origin of the Korean Modern Medical System) (Seoul: Hyean, 2005)
[119] Hyoung Woo Park, *Jejungwon* (Seoul: 21Century Books, 2010)
[120] Mahnyol Lee, *Hankook Gidokkyo Euiryosa* (A Research of Christian Medical Work in Korea) (Seoul: Acanet, 2003);
[121] Yunjae Park, *Hankook Geundai Uihaksa Yeonguui Seongkwawa Jeonmang*, p. 49.

These works have significantly contributed to the reconstruction of the history of modern medicine. However, they cannot avoid criticism, not only because the researchers do not cite materials impartially, but also because they were uninterested in the fact that the history of modern medicine in Korea should be composed in relation to the history of biomedicine in other parts of the world, to the medicine in the context of other cases of colonisation, or to the mission medicine in general. Their analytical framework is consequently narrow.

It is surprising that from the perspective of the historians of Korean Christianity and Korean medicine, the Protestant mission initiated by medical missionaries has been considered as natural as the origin of Christianity itself. There has not been a historian who criticises the use of medicine for evangelisation in Korea. Rather, to some extent, every historian has been favourable to mission medicine. However, the use of medicine for evangelical work was not always welcomed by workers in the mission field. Rather, at times, some conflicts were happening around the use of medicine for mission in spite of the long-established connection between medicine and Christianity.

When Albert Cook, the famous missionary doctor, first set foot in Uganda in 1897, there was much suspicion and outright opposition to his work from fellow members of the Church Missionary Society who were already there. Though Cook always claimed (and appeared consistent in his claim) that the conversion of souls was his priority, others felt that medical work would necessarily detract from evangelisation. Above and beyond this, the feeling that sickbed evangelisation was bound to be superficial and that sickbed conversion was consequently suspect,

lingered on throughout the period.[122] In China, it was an American missionary working in Canton in the 1830s, E.C. Bridgman (1801-1861), who first appreciated the strategic importance of missionaries who could carry out certain medical treatments in which Western doctors were proving superior to the Chinese-- in particular in eye surgery for cataract removal.[123] However, the demand for medical missionaries was not vociferous until the 1870s, when medicine came to be viewed as a powerful aid to conversion.[124] One of the causes of this change was the Medical Act of 1858 in Britain, that allowed for greater regulation of the medical profession by creating a register of doctors.[125] Since then, the quality of medical missionary work began to improve, because the British act precipitated settling down of the medical profession in Europe and America, which resulted development of clinical medicine and the quality of medical doctors in general. The other was the benefits of policies and skills of public hygiene and the implementation of preventive medicine that was brought to the mission field in the mid nineteenth century.[126]

At any rate, it is exceptional that the Protestant mission in Korea was started by medical missionaries and was deeply related to the establishment of hospitals, even though no scholars have so far had paid much attention to the fact. It was mainly because the Korean mission was initiated a little bit later than other East Asian countries, at a time when medical missionary work was coming into favour. In addition, mission medicine in Korea became the foundation of Protestant Christianity

[122] Vaughan, *Curing*, p. 58.
[123] Hardiman, *Healing*, p. 12.
[124] Ibid., p. 14.
[125] Ibid., pp. 13-4.
[126] Ibid., p. 14.

itself, as well as of mission hospitals. Therefore, medical work needs to central to any account of Christian missionary work in Korea.

Thesis Plan

My thesis explores the intersection between medicine and religion in the context of colonisation in Korea in the late nineteenth and early twentieth century. In the thesis, I will focus on the work of medical missionaries from America that pursued perfect cleanliness in body, mind and society, including total abstinence and spiritual cleanliness, by spreading biomedical concept of hygiene.

One of the points that I will articulate is the ways in which colonial power worked in the mission field to produce 'the docile bodies of people' in the Foucauldian sense. Notwithstanding Vaughan's criticisms of Foucault, the nature of colonial power and the ways in which it operated in Korea were very different from in Africa. The operation of power was more subtle and implicit than in Africa, mainly because mission medicine often worked without collaborating with colonial power and often independently of evangelical activity. In my thesis, I will argue that what mission medicine in Korea utilised and relied on a new concept of cleanliness based on biomedical knowledge, the germ theory, rather than the explicit or implicit power of colonisation. In this sense, Christianity and biomedicine shared a common foundation in 'cleanliness' in the context of colonisation. Consequently, I will try to emphasise the multi-dimensional and multi-directional role of the use of cleanliness as an efficacious tool for control of the body. In relation to the historiography of medicine in Korea, I

will argue that Confucianism served the social and cultural control of bodies as a medicalised form and that Christianity tried to replace its role by providing new knowledge concerning body, disease, health, and cleanliness.

In the same respect, regarding the enculturation of germ theory, I will explore the historical relationship between the germ theory and missionary medicine in Korea. The germ theories of disease were not simply a new etiology but also an effective cultural implement to change people's lives. Thus, the theories did not simply remain in the realm of medicine but were introduced, disseminated, and applied to all matters relating to the body, including its mental and spiritual aspects, through combination with the concept of cleanliness.

In general, medical missionaries maintained a belief and hope that curing the physical bodies of native people could be closely related to the salvation of their souls. Thus, even though medical treatment focused on physical illness, it was expanded to consider the soul. Missionary medicine was initiated by the presupposition of the wholeness of body, mind and soul; a point on which it intersected with Confucian ideology, in spite of the fact that some Western medical procedures were contested. At any rate, Korean people eventually came to accept the view of the 'body' popularised by mission medicine and bodily cleanliness came to occupy a central position in missionary discourse.

In the first chapter, I will explore the early stage of biomedicine in Korea after 1885 when the first medical missionary, H. N. Allen, started his medical and religious service in Seoul, emphasising the works of a Methodist medical missionary, W. B.

Scranton. I will articulate how 'Korea' was conceptualised in relation to the modern, Western concept of cleanliness from the perspective of Europeans and Americans, and how the new standard of cleanliness was introduced and applied to Korean society by the works of the medical missionaries. Furthermore, I will inquire into the nature of mission medicine as a hybrid of Christianity and medicine, because hospitals, dispensaries, and schools were the only possible institutes of missionary work due to the strict government ban on the evangelical activities of foreigners. In particular, in consideration of the significance of 'space' in missionary works, I will investigate the meaning of 'clean space' in the mission and the ways in which missionaries tried to deliver 'cleanliness' in the field.

In the second chapter, I will explore how and why Korean people contested the power nexus of Christianity and biomedicine, focusing on the “baby riot” in Seoul, in 1888, in order to see how people who lacked conventional political power expressed their opposition to Western medicine. They spread rumours, which pertained to the violation of the body as understood in the Confucian tradition, particularly the notion that the human body was a locus of virtue, to be preserved without modification. I will argue that through rumours about cannibalism by foreigners, the people interpreted Western medicine as cruel, ignorant, immoral and dehumanised. However, the Korean people also appropriated medical discourses from the West to maintain their dignity and cultural authority in the context of colonisation. In sum, this chapter considers the point at which two very different conceptions of the body encountered each other.

The third chapter will examine how a new formidable epidemic disease in nineteenth century Korea, cholera, was considered, conceptualised, and treated by Korean people. Its purpose is to examine the religious nature of the etiology of epidemic disease, and how treatment and eventually etiology changed after contact with missionary medicine after the Opening of Ports. I will scrutinise the measures implemented by the government of *Joseon*, focusing on 'the ghost rite' for epidemic disease compared to the practices of medical missionaries. I will argue that Korean people persisted with a religious etiology of epidemic disease based on traditions such as Confucianism, Buddhism, and Daoism. Particularly, Confucianism provided the foundation of a refined system of state rites to deal with epidemic diseases. The religious aspect of etiology did not change to a great extent, even after interacting with a new etiology in the shape of the germ theory, introduced by missionary medicine, because both of them shared a similar 'religious' structure in which epidemic disease was conceptualised. Therefore, I will argue that the religious nature of the two etiologies made the transition for people to accept a new medical system much easier and it could be one of the key elements for the success of missionary medicine in Korea.

Chapter Four examines how the concept of hygiene, based on the germ theory as a dominant etiology in nineteenth century Europe and America, was introduced, reconceptualised, and applied by medical missionaries to the daily practices of people and how the practice of health dramatically moved from the *yangsheng* (nurturing

life) tradition based on Confucianism and Daoism to *wisaing* (hygiene) as a hybrid of biomedicine and Christianity. In addition, it will examine how the causal agent of disease, the germ, was connected to filthiness and how cleanliness came to be reduced to the practice of killing germs. In order to do that, I will examine missionary narratives in the articles of Christian journals regarding such topics as hygiene, germ theory, cleanliness of the water, air, clothing and food. I will articulate how the secular concept of hygiene was delivered religiously and how it was assimilated by Korean people as a Christian discourse. In particular, I will illustrate significant changes in the general notion on health under the influence of the germ theory that impacted on public health, in order to clarify how daily practices for cleanliness were related to those of killing germs.

The concept of hygiene occupied a critical position not only in public health but also in religion, because Christianity expressed itself as a religion that made things clean and as a religion of cleanliness, by using the concept of hygiene. For this reason, Christianity came to be known as a religion of hygiene.

The fifth chapter enquires into the work of medical missionaries for the purpose of total abstinence and spiritual hygiene. On the basis of Foucault's insights into disciplinary control over the human body, and Mary Douglas's theory of pollution, I will argue that what effectively produced 'the docile bodies of people' was a new concept of cleanliness in body and mind, based on biomedical knowledge, and germ theory in particular, rather than the explicit or implicit power of colonisation. I therefore emphasise the multi-dimensional and multi-directional role of the use of

cleanliness as an efficacious tool for control. In the history of medicine in Korea, it is evident that medicalisation of Confucian and Christian ideas served the social and cultural control of bodies, and, on the other hand, religiously conceptualised medical theories were employed for the same purpose.

In addition to the problem of consuming alcohol, in this chapter, I will deal with the Korean Christian revival movements of 1903 and 1907, after which Protestantism was widely accepted as a religion and the new Christian concept of spiritual cleanliness became widespread. An American medical missionary named R. A. Hardie, who had resigned from being a medical doctor in order to concentrate on evangelical works, initiated the movement in 1903. In particular, I will explain how religious and physical cleanliness intermingled in the process of transplanting alien religious concepts such as sin, guilty and repentance (as well as in medical knowledge). Medical missionaries simultaneously introduced new standards of surgical cleanliness and religious purity as well as physical dirt and religious sin. I will show how the Confucian concept of shame was replaced by the Christian notion of guilt and how this corresponded to changes in conceptions of cleanliness.

Interpretative issues

The main purpose of this thesis is to investigate the interplay of religion and medicine in the history of mission medicine in Korea. Therefore, such themes as the contribution of mission medicine to the legislation process for the national/public healthcare system and the rivalry between mission medicine and Japanese military

medicine are not the primary concerns of this thesis. These would be fruitful topic for further research but it is not possible to address them adequately in what follows. Also, it is impossible to find out any evidence that medical missionaries were involved in policy-making during the Joseon Dynasty, in spite of their close relationship with the royal family. For example, the sanitary reforms initiated by the Korean government during 1894 (the Gapo Reform) was not directly related to the works of medical missionaries, because the reform itself were exclusively concerned sanitary regulations and establishment of administrative bodies to deal with sanitary matters. In addition, regarding the relationship between missionary medicine and Japanese military medicine, the geographical concentration of this thesis should be counted. The thesis is geographically focused on the Seoul and Pyeong Yang areas, because the activities of missionaries mainly occurred in the cities from the early stage, and they remained as the centres of the Protestant Christianity even until the end of Japanese occupation. However, Seoul and Pyeong Yang do not provide proper case studies for research on this topic. The first Japanese military hospital, *jesaenguiwon* was established in Busan, in 1877, one year after the Opening of the Ports.[127] This hospital was run by the Japanese Navy as a military facility[128] until it was closed by the Japanese government in 1885.[129] And the establishment of other hospitals in Wonsan (1880), Seoul (1883), and Incheon (1883) followed. Although the primary purpose of these hospitals was to provide medical care for the Japanese people within Japanese concessions, they accepted Korean patients as well. However, by the mid-1880s these

[127] Yong-Tae Seo, *1877nyeon Busan Jesaenguiwonui Seolripkwa Geu Uiui* (The Foundation and Meaning of Busan Jesaeng Hospital) Chiyeok kwa Yeoksa vol. 28 (2011), p. 248.
[128] Ibid., p. 256.
[129] Ibid., p. 264.

hospitals were all nullified and some were replaced by public hospitals. In particular, the establishment of *Jejungwon* in Seoul thwarted the medical work of the Japanese in Korea. As a result, the Japanese consulate closed its hospital and even hired Dr. H. N. Allen as a physician for the Japanese people in Seoul.[130] Therefore, until the establishment of *Daehanuiwon*, which was founded by the Government General in 1907, it is difficult to claim any significant rivalry between missionary medicine and Japanese medicine in Seoul.

As a study of the interplay of medicine and religion, the primary sources most suitable for this thesis are official and published documents, including books, tracts, journals, official records, diplomatic letters and so forth. Unfortunately, one of significant issues in dealing with these materials is that they do not contain the voices of persons subject to evangelisation, other than when they are mediated by missionaries and others. Inevitably, this presents certain limitations as the opinions of the majority of the Korean people cannot be known, whether they resisted or accepted the teachings of Protestant Christianity or the new medicine from the West. However, such obstacles are common in historical scholarship and are often encountered in colonial historiography, in which there is an obvious disparity between colonial or missionary records – which are often voluminous – and non-existent or patchy source material representing directly the views of 'subaltern' populations. The techniques devised by historians of the Subaltern Studies Collective – and many others since –

[130] [130]Yunjae Park, *Hankook Geundaiuihakui Giwon* (The Origin of the Korean Modern Medical System) (Seoul: Hyean, 2005), p. 91.

enable us to read official and missionary documents 'against the grain', showing an awareness of their biases and also significant omissions.[131]

One technique pioneered by historians of the Subaltern Studies school was the analysis of rumour, which was often related in official accounts in an attempt to understand the motivation of crowd behaviour.[132] Following their example, in this thesis, I will analyse rumours and also the religious confessions of people as they appear in or in addition to published materials. Such sources provide some insight into the Korean people's perspectives on issues relating to medicine and religion, even though their meaning is not always clear. In addition, it is important to note that such sources rarely enable us to identify individuals. In many cases, missionary records did not mention individual names of Korean people when describing events, which makes it difficult to distinguish direct confessions of Korean people from the ideas of the missionaries. Not only in the missionary materials, but also in the official record of Joseon Dynasty, in many cases, the details of events including names and numbers of people who were involved were simply not mentioned, which is one of the general problems of research on the history of Korea. Therefore, it is very difficult to measure the actual and practical influence of the new medicine and religion on the Korean people.

Nevertheless, one indication of the influence of Protestant Christianity and its medical missions is the number of converts and patients. The number of full members

[131] E.g. Ranajit Guha 'On Some Aspects of the Historiography of Colonial India', *Subaltern Studies I: Writings on South Asian History and Society* (Delhi: Oxford University Press, 1982), pp. 1-8; idem, 'The Prose of Counter-Insurgency', *Subaltern Studies II: Writings on South Asian History and Society* (Delhi: Oxford University Press, 1983), pp. 1-42.

[132] E.g. David Arnold, 'Touching the Body: Perspectives on the Indian Plague, 1896-1900', *Subaltern Studies V: Writings on South Asian History and Society*, pp.1-54.

of the Methodist and Presbyterian church in Korea was 7,843 by 1900.[133] Because the estimated population in Korea around 1900 was fourteen million, Protestant Christians occupied roughly 0.6 per cent of the whole population. In terms of demography, Protestant Christianity remained as a minority even throughout the whole Japanese occupation. On the other hand, the number of patients in *Jejungwon* during the last three months of 1900 was 1,271.[134] Thus, in consideration of the number of Protestant Christians, the work of medical missionaries played a very significant role in Korean society. Therefore, it is true that the impact and influence of Protestant Christianity and mission medicine should be considered more culturally than demographically and any alleged influence should be evaluated in recognition of these limits.

In regard to the issue of cleanliness in the historical context, I do not intend to argue that the concept of cleanliness *per se* was new to Korean people. But I maintain that the ways in which people understood cleanliness and their practices of hygiene were new. For example, physical cleanliness achieved by killing living organisms and spiritual cleanliness achieved by repentance and confession of sins were new to Korean people. I will therefore argue that in the making of a new religions tradition, cleanliness in the physical and spiritual body occupied a very important role.

I will use the term 'biomedicine' to replace 'Western medicine' in some cases, except clear occasions on which 'Western medicine' was directly referred to in the original text. Above all, in the first place, Koreans did not call the new medical practice

[133] Mahnyol Lee, *Hankook Gidokkyo Suyongsa Yeongu* (A Research on the Acceptance of Christianity in Korea) (Seoul: Dooresidai, 1998), pp. 462-3.
[134] Hyoung Woo Park, *Jejungwon* (Seoul: 21Century Books, 2010), p. 376.

'Western medicine,' although it was evident for the people that the doctors in *Jejungwon* or *Sibyeongwon* were people from the West, i.e. Westerners. Rather, the medicine was simply a medicine practiced by Westerners. More importantly, the biomedicine that was introduced by Japanese military hospitals was hardly considered by the people as 'Western.' In consideration of the fact that biomedicine was delivered through two different channels, the term can refer to modern medicine whether it was practiced by Westerners or the Japanese in Korea.

Finally, I will deal with a historical event named 'the baby riot' in Seoul, in 1888, which might draw some criticism in relation to the validity of the event itself, the supporting materials for which are thought to be limited. In fact, the event is extensively documented in missionary reports, the official record of the Joseon Dynasty and diplomatic documents with foreign countries. Although it is difficult to find out how many people were involved in this unrest and who was arrested or eventually punished, it is impossible to deny the existence of turmoil relating to rumours about baby snatching in Seoul, in 1888. In fact, the riot has been dealt with by historians including Inku Kang, Dongwon Shin and many others listed in the footnote below.[135] In addition, one of the most authoritative documents to support this event is

[135] Inkyu Kang, "Young-ah Sodong Sageon" (The Event of Baby Riot) Hankook Gidokkyosa Yeonguheososik vol. 14 (1987), pp. 20-2; The Institute of Korean Church History, Hankook Gidokkyoui Yoeksa I (A History of Korean Church vol. 1) (Seoul: The Christian Literature Press, 1989), pp. 247-9; Dongwon Shin, Hankook Geundai Bogeon Uiryosa (A History of Public Health in Modern Korea) (Seoul: Hanwool, 1997), p. 94-5; Mahnyol Lee, Hankook Gidokkyo Suyongsa Yeongu (A Research on the Acceptance of Christianity in Korea) (Seoul: Dooresidai, 1998), p 186; Jaeui Shin, "Jejungwonkwa Chogi Kyoheoui Seolrip" (Jejungwon and the Establishment of the Early Church) Hankook Gidokkyowa Chogi Uiryoseonkyo (Korean Christianity and the Early Mission Medicine) eds. Jaeui Shin, Kwonjung Kim, and Ije Jo (Seoul: Hankookgidokkyo Yeoksamoonhwa Yeonguso, 2007), pp. 104-5; Baeyong Lee and Hyunjin Lee, Scranton (Seoul: Ehwa Woman's University Press, 2007), PP. 67-8; Charles D. Stokes, History of Methodist Missions in Korea, 1885-1930 trans. Jicheol Jang and Heungsoo Kim (Seoul: Hankook Gidokkyo Yeoksayeonguso, 2010), p. 55; Sung-Deuk Oak, Cheot Sageoneuro Bon Hankookkyoheosa (The First Events of the Korean Church History) (Seoul: Jidda, 2016), pp. 187-192.

the official index of the online version of *Joseonwangjo shilok*. Under the item of '*young-ah sodong,*' the baby riots, the index indicates the event in 1888.[136]

[136] http://esillok.history.go.kr/front/glossary/historicalTerms/HistoricalTermsList.do?pageIndex=538&lang=ko

Chapter 1. Soap, Bible or Both:

A Medical Mission in the Third Space

> Deeply impressed with their poverty, dirt, love of drink, and degradation, the Protestant, after being nearly a month among the Coreans, left their shores, fully impressed with their need of soap and bibles[1].... The costume, which seemed snowy at a distance, is seen to be dingy and dirty, owing to an entire ignorance of soap.[2]

Compared to China and Japan, which had a long history of communication and trade with Europe, Korea was barely known to Europeans until the late nineteenth century. It was mainly because the Joseon dynasty maintained a strict national policy of seclusion until 1876, when the first Korean-Japanese treaty was concluded. In contrast to the previous Goryeo dynasty, established on the principles of Buddhism, Joseon accepted Neo-Confucianism as its state religion, which led the country to close its doors to foreign countries except China and Japan from the fifteenth century. Therefore, not only commercial but also cultural exchanges between Korea and the rest of the world had been limited to the interchange of envoys with China and Japan. Consequently, the geographical, cultural, and historical information on the Korean peninsula in the Western world depended on limited sources such as articles in some journals and few published books. Among them, *Corea, the Hermit Nation* by William E. Griffis occupied the pre-eminent position. From its publication in 1882 until it

[1] William Elliot Griffis, *Corea the Hermit Nation* (New York: Charles Scrinber's Sons, 1882), p. 360.
[2] Ibid., p. 274.

reached its ninth edition in 1911, the book influenced many explorers and colonizers, and inspired many volunteers for missionary work.

As an experienced orientalist and a minister of the Congregational church, Griffis published approximately fifty pieces on various topics based on his four years of stay in Japan (1870-74) and his close relationship with the Japanese. Given the fact that there had been very scant information on the history and culture of Korea before this time, the book attracted considerable attention. It was one of very few sources available on Korea. Regarding his work, two points need to be considered. The first is that the author never visited Korea before writing his book, which meant that it reflected the Japanese perspective on Korea, as well as his own, as an American observer. Secondly, Griffis wrote this book when he was working as a minister for a church in the United States, which meant that his perspective demonstrated many of the ideas pervasive among Protestant missionaries. Griffis referred in particular to a previous attempt to establish missions in Korea by Karl F. Gützlaff (1803-1851), who wrote of the country's 'social vices': poverty, dirt, love of drink, and degradation.[3] In order to cure these vices, Griffs suggested two important materials from the West, which were soap and Bibles. Soap represented cleanliness in the physical body, and the Bible epitomised the cleanness of the human soul. Both were supposed to be required for human salvation. In part, the idea reflected the identities of Griffis himself, as an orientalist and Protestant minister simultaneously.

[3] Karl Friedrich August Gützlaff was a German missionary to East Asia in the early nineteenth century who visited Korea in 1832, remaining there for one month. Although the government did not permit his attempt to move inland, he had some opportunity to observe the culture and life of the Korean people: Karl Gützlaff, *Journal of three voyages along the coast of China, in 1831, 1832 and 1833* (London: Thomas Ward and Co, 1840).

Another influential book on this topic, *Korea and Her Neighbours* by Isabella Bird-Bishop, a female British traveler, was published in 1898. In contrast to Griffis, Bishop's book was based on her personal experiences of travel in Korea from 1894-97. During that time, she stayed in Korea for nine months and traveled around some parts of the peninsular. In her book, Bishop reported her first impression of Korea by describing the street and houses of the second largest city and the largest harbour in Korea, Busan, as such;

> Its narrow dirty streets consist of low hovels built of mud-smeared wattle without windows, straw roofs, and deep eaves, a black smoke-hole in every wall 2 feet from the ground, and outside most are irregular ditches containing solid and liquid refuse. Mangy dogs and blear-eyed children, half or wholly naked, and scaly with dirt, roll in the deep dust or slime, or pant and blink in the sun, apparently unaffected by the stenches which abound... Turning away from the bustle of the main street into a narrow, dirty alley, and then into a native compound, I found the three Australian ladies who were the objects of my visit to this decayed and miserable town.[4]

For Bishop, what made this city a decayed and miserable town was mainly the filthiness of the houses and streets due to the lack of knowledge of hygiene, which caused the dirty living conditions. Not only Busan, but also the capital city of Korea, Seoul, was described as a filthy place.

> I thought it the foulest city on earth till I saw Peking, and its smells the most odious, till I encountered those of Shaoshing! For a great city and a capital its meanness is indescribable. Etiquette

[4] Isabella Bird-Bishop, *Korea and Her Neighbors* (New York: Fleming H. Revel Company, 1898), pp. 21-2.

> forbids the erection of two storeyed houses, consequently an estimated quarter of a million people are living on "the ground," chiefly in labyrinthine alleys, many of them not wide enough for two loaded bulls to pass, indeed barely wide enough for one man to pass a loaded bull, and further narrowed by a series of vile holes or green, slimy ditches, which receive the solid and liquid refuse of the houses, their foul and fetid margins being the favourite resort of half-naked children, begrimed with dirt, and of big, mangy, blear-eyed dogs, which wallow in the slime or blink in the sun.[5]

Bishop tried to show that the capital city was not much better than other cities including Beijing and Shaoxing in China, in terms of hygiene and cleanliness. Based on her experience in China and Japan, it was natural for her to make observations on Korea. Furthermore, she tried to describe Korea in comparison to China, because Korea was comparatively unfamiliar at that time. As an orientalist, she might have been inclined to generalize about 'East Asian culture,' but she paid particular attention to the architecture of houses in Korea, which was very different from Europe and even China. The height of buildings was too low from her perspective and thus too close to the ground and to dirt; the implication being that this was unhealthy. This description was related to another report, by a French priest who stayed in Korea as part of a Catholic mission, which stated: "these houses are always dirty, dilapidated, and miserable, and even in the capital, everywhere and always, houses are filled with vermin of all kinds."[6] Filthy living conditions were regarded by Europeans as one of the main sources of disease. "At the same time, clouds of black and thick smoke

[5] Ibid., pp. 36-7.
[6] "Du reste, ces maisons ont presque toujours un aspect sale, délabré, misérable, même à la capital, et partout et toujours sont remplies de vermine de toute espèce:" Ch. Dallet, *Histoire de L'église de Corée* (Paris: Victor Palmé, 1874), p. 176.

spread in the atmosphere, probably stirring the deleterious miasma, the source of infection and suffocating the one who has to cross the city to get to his house."[7]

Bishop's judgment was made on the basis of a particularly Victorian standard of cleanliness that evidently included moral judgments about health, summarised in the popular phrase, "Cleanliness is next to Godliness." Cleanliness guaranteed moral superiority as well as physical health. Furthermore, it was evident that Bishop's description was undergirded by the crude binary concepts that sometimes served the purposes of colonisation and empire. Nevertheless, Bishop noted an exception when she described one hospital in that city, the Bishop Corfe's Hospital, operated by the Church of England in Jemulpo,[8] a town that had typically dirty streets and people. The hospital was not that big; it was in a small Korean building where the sick were received, tended, and often apparently cured by Dr. Landis. He was living in a Korean room like other Korean people, studying, writing, eating, without chairs or tables, and accessible at all times to all comers.[9] However, it was remarkable that this Korean style hospital was situated on the hill right next to the English church. The site was surrounded by native houses clustering round the base of the hill.[10] According to Bishop's description, the church building in European style and a small hospital upon

[7] "En même temps, des nuages d'une fumée noire et épaisse se répandent dans l'atmosphère, entrainant sans doute au loin les miasmes délétères de ce foyer d'infection, mais suffoquant celui qui par malheur, aurait à traverser la ville pour gagner sa demeure:" Ch. Chaillé-Long, "La Corée ou Tchosen," *La terre du calme matinal* (Paris: Ernest Leroux, 1894), p. 16.
[8] The Anglican diocese of Korea was established and Charles John Corfe was consecrated as its first Bishop in 1889. Bishop Corfe arrived at In'chon (*Chemulpo*), Korea, in 1890 and the next year a hospital and the first Anglican Church had been established at In'chon. The medical work was supported by the British Navy through the 'Hospital Naval Fund', until 1941. (http://www.mundus.ac.uk/cats/45/1152.htm) It was mainly because Bishop Corfe was a chaplain for the Navy. The medical doctor who worked for the hospital was Eli B. Landis (1865-1898).
[9] Bishop, *Korea*, p. 29.
[10] Ibid.

a hill made an important statement. The church building was the tallest building, standing in contrast to a dirty native village, so that anybody could recognize it and see the contrast. It not only implied the foreignness at the core of a native town, but also symbolised a coalition or collaboration of both institutions as a solution for the filth of society, as it appeared in Griffis's book: soap and the Bible. It seems that Bishop found a reason to be optimistic about the prospects for reform.

The Sanitary Movement, Miasma, and Filth

According to Michael Worboys, the term 'miasmatic' is one of the most ambiguous terms in the history of nineteenth-century medicine. In fact, miasmatic explanations of disease were historically amongst the most well-grounded ideas of the Victorian period. Rather than being refuted or overturned by the adoption of 'true' germ theories of disease, the meanings of miasmas were refined until they were subsumed within a spectrum of contagious and infectious diseases.[11] The term 'miasma' was closely associated with 'sanitarianism,' and particularly the Chadwickian programme of reform, which had focused on anti-contagionism-- the doctrine that epidemic diseases were, in general, not transmitted from person to person but derived from local conditions.[12] However, the relationship between miasma and filth was not always self-evident. Even when the 1848 Public Health Act was passed as a result of the

[11] Michael Worboys, *Spreading Germs: Disease Theories and Medical Practice in Britain 1865-1900* (Cambridge: Cambridge University Press, 2000), p. 38.
[12] John V. Pickstone, "Fever Epidemics and British '*public health*', 1780-1850," *Epidemics and Ideas*, Terence Ranger and Paul Slack eds. (Cambridge: Cambridge University Press, 1992), p. 136.

efforts of Edwin Chadwick, there was nothing 'natural' about the associations between filth and disease. In other words, despite the familiar pairing of dirt and disease in general public discourse, Chadwick and the Board of Health tried to avoid the exclusive focus on filth regarding urban fevers and cholera. Furthermore, Chadwick and his associates were confounding majority opinion when they asserted the primacy of filth in the production not only of disease but also of poverty itself.[13] The problem of filth in Victorian Britain was not simply a medical and epidemiological but also a social and political matter.

The issue of filth in the Victorian era explicitly appeared in the matter of the recycling of sewage. The sanitarians actively advocated the improvement of sewer systems. As a result, it was widely accepted by people that the benefits of recycling sewage were virtually unlimited, but failure to recycle, on the other hand, caused (in addition to the demise of great empires) immorality, drunkenness, war, starvation, and revolution.[14] Mainly because of positive concepts such as health, cleanliness, purification, moral and physical beauty, the general good, science, art, progress and civilisation were identified with the recycling of sewage;[15] on the other hand, the failure of recycling was naturally denigrated.

The concerns of Victorian sanitarians about rotting matter were founded in contemporary medical theories, which considered diseases as products of

[13] Michael Brown, "From Foetid Air to Filth: The Cultural Transformation of British Epidemiological Thought, ca. 1780-1848," *Bulletin of the History of Medicine* vol. 82, Fall 2008 (Johns Hopkins University Press), p. 516.
[14] Christopher Hamlin, "Providence and Putrefaction: Victorian Sanitarians and the Natural Theology of Health and Disease," *Victorian Studies* (Spring 1985), p. 399.
[15] Ibid., p. 400.

environmental filth. There were many views on just how filth caused disease.[16] In particular, the zymotic analogy that dominated sanitary science from the mid-1870 became the underlying concept that united the new germ theory with the sanitarians' war against filth. In this respect, both filth and germs could be seen as contributing causes of disease, filth serving as a medium for the propagation of the disease germ.[17]

In addition to the medical perspective, the religious aspect of the sanitary movement was also very important. In fact, the vision of recycling of sewage was an affirmation of a deep-seated teleology and a conviction that science was the route to comprehending the Creation and a technology the tool for controlling and ultimately perfecting it.[18] These convictions underpinned the theological and optimistic views of Victorian sanitarianism. One of the most typical sanitary ideas, *sensu stricto*, that supported Chadwickian anti-contagionism was mainly influenced by the work of Southwood Smith (a Unitarian minister) who maintained that the task of God's servants was to improve the world.[19] As Michael Brown has asserted, in the process of the transformation of 'anticontagionist' epidemiology from the neo-Hippocratic tradition of eighteenth-century climatic medicine to the filth-centered sanitarianism of the mid-nineteenth century, Unitarian theology was very significant in Southwood Smith's etiology.[20] There was a shift in emphasis away from the idea that epidemic diseases were produced by climatic conditions and toward the idea that they derived from specific local corruptions of the atmosphere, caused by putrefying matter.[21]

[16] Ibid., p. 382.
[17] Ibid., p. 387.
[18] Ibid., p. 400.
[19] Pickstone, "Fever Epidemics", pp. 143-6.
[20] Brown, "Foetid Air", p. 517.
[21] Ibid., p. 518.

Southwood Smith thus differed from some earlier writers in his prioritisation of filth as the key factor in the production of epidemic disease. And this change of emphasis was structured by Southwood Smith's belief in a universally benevolent God.[22] Therefore, it is evident that his religious ideas supported the most important Chadwickian maxim that "filth causes disease."[23]

On the basis of his Unitarian faith and his adherence to the doctrine of 'universal restoration,' Southwood Smith formulated a cosmological link between the sin of filth and the punishment of pestilence.[24] In the etiology of Southwood Smith, filth occupied a pivotal role. He argued that "the immediate, or exciting cause of fever is a poison formed by the corruption or the decomposition of organic matter…when applied to the human body, that (filthy compound) produces the phenomena constituting fever."[25] In this regard, filth had become the only necessary cause of fever,[26] and the poison that resulted from filth could be understood as 'miasma.'

From Southwood Smith's perspective, filth did not simply make the poor sick; it made them morally corrupt, with tendencies toward criminality, drug use, alcoholism, and incest.[27] The fetishisation of filth in some quarters during the nineteenth century constituted a 'transcoding' of the 'bodily lower stratum' onto the lower social strata, as the poor became contiguous with their filthy habitations and with the baser animals, such as pig and rats that also lived in these places.[28] Eventually, this fetishisation was

[22] Ibid., p. 541.
[23] Ibid., p. 544.
[24] Ibid., p. 519.
[25] Thomas Southwood Smith, *A Treatise on Fever* (London: Longman, Rees, Orme, Voruen, and Green, 1830), pp. 348-9.
[26] Brown, "FoetidAir", p. 533.
[27] Ibid., p. 536.
[28] Ibid., p. 537.

expanded to the mission field in order to justify and to draw attention to missionary works. When Southwood Smith made the links between a healthy body and sure knowledge of God's universal love, and simultaneously filth and spiritual corruption, it was natural that Europeans were unable to find any cleanliness in the world of heathens. Furthermore, cleanliness and filth continued to encode and structure self-conceptions in social-class terms as well as spiritual ones,[29] implying that the dichotomy of filth and cleanliness was located at the intersection of religious and social realms, working in both areas. From the perspective of power, the dichotomy between cleanliness and filth was working as a means of justification for surveillance and control of the poor, which appeared in the bourgeois 'obsession' with filthiness and stench and, simultaneously, embodied in public health campaigns and the miasma theory of infection. In this process, bourgeois identity was consolidated by endlessly repudiating its denigrated other.[30] This has led Cohen to argue that the great nineteenth century campaigns in Europe to eradicate disease and cleanliness the cities of their filth were often violently discriminatory; as the monumental installation of metropolitan sanitation systems, the regulation of food and water quality, and campaigns against contagious disease dovetailed with the increasing state regulation of individuals' bodies and freedoms. The disenfranchised--the poor, women, foreigners-suffered first and worst.[31] Even though these activities of cleaning were beneficial to the public, it is also possible to stress that eventually these cleaner environments profited disproportionately.

[29] William A. Cohen, "Introduction: Locating Filth," *Filth: Dirt, Disgust, and Modern Life*, William A. Cohen and Ryan Johnson eds. (Minneapolis: University of Minnesota Press, 2005), p. xix.
[30] Ibid., p. xx.
[31] Ibid.

In addition, sanitary policing in Europe allowed the ascription of filth to subordinated populations, as capitals such as London and Paris were becoming more ethnically and racially mixed. Domestic subjects designated as filthy because of their low class or status were represented in popular culture as foreign.[32] In other words, the representation of dirt-- in forms ranging from slum to contagious diseases to pestiferous rivers-- was mapped onto traditional themes of moral, social, economic, and spiritual decay,[33] and the notion of domestic 'filth' was readily applied to foreign countries, particularly non-Christian countries that were supposed to be filled with sin and moral degradation. Like Southwood Smith, missionaries tended to believe that sanitary reform was not simply efficacious but a spiritual imperative,[34] which could provide a solid ground for Christian missions and medical services of missionaries for non-Christian countries.

Jejungwon: Missionary Hospital

The first Protestant mission in Korea started ten years before the first visit of Mrs. Bishop, through the efforts of missionaries from North America. In fact, Christianity itself was not strange to Korean people even by the time the first American missionary came into the territory, because Roman Catholicism had been introduced to Confucian scholars in the late eighteenth century as one of the 'Confucian' teachings

[32] Ibid., p. xxiii.
[33] Ibid., p. xxi.
[34] Brown, "Foetid Air", p. 539.

from the West.[35] The first step towards accepting it as a religion among Korean scholars happened in 1779.[36] Since then, Catholicism developed in spite of frequent and severe persecutions during the Joseon Dynasty.

Even though both Christian traditions were delivered by books in the first instance, Protestant Christianity was evidently distinguished from the previous one. Apart from the bible translation in Manchuria[37], Methodist and Presbyterian mission in mainland Korea was initiated by medical missions and these missions began with the arrival of medical doctors.[38] Thus, Western medicine was not simply a vehicle to carry a religion. Rather, the active collaboration between them created a hybrid of medicine and Christianity.

It was September 22, 1884 when the first medical missionary, Horace Newton Allen (1858-1932), came into Seoul and started a Protestant mission.[39] He had initially volunteered to work in China, and he and his wife arrived at Shanghai in 1883.[40] However, his post was re-assigned to Korea by the home board in a year. Due to the rigorous policy of government and restrictions on religious works in the territory, Dr. Allen had to conceal his missionary identity, and he was officially appointed as a

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[35] Mateo Ricci's book, "*Tianzhu Shiyi*" (The True Meaning of the Lord of Heaven) that was imported from Ming Dynasty in the eighteenth century was very popular among Confucian scholars in Korea. In the first place, Catholicism was not accepted as a religion, rather it was considered as a new theory to interpret Confucian teachings.

[36] A series of meetings of five Confucian scholars for reading and discussion on Christian booklets were held in a Buddhist temple in Gyeonggi Province in 1779. As a result, the five scholars recognized that the teaching was a religious belief clearly different from Confucianism and tried to convert to Catholicism.

[37] Mahnyol Lee, *Hankook Gidokkyo Suyongsa Yeongu* (A Research on the Acceptance of Christianity in Korea) (Seoul: Dooresidai, 1998), pp. 46-94; The first Korean translation of the Gospel of Luke was published in Manchuria, 1881 by the effort of John Ross from Scottish Presbyterian church, and following versions came into Korea before the entrance of medical missionaries.

[38] W. B. Scranton, "Historical Sketch of the Korea Mission of Methodist Episcopal Church," *The Korean Repository* vol. 5, July 1898, p. 258.

[39] Allen's Diary September 22, 1884, p. 400.

[40] Allen to Frank F. Ellinwood, July 24, 1883. PHS RG 31 37-2, #50.

physician of the US legation with no salary.[41] He purchased a house near the U.S. legation that was located in Jeong Dong.[42] Although he began his medical service in Korea, at first, he did not take care of Korean civilians, because he felt difficulties in communicating with the public due to his lack of Korean language skills.

A political coup, named *Gapsin Jeongbyeon* that occurred on December 4, 1884 suddenly changed these circumstances. One of the political parties in the government that proposed radical social change plotted to usurp the government, killing the members of the opposition party that advocated reactionary conservatism at a banquet to celebrate the inauguration of postal service. Even though the attempted coup ended in failure after three days, some people died or were wounded during the incident. In particular, Min Young Ik, a political leader and the Queen's nephew was seriously injured by the attack, and it was Dr. Allen who was urged to treat the critically wounded Mr. Min. It was an important moment, not only because Min Young Ik was the Ambassador to the U.S. but also because his family, including the Queen, possessed enormous political power.[43] Min's condition was critical. Allen was required to use a ligature, twenty-seven sutures, and eight strips of rubber plasters to seal the wound.[44] It was the first surgical treatment by a medical missionary in Korea. Within a month, Dr. Allen had also performed many surgical operations on Chinese soldiers who were critically injured in the battle between China and Japan, which was provoked by the coup.

[41] Allen's Diary September 23, 1884, p. 400.
[42] Allen's Diary September 24, 1884, pp. 401-2.
[43] Allen's Diary December 5, 1884, p. 407.
[44] Allen's Diary December 5, 1884, p. 411.

As a result of his efforts, Min was cured in a few months, which enabled Dr. Allen to gain the confidence of the king and queen. Apart from the precious grant from the Royal Court, more importantly, it resulted in the dramatic expansion of medical missions in Korea. Dr. Allen submitted a proposal for the establishment of a hospital through the U.S. legation on January 27, 1885,[45] and it was permitted by the King on February 18, 1885.[46] The hospital officially opened April 10, 1885.[47] The King granted a name, *Gwanghyewon*, to the hospital on April 12, 1885,[48] but soon it was changed to *Jejungwon*.

It was evident that *Jejungwon* was a missionary hospital founded and operated by medical missionaries, although it was financially supported by government. Thus, as one of the governmental organisations, regulations for the hospital were enacted, civil servants were assigned, and the budget was supported by government. However, the nature of the hospital was complicated. It was independently administered by missionaries without significant interference from bureaucrats and eventually, it functioned as a religious community. In view of the complicated nature of the hospital, the location was an important matter. The first hospital building was situated in Jae-dong, which was in between the main palaces of Joseon Dynasty, *Gyeongbokgung* and *Changdeokgung*, and in the middle of houses of the powerful and the rich. The location symbolically revealed its close relationship with power.

[45] Diplomatic Documents of Late Joseon Dynasty regarding the U.S. vol. 10-158, January 27, 1885.
[46] Allen's Diary February 18, 1885, p. 430; "The Proposed Hospital in Korea," *The Foreign Missionary* vol. 43, 1885, p. 327.
[47] H. N. Allen, *The First Annual Report of the Government Hospital*, 1886.
[48] H. N. Allen, *Things Korean* (New York: Fleming H. Revell Company, 1908), p. 189.

Allen petitioned to find a large Korean house in a 'healthy locality' for the use of the hospital.[49] In addition, his proposal clarified the purpose of the facility. “If the Government would grant me a few facilities, I think they would be amply repaid by having their sick cared for according to Western Science.... Also it would be the means of instructing young men in Western Medical and Sanitary Science.”[50] The purposes of the medical mission were to take care of the sick and to teach Western medicine and Sanitary Science, the new standard of cleanliness on a healthy, clean ground. However, in consideration of the fact that the main clients of the hospital were the poor, the first location was less proper for them to access. Consequently, Dr. Allen petitioned to relocate the hospital on August 14, 1886, almost one and half years later. During that time, he said that the hospital had treated some fifty thousand patients,[51] which proved that it was successful. Then, it turned out that the facility was not large enough to accommodate all patients. Although it would have been better to gain a larger property for the expansion of the hospital, it seemed that there was no urgent need for the hospital to move:

> The house was simply a Korean residence before it was used for a hospital. It is too small, too far removed from the center of the city’s population and its construction is such that it is impossible to keep it clean. Wood floors and paper walls will not answer for a hospital as the germs of disease collect and poison the atmosphere so that we cannot in safety to important operations.[52]

[49] Allen's Diary January 22, 1885, p. 430.
[50] Ibid.
[51] In the First Annual Report of the Government Hospital, Allen left 10,460 patients’ medical record. Even though there might be more patients without record, fifty thousand was an exaggerated number.
[52] Diplomatic Documents of Late Joseon Dynasty regarding the U.S. vol. 10-344, August 14, 1886.

Dr. Allen therefore requested a new building in a new location with sufficient funds. He pointed out that the building was small, that the location was very remote, and that it could not be cleaned sufficiently. In other words, apart from the size, the location and the possible cleanliness of the hospital were significant matters to Allen.

The religious character of the hospital made its nature more complicated. *Jejungwon* was evidently a government hospital, but it functioned as a religious community. As the situation did not allow missionaries to establish a church and even to have religious services in public, they needed a place to have religious meetings. At first, the Sunday service started with missionaries and their families: "Held our first State Sunday service this evening after dinner 8 P.M. Dr. and Mrs. Heron, Elder Mrs. Scranton and myself and wife present."[53] Soon, the regular service expanded to an ecumenical Communion service for foreigners:

> Today we celebrated the first Protestant Communion service in Corea. There were present, Rev. Appenzeller and wife, Dr. Scranton, wife, mother, and baby, Rev. Underwood, Mrs. Allen and myself, the visiting missionary Rev. H. Loomis of Japan and the visiting ship men, Capt. Muriel Miller, Paymaster Trailich, Dr. Craig all of the U.S.S. Marion. The service was very impressive and productive of good.[54]

Consequently, *Jejungwon* was a special space where the meeting between foreigners and Koreans, governmental needs and evangelical passion, and civil affairs and religious practices occurred. In the process of this encounter, a hybrid of medicine and religion pursuing cleanliness was born.

[53] Allen's Diary June 21, 1885, p. 474.
[54] Allen's Diary October 11, 1885, p. 491.

Methodist Medical Missions

In comparison to the Presbyterian mission that started within a sort of bureaucratic and governmental boundary, the Methodist medical mission was more evangelical and religious, staying outside of the influence of government officials. As the first Methodist medical missionary in Korea, William Benton Scranton, M.D. uttered, “My point then is that the only ground on which we can best meet them at present is medicine. They want it, we have it to give, and we should enter by the widest door.”[55] In fact, it was the Methodist Episcopal Church that came to be interested in Korea and planned a road map for the mission in the first place. In comparison to the Protestant missions in China and Japan, Korea attracted far less interest from missionary bodies. Not only was Korea barely known to Europeans until the mid-nineteenth century, the Joseon Dynasty also maintained a strong policy of seclusion until the Opening of Ports that began in 1876. Even after that, propagation of foreign religion, i.e. Christianity, was very strictly prohibited on the basis of rigorous adherence to Neo-Confucianism as a key policy of the Dynasty.

However, as a vanguard of the Methodist mission, Rev. Robert S. Maclay, a Methodist missionary residing in Japan, traveled to Korea on the 23rd of June, 1884, in order to submit a proposal to the Korean government for medical and educational works undertaken by his mission, excluding evangelical activity. The letter was viewed and examined by King Gojong himself, and he granted permission on the 3rd of July.[56]

[55] Scranton to C. H. Fowler, September 3, 1889. UMA Scranton folder.
[56] R.S. Maclay, "Korea's Permit to Christianity," *The Missionary Review of the World* vol. 19, 1896, pp. 288-90: He was told, "the details have not been settled, but you may proceed at once to initiate the work."

As expected, permission was granted for the establishment of hospitals and schools under the condition that the mission did not engage in religious works. In fact, the king recognised the proposal as being 'the foreign body' in general rather than a mission in particular,[57] because from the perspective of the Korean government, the classification of Christian denominations was far less important than the legalisation of activities of foreigners in the territory. Consequently, official sanction was given to 'an enterprise of foreigners,' a form of words which expressed the ambivalent stance of the government. Even though the king realised the urgent need for new enterprises based on foreign funds and technology for the reformation of the country and nation, he did not wish to encourage anything that would produce rapid changes in traditional society or risk to the monarchy. In terms of Neo-Confucianism, Christianity was considered a heresy, which threatened the spiritual foundation of the realm.

On leaving Korea, Maclay requested the purchase of a house near the United States Legation for the incumbent minister, Foote, in order to provide a base for the future work of Methodist missionaries.[58] In comparison to the Presbyterian mission, the Methodist mission in Korea was more organised and planned in advance, on the basis of experience in China and Japan. Consequently, under the terms of the permission granted by the king, the Methodist Episcopal Church posted three missionaries for each area in 1885; Rev. William B. Scranton (M.D.) for medicine, Rev. Henry G. Appenzeller for education, and Mary F. Scranton for women:

> Ten years ago last fall, in the year 1884, our mission was actually set on foot. I quote: "At the close of the year Rev. W. B.

[57] Chi-ho Yun, *Diary* (Seoul: National Institute of Korean History, 1973), p. 81.
[58] Ibid., p. 290.

> Scranton, M.D., was put under appointment, and at a later date Rev. H.G. Appenzeller. The Woman's Foreign Missionary Society also appointed, for the opening of woman's work in this land of woman's almost entire seclusion, Mrs. Mary F. Scranton, the mother of Dr. Scranton."[59]

The doctor who commenced work at the Methodist medical mission was William. B. Scranton (1856-1922), born in New Haven, CT as a son of William and Mary Scranton. He graduated from Yale University and New York College of Physicians and Surgeons and opened his private clinic in Cleveland, OH in 1882 after graduation from medical school. However, on the request of the Board of Foreign Missions of the Methodist Episcopal Church, he decided to go to Korea in 1884. For missionary work, Dr. Scranton, a well-educated and established medical doctor, was also ordained on the fourth of December, 1884 at the Park Avenue Church in New York.[60] It was significant that the pioneer of the Methodist medical mission in Korea was an ordained minister, which meant that medicine and religion were fused together from an early stage. Furthermore, the mother of Dr. Scranton, Mrs. Mary F. Scranton, was appointed as a missionary by the Woman's Foreign Missionary Society of Methodist Episcopal Church, in 1884.[61] After being joined by Rev. H. G. Appenzeller, who was appointed by the Methodist board of foreign mission, the Methodist mission in Korea had three intertwined dimensions: medicine (represented by Dr. Scranton), education (by Appenzeller), and the ability to reach out to women (through Mary Scranton).

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[59] Scranton, "Historical Sketch", p. 256.
[60] Personal Record of William B. Scranton of the Missionary Society of the Methodist Episcopal Church, 1901.
[61] "Fifteenth Annual Meeting of the General Executive Committee of the Woman's Foreign Missionary Society," *Heathen Woman's Friend,* December 1884, p. 138.

These missionaries arrived in Japan on the twenty-seventh of February 1885 and planned to travel to Korea. Among them, Mr. and Mrs. Appenzeller arrived at *Jemulpo* on the fifth of April for the first time, ahead of the Scranton family. However, they had no choice but to return to Japan just a week later due to the political turmoil in Korea. Instead, Dr. Scranton alone was able to reach *Jemulpo*, which he did on the third of May, without his family. As soon as Scranton entered Seoul, he was requested to work in *Jejungwon*, the Government Hospital. The hospital was fully occupied with patients and Dr. Allen desperately needed assistance. "After visiting the hospital with Dr. Allen for several days and seeing the great amount of good that can be done there, and the daily increasing need for work there, I accepted Dr. Allen's invitation to join with him, my efforts for a time."[62]

During his work at the hospital, Dr. Scranton realised the fact that the fate of the hospital was closely related to the future of missionary work in the country where the religious work by foreigners was officially prohibited. Most of all, through their work in the government- funded hospital, missionaries could secure official status in the country.[63] In addition, medical work was the key to approach to the people and an effective tool:

> There is very great need for intelligent medical and surgical work in this land, and the Koreans very eagerly accept the aid we bring them. I found Dr. Allen's hands more than full; and great responsibility in his shoulders, which in its case, effects missionary work here, at least in the physician's line very closely. One could not ask a better introduction to these people than a doctor can find here, when placards on all the gates of the city, and sent to every province in Korea, invited all the people to his Majesty's

[62] Scranton to Reid, June 1, 1885. UMA Scranton folder.
[63] Ibid.

> hospital for treatment for all their bodily woes. One could scarcely expect or hope to gain a better opportunity for showing Korea what we bring to them of help in the shape of medical skill.[64]

Scranton's conclusions were based on confidence in the superiority of this medical skills, and he believed that these would subsequently prove the superiority of his religion. "If this medical skill is so far superior to anything they have previously known (as it undoubtedly is) a missionary doctor can very readily hope to show them that care of disease is not all we can give them, nor all that we have in our hearts for them."[65]

Dr. Scranton worked at the Government Hospital where daily an average of between 40 and 70 patients were treated from May 22 to June 24, 1885.[66] However, his work at the hospital did not last that long because he contemplated his position and concluded that he would establish a new institute for his own medical mission in a few months. He acknowledged that he was an agent sent by the Methodist Episcopal Missionary Board to start a Methodist medical mission rather than to serve in a Government hospital as a medical man. He clarified his identity as a Methodist missionary, who should follow as closely as possible the instructions and the spirit of the Board. "I am an agent of the Board and not an independent worker," he wrote.[67]

There was, however, another reason for his decision. Dr. Scranton had confidence in his own business because he had already some interesting and important patients under his personal care. Thus, he immediately prepared his home

[64] Ibid.
[65] Ibid.
[66] ARBFM 1886, p. 268.
[67] Scranton to Reid, June 1, 1885. UMA Scranton folder.

for a dispensary and temporary hospital, until the Board was able to provide him with more extensive accommodation.[68] At any rate, he had patients, medical skills, and eventually the active support of the Board at home, which was very critical in the process of establishing the Methodist medical mission in Korea. The Board even provided Dr. Scranton's medicines, surgical instruments, and an organ for the use of worship service.[69]

Scranton practiced medicine at his home from June 15 to September 10, 1885, until a new house was remodeled as a dispensary. During that time, 522 patients were seen and treated.[70] As soon as the rainy season--a very heavy one that year--passed, the medical work of Dr. Scranton formally began on September 10th, at his home.[71] According to the report of 1886, a total of 842 patients were treated at the dispensary during that year.[72] Because the house that Maclay originally wanted to use for the Methodist mission was purchased by Dr. Allen, Scranton had to find another site on which to open his hospital, other than his home. The new house was also located in Jeong Dong, the place that had been previously occupied by an English diplomat near the American legation.[73] Thus, in the spring of 1886, the hospital site in Jeong Dong was purchased and remodeled and its wards were ready for use by June 15th.[74]

> After a short delay he succeeded in purchasing a native house, situated upon high land, with other land adjoining that could be purchased, in the immediate neighborhood of the

[68] ARBFM 1885, p. 238.
[69] Ibid.
[70] ARBFM 1886, p. 268.
[71] Scranton, "Historical Sketch", p. 258.
[72] ARBFM 1886, p. 268.
[73] Allen's Diary June 17, 1885. P. 471.
[74] Scranton, "Historical Sketch", p. 258.

> American legation, and at the very point where, according to the indication of present discussions in Korea, the foreign concession of Seoul will probably be fixed. It will, therefore, be near other foreigners, probably within the region where foreigners will be compelled to reside, and yet, at the same time, in close proximity to the native population. Its elevated position will secure drainage and consequent health and comport.[75]

The location of the hospital was important. As Scranton stated, even though it was in the foreign quarter, it was close enough to the native residences to attract visitors. Although it was situated in the middle of a filthy town, it was elevated enough to remain clean and healthy. In terms of geographical, social, and cultural perspectives, Dr. Scranton's hospital took a position in between two different areas and effectively bridged them. The sign that was hung on the post of the main gate of the hospital said, "Old and young, male and female, everybody with whatsoever disease, come at ten o'clock any day, bring an empty bottle, and see the American Doctor."[76] Though the doctor was a foreigner, he intended to make public contact with the people by providing medical treatment.

As it was located on the border between foreigners and natives, the role of the first Methodist hospital in Korea was very complicated. It became a foothold of evangelical and educational works, even more explicitly than the Government hospital. Through the hospital, students for the mission school could be recruited, which was the only way to proceed in view of the restrictions placed on public work by missionaries. In fact, upon his leaving the Government Hospital, two men connected with that institution expressed a desire to become physicians. Dr. Scranton informed

[75] ARBFM 1885, p. 237.
[76] Scranton, "Historical Sketch", p. 258.

them that they should study English because only then, could they have access to suitable medical literature.[77]

> For other occupants the hospital wards had the first pupils in the school who used them for dormitories for a time. We very cautiously, as we worked then, left scriptures in Chinese, and the *Unmun* Mark, and Ross' New Testament in these rooms, that no time be lost and no place ineffective, the results of which rashness (!)[78]

Even though it had to be very careful due to concerns about evangelical work in public, Christian booklets, including the Scriptures, were accessible at the hospital, which was one of the ways in which they intended to convert people.

Concurrently, Mrs. Scranton prepared to open a women's mission in Korea. In August 1885, she wrote to the Woman's Foreign Missionary Society for leave to buy a piece of ground in a commanding situation, adjoining the property of the Parent Board, a small house on the premises large enough for present demand. It was also overlooking the American Legation and the property of the Presbyterian Board.[79] "The land had a house large enough to meet the present demand, and where Mrs. Scranton can gather women about her."[80] Two months later, Mrs. Scranton wrote another letter to inform the Society that she successfully purchased a proper site for the future work. "Tidings! tidings! Be it known unto you that on the twenty-sixth day of October, 1885, the Woman's Foreign Missionary Society came into possession of property at Seoul, Korea."[81] However, it was not easy to acquire this property, because other foreign

[77] ARBFM 1885, p. 238.
[78] Scranton, "Historical Sketch", p. 258.
[79] ARWFMS 1885, pp. 46-7.
[80] Ibid., p. 47.
[81] *Heathen Woman's Friend*, February 1886, pp. 190-1.

parties competed to purchase it. She could not wait until the permission of the home Board was given:

> I accidentally learned a few weeks since that no less than three other parties (not missionaries) were turning their thoughts and attention towards this same beautiful hill about which I have heretofore written you. That I was made very uneasy by this intelligence, I am sure you cannot doubt, believing as I do that this is the best position for us inside the city walls. My mind was made up in a twinkling, that if it were within the bounds of a reasonable possibility to secure it for the Woman's Foreign Missionary Society, I would do so. I felt sure the ladies would sooner forgive me for acting without explicit directions, than they would for idly waiting for a letter to come all the way around through the Suez Canal, at the risk of losing the prize. Last night the money was paid over, and at this moment *twenty-one deeds*, which measure several square yards, arc lying in my desk.[82]

The estate was deemed very large, even from the perspective of home supporters, but Mrs. Scranton explained why such a large property was needed for the mission:

> If, however, you could have a glimpse of Seoul, and see how thickly the houses are huddled together, you would readily see how seventy-one families could occupy a small piece of ground... In a country like this, plenty of room desirable, not merely for the comfort of it, but for health considerations. The amount expended is 750,000 cash, which amounts to nearly $450.00.[83]

As Mrs. Scranton began work in Korea, she considered her exclusive work for women to be very important. She recognised that the separation of gender was one of the most important elements of Confucian culture.[84] Thus, Mrs. Scranton planned to

[82] Ibid.
[83] Ibid.
[84] Neo-Confucianism emphasized the separation between men and women; particularly adult women were not allowed to share the same physical space as men. Therefore, even in the Christian service,

establish a woman's school and to construct a building for a women's hospital in the estate. In 1886, she wrote that, for the further prosecution of the work, new buildings were an imperative. "We have a little place for a hospital placed at our disposal. It adjoins the Doctor's Hospital, and was fitted up by him for such work as he might have among the women, until such time as our lady doctor comes, and for special cases afterwards."[85] Despite the fact that Neo-Confucian principles dictated the hierarchical separation of men and women, Dr. Scranton still aimed to provide medical treatment to women. One of the reasons he was able to do so was that he was the only medical s available at the site. The other was that as a foreigner, he had to follow neither the way of Confucian 'propriety' for man, nor that for woman, nor that for the noble, nor that for the humble, which meant that he was totally free from Confucian obligation. In other words, his identity as a foreigner, in between male and female, endowed him a kind of power to contact anybody. However, this fluid identity could not be maintained indefinitely and, eventually, the service of a female doctor for women became necessary. This was made possible through the liberality of Mrs. Wm. E. Blackstone of Oak Park, IL, who donated $3,000 for this purpose.[86]

The first Methodist hospital and the first woman's school were recognised by the King and the names were granted. The royal naming and grant of royal calligraphy for an institute was an important act of state to secure the official status of the institute:

missionaries prepared separate pews for women, and the first Methodist church building was constructed in the shape of "L" in order to secure separate spaces for each gender.
[85] ARWFMS 1885, pp. 46-7.
[86] Ibid.

> The King chose a name for the school, which seemed appropriate to them. Though perhaps somewhat flowery to our western ideas, and ordered the Foreign Office to write and transcribe the Chinese character which mean "Pear Flower School Grounds." ...The identical paper sent from the Foreign Office was pasted upon a board then framed and a Korean artist having painted it to make it weather proof, it now hangs in the gateway of the Woman's House.... And a few weeks later the Hospital was in like manner remembered. The Hospital name is rather difficult of translation but we have concluded to call it in English the "Universal Hospital," that more concisely expressing the Chinese characters. Its meaning is that all sorts of benefits are scattered abroad, that all sorts of diseases are healed, and that the poor and sick are fed and clothed. We think that even in this short time these marks of Government favor have brought forth good results.[87]

In addition, the Methodist men's school established earlier, in 1885, by Rev. H. G. Appenzeller shared the same house with the Methodist Hospital, dedicated the first building ever erected in Korea for educating men on Christian principles, in 1887. It was a large Western style building, 76 feet by 52 feet. The king sent to the school a name, *Pai Tjai Hak Dang* - 'The institute for making useful men.'[88]

In this way, by 1887, the first Methodist mission station in Jeong Dong was established, consisting of a hospital, 'Universal Hospital' (*Si Byeongwon*), a men's school (*Pai Jai Hakdang*), and a women's school 'Pear Flower School' (*Ihwa Hakdang*).[89] However, it was not completed until Rev. Appenzeller started a church joined by Koreans in a house named 'Bethel Chapel' near Jeong Dong on October 9, 1887.[90]

[87] Scranton to Reid, April 21, 1887. Scranton folder.
[88] ARBFM, 1887, p. 313.
[89] Ibid.
[90] H. G. Appenzeller's Diary, October 11, 1887.

> October 9th Brother Appenzeller held the first public religious Korean service, very quietly, at the chapel called 'Bethel' in the south section of the city, at which place the first woman baptised by a Protestant missionary, received the rite from him; and one week later the Lord's Supper was celebrated there with two native Christian helpers present.[91]

On the urgent request for a female doctor, Miss Meta Howard (M.D.) came to Seoul on October 1887 to treat female patients at the Methodist Hospital. Her medical service for women developed into an independent hospital within the Woman's School. Finally, for the comprehensive service, the hospital moved to a house that was transformed into a hospital on November 1888.[92]

> The building has a framework of strong wooden beams, which rests on a stone foundation. The walls are made by weaving a network of twigs between the posts, and plastering it on both sides with mud. The roof is of tiles, each about eight inches long. If you look closely, you can see how they overlap like shingles. Foreign windows have been substituted for the original ones, in order to give more light. At the extreme left of the picture, in a small building back of the main one, a Korean window can be seen.[93]

Like other Methodist institutes, this woman's hospital gained a grant of naming by the King. As soon as the King of Korea heard that this place had been opened for the relief of the suffering women of his country, he showed his gratitude by sending a name consisting of four Chinese characters, framed and painted in the royal colors, all ready to he hung over the great gate. The name was *Po Goo Niyo Goan*(*sic*), or House for Many Sick Women.[94]

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[91] Scranton, "Historical Sketch", p. 260.
[92] ARBFM, 1888, 341; M.F. Scranton, "Woman's Work in Korea", *The Korean Repository*, 1896, p. 5.
[93] Meta Howard, *Heathen Woman's Friend*, vol.20 January 1889, pp. 173-4.
[94] Ibid.

In 1889, Dr. Meta Howard contributed an article with a picture to the Heathen Woman's Friend to provide a description of the first woman's hospital in Korea. The picture displayed a scene that revealed the characteristics of the mission. It showed a sort of house complex in the Korean traditional style. These houses were formerly the residence of Korean people, but then turned into a hospital and a dispensary as well as home of Woman's Foreign Missionary Society and a Girl's school.[95] However, in the fall of 1889, Dr. Howard was obliged to leave on account of her health and eventually to return home to America. Throughout the two years of service, she treated approximately three thousand patients.[96] After Dr. Howard left, medical work was in the hands of Dr. Scranton, until a predecessor, Dr. Rosetta S. Hall came to Korea in 1890. When he was absent, Dr. McGill came to substitute for him. In eleven months, both male doctors treated 1,618 patients.[97]

The Expansion of Religious-Medical Service

As soon as the Jeong Dong station was properly working and another medical doctor, Rev. William B. McGill M.D. (1859-1918) was added, Dr. Scranton aimed to expand his operations throughout the city as a whole. Dr. Scranton realised that the Methodist Hospital might be less competitive than the Government Hospital. The latter was doing better work on account of government patronage. Also, it was located in a popular street in the center of the city. Finally, the Government Hospital was

[95] Ibid.
[96] M. F. Scranton, "Woman's Work", p. 7.
[97] ARWFMS, 1890, p. 53.

practically giving away its medicines. From Scranton's perspective, *Jejungwon* was a government hospital even though it was run by foreign missionaries, which made the evangelical work of the hospital shrink in comparison to the private one. Thus, he desired to maintain the Methodist Hospitals and dispensaries as self-supporting: "It has been my aim and still is to cover cost of drugs in the charges. I now take in about 60 percent of this cost yearly."[98] One of the main reasons why he wanted to keep medical facilities self-supporting was that, in his mind, every hospital was not supposed to provide simply medical services; rather, it should be combined with the institute for evangelical work, and eventually a church, in order to constitute a missionary compound.

In these circumstances, the location of the hospital was a matter that could be improved. For instance, due to the excellent location of the West Gate dispensary, which could not be missed by anyone passing from the city centre to the river, the dispensary was able to recoup half of the total cost of drugs. Although it was in a small population center, there was no competition due to the location.[99]

> A requirement of a successful hospital is that it should be on a thoroughfare, so as to command the public. The South Gate Hospital, Sang Dong, in my judgment, combines many valuable points--its site, the traffic in its neighborhood, its populous surroundings. It is where the people are, and our present site is in the foreign settlement.[100]

[98] Scranton to C. H. Fowler, September 3, 1889. UMA Scranton folder.
[99] Ibid.
[100] ARBFM, 1893, p. 255.

Regarding the location of hospitals, a personal drawing that was on a letter in 1889 clearly revealed Dr. Scranton's comprehensive plan. In that diagram, he picked three prospective sites for mission stations including the West Gate, the South Gate, and the East Gate within the capital having a population of 300,000 inhabitants. One of the major conditions he considered was the location that there would be no trouble about crowding even in the case that the hospital should share the same locality with other institutions.[101]

Since 1394, when the Joseon Dynasty transferred its capital to Seoul, it became the largest and the most important city in Korea in terms of population, the size of its regional economy, and as the centre of politics, culture, and state religion. As of 1883, the population of Seoul was 196,061. Due to the importance of the city as the capital, Seoul had been circumvallated and the traffic was allowed only through the four main gates in each of the cardinal directions, as well as the four small gates in between the main ones. Among them, the North Gate had been barely used, because the northern city wall was surrounded by a steep mountain.

Given the fact that the traffic to the capital was limited only through the gates of the city rampart, it made sense that the floating population around the gates was large enough to open commercial facilities, including markets and lodges. Furthermore, the gates and the rampart created a kind of border between the poor and the rich, the high and the low, and the local and the capital. For instance, Dr. Scranton picked up his first patient in the field outside of "the Great West Gate," where she had been carried away to die alone.[102] It was because there was a field

[101] Scranton to C. H. Fowler, September 3, 1889. UMA Scranton folder.
[102] ARBFM, 1887, p. 313.

outside of 'the Great East Gate' where hopeless patients were abandoned and even an execution ground just outside of 'the South West Gate.'[103] In this way, 'the outside of gate' was traditionally related to the outcast in the society and the physical wall itself was conceptualised as a social and cultural border. Thus, the fact that the Methodist mission purchased estates around main gates to open mission stations that consisted of a dispensary, hospital and eventually a church articulated that not only did the Methodist mission focus on the lower class of the society, but also was it located at the physical and cultural border. Consequently, the plan for constructing mission sites of hospital/church was initiated by Dr. Scranton out of concern for the outcast sick who were abandoned to die outside of the gates. In order for that, he requested more medical missionaries and funds to open relief houses for them.[104]

It seems comprehensible that in 'the third place' at the border, the margin of the capital city, which was empowered by the cultural taboo on pollution in Mary Douglas's term,[105] 'inbetweenness' occurring in intercultural spaces. Or, to see in another way, through the eyes of Homi Bhabha, it was in such intercultural spaces that hybrid identity is formed, a state characterised by 'inbetweenness' and liminality.[106] As Bhabha argued, a process of recasting the fixed sense of identities of people including the colonizer and the colonized, migrants and other colonial subjects happened at what he called "the 'Third Space of enunciation,' the liminal space between the cultures.[107] This kind of space can be empowered by 'inbetweenness'; its

[103] 'The South West Gate' was a small gate between 'the Great East Gate' and 'the Great South Gate.'
[104] Scranton to Leonard, June 24, 1889. Scranton folder.
[105] Mary Douglas, *Purity and Danger* (New York: Fredrick A. Praeger, 1966), pp. 121-22.
[106] Joel Kuortti and Jopi Nyman, *Reconstructing Hybridity: Post-Colonial Studies in Transition* (New York: Rodopi, 2007), p.8.
[107] Ibid.; Homi K. Bhabha, *The Location of Culture* (London: Routledge, 1994), P. 37.

hybrid identity, its uniqueness, does not permit an established and dominant identity. In this regard, Dr. Scranton's site of hospital/dispensary/church could be located at and work as a third space of inbeweenness and liminality, initiating new hybrid identity.

The West Gate and the South Gate

By the grant of the requested funds, the first dispensary other than the one in Jeong Dong was established near 'the Great West Gate.' In December, 1888, a dispensary was opened by the Methodist mission in a small but populous centre at cross-roads outside the West Gate of the city, on the road between Seoul and its port, Incheon. 'The A-o-gi dispensary' or 'the West Gate dispensary' achieved the most rapid growth. "At that place the work is growing slowly, and we have seen over 100 (patients) per month, or 721 for seven months, ending with July 1."[108] The dispensary was used not only for medical services but also for evangelical works, with the aim that it would develop into a church.

Therefore, even in 1891 when the dispensary had to be closed due to insufficient attendance to warrant the expenditure of time needed for doctors to go and come, Christian work was being carried under Rev. Franklin Ohlinger. Mrs. M.F. Scranton had also undertaken evangelical work for women at that place.[109] As soon as the

[108] ARBFM, 1889, p. 293.
[109] ARBFM, 1891, p. 273.

dispensary in the West Gate was open, Dr. Scranton planned to commence another hospital and mission foothold.

> Now we have made an important step. The new doctor, so long delayed, is in the field. Next, we need a structure mostly of our plans and the work in a first-class site. The site I pointed out to you in the 'Great South Gate' sketch was some after years left purchased by us. It is one of the first sites in the city for any public undertaking.[110]

Dr. Scranton's further plans comprised establishing a general hospital on one of the two largest streets of the city, the South Gate area, where an excellent site had already been purchased, and which only awaited an appropriation for the erection of a building.[111] Not only was it was situated on one of the two busiest stretches and at a market center, but the site also stood high -- some 20 feet higher than the surroundings,[112] which secured its visibility. "From the first flow of the proposed structure nearly the whole of the city can be seen, and conversely, the new building can be seen from any point in the city. The plot of ground is some 200x400 feet is mostly high ground."[113] By constructing a new building for the hospital, missionaries could advertise the place and begin using it immediately to reap the advantages of the site.[114]

In order for that to happen, Dr. Scranton wanted to construct a building befitting the reputation of the Methodist Church and the prominence of the locality.[115]

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[110] Scranton to C. H. Fowler, September 3, 1889. UMA Scranton folder.
[111] ARBFM, 1889, p. 293.
[112] Scranton to C. H. Fowler, September 3, 1889. UMA Scranton folder.
[113] Ibid.
[114] Ibid.
[115] ARBFM, 1889, p. 293.

He thought that eventually the main hospital, then located in Jeong Dong, could be moved to this place: "Our present building, it will be remembered, is only a remodeled Korean one, and as such, and because of its locality in a not too central position, will soon be better replaced by the new structure, site, and convenience of the proposed new hospital."[116] Basically, he thought that the Korean structure of houses was inadequate to the needs of medical doctors and inconvenient, especially as the operating room was too dark. Furthermore, the doctors in the other mission took away quite a number of patients from the Methodist Hospital by seeing patients in their houses in the neighborhood.[117] On top of that, Dr. Scranton wanted the new building to have a large parlor, because he thought that such a room could ultimately be converted into a chapel.[118]

As a result of Scranton's efforts, the new dispensary on the Great South Gate Street was opened in the fall of 1890 by Dr. McGill, who had come to Korea in August, 1889. Before he took charge of the dispensary, he worked at the Methodist Hospital. The dispensary was on the site where the proposed hospital would be constructed. The building was a small brick building of two rooms, and furnished a drug-room and waiting-room. There were some old Korean houses which were used for wards.[119] For the most part, they would be financially self-supporting.[120]

The East Gate

[116] Ibid.
[117] Scranton to C. H. Fowler, September 3, 1889. UMA Scranton folder.
[118] Ibid.
[119] Ibid., p. 275.
[120] Ibid.

In the middle of the construction of 'the South Gate Dispensary,' Scranton asked for a budget sufficient to open the site at the 'Great East Gate.' After long consideration, the Methodist mission purchased some houses near the East Gate to construct a new dispensary.[121] Dr. Scranton was very interested in the establishment of a hospital at the East Gate because there was a field to which sick persons in a hopeless situation were carried to die.[122] In order for that, a chapel was established on the site prior to a dispensary in 1892:

> Baldwin Chapel is being built with the East Gate. It is the gift of a lady in Ohio after whom it is named. It has a Dispensary connected with it and in the charge of a lady physician. It is entirely a new work, dating only from the Annual meeting this year. I have held a native service of a sort of street preaching order, and in a house there, every Sunday, but two, since Annual Meeting. My mother has also held a meeting there for women and children in the inside of the same house...The buildings have been erected this Fall and are so near completion we hope to have our first service and baptisms in then on Christmas day.[123]

This chapel was named in recognition of a gift from Mrs. L.B. Baldwin of Cleveland, Ohio, who was supposed to have given the first money for missionary work among women in Korea, and also gave money toward the building of the chapel. The buildings and land belonged to the Woman's Foreign Missionary Society.[124] And the first service in the chapel was held on Christmas Day, December 25, 1892, in the

[121] Scranton to C. H. Fowler, September 3, 1889. UMA Scranton folder.
[122] ARBFM, 1887, p. 313.
[123] Scranton to A. B. Leonard, December 21, 1892. UMA Scranton folder.
[124] ARBFM, 1893, p. 252.

morning, when after a sermon, Dr. Scranton baptized six men and boys and celebrated the sacrament of the Lord's Supper.[125]

The East Gate missionary compound was different from previous sites. First of all, it was created on the site that was prepared by the collaboration of Methodist Foreign Missionary Society and the Woman's Foreign Missionary Society. In addition, because the buildings were funded by the Woman's Society, the dispensary was exclusively used for the treatment of women by female doctors. Secondly, even before the completion of buildings, religious services began at the East Gate, in the neighborhood of this chapel, on Sundays.[126] In this case, medical services were not provided simply to prepare for religious work. Finally, inmates of the hospital were almost entirely of the poorest class, and nearly all received full support. The majority of the inmates treated came with the 'native fever' – probably malaria. It was literally a house for outcasts, and for the most miserable people in society.[127]

The Evangelico-Medical Nature of the Mission

One of distinctive features of the Methodist mission in Korea was the close collaboration of medicine and Christianity. It was not only because Dr. Scranton, a pioneer of the mission, was a medical doctor as well as an ordained minister, but also because he had to deal with a situation in which religious work was rigorously forbidden. In fact, that kind of collaboration even in the first stage of missionary work

[125] Ibid.
[126] Ibid.
[127] ARBFM, 1893, p. 255.

in any colony was very rare. Within the evangelical movement that gave rise to the great Protestant missionary movement of the early nineteenth century, very little emphasis was initially placed on medical work.[128] For example, in 1852, missionary societies throughout Europe employed only thirteen medical missionaries. And between 1851 and 1870, the Church Missionary Society in London recruited only seven doctors out of a total of 307 new missionaries.[129] There were some reasons that the medical vocation was less welcomed in the mission field. Above all, physicians were not much respected in evangelical circles, and European medicine until the mid-nineteenth century was not at all efficacious in the colonies.[130] In regards to missionary works, evangelicals often depicted paganism as a sickness of both mind and body, requiring an all-round therapy administrated by an evangelist. As a result, any godly person who understood the rudimentary principles of hygiene and sanitation was supposed to bring health to the 'natives' by cleansing their bodies with soap and their mind with the Gospel.[131]

Therefore, there was no urgent need for medical missionaries in the mission fields in India, China, and even Japan until the mid-nineteenth century. It was an American missionary, E.C. Bridgeman working in Canton in the 1830s, who appreciated for the first time the strategic importance of missionaries who could carry out certain medical treatment. In response to Bridgeman's appeal, the American Board

[128] David Hardiman, "Introduction", *Healing Bodies, Saving Souls; Medical Missions in Asia and Africa* ed. David Hardiman (New York: Rodopi, 2006), p. 10.
[129] Ibid.
[130] Ibid., pp. 10-1.
[131] Ibid., p. 11.

of Commissioners for Foreign Missions sent Dr. Peter Parker to start such work in 1834 as the first medical missionary in China.[132]

In accordance with the development of the medical profession, particularly the Medical Act of 1858 in Britain, medicine began to replace the church as the guardian of 'health,' public and private.[133] However, on the other hand, in conformity with the climate of the age of high imperialism, with its Social Darwinism and belief in the superiority of the white man, a new type of mission clinic as a hybrid in which the priest and the doctor worked side-by-side, one preaching while the other healed, came to flourish.[134] It was mainly because the medical revolution of the mid-to-late nineteenth century with its breakthroughs in surgery and its new understanding of disease causation and prevention produced a strong sense of biomedical superiority.[135]

The first Protestant mission to Korea, in 1884, had a medical aspect from the outset, and Dr. Scranton, the first missionary in Korea, combined the professions of medical doctor and church minister. Under the rapidly growing influence of women in medical missions, female medical missionaries also began to work in Korea at an early stage. Nevertheless, the standard view of medical missionary work within missionary circles in the late-nineteenth century was that it was not done for a purely medical purpose, but used as a beneficent means to spread Christianity.[136] As a result, the potential for conversion to Christianity was mainly prioritized over the practical needs

[132] Ibid., p. 12.
[133] John L. and Jean Comaroff, *Of Revelation and Revolution Vol. 2* (Chicago: University of Chicago Press, 1997), p. 325.
[134] Hardiman, "Introduction", p. 14.
[135] David Hardiman, *Missionaries and Their Medicine* (Manchester: Manchester University Press, 2008), p. 14.
[136] Hardiman, "Introduction", p. 25.

of medical work. In fact, most mainstream missionary societies of the first half of the nineteenth century believed the ideal candidate for missionary office was the ordained man whose clerical identity would ensure that mission work was uncompromising in terms of its spiritual strength.[137] Despite criticism on the basis of this presupposition, Dr. Scranton regarded the cooperation of medicine and religion very highly. The criticism was mainly regarding two issues; 1) that medical work was not ultimately evangelical work, and 2) that medical work is less important than educational work. In fact, at mid-century, the idea that medicine merited serious consideration as a missionary method was regarded with deep suspicion, because it was feared that the high spiritual purpose of the missionary enterprise would be diluted, even debased, if mission work broadened its horizon to include caring for ailing bodies as well as 'sin-sick souls.'[138] Fervent evangelicals used to object to medical mission work on the grounds that it "made medical missionaries *dry*, that it made them *secular*, that it robbed them of spiritual power."[139]

Dr. Scranton's argument focused on two points. Firstly, he stressed that evangelical works were possible in Korea only on account of medical services. Medical

[137] Rosemary Fitzgerald, "'Clinical Christianity': The Emergency of Medical Work as a Missionary Strategy in Colonial India, 1800-1914", *Health, Medicine and Empire: Perspectives on Colonial India,* Biswamoy Pati and Mark Harrison eds. (New Delhi: Orient Longman, 2001), p. 92.
[138] Fitzgerald, "Clinical Christianity", p. 98: However, in consideration of David Hardiman's argument that evangelical Christianity was a thoroughly modern project and mission medicine was a critical part of Christian modernisation, the criticism of mission medicine, even from the evangelical wing, was rarely that explicit or significant. Rather, the objections to mission medicine appeared mainly in the narratives advocating medical missions, because they were trying to anticipate any objections which might be raised against them.
[139] James Johnston, ed. *Report of the Centenary Conference on the Protestant Missions of the World*, 9-19 June 1888 Vol. II (London: James Nisbet & Co, 1888), p. 137: Even in the case, the objection to medical mission was a part of advocate of it.

work opened doors in the country and made Christian teachings possible and desirable to a degree.[140]

> There is not a man in the land who will not take foreign medicine. They all praise it and use it from the King in his throne to the lowest coolie. It goes for much that no one has ever heard a word said against foreign medicine, either from a Korean or foreigner. That cannot be said of schools. All grant that medicine has accomplished much; and the foreigners all endorse our medicinal assertion that it is foreign medicine that made foreign intercourse as great as it is, and our schools possible.[141]

In mission fields in other countries, it was also widely accepted that medical missions could make people more receptive to the teachings of the Gospel. Even in case of other countries where medical missions started later than evangelical missions, some element of medical work was seen as critical to support and strengthen the enterprise as a whole.[142]

Secondly, even in a situation in which educational work was restricted due to the unfavourable attitude of the government, no hostility was shown towards medical works. Dr. Scranton thought that this was mainly because people were impressed and even touched by the selfless devotion of medical missionaries:

> As a fact, no Korean ever comes into my presence without thanking me for the medical care we are bestowing to the people. They tell me our doctors are untiring and seem never to rest. They

[140] Scranton to C. H. Fowler, September 3, 1889. UMA Scranton folder.
[141] Ibid.
[142] A. Lankester and A. H. Browne, "The Suitability of Peshawar Valley for the Medical Mission Work," *Mercy and Truth: A Record of C.M.S. Medical Missions* vol. 1. num. 1. (London: Church Mission Society, 1897), p. 221.

> ask how it is we work so when they can make us no returns. Isn't that missionary work? [143]

Dr. Scranton articulated the point that medical work could influence more people directly than educational work:

> Because the medical work cannot make returns to the mission of a stated number of converts can one say we are not instrumental in making any; or that we do not do equal work at least with the schools. I believe we do more direct work than the latter. As a fact the large number of our converts have been patients and thus had their attentions directed toward us.[144]

In addition, he considered the difference between constant attendance at school and its opportunities for direct instruction and the casual attendance at the dispensary. Even in that case, medical work possessed an advantage, because "a large body of men who think well of you and receive help from you will act more strongly in your behalf than a few individuals."[145]

Furthermore, even when missionaries were forbidden to teach or baptize, medical doctors could travel to meet people. In the process of preparing for travel in the country, missionaries were forced to make promises not to teach or baptize before obtaining a passport from the Foreign Office:

> But, we can go with medicines as I am intending to do as soon as the new doctor can be left in charge. I believe there is more in this traveling than advertising. Every community helped with medicine is going to be one where we shall have converts by and bye and a chapel. If medicine is not the large factor I claim for

[143] Scranton to C. H. Fowler, September 3, 1889. UMA Scranton folder.
[144] Ibid.
[145] Ibid.

> it, why are all our clerical brethren so eager to carry medicines with them for the natives when they travel? They like to have a doctor with them when they travel. If medicine is so useful, let it have its perfect work and do all it can.[146]

In this respect, medical knowledge and skills were deeply embedded in the work of general missionaries as well as medical missionaries, which did much more than simply opening the minds of the people.

This collation of medicine and religion was evident in the project to open dispensaries in Seoul. According to Dr. Scranton's blueprint, three dispensaries for each direction within three miles of diameter from the first hospital and mission compound would be constructed to combine medical and evangelical functions: "It is the expectation that the dispensaries will be ultimately turned over for chapel purposes as soon as the work is fully opened in these localities, and that ultimately our medical energies will be devoted to the general hospital only, and to medical trips into the country of an evangelico-medical nature."[147] According to the master plan, all these dispensaries were intended for chapel sites and were purchased with that aim in view. Consequently, the work was considered as an opening in the forest, which would to improve the land for future needs. In fact, Scranton expected that in ten years they could turn these places entirely over to chapel use and do all the medical work in one place.[148] As dispensaries were not simply for medical services, but also for expanding evangelical works, the nature of work would be a hybrid of medicine and religion.

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[146] Ibid.
[147] ARBFM, 1889, p. 293.
[148] Scranton to C. H. Fowler, September 3, 1889. UMA Scranton folder

On the other hand, consequently, evangelical works in hospitals for in- and out-patients were not exceptional. The hospital became a space in which medical treatment and religious services happened at the same time. This can be seen clearly in the case of the Baldwin Chapel:

> Evangelistic work was commenced at the Hospital last November. (1890) We read or talked to the women as circumstances seemed to dictate. It is not an unfrequent occurrence for women to come in for the half hour's teaching instead of medical treatment. This branch of work is particularly hopeful. With the coming of new missionaries we expect to "lengthen all the cords and strengthen all the stakes."[149]

One of the distinctive functions of the hospital was to distribute Christian books including tracts and the Bible. In that chapel, missionaries sold large numbers of Bible question books, copies of Mark, and Ross' Testament, etc. They charged only a small sum, not enough to pay for their cost. “It would be a very easy matter to give books away by the hundreds, but we believe it the better way to make people buy.”[150] Not only Sunday, but also daily evangelical services were staged in the dispensary waiting room, which was considered to be successful by missionaries.[151] Dr. Scranton enunciated that so many thousands of people who had been helped by 'the physical agencies of God,' medical doctors, had certainly come to knowledge of God’s greater truths by reason of their work and teaching. It was mainly because daily religious talks were held in the dispensaries, free and open to all who came, and it was rare when a

[149] ARWFMS, 1890, p. 53.
[150] Ibid.
[151] M. F. Scranton, “Woman’s Work”, p. 7.

patient did not hear the word one or more times during his attendance at the dispensaries, or in the wards.[152]

The Methodist Hospital maintained a high reputation among ordinary people. It was often said that, "When there is any difficult case we go to the Si Pyeng Won (the Methodist Hospital)." According to the report of John B. Busteed M.D. (1869-1901), medical doctors had a wide range of cases, and the results, on the whole, especially in surgical cases, had been quite encouraging.[153] That induced many patients visit to treat their diseases and gave missionaries ample opportunity to scatter the seed of Christian faith. However, in terms of evangelical work, the in-patient department proved to be the most important in reaching the hearts of the people, and it gave them an opportunity of teaching the Bible in depth.[154]

A native Christian evangelist, Mr. Han who resided in the hospital, was in a position to carry out evangelical work for in- and out-patients. He was one of the earliest converts to Christianity, and his duty was like a chaplain, reading the Bible and explaining Christianity to the patients before the doctors' arrival, after their departure, and at any time when patients came to him. He frequently had inquirers in his rooms day and night. The Scriptures in parts and religious tracts were daily and openly on sale by him.[155]

The daily schedule of the hospital illustrated its hybrid nature. Under the responsibility of Mr. Han, the evangelical works repeated every day.

[152] ARBFM, 1891, p. 274.
[153] ARBFM, 1894, p. 247.
[154] Ibid.
[155] ARBFM, 1891, p. 274.

> At eight, in the morning the patients and assistants in drug room and hospital meet, and we read a portion of the Scriptures, have prayer, and recite together the Ten Commandments and the Apostles' Creed. At nine o'clock, a service is conducted by the evangelist in the surgical ward. In the afternoon at three, the patients are again summoned and instructed in the Catechism.... At twelve o'clock, a short preaching service is held for the out-patients, who have been collecting. From one to four the doctor meets the people who come for treatment, and as the opportunity offers, perhaps while a bandage is being put on or a would being dressed, he introduces the subject of Christianity... Most of our work has been among the poorer class, and I believe that our work among this class has proved far more successful and its results far more lasting than among the class of nobles.[156]

As a result of Mr. Han's endeavor, from the dispensaries alone, from eight to nine hundred booklets were dispensed in 1890. In the same year, apart from the special religious services that were held in the hospital on Sundays, the native church services of the mission were held in the hospital compound.[157] It was, therefore, a proven case that a hospital could develop into a church.

In the report of Dr. Scranton to the Methodist missionary board at home in 1893, he articulated that the main purpose of the medical mission in general was plowing up prejudices and opening up a custom ridden country like Korea.

> The hospital becomes the plow; as I have already denominated it, in uprooting prejudices. There is no place in the kingdom where the doctor cannot go with perfect safety. This agency should be used in opening up this land. I wish we had a doctor for each of the eight provinces.... After the uprooting of prejudice, old customs, and hindrances, the preacher will find a ready soil. But the doctor should be both, though in practice the combining of these is more difficult than perhaps you imagine... I boast that no man can go from the hospital compound without

[156] ARBFM, 1894, pp. 247-8.
[157] ARBFM, 1891, p. 274.

> having heard the name at least of Jesus, and I leave the results with God.[158]

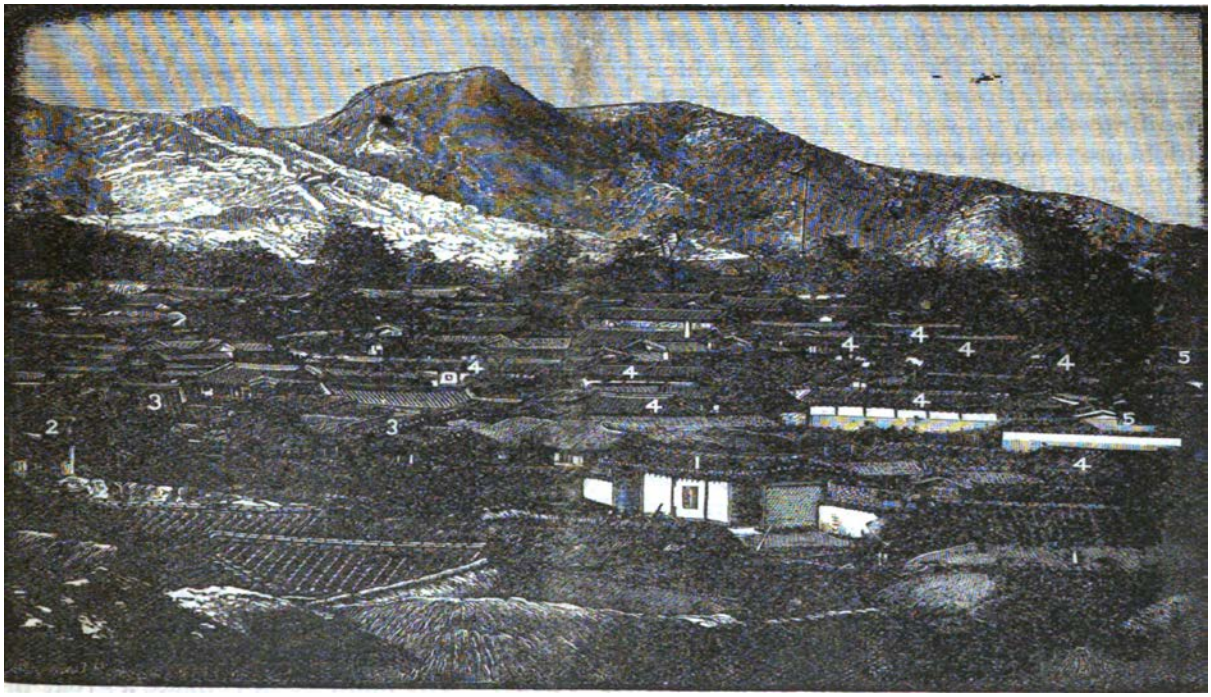
In this respect, Dr. Scranton concluded that evangelico-medical missionary works had been a great success, satisfying the needs of people and making changes in their lives such as casting away prejudice against Christianity and inducing them to accept the faith. He thought that his dual identity as a medical doctor and a minister was helpful in combining both works. It was also evident that the prejudices and old customs that he had wanted to change included the 'filthiness' of Korean society.

Securing Clean Space in the Mission Field

In 1890, Mrs. Scranton contributed a picture of the Missionary Station in Jeong Dong, Seoul to the *Heathen Woman's Friend*.[159] The missionary compound consist of a few buildings including the Methodist Hospital, the Woman's Foreign Missionary Society, the Woman's Hospital, the Presbyterian Board Property right next to American Legation.[160] She was so proud of what the missionaries had achieved at the heart of the capital, where once almost every missionary had complained about its filthiness and offensive odours:

[158] ARBFM, 1893, pp. 255-6.
[159] The Heathen Woman's Friend was a monthly magazine published by the American Woman's Foreign Missionary Society of the Methodist Episcopal Church from 1869 to 1895, in order to deliver the female missionary endeavors to Methodist auxiliary societies: Cheryl M. Cassidy, "Bringing the "New Woman" to the mission site: Louise Manning, Hodgkins and the Heathen Woman's Friend," *A Journal of History, Criticism, and Bibliography* vol. 16, no.2, 2006, pp. 172-99.
[160] M. F. Scranton, "A Section of the Foreign Settlement, Seoul, Korea," *Heathen Woman's Friend*, March 1890, pp. 221-2.

> This picture is more nearly a representation of things as they used to be than as they are at the present time. In some parts of Seoul changes have gone forward during the last five years with a rapidity which has been somewhat astonishing to the natives, and has given a degree of comfort to foreign residents. I presume it is needless to say that all improvements have been the work of foreigners.[161]



As Mrs. Scranton enunciated, the presence of the missionary compound had been one of the main reasons for the sanitary improvement of the area surrounding it. In the process of establishing the compound, a new and wide street was required and thus, traditional, old, and dilapidated houses had to be demolished in order to provide 'clear and clean breathing space' for the compound.[162] Consequently, in many cases, securing clean space was prioritized by missionaries and one of the distinctive features

[161] Ibid.
[162] Ibid.

of the work of missionaries in Korea was the way in which they created their space in the mission field. Rather than assimilating themselves to traditional manners, they decided to construct a clean and safe space within the society according to the ways of home. In a way, their plan was encouraged by the larger project of the leaders of Joseon Dynasty "who were engaged in a globalised process of nation-state building, the native and non-native elements of which cannot be easily disaggregated because of the city's position in an overlapping network of semicolonial structures."[163]

The place where the first *Jejungwon* was located in 1885 was *Jaedong,* in between two palaces. However, the community of missionaries and diplomats was settled down in *Jeongdong*, just a mile away from the main palace, *Gyeongbokgung*, and next to another sub palace, *Doeksugung*. Since the first American minister to Korea, Lucius H. Foote purchased a traditional house for the use of the U.S. legation in 1883*, Jeongdong* became the centre of foreign relations and the Protestant mission in Korea. The district was literally an intersection of politics, diplomacy, and religion. In *Jeongdong,* not only Russian, American, and British legations, but also the first Methodist church and residences of foreigners including missionaries were located side by side in the vicinity of the area of furniture factories:

> The street leading from the New West Gate to 'Furniture Street' is an important thoroughfare. His Excellency, the mayor of the city visited it on the 3rd and ordered it widened and cleared of projecting booths. What name shall be given to his street? Washington Avenue and Victoria Road were suggested several years ago. Missionary Avenue was put forth recently, while the Japanese merchants advertise that they are doing business on Legation Street.[164]

[163] Todd A. Henry, *Assimilating Seoul: Japanese Rule and the Politics of Public Space in Colonial Korea, 1910–1945* (Berkeley: University of California Press, 2014), p. 25.
[164] *The Korean Repository*, vol. 2. April 1895, pp. 155-6.

Even though there was no official name of the street, the area was clearly distinguished due to the dwelling of people from the West. Although the names 'Washington' and 'Victoria' represented politics and 'Missionary' reminded people of the new religion, it was eventually recognized as the street of foreign legations. But what made this town clearly different from other parts of the capital city was its cleanliness:

> The foreign residents in Jeong Dong and vicinity promise themselves the pleasure of at least one good street. On the 18th, ult. they met in mass meeting, passed a series of resolutions with great harmony and unanimity, voted to tax themselves, which they referred to a committee of five gentlemen to do for them. The same committee was authorized to build the road. Work was begun on the 29th. The action of the Jeong Dong residents has stirred up others and more streets are to be put into pas-able shape. [165]

According to the article, *Jeongdong* enjoyed the privilege of self-governance regarding the issues of street improvement and the amelioration of the residential environment. Missionaries recognized that one of the main obstacles to a clean and sanitary environment was traditional housing: "Korea is 4,000 years old. Many of her people are still living somewhat after the fashion of our ancestors of the mediaeval ages, but a better day is dawning."[166] In the first place, the improvement of living conditions meant remodeling traditional houses, but soon it became clear that this could not guarantee cleanliness. Even though the houses were redesigned for medical purposes, structural problems remained.

[165] *The Korean Repository*, vol. 2. May 1895, p. 200.
[166] M. F. Scranton, *Section*, pp. 221-2.

Reconstruction was supposed to be the best way to secure a clean environment, which revealed a presupposition that the Western style of housing connoted cleanliness itself; other than that, all housing styles had structural problems that were conducive to filthiness. The General Secretary of the Presbyterian Board of Foreign Mission, Rev. Brown travelled to Korea in 1901 for a month. His report, which was published in 1902, revealed that standpoint:

> The general poverty appears in the architecture. In the more pretentious buildings, as in the Imperial Palace and the *yamens* of the governors and magistrates, it follows Chinese lines. But however wonderful they may be in the eyes of a Korean, to a foreigner, they are humble enough. A country merchant in America lives in a better house than the Emperor of Korea, while hundreds of stables at home are as attractive as the official residence of the governor of a province. The buildings are not only plain, but dilapidated in appearance… The prevailing wretchedness is so great and the impoverishment of the land so apparently hopeless that one wonders how long human nature can endure such a state of society. Anglo-Saxons would not tolerate it a month.[167]

Consequently, a contrast was drawn between the construction of the missionary compound in a Western style on a hill surrounded by traditional buildings in Busan, as previously mentioned in Bishop's book:

> It (the Japanese concession in Busan) can hardly be called an ideal settlement and yet it is far more cleanly than the adjoining native town which, like most Korean towns, is exceedingly dirty,

[167] Arthur J. Brown, *Report of a Visitation of the Korean Mission of the Presbyterian Board of Foreign Missions* (New York: The Board of Foreign Missions of the Presbyterian Church in the U.S.A, 1902), pp. 2-3.

> crowded, and unsanitary. The Presbyterian Mission compound on the hill overlooking the city and the bay is like an oasis in a desert, clean, comfortable, and well-kept.[168]

The reason why the missionaries applied the architecture of their home countries to the missionary compound was not simply because of nostalgia but because this architecture represented civilisation, cleanliness, hygiene and health, in both spiritual and physical senses. It was, therefore, more conducive to the prevention and cure of disease.

Concluding Discussion: The Hospital as a Third Place

What made the medical mission special was its social, political, cultural and even religious location within the mission field. By their very nature, the Christian foreign mission of Europeans and North Americans served to expand their cultural influence deep inside the countries where the missionary activities were occurring. The portrayal of the mission fields as dirty or filthy resulted from the typical perspective of people from the West. As argued by Mary Douglas, dirt is identified with disorder and exists solely in the eyes of the beholder. Thus, "there is no such thing as absolute dirt."[169] In other words, through the work of the missionaries, the cultural border was resettled inside of another culture, which created a vantage point from which to observe disorder and to define it as dirt.

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[168] Arthur J. Brown, "A Reading Journey through Korea," *Chautauquan* vol. 41, 1905, p. 494.
[169] Douglas, *Purity*, p. 2.

In that respect, all missionary compounds established in Korea possessed the potential to make a contrast, because the housing and buildings of missionaries were situated at the border of two different cultures, implicitly comparing the value of Euro-American and native Korean styles of living. Particularly when the missionary buildings were constructed according to Western architectural norms, it was evident that the resetting of the cultural border served to redefine cleanness and filthiness around it:

> The contrast between these clean American homes and the miserable huts of the Koreans at the foot of the hill is indeed great. But surely an American missionary is not to be blamed because he does not wish to live in a dark, damp hut and surely it is altogether to his credit that he wishes to be decent and to set an example of neatness and comparative comfort to the swarming natives of the port.[170]

By dwelling in the middle of the native town and being on the cultural border, 'clean' American homes represented and resuscitated the values of the home culture, which created tutelary contrast.

> The American style buildings in the mission field were not extravagant at all. Rather, they were quite ordinary in the home standard, because such houses were usually occupied by people in moderate circumstances in the United States. Even these houses, however, cost only about $3,000, including land, while the average missionary residence was about like the home of a country clergyman or teacher in the United States.[171]

Even though the buildings of missionaries occupied a part of native territory, their construction, operation, and use were conducted according to foreign standards,

[170] Arthur J. Brown, “Reading Journey”, p. 494.
[171] Ibid.

which illustrated the fact that the missionary buildings were located at the intersection of native and home culture.

It was generally accepted by missionaries that the production of contrast by representing their home values in the mission field was an effective strategy for delivering their religious teachings and making practical changes in Korean society. Thus, it was important for them to reconstruct the American domestic manner of living as much as possible. It was described thus: "the natural taste of the American well-bred husband leads him to make a little lawn and set out a few flowers, while indoors his wife sensibly makes everything as cosy and attractive as she can with the means at her disposal. As it is supposed to be a home for life, articles by gift and purchase are gradually accumulated."[172] Rev. Brown considered that the American home in the middle of the miserable habitations of a heathen city could attract attention due to the good taste and inventiveness of a cultivated, intelligent family.[173]

In order for that to happen, the location of missionary compounds had to be carefully selected. To avoid disease coming from unsanitary environments, the buildings had to be constructed in a place apart from "the nasty, malodorous, unsanitary human pigsty, with its rotting garbage and open cesspools, by selecting a site high enough to afford natural drainage."[174] However, the location could not be in a place remote from the population. Thus, most missionary compounds were situated on the cultural and social border between the clean and the filthy, the rich and the poor, and the high and the low.

[172] Ibid, p. 495.
[173] Ibid.
[174] Ibid.

In terms of space, it was considered necessary to secure a clean area in the middle of 'filthy' surroundings for the use of medical and evangelical works as well as for living, Thus, in the middle of the native towns, missionaries opened various spaces for the use of missions including hospitals, schools, and eventually churches. Among them, the hospital was different from other spaces, because it was open to the public, meaning that anybody could gain access to the space for treatment regardless of their political and religious beliefs. On the other hand, school and church were reserved for those people who could make a commitment to following rules covering every aspect of living. Dr. Scranton said, "I believe we do more direct work than the latter (school). As a fact the large number of our converts have been patients and thus had their attentions directed toward us…the difference between constant attendance at school and its opportunities of direct instruction; and the casual attendance at Dispensary must be considered."[175]

Particularly, in the case of Korea, the mission hospital and dispensaries were located conspicuously between various binary concepts such as filthiness and cleanness, the native and the foreign, and the oppressor and the oppressed, creating what was in effect a 'Third Space,' characterized by 'inbetweenness' and 'liminality.'[176] According to Bhabha, in 'theThird Space,' the discursive conditions of enunciation that the meaning and symbols of culture have no primordial unity or fixity can be

[175] Scranton to C. H. Fowler, September 3, 1889. UMA Scranton folder.
[176] According to Homi K. Bhabha, the encountering of binary domains in the context of colonisation generates a new space in between them, which includes knowledge, discourses, and literacy forms as well as spatial newness: Bhabha, *Location*, p. 37.

constituted. Thus, in this space, even the same signs can be appropriated, translated, rehistoricised and read anew."[177]

As Mark Harrison has articulated, modern hospitals, particularly in the non-Western world, should not simply be considered as places for charitable relief or the cure of the sick.[178] If there was something additional to these in the case of Korea, it was represented in the cultural meaning of the hospitals and dispensaries, situated in a foreign country generally regarded as filthy and dirty. In this sense, the hospital was not only a place for treating diseases of the body, but a space in which a hybrid culture came into being and various unpredictable encounters occurred. In the hospital, Western medicine and its ideals of cleanliness encountered filthy and diseased native bodies. As part of this process, native bodies and diseases were gazed at, observed, analysed, rearranged, reclassified, and renamed in accordance with a new medical knowledge from the West."Although the hospital became a potent symbol of modernity, there was normally some degree of accommodation with local cultures, which was often demonstrated in the very architecture of hospitals, which retained element of indigenous tradition while at the same time meeting the requirements of modern, hygienic buildings."[179] In the process of securing medical buildings, the modern concept of cleanliness therefore played an important role. By remodelling old native houses into a hospital, a unique space was created in which 'dirty' native space and 'clean' space in Western style co-existed. As Dr. Scranton complained about his remodelled hospital building, "I have tried now for eight years to carry on our work in

[177] Ibid.
[178] Hark Harrison, "Introduction," *From Western Medicine to Global Medicine: The Hospital Beyond the West* Mark Harrison ed. (New Delhi: Orient Blackswan Private Limited, 2009), pp. 4-6.
[179] Ibid., p. 30.

native buildings remodeled. They are unfit for showing what foreign medicine and surgery can do."[180] Although the Korean custom of removing shoes inside of houses firmly secured the border between inside and outside, missionaries considered the architecture unsanitary and unclean. On the other hand, even within Korean society, the hospital generated another kind of space. It was situated in between royal and bureaucratic power and the socially, economically oppressed people. Particularly, *Jejungwon* was established as a government institute, as a dispensation from this power and the Methodist Hospital was given a name meaning distribution of charity. Its patients were mostly from among the marginalised in Korean society, who could not afford to use the official and traditional medical system. It was medical missionaries coming from outside that society who were dedicated to bridging that gap and meeting the people's medical needs.

Medical Missions became a major element within Protestant missionary work only in the last quarter of the nineteenth century.[181] Therefore, it made perfect sense that the Korean Protestant mission that started in 1884 was strongly influenced by and established on the basis of the work of medical missionaries. Furthermore, Korea was not the only place where medical missions significantly contributed to such work. In India, medicine was an arena in which Christian missionary societies were particularly active. As early as the 1830s, the London Missionary Society in southern India had taken up medical work in the belief that it could "open a wide and effectual door into the hearts and minds of the natives," if only because medical aid was "one of the very

[180] ARBFM, 1893, pp. 255-6.
[181] David Hardiman, "The Mission Hospital, 1880-1960", *From Western Medicine to Global Medicine: The Hospital Beyond the West,* ed. Mark Harrison (New Delhi: Orient Blackswan Private Limited, 2009), p. 199.

few forms of help which the Hindu is at liberty to receive."[182] As a result of the effort to fill the gap between people and state medicine, as Rev. Thomas Smith uttered in 1860, it was taken as a matter of course that every European was skilled in medicine.[183] One of the main reasons that mission medicine could make an impact on such countries was because, as Fitzgerald asserted, the genius of the medical mission lay in its blending of religion and medicine, faith and science, spirituality and corporeality-a mixture designed to heal body and soul.[184] Thus, it could be sufficiently different from state medicine, which was often perceived as secular and coercive. Missionaries were better placed than government officials to observe on a regular basis the cultural practices of native people and to devise methods by which western principles could be introduced.[185]

In this respect, the social position of foreign missionaries in Korea was important. They were exempted from Confucian obligations because they were positioned outside of the Confucian hierarchy. Rather, they occupied a Third Space between the foreigner and the native, the poor and the rich, and the government and the people. This social location provided them with enormous power:

> The uniqueness of the missionary's position consists in the fact that he is above the law of the land since his treaty grants him extraterritorial, or exterritorial, rights, which means that he is not under the jurisdiction of the courts of the land and can only be

[182] David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993), p. 244.
[183] Fitzgerald, "Clinical Christianity", p. 106.
[184] Ibid., p. 128.
[185] Mark Harrison, *Public Health in British India: Anglo-Indian Preventive Medicine 1859-1914* (Cambridge: Cambridge University Press, 1994) p. 90.

> proceeded against before his own consular court. This places great power in his hands.[186]

It was the ambiguity of missionaries' social position that empowered them rather than diplomatic or political clout. At the border, most works of medical missionaries, in particular, were explicitly or implicitly related to the act of cleansing and cleanliness in a certain degree. What they tried to perform was realisation of the ideas regarding "separating, purifying, demarcating, and punishing transgressions, having their main function to impose system on an inherently untidy experience."[187]

In consideration of the fact that the Protestant mission in Korea started with the evangelical zeal of missionaries to gain as many converts as possible, it was extraordinary that the missionaries were extremely prudent in accepting new converts to their congregation. If proseletising was their only purpose, missionaries would not have hesitated to obtain converts. However, one of the remarkable characteristics of the Korean mission was the strictness and length of the process it took to become a full member of the church, usually taking years. In the Indian context, although the process of becoming a church member was not that difficult, the rates of conversion through medical mission work were never more than low. Thus, medical missionaries considered that they might have planted seeds that would, in time, germinate, in spite of few open avowals of Christianity among their patients.[188]

However, one of the distinctive aspects of mission medicine in Korea was that what they intended to construct with their power was deeply related to the realisation

[186] Allen, *Things Korean*, p. 181.
[187] Douglas, *Purity*, p. 4.
[188] Fitzgerald, *Clinical Christianity,* p. 129.

of the concept of cleanliness, not only in the spiritual sense but in a physical one. In other words, the creation of clean space, clean body, and pure church were the goals as well as the tools of the mission. These cleansing activities occurred within the fluid space of missionary buildings:

> It is significant that the productive capacities of this Third Space have a colonial or postcolonial provenance. For a willingness to descend into that alien territory – where I have led you – may reveal that the theoretical recognition of the split-space of enunciation may open the way to conceptualizing an *inter*national culture, based not on the exoticism of multiculturalism or the diversity of cultures, but on the inscription and articulation of culture's hybridity. To that end we should remember that it is the 'inter'- the cutting edge of translation and negotiation, the in-between space – that carries the burden of the meaning of culture.[189]

This Third Space provided opportunities for various exchanges in the international and intercultural relationships and eventually gave birth to a hybrid of religion and medicine; a hybrid that prioritised the realisation of cleanliness in spiritual, bodily, and spatial meaning.

Even in the case of India, non-official, and especially religious organisations invariably made the running in matters of sanitary education, because hygiene was an important element of their 'civilising mission,' in which moral and medical teaching went hand in hand.[190] In missions in other countries, the hospital wards were designed to demonstrate Christian order and cleanliness, hoping that the patient would learn to

[189] Bhabha, *Location,* p. 38.
[190] Harrison, *Public Health*, p. 90.

be punctual, self-discipline and sober-virtues that were supposed to be Christianity and civilisation.[191]

The first impression that Dr. Scranton had of Seoul was not exceptional or extraordinary in comparison to other foreigners. He wrote that, "Seoul is not an attractive place. Dirt, ignorance of the outside world, are the causes most apparent for its failure to please our Western ways. From prince to pauper, they are all very dirty in their homes."[192] Consequently, when he likened the medical mission to a plough that would uproot old customs and prejudices, this naturally included habits he regarded as conducive to filthiness. In this sense, the hospital was an important space: produced according to the theories of Western medicine and located in the middle of people, in order to treat disease and eventually to spread cleanliness in society. As meeting-place between foreigners and Koreans, civil affairs and religious practice, diseased bodies and sanitary medicine, the hospital was supposed to be the cleanest place, even in the context of the mission field.

In comparison to the Presbyterian mission, the Methodist medical mission had some distinctive characteristics. Firstly, the first Methodist medical missionary, Dr. Scranton, who practically created the foundation of the whole mission, was an ordained minister. He was not only a medical practitioner, but also a devoted evangelist, having a passion for propagating the Gospels. Both medical and evangelical works were closely connected throughout his entire career, which he referred to as their evagelico-medical nature. The hybrid nature of his vocation was clearly apparent

[191] Hardiman, "Mission Hospital", p. 204.
[192] Scranton to Reid, June 1, 1885. UMA Scranton folder.

in the circumstances of the mission field. Secondly, the Methodist body was very interested in the purchase of estates, because from an early stage Methodist missionaries planned a type of multilateral work, intending that the missionary compound should include a church, school, and hospital. This meant obtaining as large a site as possible in the middle of populous areas. Furthermore, the sites were remodeled or reconstructed to be clean and sanitary, although the idea of perfect cleanliness could be realized only by the Western style of housing. Thirdly, as the result of this effort, four mission stations including Jeong Dong, the West Gate, the South Gate and the East Gate were successfully established to combine medicine and religion. The Methodist mission compound was intended to consist of hospital or dispensary and church together. Thus, not only did the hospitals become the foothold of the mission, but the consecutive construction of mission compounds implied the spreading of clean spaces throughout the whole city.

Chapter 2. Contesting a Medical Gaze:

'The Baby Riot' in Seoul, 1888

> Some person or persons, with malicious intent, started a rumor which spread like wild-fire that foreigners were paying wicked Koreans to steal native children in order to cut their hearts and eyes out to be used for medicine..... Babies, it was said, had been eaten at the German, English, and American legation, and the hospital, of course, was considered by all the headquarters of this bloodthirsty work, for there, where medicine was manufactured and diseases treated, the babies must certainly be butchered.[1]

This chapter examines a commotion that happened from the 10th to 25th of June 1888 in Seoul, Korea, named 'the Baby Riot.'[2] It was reported by Dr. L. Horton Underwood, one of the first female medical doctors, as well as female missionaries in Korea, and the wife of Rev. Horace G. Underwood, the first American Presbyterian missionary to the country. The uproar against Western medicine, hospitals and foreign schools -- and foreigners in general – came just a few years after the first American Protestant missionaries started their work in Korea. As described in the first chapter, the first Protestant missionary who began to work in Korean territory was a medical doctor, Horace N. Allen who was admitted to the country as a medical doctor for the U.S. consulate in 1884. His identity was officially concealed due to the strict government prohibitions on evangelical works by foreigners. The only position he could get was that of a medical doctor for diplomats and foreign soldiers. Thus, in spite of the fact that he was the first Protestant missionary in residence, he was compelled to dedicate

[1] L. Horton Underwood, *Fifteen Years among the Top-Knots or Life in Korea* (Boston: American Tract Society, 1904), pp. 15-16.
[2] Harry A. Rhodes, *History of Korea Mission* (Seoul: Chosen Mission Presbyterian Church USA, 1934), pp. 22-23.

himself to medical works only, such as establishing a hospital and treating patients. As a result of his heroic effort to cure one of the most influential politicians, Min Young Ik, a nephew of the Queen, the establishment of the Royal Hospital, *Jejungwon,* was granted in 1885.[3] In the meantime, the first ordained missionaries from America including Henry Appenzeller and William Scranton M.D. from the Methodist Episcopal Church and Horace Underwood from the Presbyterian Church entered the country for educational works, rather than for religious purposes, in April, 1885. On the basis of the King's conditional permission, not evangelical but medical and educational works were authorised and, thus, the missionaries could focus only on medicine and education.

It is therefore unsurprising that the history of Protestant missions in Korea literally began with medical doctors, and that medical works never held second place in missionary work.[4] Furthermore, the fact that the Protestant mission was initiated by medical missionaries made the nature of missionary activities in Korea different from other Asian countries, such as China, Japan, and India. In particular, in the latter cases, it took a relatively long time for missionaries to recognise professional medical practice as an effective tool to achieve their main purpose, which was conversion. As most missionaries in other Asian countries (until the 1860s) were trained primarily in theology and seldom in medicine, their medical skills seemed in some respects deficient by contrast with native medical practitioners. In fact, before the Medical Act

[3] H. N. Allen's Diary, (February 18, 1885), Won-Mo Kim trans. (Seoul: Dankook University Press, 2008), p. 430; "The Proposed Hospital in Korea" *The Foreign Missionary* vol. 43, 1885, p. 327; Diplomatic documents of Korea (1876-1905) to U.S., No 158 (27th January 1885)
[4] W. B. Scranton, *Seventy-first Annual Report of the Missionary Society of the Methodist Episcopal Church 1889* (New York: Missionary Society of MEC, 1890), p. 292.

of 1858 in Britain that allowed for greater regulation of the profession by creating a register of doctors, any missionary could be called a medical doctor upon one's wish.[5] Secondly, many missionaries and their supporters believed that saving souls should have priority over other activities, including meeting the physical needs of their congregations. Therefore, in general, physicians were not much respected in evangelical circles until the early nineteenth century.[6] Finally, the religious zeal of missionaries gave them strong confidence in divine intervention rather than human efforts based on science and medicine.[7] In the eighteenth century, many dissenters and puritans had avoided such physicians on principle, seeing them both as dubious healers and as in thrall to the rich.[8] In addition, there was the prevailing hostility of Protestant missionaries toward supernatural healing, and thus medical missionaries were not expected to heal in a miraculous way by casting out evil spirits or practicing supernatural healing.[9]

However, in the case of Korea, it was immediately recognised that medical assistance could open the tightly sealed door to missionaries. Medical work proved itself the forerunner of evangelism.[10] Therefore, it was naturally accepted by Koreans that medical doctors and ordained pastors were working side by side and Protestant Christianity was naturally identified by them with biomedicine or Western medicine. Particularly, William B. Scranton was the first medical missionary in Korea as an

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[5] David Hardiman, *Missionaries and Their Medicine: A Christian Modernity for Tribal India* (Manchester: Manchester University Press, 2008), p. 10.
[6] David Hardiman, *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa* (New York, Rodopi, 2006), p. 10.
[7] Ibid., pp. 10-12.
[8] Ibid., p. 10.
[9] Hardiman, *Missionaries*, p. 9.
[10] F. Ohlinger, "The Beginnings of Medical Work in Korea," *Korean Repository* vol. 1 (Dec. 1892), p. 358.

ordained minister. Even after the opening of the ports for trade by the forces of imperial powers, the Korean-Japan treaty of Amity in 1876, the Christian mission in Korea was strictly inhibited by the Korean government, which had been firmly established on Neo-Confucianism since 1392. Due to the government policy against Christian practices, the Protestant mission had to begin with other than evangelical works, and because the mission in Korea was comparatively later than in other countries, contemporary mission medicine was considered an effective tool for missionary work, which made the establishment of mission medicine possible for the first time in Korea. In this respect, it is notable that the first missionary institute established in Korea was a royal hospital, *Jejungwon*, for the public; based on biomedicine, it was one of the most successful examples of mission medicine. Not only did the hospital represent a positive collaboration between the Protestant mission and a native government, it conveyed the official sanction of the government to biomedicine itself. In terms of spreading biomedical knowledge and practices, the establishment of the hospital aided by the government could not be more significant.

At that time in Korea, two major organisations were operating to spread biomedical knowledge -- a missionary hospital and Japanese hospitals in the Japanese concessions.[11] Before that, Western medicine was discussed only by Confucian scholars who became academically interested in it from the eighteenth century. Prominent Confucian scholars who insisted on the 'practical application' of Neo-Confucianism such as Yi Ik (1681-1763), Jeong Yak-yong (1762-1836), Park Jie-Won(1737~1805) were

[11] Japan occupied four concessions in open ports such as Pusan, Wonsan, Masan and Incheon on the basis of unequal treaties of commerce since 1876 and established four hospitals for the Japanese dwelling in concessions in Pusan (1877), Wonsan (1880), Seoul (1883) and Incheon (1883).

the main proponents of introducing a different medical tradition from the West, particularly the Hippocratic-Galenic tradition, based on the four humour theory.[12] And, in the nineteenth century, Confucian scholars introduced the translations of European medical texts written by Jesuit and British missionaries in China as an academic discourse. Lee Kyu-kyeong(1788-1856) wrote a type of encyclopedia, *Oju-yeonmun-jangjeon-sago* (A Rough Draft on the Knowledge in the World) that contained a human anatomy and the theory of the European version of inoculation,[13] and Choi Han-ki (1803-1879) who wrote a book, *Shingi-cheonheom* (Practical Experiences of the Mechanical Function of the Body) that dealt with theories of body function in order to argue that mechanical laws of movement could be applied to the human body.[14] At any rate, in terms of popularity, these researches and discussions were largely confined to scholars.

Therefore, the first opportunity for the Korean people to experience the practices of biomedicine came when the hospitals and dispensaries founded by missionaries became accessible to them. This, in turn, strongly impacted on Korean society and the public health system, as well as on Korean medicine. In terms of social and cultural impact, the missionary hospitals were more significant than the Japanese ones.[15] Japanese hospitals were established primarily to provide medical services for

[12] Dong-Won Shin, *Hankook Geundai Bogunuiryosa* (A History of Modern Public Health in Korea) (Seoul: Hanwool Academy, 1997), pp. 43-4.
[13] Kyu-Kyeong Lee, *Oju-yeonmun-jangjeon-sago* (A Rough Draft on the Knowledge in the World) (http://db.itkc.or.kr/index.jsp?bizName=MK&url=/itkcdb/text/bookListIframe.jsp%3FbizName=MK%26seojiId=kc_mk_h010): The European inoculation meant the vaccination which was developed from 1796 by Dr. Edward Jenner.
[14] Shin, *Hankook*, p. 46.
[15] Yunjae Park. Hankook Geundaiuihakui Giwon (The Origin of the Korean Modern Medical System) (Seoul: Hyean, 2005), p. 91; Park argues that the Japanese ambition to promote biomedicine through the Japanese consulate hospital was thwarted by the establishment of *Jejungwon*. In fact, the Japanese

the Japanese who resided within Japanese concessions, although Korean people could be treated in certain cases such as during epidemics. On the other hand, the missionary hospital was established in the very heart of the capital, located in between two main palaces, and supported by government for the public, which weighed heavily with the people. Furthermore, what made a clear difference in the eyes of the Korean people was the distinctive appearance of foreign medical doctors.

> There are many people who come only for a *kugyang* (sight-seeing), but we keep them out pretty well until all the sick are treated and then I give them all a *kugyang* at me. We have not had any religious work as yet, but I think I will begin today after the dispensary and the *kugyang*. I fear if we tried to do anything before, at this stage, we would not get much attention.[16]

According to Dr. Hall, even little later in 1894, when religious work was not allowed by the local government and native people in Pyeong Yang, medical work was possible and one of the efficient ways to attract people was to simply let them watch American people, foreigners including a foreign baby for entertainment. As in Europe, the pictorial depictions of David Livingstone in a jungle-like setting represented mission medicine;[17] mainly because of the lack of contact with foreigners at that time, the image of a Caucasian doctor with white skin and with blue eyes, treating native people with a stethoscope and a scalpel at the missionary hospital, became a representative stereotype for foreigners.

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consulate gave up the operation of its hospital and made a contract with Dr. Allen to provide health care for the personnel.

[16] Mrs. Hall's diary (1894) quoted in Sherwood Hall, *With Stethoscope in Asia: Korea* (McLean: MCL Associates, 1978), p. 144.

[17] Megan Vaughan, *Curing their Ills: Colonial Power and African Illness* (Cambridge: Polity Press, 1991), p. 1.

Missionary medical practice was something so strange and new that attracted strong curiosity. The missionary hospital treated up to 7,000 in- and out-patients within the space of only one year, according to Dr. Allen's report.[18] It is evident that the hospital was a perfect showcase for a new and different type of medicine, approved and sanctioned by the royal court. It was supposed to be beneficial for the medical missionaries in East Asia in attracting people's attention, as they could demonstrate that their new medicine was clearly different from the old. In the latter half of the nineteenth century, the missionaries in China were highly visible publicly, wearing Western clothes, and flaunting their cultural identity and divergent beliefs, either by living in Western-style buildings or by putting crosses and similar signs outside their residences. However, that kind of strategy engendered misunderstandings among the general public, centring around such socio-religious institutions as orphanages and the Eucharist ritual.[19] These misinterpretations were related to gender issues. When Catholic nuns established the first hospital in Tienjin, in the eyes of people, the nuns seemed to resemble women, but their long gowns and the habit of walking about unescorted through the streets made many believe the nuns to be men.[20] The situation in Korea was not that different from China, because the Protestant mission was directly established in relation to biomedical practices, which were distinguished from traditional medical practices in many ways.

[18] H. N. Allen and J. W. Heron, *First Annual Report Korean Government Hospital, Seoul, under the care of H. N. Allen, and J. W. Heron, for the Year ending April 10th, 1886* (Yokohama: R. Meikle-John & Co., 1886).
[19] Barend J. Ter Haar, *Telling Stories; Witchcraft and Scapegoating in Chinese History* (London: Brill, 2006), p. 194.
[20] Ruth Rogaski, *Hygienic Modernity* (Berkley: University of California Press, 2004), p. 99.

The Baby Riot of 1888

It was not long before Western medicine and 'white people' evinced hostility as well as curiosity, and one of the clearest expressions of this was a remarkable rumour that spread throughout Seoul during 1888.

> The story was circulated that some Korean children had been stolen and sold to foreigners, or had been killed and eaten, or used in compounding medicines. The next we heard, that several Koreans had been beaten to death for child stealing. The excitement grew more intense as the days went by. We did not have any fear of an attack upon ourselves, but when our servants became so much frightened as to talk about leaving us, we knew there was cause for alarm.[21]

The rumour saying that foreigners were buying babies to eat and to make medicine was created and circulated by those people who contended against foreign powers, on the basis of the traditional dichotomy between the civilised and the barbarian in East Asia. As time passed, the rumour became more specific and was more completely accepted by the Korean people.

For some weeks, the excitement among the people became so great that the lives and property of foreigners were thought to be in peril.[22] Finally, the rumour provoked a riot in which several Koreans died. Rumours of the barbarous crimes of foreigners fuelled a furious mob that assaulted a Korean officer on the street and gathered to attack a foreign school for women founded by an American Methodist

[21] Mary F. Scranton, L. C. Rothweiler, and Meta Howard, *Annual Report of the Woman's Missionary Society of the Methodist Episcopal Church*, 1888, p. 45.
[22] Ibid.

missionary, M.F. Scranton, who recalled that, "One day a crowd gathered outside our gate and accused our servants of having stolen children and sold them to me for money, and threatened to kill them."[23] In addition to this incident, on other occasions crowds gathered about the gate and threatened to kill the servants: "Guards were appointed, who vigilantly patrolled our compounds and we held ourselves, in accordance with the direction of our U. S. Minister, in constant readiness to leave at a moment's notice."[24] In view of these persistent attempts to attack the compound, missionaries had to be ready to leave at a moment's notice.[25] At the peak of the riot, Scranton also had to close the women's school temporarily: "Under the circumstances we decided it was best to send our girls to their homes until the trouble should be over."[26]

Eventually, this incident brought about the diplomatic and military intervention of the United States, France, and Russia, because foreigners in general were accused of evil behaviour. The U.S. legation reacted particularly promptly as the rumour concerned the work of American missionaries. Thus, on 18 June, 1888, the US legation officially sent a message to the King regarding the excitement:

> Your Excellency:
> I would respectfully call your attention to the necessity for the Corean Government to take some prompt action to quiet the excitement that is constantly growing in Seoul based upon irresponsible and false rumors about the kidnapping of children by foreigners. The lives of one people are endangered by these false reports and great trouble may come both to foreigners and to the Corean Government.

[23] Ibid.
[24] M. F. Scranton, "Women's Work in Korea," *The Korean Repository* vol. 3 (January, 1896), p. 6.
[25] Scranton, Rothweiler, and Howard, *Annual Report*, p. 45
[26] Scranton, "Women's Work", p. 6.

> Your Excellency and all intelligent Corean must certainly know that there is no truth in the rumors so far as they relate to foreigners. Therefore I would respectfully suggest that a proclamation should be issued by the Government of Corea sealed with the seal of the highest office and posted in the public places throughout the city telling the people that the rumors are false.[27]

In addition to the first message, based on the Korean government's response, another in the name of the consuls of the United States, Russia, Japan, France, Germany, and the UK was sent to the King on the very next day:

> Your Excellency:
>
> We beg to acknowledge the receipt of the note Your Excellency addressed to each of us yesterday, enclosing for our consideration the draft of a proclamation which Your Excellency proposed issuing for the purpose of allaying the excitement at present existing among the people of Soul. We have perused the draft and cannot approve of it as it seems to fail in removing unjust suspicions from men's minds. We have, therefore, consulted together and prepared the draft proclamation which we now enclose for Your Excellency's perusal, in the hope that Your Excellency will substitute it for that submitted to us, and cause it to be issued without delay and extensively posted.
>
> We have also to request that Your Excellency will cause proper precautions to be taken by patrolling the streets to prevent a recurrence of the attacks that have recently been made on people in the streets, and to guard against the outbreak of any disturbance directed against the safety of foreigners here.[28]

Not only these diplomatic negotiations, but also military operations were undertaken on the pretext of protecting foreign citizens in Seoul, after the insurgency caused some casualties. Scranton wrote that "in a day or two seventy-five soldiers arrived from *Chemulpo*, and it was a great relief. I scarcely knew how burdened I was until I saw our

[27] *Guhankuk Oekyomunseo* (Diplomatic Documents of Late Joseon Dynasty, 1876-1905) to U.S., No 534 (18th June 1888) [http://www.krpia.co.kr/product/main?plctId=PLCT00004938&currentLocale=ko].
[28] Ibid., No 536 (19th June 1888).

'boys in blue.'[29] It was an opportunity for the legations to demonstrate the ability of armed forces their own. In fact, apart from the military interference of the foreign countries, it was the effort of the Korean government that quashed the riot, after additional uprisings and lunatic clashes without any casualties of foreigners in spite of several Korean victims:

> The Korean government has tried to prevent blood-shed and the destruction of property. The King issued a proclamation, in which he denied that foreigners were guilty of such things as they had been accused of, and ordered the people to be quiet. He also ordered soldiers to patrol the streets day and night, and to arrest anyone who should be heard saying anything which would cause excitement.[30]

From the perspective of the government, because that kind of disturbance against foreigners in residence could potentially cause diplomatic problems, it had to be dealt with immediately. According to the official record of the Joseon Dynasty, the King commanded direct investigation and vigilance, assuming the reality of the crime:

> Recently, anything is more significant for people than the commotion by the parents who lost their babies that creates huge disturbance. Although I have ordered vigilance against the crime several times, it is so regretful that the uproar is getting worse because the real culprit is not captured.... The department of law shall apprehend the real offender to execute him as soon as possible. Apart from capturing the real culprit, the rumour might be spread by the alarmist who intends to mastermind agitation in public. These wicked and vicious criminals shall be arrested and judged by the law.... The department of domestic affairs shall distribute this order in writing on the banner to each of the provinces.[31]

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[29] Scranton, Rothweiler, and Howard, *Annual Report,* p. 45.
[30] Ibid.
[31] *Joseon Wangjo Silok* (The Annals of the Joseon Dynasty) [http://sillok.history.go.kr/main/main.do]

At any rate, it is evident that the social unrest had arisen from allegations that babies had been kidnapped and that the disturbances which followed were regarded as sufficiently important for officials to report this case to the king, who subsequently issued a special order to deal with the matter. However, it is remarkable that the government considered this issue merely as a domestic problem, not mentioning any foreign involvement and only focusing on the rumour regarding babies.

A message from the US consul, Hugh A. Dinsmore, to the King, expressing gratitude for law enforcement and the royal proclamation on the twenty- third of the same month, demonstrated the end of the acute phase of the incident. According to the letter, there were at least two dispatches of law enforcement authorities as well as the King's proclamation based on the draft submitted by the foreign representatives.[32] In consideration of the government's activities, the commotion lasted at most for a couple of weeks, and on the basis of the report by missionaries, the disturbances came to an end after approximately six weeks.[33] However, the riot itself was a part of a larger cultural collision, making deep impacts on both Western missionaries and Koreans. Even six years later, in 1894, when Mrs. Hall, a medical doctor and a wife of a Methodist medical missionary, tried to open a medical and charitable service for the deaf and the blind in Pyeong Yang, she was very careful to avoid people's misapprehension that doctors were taking out the children's eyes to make medicine as in the Baby Riots of 1888.[34]

(June 19, 1888).
[32] Diplomatic Documents, No 538 (23rd June 1888).
[33] Scranton, "Women's Work", p. 6.
[34] Sherwood Hall, *With Stethoscope*, p. 144.

Interpretations of Missionaries

In face of this unexpected obstacle, most missionaries tended to interpret the event as an ordeal designed by God to test them in their evangelical mission. According to Lillias Underwood, missionaries were not perturbed or scared by these events, even though they were situated in the midst of hostile people. Instead, they intended to overcome this obstacle to their mission with a "bold front and appearance of fearlessness and unconcern in moments of danger."[35] She thought that the resolute attitude of the missionaries had impressed Koreans, and it became a kind of a safeguard against the mob. Regarding the meaning of the event, William B. Scranton construed it as a type of trial and reported in the very next year that "we have nearly passed the time of probation with the people and they begin to trust us implicitly, when first they would only laugh at our novel propositions for their help."[36] He also stressed the settlement of medical work even in the middle of the turmoil:

> During the recent interdiction of more active missionary work here, medicine has been able to work on without let or hindrance. Nothing serious has come of this check, and we think our energies have been so well- placed in other needful paths that this check has done no harm; we are not fearful of any more serious obstacles.[37]

According to Scranton, the medical service was stable, because he was confident that

[35] Horton Underwood, *Fifteen Years*, p. 16.
[36] W.B. Scranton, "Medical Report," *Annual Report of the Board of Foreign Missions of the Methodist Episcopal Church*, 1889, pp. 293-4.
[37] Ibid., p. 293.

these works had no obnoxious features and that the mission medicine was putting deep root into the hearts of the people, although it was still a time for reaping rather sowing.[38]

More interestingly, Scranton mentioned a similar rumour just one year before the incident in Seoul, but this had occurred in China:

> As in China, so in Korea, evil-disposed people circulated stories which we do not like to hear about us, and which often hinders the good we would do. Ridiculous as they sound to us, they are nevertheless believed by the ignorant natives and necessarily check their friendly relations somewhat. Among others is the story that the foreigners fatten up the Korean children to suck their blood later on. This story seems to be a pretty universal one and is now and again started by the malicious to hinder the work.[39]

From Dr Scranton's perspective, these rumours shared common features and appeared designed to excite people against the work of missionaries. In that respect, this kind of rumour appeared universal. However, although the rumour contained medicine and medical practices, the direct target was the women's school. He stated that "Mother (M.F. Scranton) told about these malicious stories and how they several times have made parents afraid to allow their girls to come to her."[40]

In regard to the Chinese parallel, Dr. Allen recalled that the riot in Korea bore a marked similarity to the 'Tienjin massacre', in which twenty-one Europeans including the French consul, two priests, and ten sisters of charity were murdered by a mob in 1870. In fact, the hospital that was attacked by an

[38] Ibid.
[39] W.B. Scranton, Personal Letter (April 21, 1887) Scranton Folder, UMA.
[40] Ibid.

angry mob had been founded by fourteen French and Belgian Sisters of Charity of the Order of Saint Enfance to fight against a severe cholera epidemic in 1862.[41] The hospital was functioning was a site of contact, a representative of foreign medicine, combined with foreign religion. In the hospital, modern European ways of delineating space combined with 'mysterious' Catholic practices such as baptising dying infants to fuel the suspicion of the people leading into a riot in 1870.[42] Indeed, the riot was representative of anti-foreigner and anti-Christian insurgency in nineteenth century China:

> In the early days one of these periods of excitement started with a malicious rumour, circulated by certain Chinese in Seoul, to the effect that foreigners were in the habit of devouring native children and of using their eyes to make medicine. It was a rumour similar to this that caused the fatal riots in Tienjin in the early seventies, and as my then predecessor at the legation, the American minister himself, was created by these Chinese with having roast baby on his table, he was obliged to summon a guard for his protection.[43]

Dr. Allen made a clear comparison between the Korean riot and the Tianjin Massacre in China, in terms of the similarity of rumours that induced them. It was evident that, even at that time, that rumour played a very important role in exciting the people:

> Ere long small anonymous handbills in manuscript were posted up, in large characters on yellow paper, then larger ones nearly a yard long, stating that we [Hudson Taylor] scooped out the eyes of the dying, opened foundling hospitals to eat the

[41] Rogaski, *Hygienic Modernity*, p. 99.
[42] Ibid.
[43] H. N. Allen, *Things Korean; A Collection of Sketches and Anecdotes Missionary and Diplomatic* (New York: Fleming H. Revell Company, 1908), pp. 242-3.

> children, cut open pregnant women (for the purpose of making medicine of the infants), etc.[44]

Lurid tales about the extraction of body parts from children or infants in hospitals, and their use to make medicines, were employed for the purpose of instigating violence. Because Allen had been previously a medical missionary in China, he was well placed to make such a comparison. In both cases, Western medicine was the target of floating rumours.

In a way, the comparison of the Baby riot and the Tienjin massacre revealed missionaries' understanding of the characteristics of the event, making a clear contrast between their benevolent and devoted services and the native people who refused to accept the work for themselves due to ignorance and gullibility. By the rhetoric, missionaries tried to deliver the message that although the mission field was excessively dangerous, the heroic devotion of missionaries could make a turning point.

Cannibalism and Othering

In order to properly understand these stories, one has to bear in mind that they contain complicated layers of meaning rather than being simple and solid denotations. It is mainly because missionaries' interpretations are intermingled with the events that really happened on the ground to produce narratives of their own,

[44] J. K. Fairbank, "Patterns Behind the Tientsin Massacre," *Harvard Journal of Asiatic Studies, Vol. 20, No. ¾*(1957), pp. 496-7.

which were composed for the purpose of emphasising the urgent need of their mission and delivering this to supporters at home. In this respect, it is notable that as Horton Underwood observed, the mission field was described by missionaries in general as "so filthy and the object, people, who could not be distinguished from Chinese and Japanese, looked wolfish and unkempt."[45] Even if this was case, cleanliness mattered, and Korea was not only filthy as neighbour countries, but worse than them. Thus, there was a consensus among missionaries that there was no sanitation, no medicine, no civilisation, and no influential religion other than superstitions in Korea, which probably came from their moral judgement in relation to perceptions of filthiness. At any rate, that kind of wretched backdrop filled with danger and creepy rumours served to highlight the heroism of missionaries.

Furthermore, it is significant that the rumour contains the story of human flesh-eating. In the story, Korean people are said to have imputed cannibalism to 'foreigners,' especially Europeans and Americans such as missionaries and medical doctors. The imputation of cannibalism to non-Western people by Western colonizers was often used to demonise certain ethnic groups in order to justify their massacre, slavery and – eventually - subjugation to colonial rule. It is a commonplace in anthropology that cannibalism is often imputed to other people beyond one's cultural horizon, the implication being that they are less than fully human. This form of 'othering' has been most fully explored in its Western manifestations, as an aspect of the legitimating ideology of colonialism, evangelism, and other forms of cultural

[45] Horton Underwood, *Fifteen Years*, p. 16.

imperialism.[46] In this sense, the separation of the 'civilised' and the 'savage' is reinforced by the allegation, and cannibalism has worked as the West's key representation of primitivism, even though there has been more evidence of the rhetorical strategies of imperialism rather than objective 'fact'.[47] Therefore, there has been no good ground for believing that cannibalism ever was a cultural practice. Rather, attributions of cannibalism are best seen as an expression of "the thinly disguised prejudices of Western culture about others,"[48] because there is ample evidence that, for many people, attributions of cannibalism to alien others are an effective instrument of demonisation.[49] However, in this case, there was a possibility that the civilisation of the coloniser as well as the colonised was being called into question by attributions of cannibalism.

Consequently, in some rare cases including the Baby Riot in Korea, it was Europeans and Americans who were accused of being cannibals. The research of Luise White on the vampire rumours in East and Central Africa in 1840s delivers similar cases of the native's accusation of blood sucking against practitioners of Western medicine and the Fire Station.[50] In this rumour, the Fire Brigade was accused of committing heinous crimes, such as blood taking from innocent people, and the Fire Station was designated as the centre of the crime. It was allegedly claimed that the

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[46] Alan Runsey, "The White Man as Cannibal in the New Guinea Highlands," *The Anthropology of Cannibalism, ed. Laurence R. Goldman* (Westport: Bergin & Garvey, 1999), p. 105.
[47] Bill Ascroft, Gareth Griffiths, and Helen Tiffin, *Post-Colonial Studies: The Key Concepts* (London: Routledge, 1998), p. 29.
[48] Don Gardner, "Anthropophagy, Myth, and the Subtle Ways of Ethnocentrism," *The Anthropology of Cannibalism, ed. Laurence R. Goldman* (Westport: Bergin & Garvey, 1999), p. 28; William Arens, *The Man-Eating Myth; Anthropology & Anthoropophagy* (New York: Oxford University Press, 1979), p. 10.
[49] Gardner, *Anthropophagy*, p. 28.
[50] Luise White, *Speaking with Vampires: Rumor and History in Colonial Africa* (Berkeley: University of California Press, 2000), p. 3.

reason why the Fire Brigade took blood was to provide fresh blood to the Medical Department in order to treat Europeans with anaemia.[51] In the eyes of Africans, the Fire Station represented the power and modernity, in relation to foreigners and health.

In Africa, too, the widespread belief that Europeans were cannibals or that they used human blood for evil intent was interpreted as an indication of ignorance, just as it was in Korea. African cannibalism, by contrast, was said to be a fact – itself the result of ignorance and the absence of civilised standards.[52] In addition, it is remarkable that the common aspect in all these rumours was the alleged connection between atrocious behaviours of Europeans and the biomedicine from Europe. Just as vampire stories and blood-taking accusations in Africa had intensely medical meanings,[53] the story of baby-eating in Korea should be interpreted in consideration of its medical implications

At any rate, it was ironic that Europeans were alleged to have committed atrocities such as cannibalism and blood sucking. As in other contexts, these accusations may be seen an attempt to gain ethical predominance over 'the other,' because the ways in which people are characterised ethically usually has political implications, especially in colonial contexts.[54] Circumstances, actions, persons, and so on that evoke negative reactions are central part to what constitutes the ethical.[55] It is interesting that Europeans had no monopoly over the demonising strategy. Rather, native peoples in several colonial contexts appropriated it for the purpose of

[51] Ibid., p. 4.
[52] Arens, *Man-Eating*, p.19-20.
[53] White, *Speaking*, p. 105.
[54] Arens, *Man-Eating*, p.29.
[55] Ibid., p. 39.

subverting colonial power.

Excavating meaning

The rumours surrounding the Baby Riot can be interpreted as a means by which the Korean people contested Western medicine or a new religion having foreign origin, even though these meanings were concealed behind official reports of government and missionaries. However, one should be cautious in excavating hidden meanings. As David Arnold has pointed out, rumours are far from being uncontaminated sources and were often counted as evidence of the absurdity of the colonised.[56] On the contrary, as Luise White argues, it is the very inaccurate jumble of events and details in such stories that makes them accurate historical sources. Especially in case of Africa, it is through the convoluted array of overalls and anaemia that some Africans described colonial power.[57]

At any rate, as Rajnarayan Chandavarkar has argued, in many cases, individuals used rumours as a means of meditating the wretched circumstances in which they found themselves, expressing anger in order to sustain hope.[58] Thus, as long as texts are sifted for official bias, rumours can be a good source to explore popular discourses, intra- and inter- group tensions, and the limits of colonial power. Rumours were an earthy, accessible and, in a sense, even tangible way of sustaining hope and -- paradoxically – of keeping in touch with reality. As Chandavarkar puts it,

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[56] David Arnold, *Colonizing Body* (Berkeley: University of California Press, 1993), p. 218.
[57] White, *Speaking,* p. 4.
[58] Rajnarayan Chandavarkar, "Plague Panic and Epidemic Politics in India, 1896-1914," *Epidemics and Ideas*, Terence Ranger and Paul Slack ed. (New York: Cambridge University Press, 1992), p. 223.

rumours often reveal the anxieties of ordinary people in daily life in an exaggerated or exotic form.[59]

These reflections may be useful in interpreting the rumours in the Baby Riot. The first step should be the examination of the terms used in rumours, as these can help one to unravel the cultural, social, and political meanings and to illuminate any situation of conflict where the terms had to be used. The key words appear to be 'children,' 'babies,' 'internal organs,' 'body parts,' 'dissection,' 'medicine,' and 'hospital.' The circulation of these words makes storytellers and listeners aware of the historical location of the story, which in turn gives the genre its authority: the story must depict elements of social life- and speech-that hearers recognise and want to repeat.[60]

The significance of some of these terms and the narratives in which they are set may also be elucidated by the work of Barend ter Haar, who has explored the nature of rumours in Chinese history. He articulates that, frequently, rumours contained extremely violent, bloody and socially disruptive contents in order to scapegoat human beings, suggesting that one of the most popular rumours in China was about the belief in a life-force that was contained in the human body or specific parts thereof, which could be stolen and then consumed, sucked out directly by human, animal or demonic creatures, or even transposed into an object.[61] He argues that rumours were intended to help people in fearful situations by placing them into a single narrative structure. Since the events that caused the fear were often attributed

[59] Chandavarkar, *Plague*, p. 225.
[60] White, *Speaking,* p. 8: In her research, such words as 'firemen', 'pits', 'injections', 'game rangers', and bucket' are examined in the context of East and Central African colonisation.
[61] Barend J. Ter Haar, *Telling Stories; Witchcraft and Scapegoating in Chinese History* (London: Brill, 2006), p. 10.

to living creatures, including human beings, an important result of these fears was the stigmatisation of specific (groups of) people as scapegoat(s).[62] In this way, his analysis emphasises the relationship between people's fear and scapegoating. In fact, during the nineteenth century, Western missionaries and their associates came to be identified as the primary suspects in cases of kidnapping, organ-snatching and foetus-theft, largely replacing earlier scapegoats such as travelling beggars, monks and other outsiders.[63] The kidnapping scare in which foetuses and children were stolen in order to prepare a medicine from foetal and children's organs, as well as other types of fears involving the killing or kidnapping of children, were regular phenomena in traditional China. They were part of the much larger repertoire of dangers that small children and their families encountered.[64] Particularly, in China, the fear was fortified by strong anti-missionary and anti-Christian atmosphere to produce riots and even rebellions.

In regard to the contents of the rumour, Haar's research enhances our understanding of an aspect of the story on the basis of the Chinese tradition and more widely in East Asian culture. According to him, it was believed that there was a life-force which was not indissolubly bound to the body, which could roam around after corporeal death. This life-force was thought to be located, in concentrated form, in foetuses, internal organs, hair and so forth. It could be stolen in different ways, including directly by removing the relevant parts of the body and transmuting them into a kind of medicine (usually a pill) or more directly by finding out someone's precise date and time of birth. At first sight, stealing someone's life-force, in a direct

[62] Ibid., p. 12.
[63] Ibid., p. 154.
[64] Ibid., pp. 190-1.

physical way, might be understood as a form of cannibalism, but for the Chinese, that kind of cannibalism or 'eating people' seems to have been seen as less controversial than the theft of someone's life-force. Since the life-force (or soul) of children was pure and not yet properly stabilised, they were considered to be especially likely victims of this kind of theft.[65] He demonstrated that the fear of organ-snatching, kidnapping, and foetus-theft has formed a consistent tradition over many centuries, and particularly in the nineteenth century Western missionaries became the primary suspects in this type of fear.[66] In this respect, it seems natural that the fear could combine with scapegoating easily to produce any rumour, and in this way Korean and Chinese people accused Westerners of stealing their life-force by eating flesh or making medicine out of organs and body parts.

However, it is important to point out that not every foreigner has been demonised in East Asian history, only those outside Confucian culture and nations or ethnic groups who had military or political power to destroy the established social system were stigmatised as dangerous barbarians. For an instance, the Joseon Dynasty took hostile actions against the Qing Dynasty, which induced two wars between them in 1627 and 1636. One of the ostensible causes of these actions by the Joseon Dynasty was that Manchurians who established the Qing were seen as barbarians due to their lack of learning in Confucianism. Even after the Qing Dynasty conquered Han China, the antagonistic attitude against Qing Dynasty changed little.[67]

Secondly, as Haar states, what the victims of these different types of fear and

[65] Ibid., p. 92.
[66] Ibid., p. 152.
[67] By the same token, the Japanese were disregarded on the reason that they didn't know Confucian Way.

stigmatisation have in common is the fact that they were all marginal, and/or anomalous, from the perspective of those who shared a common fear.[68] However, in this case, missionaries and medical doctors were hardly considered marginal or anomalous, even from the perspective of native people. Rather, in terms of power, the foreigners constituted a representative power of colonialism. It was in this sense that foreigners were regarded as demonic invaders by Korean people. Particularly, the low class and the poor in Korean society, who had antipathy towards corrupt high officials, came to identify medical missionaries with oppressive bureaucrats. The rumour was created and spread among the *minjung*, who lacked the political and economic power to either resist against or collaborate with the Westerners. It was evident for people that missionaries were affiliated with military and political powers that suppressed the poor. Medical missionaries were recognised as an oppressive power not only because they had come from outside, provoking xenophobia, but also because they had collaborated with those who had abused their power. Thus, the rumour and the riot should be interpreted as expressions of opposition against governmental power rather than scapegoating.

Thirdly, in Korea, the traditional fear of outsiders related to kidnapping, organ-snatching, and foetus-theft was not that strong, mainly because geographical and social mobility within the Korean peninsula was significantly less than in China. Particularly, since fifteenth century, Joseon Dynasty had maintained a strict Confucian class system emphasizing the local community based on the agriculture.[69]

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[68] Ibid., p. 151.
[69] Regarding the social structure in locality see Kwang Jo, *Joseon Hoogi Sahoeui Ihai* (A Research on the Society in the Late Joseon) (Seoul: Kyungin Moonwhasa, 2010), pp. 187-205.

Furthermore, in the stories of the Baby Riot, it was Western medical doctors and not simply missionaries who were described as villains who behaved like demons, extracting body parts or internal organs supposedly without a qualm. In particular, rumours in Korea focused on the manufacture of special medicines from the dead bodies of babies, which seemed to emphasise the special relationship between babies and this mysterious elixir. Thus, the rumour should be examined in relation to the process of modernisation and and to biomedicine in particular, as well as the religious aspects of Christian missions.

The Medical Gaze

It is important to consider the ways in which Western medicine looked upon the body, observing how it was working in daily life as well as in medical encounters. The term 'medical gaze' was coined by Foucault to denote a particular way in which practitioners of biomedicine observe the human body in separation from human identity:

> Far from being broken, the fantasy link between knowledge and pain is reinforced by a more complex means than the mere permeability of the imagination; the presence of disease in the body, with its tensions and its burnings, the silent world of the entrails, the whole dark underside of the body lined with endless unseeing dreams, are challenged as to their objectivity by the reductive discourse of the doctor, as well as established as multiple objects meeting his positive gaze. The figures of pain are not conjured away by means of a body of neutralised knowledge;

> they have been redistributed in the space in which bodies and eyes meet.[70]

In a sense, to see is to understand, and the purpose of that seeing is to render the human body transparent for the exercise of the mind.[71] Because "at the end of eighteenth century, seeing consists in leaving to experience its greatest corporal opacity," the residence of truth in the dark centre of things is linked, paradoxically, to this sovereign power of the empirical gaze that turns this darkness into light.[72] Thus, the sick body is penetrated by the gaze and conceptualised in this light.

The 'medical gaze' embraces not only visual information but contains within a single structure different sensorial fields, "the sight/touch/hearing trinity, defining a perceptual configuration in which the inaccessible illness is tracked down by markers, gauged in depth, drawn to the surface, and projected virtually on the dispersed organs of the corpse."[73] In this way, the medical gaze precipitated the birth of pathological anatomy, requiring the gaze to be directed upon the individual.[74] According to Foucault, there is no such thing as an 'authentic' human body that exists outside medical discourse and practice. Rather, the body and its various parts are constructed through discourses and practices, through the 'clinical gaze' exerted by medical practitioners.[75] Consequently, the patient appears as "a repository for this new model of pathology-based disease and the patient in this sense is no more than a container

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[70] Michel Foucault, *The Birth of the Clinic* (Vintage Books: New York, 1994), p. xi.
[71] Ibid., p. xiii.
[72] Ibid., pp. xiii-xiv.
[73] Ibid., p. 164.
[74] Ibid., p. 196.
[75] Debora Lupton, "Foucault and Medicalisation Critique," *Foucault, Health, and Medicine* (London: Rutledge, 1997), p. 99.

for the lesion."[76] Furthermore, it enabled the separate individual identity in anatomical form that was detatched from the moral and communal body. In so doing, the pivotal strategy of disciplinary power started working by providing "observation, examination, measurement and the comparison of individuals against an established norm, bringing into a field of visibility."[77]

In the history of biomedicine in Korea, the 'medical' or 'clinical' gaze was well demonstrated in an article that was published by a medical journal in New York in 1885. The article was written by H. N. Allen, the first medical missionary in Korea who performed a surgical operation on a patient, Min Young Ik, injured by a political coup in 1884:

> Prince Min was cut by a sharp Japanese sword on the night of December 4th in seven places. The principal wound was made by a vertical, somewhat slanting blow. The cut commenced on the temple, midway between the external canthus of the right eye and the ear of the same side. The temporal artery was divided, the ear split longitudinally and cleanly, one-half lying back on the hair of the head, the other upon the face. Extending downward along the course of the sterno-cleido mastoid, the external jugular was laid bare but uninjured. Lifting the platysma myoides for about half its breadth, the wound continued down the back to a point on a level with the lower angle of the scapula, and midway between it and the spinal column, ending with a curved point where the sharp instrument left the flesh. The cut was two inches deep in the muscles of the back, but the only severe hemorrhage was from the divided temporal artery. The other wounds were upon the scalp, the mastoid, the arms, and the thigh.[78]

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[76] David Armstrong, "Foucault and the Sociology of Health," *Foucault, Health, and Medicine* (London: Rutledge, 1997), p. 22.
[77] Lupton, *Medicalisation*, p. 99.
[78] H. N. Allen, "Surgery in the Hermit Kingdom: A Prince who Recovered from Seven Wounds, Syphilis, and a Tape-worm--Gunshot Wounds--The Endurance of the Coreans," *The Medical Record*, June 13, 1885, p. 671: Although H. N. Allen called Min Prince, in fact, he was a nephew of Queen having a enormous political power.

It was the first medical report to the English-speaking world on the surgical operation based on biomedicine on the body of a Korean. From the eyes of a medical doctor, the disease, injury and organs of the body that had been traditionally conceptualised were re-named, re-arranged, and re-classified. The human body was therefore located in a different system of meaning; a shift that surprised Korean people:

> He (Min Young Ik) gave many grunts of surprise at the picture (of human anatomy) and wanted to know how we knew for sure that all these things were in a man. When I told him that every foreign doctor had to dissect on three different bodies before he was allowed to practice and that I had done my duty, he dropped the book and looked into my eyes as though he were expecting to see the spirits of the dead walk out.[79]

Not only for Min, but also for most Korean people, it was astounding that the human body should be dissected for the purpose of treating disease and ultimately for health in the name of medicine. Although it was not bound to the legal prohibition, definitely it was against the moral sense of the society, which was not limited in Korean culture. In this respect, East Asian notions regarding the integrity of body and traditional Indian medicine had a similar standpoint.[80]

The East Asian Body

The East Asian idea of the body emerged from the holistic traditions of

[79] H. N. Allen's diary (February 21, 1885).
[80] Mark Harrison, "Medicine and Orientalism," *Health, Medicine, and Empire: Perspective on Colonial India,* eds. Biswamoy Pati and Mark Harrison (Hyderabad: Orient Longman Private Limited, 2005), p. 52.

Confucianism and Daoism rather than from clinical medicine, both of which held that the mind and body were integrated. Primarily, the Confucian tradition sees the human body as the locus in which virtue can be cultivated. Humans should cultivate their bodies until they fulfil the way of heaven, respecting the social order and rectifying social problems. Thus, the Confucian 'gaze' was ethical, moral and spiritual as well as physical, because virtue dwells in and is expressed through the body.

There are several Chinese characters indicating the human body such as *shin* (身), *goong* (躬), *gi* (己), and *che* (體).[81] Among them, only *che* means the physical dimension of body and others denote the body as a continuum of flesh and mind. One of the most important methods for self-cultivation in Confucianism, is called *sushin* (修身) which literally means cleansing or washing the body.[82] In terms of the cultivation of the body as the ideal goal of Confucianism, such aspects are required: (1) the absolute preservation of the body (2) the control of body movement for achieving virtue in daily life. In other words, the human body should be properly preserved without disease, weakness, and modification. And the Confucian ritual, the proper body movement, should not only be considered as an exemplar, but should be expanded and applied to the daily life of people in how they walk, read, eat, sleep, sit and so forth. It is called *ye* (禮), or that which denotes propriety and ritual, requiring properly organised movement of the body organised spaces, as a key for attaining the

[81] In order to clarify the meaning of each character, I will put the original Chinese character in case that the meaning cannot be distinguished only by pronunciation.
[82] Confucius, *The Great Learning*, Text 1

Confucian goal.[83] This propriety, *ye*, represents man's emotional nature and his need to reconcile the conditions of heaven and earth.

> The methods used to reconcile the conditions of heaven and earth with man's emotional nature were summed up in the *ye* (禮), and li (理), a body of rules, standards, customs and rituals which were an adaptation of the Tao of heaven to fit human ethics. They served as directives for the correct ritually prescribed behaviour on all occasions, covering the religious, social, familial and moral pattern of behaviour.[84]

When the propriety of the body is applied to Chinese medicine, it is called 'nurturing life' *yangsheng* (養生) -- a concept which occurs more than 6,000 times in texts ranging from the Confucian classics to medical texts.[85] *Yangsheng* embraces the way in which people achieve health through balancing *yin-yang* and the circulating streams of their bodies. The basic principles are to make the living environment clean, to avoid contamination, to eat properly, and to exercise regularly. Given the fact that daily life is the most important field for health, *yangsheng* encourages people to wear proper clothes to prevent extreme heat or cold, to eat proper amounts of food to avoid being extremely fat or skinny, and to live in a proper house without blockage of *qi*.[86]

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[83] Tu Wei-Ming, *Confucian Thought: Selfhood as Creative Transformation* (Albany: State University of New York Press, 1985), p. 97.
[84] N. H. Van Straten, *Concepts of Healing Disease and Vitality in Traditional Chinese Society* (Wiesbaden: Steinner, 1983), p. 24.
[85] Rogaski, *Hygienic Modernity*, p. 46.
[86] Yunjae Park, "*Yangshengesoe Uishenguiro*" (From *Yangsheng* to *Weisheng*), *Sahoewa Yeoksa* vol. 63, 2003, p. 33: In terms of etiology, for the disease was thought to be mainly caused by an imbalance of *yin-yang* or a blockage of the proper stream of *qi*, the vital energy or life-force, medical treatment aimed to restore harmony of them. In order for that harmony, avoiding extremes was encouraged in daily lives of people.

Furthermore, *yangsheng* was deemed to be crucial in achieving that Confucian moral obligation, health.[87] The purpose of proper medical treatment is to make people live long enough to achieve the goal of life, which is fulfilling bodily cultivation. Thus, not only is health one of the most important ethical duties incumbent on human beings, it can be realised by moral training of the mind. Health is not simply the absence of disease, but implies the ethical harmony of body and mind. Y*angsheng* therefore encompasses moral and ethical propriety as well as physical practices.

In the Confucian tradition, what defines the human being does not lie in a metaphysical or transcendental realm, but in the healthy body working properly within an intricate social network. In this regard, Confucianism is supposed to be all about cultivating, training, and disciplining one's body so that it will always practice and manifest truth, virtue, and sincerity, because to cultivate body is to cultivate the mind.[88] As Confucianism emphasised daily life rather than special occasions, the body was conceptualised on the basis of its normal state, health, rather than in an abnormal situation, sickness. The nurturing life tradition 'gazed' on the body ethically, in all facets of people's daily lives, whereas Western medicine (from the late-eighteenth century) had its basis in pathology and sickness.

For many Koreans, Western medicine seemed to treat the patient's body as an object that contained disease, not fully respecting the virtue within the body and to disparage traditional medical practices, trying to replace them with foreign ones. In part, it was because of the arrogant attitude of the medical missionaries in Korea who

[87] Giljun Yu, *Seoyugyeonmun* (An Observation on the West) (Seoul: Gyosoonsa, 1895), p. 296: quoted from Park, *Yangshengesoe,* p. 33.
[88] Chaibong Hahm, "Confucian Rituals and the Technology of the Self: A Foucaultian Interpretation," *Philosophy East & West* vol. 51, 2001, p. 318.

degraded the Korean medical tradition as inferior, ignorant, and even superstitious. Dr. Allen asserted that Korean medicine including acupuncture and the moxa cautery was useless because it usually made patients worse.[89] It was a common prejudice of medical missionaries that Korean medical knowledge had been borrowed from China without special modification, and, thus, Western medical science did not have to learn from Korea at all except ginseng, the great panacea of the East.[90]

Because most medical missionaries did not intend to understand the traditional medical system or learn something from its practitioners, they could not apprehend the concept that the human body was the locus of virtue. Their view of the body was objectified, materialistic and controlled by the mind but not of a piece with it, legitimising such practices as dissection, anatomy and surgical intervention. From the Confucian perspective, the Western idea of the body implied degeneration, falling into the level of beasts, because it did not conceive of any 'spiritual' aspect. Thus, the people were afraid that their bodies could be conquered, manipulated, and exploited by non-civilised foreigners having a purely material understanding of the body.

In particular, it was a serious problem for H. N. Allen to treat Korean and Chinese patients who strictly refused to allow any kind of surgery modifying the body, such as amputation, even in the case of emergency. He stated that, during the coup in 1884, there were three cases for amputation--one of the hand, two of the forearm-but it no case would they let him use a knife. Thus, in one case of a clean shot in the eye, he had to perform excision without asking permission. It was very difficult to gain the permission of patients in these cases, and even he witnessed the death of patient who

[89] Allen, *Things Korean,* pp. 203-4.
[90] F. Ohlinger, "Beginnings", pp. 353-8.

stubbornly refused amputation.[91]

In the 'nurturing life' tradition, any practices that involved physical modification of the body, such as the anatomy and surgery, were considered to be ethically and socially vicious. The fact that the human body could be dissected, even with the aim of promoting health, was unacceptable. Because the modification of any body part was considered to be a serious blasphemy against the virtue of body preservation, it could not be perceived as a healing process.[92] The Korean people did not, then, submissively accept Western conceptions of the body, even though the medical doctors who came to Korea were strongly confident in the superiority of their knowledge, as represented by the art of surgery and the new scientific etiology, the germ theories of disease. Amidst numerous Western influences and assertions of power, spreading rumours became a means of securing ethical superiority over the 'invaders.' Simultaneously, it was a way of resisting Western power by rejecting one of the most vaunted achievements of Western civilisation. At this point, only a few Confucian scholars were able to articulate this opposition, but the people found a mouthpiece in rumour, although their inchoate expressions of hostility were, in turn, appropriated by Americans to justify their works in Korea.

The medicine that missionaries delivered to Korea was not the single solid entity imagined by many Koreans, but a package of complex concepts related to the human body. Missionaries recognised that their medical treatment and concept of the human body were new to native people. However, in terms of colonial power, in order

[91] Allen, "Surgery in the Hermit Kingdom", p. 671.
[92] William R. LaFleur, "Body," *Critical Terms for Religious Studies* (London: University of Chicago Press, 1998), pp. 38-40.

to establish a new power over the native body, it was required to suggest a new perspective on the body, replacing the traditional one.

Although we can understand the cultural background of the conflict between these two very different ideas of the human body, a question of why the incident happened when and where it did remains. Most of all, it is significant to apprehend that the riot in Seoul, 1888 was one of a series of riots that had been happening mainly in rural areas since 1811, resisting corrupt local officials who had exploited the people. In particular, the riot was near the pinnacle of the Korean peasants' resistance, *Donghak (*Eastern teaching) revolution in 1894 that was brought about by a new religious movement based on Confucianism, Buddhism, and Daoism to confront the influx of *Seohak* (Western teaching) including Christianity as well as to contest against the feudal system represented by corrupt bureaucrats. Thus, the peasant uprisings in the era aimed to attack two targets, foreign imperial powers and the feudal system, both of which were seen to exploit the people.[93]

However, in some ways, the baby riot in 1888 can be differentiated from other riots. First, the incident happened in the capital city of Korea, Seoul, while other uprisings mainly broke out in rural areas where the power of central government was comparatively weak and the exploitation of people was relatively severe. In 1888, the incident was sparked by the lower class in the city rather than by peasants, following direct encounters with foreign missionaries and medical doctors. While the slogans of the peasant uprisings elsewhere focused on the expulsion of foreign powers referring to the Japanese or Chinese rather than Western powers; they were merely an abstract

[93] Mangil Kang, *Hankook Geundaisa* (A Modern History of Korea) (Seoul: Changjakkwa bipyeongsa, 1994), pp. 217-9.

threat, which jeopardised the future of the country.[94] However, in the case of the baby riot, the people had actually seen the works of foreigners among them, which made the nature of the riot as much cultural as social or political, often combining elements of xenophobia. Finally, the people recognised the medical/religious power of the West and tried to resist it. Even though their reactions were not organised in any political sense, they were firmly based on the life-experience of people who were exposed to the power of medicine and Christianity. Thus, the mob attacked a mission school and spread the rumour regarding Western medicine, simultaneously.[95]

Rather, the baby riot in 1888 seems more similar to another riot in Seoul in 1899, which was provoked by a traffic accident by an electric streetcar.[96] In the traffic accident at the crowded centre of Seoul, a five-year-old girl was killed, and the angry bob agitated by the accident burned two electric streetcars and attacked the Japanese driver and conductor. Among the mob, several people were also killed and some were injured.[97] As in the case of the baby riot, the 1899 incident can be interpreted as a type of people's resistance against the foreign powers. The monarch-centred projects for modernisation such as installing streetcar lines and electric lights led to "a series of popular riots among Korean people who viewed this foreign technology, managed by American engineers and conducted by Japanese conductors, as both a geomantic intrusion onto their communal living space and a public threat to property-holding

[94] Ibid., p. 218.
[95] Scranton, "Woman's work", pp. 5-6.
[96] Min Suh Son, "Enlightenment and Electrification: The Introduction of Electric Light, Telegraph and Streetcars in Late Nineteenth Century Korea," *Reform and Modernity in the Taehan Empire,* eds. Dong-no Kim, John B. Duncan, and Do-hyung Kim (Seoul: Jimoondang, 2006), pp. 267-98.
[97] Silok (May 27, 1899)

pattern."[98]

The Triggers of the Riot

In particular, it is important to specify the chain of events that directly influenced the actual excitement and the riot in 1888, apart from the rumour itself. The first of these related to the expansion of the Catholic mission in Korea. In fact, Roman Catholicism had been imported to Korea early in the seventeenth century by Confucian scholars who travelled to China. For the first time, it became an object of academic research and was later, developed into a religious practice in the eighteenth century by a group of scholars including Lee Yik (1681-1763), Hong Daiyong (1731-1783), Kwon Cheolshin (1736-1801), Kwon Ilshin (?-1791), Jeong Yakyong (1762-1836), Joeng Yakjeon (1785-1816), Lee Byeok(1754-1786), and Lee Seunghoon (1756-1801). One of the dramatic turning points for the mission was a study meeting at a Buddhist temple in 1777, when the Confucian scholars gathered to study 'the Learning on the Lord of Heaven' and decided to follow the way they studied and found.[99] Since Lee Seunghoon was baptised in Beijing in 1784, of his own will, the Korean Catholic church grew rapidly until severe persecutions by the government in 1791, 1801, 1839, 1846, and 1866. Numerous Christians including three French, one Chinese, and one Korean priests were executed and many Catholics were exiled during that period, which was justified

[98] Todd A. Henry, *Assimilating Seoul: Japanese Rule and the Politics of Public Space in Colonial Korea, 1910–1945* (Berkley: University of California Press, 2014), p. 27.
[99] The Institute of Korean Church History, *Hankook Gidokkyoui Yoeksa* I (A History of Korean Church vol. 1) (Seoul: The Christian Literature Press, 1989), pp. 68-9.

on the grounds that Catholicism intended to nullify Confucian rituals and propriety, *ye*.

Another turning point in the history of the Catholic mission occurred in 1886 when the first Franco-Korean Treaty was made.[100] As one of the unequal treaties made with foreign powers, this mainly contained articles on trade, but two articles regarding the status of the Catholic mission in Korea were added. The first allowed the freedom of travel of French people, which became more open than that for nationals of other countries such as Britain and the United States.[101] The other one concerned the comprehensive protection of the French who were allowed to visit Korea for the purpose of religious works. The treaty could be interpreted as granting permission for the free exercise of Catholicism, because Roman Catholicism was recognised by Korean Catholics as strongly related to France. Afterwards, Catholics started to construct a church building on top of a hill, overlooking the capital city in 1887. However, this action provoked the intervention of government eventually, leading to the prohibition of all evangelical activities in April, 1888.[102]

From the perspective of American missionaries, it was the aggressive attitude of the Catholic Church that had erected an obstacle of their work, and which eventually kindled the riot in 1888. Thus, M.F. Scranton reported, in a sense of rivalry with Catholics, that "on May an order was received from our American minister bidding us cease religious instruction of every kind whatsoever. The Romanists had

[100] *Daejoseonguk daebeop minjuguk tongsang joyak*, 1886. (Korea-France Treaty in 1886) (National Library in Korea)
[101] On the basis of the Korea-Britain Treaty in 1884, British people could travel in Korea only for the purpose of business or pleasure.
[102] Diplomatic documents, No 517 (22nd April 1888).

committed acts, which brought all foreigners into disfavour."[103] However, on the other side, the Protestant mission was aggressive in spite of the general prohibition of evangelical works, and the work of missionaries was conspicuous in many directions including medical, educational and even direct religious areas until 1888.

In 1887, the first Western hospital, *Jejungwon*, based on biomedicine in Seoul, which had been established in 1885 with royal support, moved to a new site at the centre of the city, in a larger building.[104] The first Methodist church in Seoul was founded in 1885 and the first Presbyterian church in Seoul was established in 1887, and these were also located at the heart of capital.[105] In addition, the first women's hospital founded by Methodist medical missionaries Dr. W. B. Scranton and Dr. Meta Howard began to operate within Ewha Woman's school in 1887, which expanded to a representative educational institute for women in Korea. The women's hospital, *Boguyeokwan* (Caring For and Saving Women's Hospital) developed into an independent infirmary in 1888, granted and named by the queen.[106]

Among these previous activities, the first Sunday school in Korea, mainly targeted young unmarried women started on the fifteenth of January, 1888 within Ewha Woman's School by a Methodist missionary M. F. Scranton, has the strongest probability of direct influence on the incident:

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[103] Scranton, "Woman's work", p. 6.
[104] Hyeongwoo Park, *Jechungwon* (Seoul: Twenty-first Century Books, 2010), p. 195: He argues that the hospital moved to a new place in 1888 on the basis of the record from W. B. Scranton, "A Short Sketch of the Advent and Progress of Western Medicine in Korea," *The Korea Mission Field* vol. 4, 1908, p. 99.
[105] Dongsik Yoo, *Hankook Gamrigyohoeui Yeoksa 1884-1992* (A History of Korean Methodist Church) (Seoul: Korean Methodist Church Press, 1994), p. 68; Taikpoo Chun, *Hankookgyohoe Baljeonsa* (The History of Church Development in Korea) (Seoul: The Christian Literature Society, 1987), p. 110.
[106] Thirtieth Annual Report of the Woman's Foreign Mission Society of Methodist Episcopal Church 1898-1899 (Boston: The Woman's Foreign Mission Society of M.E.C., 1899), p. 90.

> In January, 1888, we organized a Sunday School. Members of our household had, of course, always received more or less religious instruction, but it had been thought expedient that it should be given in most informal ways. We felt that now the time had arrived for us to vindicate our right to be called 'Methodists,' by being more systematic and orderly in our assembling and teaching. School opened with twelve girls, three native women, the three missionaries of the Home, and one of our parent board ladies.[107]

Given the fact that the mob aroused by the rumour tried to attack the school several times, it seems evident that Korean people presumed that the hospital and missionaries in general aimed to devour their women and children, being the most vulnerable social groups. The people were afraid that the traditional social structure would collapse under the attack of foreign medicine and religion, and, furthermore, as the number of proselytes among women increased, the people became anxious to protect women and children from interactions with foreigners. That way of thinking reflected the conservative ideology of seclusion and more broadly the notion that the social crisis was primarily caused by the encounter with foreign civilisation. On the contrary, missionaries viewed that the country already contained innate problems arising from the evils of its previous history; a viewpoint, which was also common in missionary discourses in other parts of the world.[108] Such accusations provide further reason for their missionary works and also some hope that past evils could be overcome.

Concluding Discussion

[107] Scranton, "Woman's work", p. 5.
[108] Vaughan, *Curing their Ills*, p. 57.

For Korean people in the nineteenth century, biomedicine was not simply a way of treating sickness but the way in which their body was looked upon and treated. Biomedicine placed a new gaze on the human body that was very different from traditional views. In the Confucian tradition, the human body was considered a locus of virtue, which resulted from an organic unity of body and mind. Thus, bodily practices in daily life were the only way to realise true humanness. Given the fact that the normal and mundane state of the body was more important than special practices for particular occasions such as periodical rituals in Confucianism, the body was to be looked upon in its natural state, health, rather than when in sickness or disease as it appeared to be in modern Western medicine. In this sense, the distinction was not unlike that between biomedicine and earlier incarnations of Western medicine. As Foucault put it:

> It is important to determine how and in what manner the various forms of medical knowledge pertained to the positive notions of 'health' and 'normality'. Generally speaking, it might be said that up to the end of the eighteenth century medicine related much more to health than to normality... Nineteenth century medicine, on the other hand, was regulated more in accordance with normality than with health; it formed its concepts and prescribed its interventions in relation to a standard of functioning and organic structure, and physiological knowledge- once marginal and purely theoretical knowledge for the doctor- was to become established at the very centre of all medical reflexion.[109]

In this respect, it should be pointed out that biomedicine was established on a gaze that prioritised 'normality' over 'health,' and this provoked a clash when it was

[109] Foucault, *Birth of the Clinic*, p. 35.

exported to the very different cultural context of Korea. The clash between these different views of the body was not simply medical but social, political and religious. In the case of the Baby Riot in Korea, even though rumours and riots were primarily utilised by missionaries for the purpose of contrasting the ignorance of the uncivilised native people with their selfless devotion, and the irrational xenophobia of Asian peoples with European rationality, there were other layers of meaning beneath the official reports. Above all, one of the clashes concealed in the event was that between the Confucian ethical gaze and the medico-pathological one, in regard to the concept of the human body. From the perspective of 'body preservation', and through their rumours, Korean people reinterpreted the Westerners' medicine, biomedicine, as cruel, ignorant, immoral and dehumanising, all of which were implied by rumours of cannibalism. Koreans were thus not merely passive recipients of biomedicine, but appropriated medical discourses from the West to maintain their dignity and cultural authority against the current of colonisation. Through the rumours that were spread, the people's gaze was focused on the hospital where the new discourses on the body were supposed to be created and exhibited.

Chapter 3. The Religious Dimensions of Epidemic Disease:

Cholera, the Ghost Rite, and Missionary Medicine in Nineteenth-century Korea

Protestant Christianity has been very successful in Korea, gaining a significant number of followers since it was first transmitted by American missionaries in 1885. One of the reasons why it flourished so quickly was that it was brought by medical missionaries who did not simply want to hand over 'the truth' but also actively employed their medical knowledge for evangelical works. As a result, biomedicine in Korea has thrived in close association with Protestant Christianity. However, the basis on which the Korean people adopted Christianity and biomedicine has yet to be established. Although hospitals established by medical missionaries played a crucial part in this, the more important showcase for Christianity and medicine was the work of missionaries in relation to epidemic disease, especially during cholera epidemics in the nineteenth century.

This chapter considers how a formidable new epidemic disease –cholera- was considered, conceptualised, and treated by the Korean people prior to contact with missionaries and the extent to which their treatment and eventually their understanding of the causation of this disease changed after contact was established in 1885. It scrutinises government measures during the Joseon dynasty, focusing on the 'ghost rite' performed during outbreaks of epidemic disease and comparing it with the work of medical missionaries in the late nineteenth century. It argues that the Korean people persisted with a religious etiology of epidemic disease (particularly a Confucian

one) as shown in a refined system of state rituals to deal with epidemic diseases. Furthermore, religious etiology did not change to a great extent after the acceptance of a radically new etiology, the germ theory.

The First Cholera Epidemic in 1821

An urgent report from the north-western province arrived at the court of the King Soonjo(1800-1834) on the thirteenth of August 1821. It was a report regarding an unidentified and unprecedented epidemic disease that significantly threatened the security of the country:

> The governor of *Pyeong-An* province, Kim Yi-kyo reports that a strange and unidentified epidemic disease has broken out around Pyeong Yang since last month, which killed more than a thousand people just for ten days. General symptoms of disease are severe vomiting, diarrhea, and dyspepsia. We can't find any medical treatment and do not have effective resources for relief in the middle of the unprecedented disaster. The special rite for treating disease that people are claiming should be practiced soon, because their request fully makes sense, and it can prevent popular unrest. Even though any private rites are prohibited at present due to the disease, I let one of my officers preside the rite for prayer on top of the highest mountain in the area. However, it seems that the epidemic will not cease soon, rather, it keeps rapidly spreading to the vicinity of the city. Therefore, I will preside a prayer rite at the sacred place in my precinct. In particular, we are giving aid to the poor patients who can't afford to be treated and we keep burying abandoned bodies.[1]

[1] *Joseon Wangjo Silok* (The Annals of the Joseon Dynasty), (August 13, 1821); All date of *Silok* in the thesis are directly quoted from the original text, which is based on the traditional Lunar calendar system.

This was the first official report to the government regarding a 'strange and unidentified epidemic disease' that broke out in Korea, in 1821. Most scholars agree that this 'strange disease' was probably cholera, because Koreans were already very familiar with smallpox, malaria, and typhoid. The apparent rapidity and unpredictability of its spread, and its high mortality rate, led to cholera being labelled the 'anonymous disease' and the 'wandering disease.'[2] Far later, the disease was officially identified as cholera, when 'the Preventive Measures for Cholera' was proclaimed in 1895. Until that time, it was also called '*magak-on*'(leg-paralysing warm disease) or '*hoyeolja*'(scratches of tiger's claw).[3]

Here is another statement of the king just nine days later:

> The distinctive symptoms of this disease are severe diarrhoea and following cold and fever that start from feet and rise up to the abdomen. It is so frightful that almost every suffer except one of ten, dies in a moment. It is so fiercely contagious, spreading as wildfire and not seen in any of old medical books. Thus, even medical doctors can't provide any treatment. Until now, around 10 high officers have died of the disease, and a great number of civil servants and people have died as well. The number of casualties in total will be more than one hundred thousand. In particular, the Northwestern Province suffered the heavier loss than other area from the disease that broke out in summer and autumn this year.[4]

The symptoms of disease, severe watery diarrhoea, dyspepsia and vomiting, indicate that it was probably cholera as understood today. Indeed, the records indicate that the epidemic was a part of a great pandemic during the early 1820s that swept most of

[2] Ibid., (August 22 and 26, 1821)
[3] Dongwon Shin, "*Joseonmalui* Cholera *yuhaeng*, 1821-1910," (Cholera Epidemics in Korea in the Late Joseon, 1821-1910) *Journal of the Korean History of Science Society* vol. 11 no. 1 (1989), p. 57.
[4] *Silok* (August 21, 1821)

the Asian countries, having originated in India. Cholera had long been endemic in India, especially in Bengal and the Ganges river delta, but became epidemic in 1817 when it began spreading beyond this region.[5] Within a year, the disease had spread to many other parts of the Indian subcontinent.[6]

Although the outbreak of cholera in Korea has been largely ignored by historians, its direction of movement and speed suggest that it first reached the Korean peninsula from China. The disease started at the Chinese border and advanced toward Seoul and then to the Southern Provinces including *Jeonra* and *Kyeonsang*. According to the *Silok*, the official record of Joseon Dynasty, cholera attacked Korea more than ten times in the nineteenth century. The second epidemic occurred in 1859-60, followed by the third in 1862. Outbreaks of cholera became more frequent after the Opening of the Ports in 1876. From that date to the Japanese occupation in 1910, there were no fewer than eleven epidemics: in 1879, 1885, 1886, 1887, 1890, 1891, 1895, 1902, 1907, 1909 and 1910.[7] Two of these, in 1879 and 1890, came from Japan, while the others emanated from China. However, the timing and the intervals of these outbreaks roughly match the epidemic waves of cholera emanating from South Asia in 1817-1824, 1827-1835, and 1839-1856.[8] Yet Korea seemed not to be influenced by the second pandemic in 1827-1835, because the direction of spread in India was oriented toward the West at that time. Thus, the record indicates that cholera outbreaks in Korea can

[5] Mark Harrison, *Public Health in British India: Anglo- Indian Preventive Medicine 1859-1914* (Cambridge: Cambridge University Press, 1994), p. 99.
[6] J. N. Hays, *Epidemics and Pandemics* (Santa Barbara: ABC-Clio, 2005) p. 193: By March 1820, Bangkok and Manila were affected and in the spring of 1821 cholera reached Korea, Java, the Middle East and China. From outposts in these countries, cholera advanced further, affecting Japan via the port of Nagasaki in 1822.
[7] Shin, "Cholera", p. 58.
[8] Hays dealt with these three major cholera pandemics in *Epidemics and Pandemics* chap. 22, 24, and 25.

be understood as a part of the pandemics waves, which occurred throughout the nineteenth century. Though isolated, Korea was not safe from epidemic diseases spreading from other countries.

It is impossible to count the exact number of victims of cholera in 1821-1822 due to the lack of detailed records but hundreds of thousands of people most likely died of the disease during the first Korean epidemic, according to *Silok*.[9] One of the reasons why even the official record was incorrect, in spite of the demanding system of reporting and recording, was that local officers tended intentionally to under-report casualties, thus revealing an extremely important dimension of epidemic disease in Korea. Traditionally, epidemics were considered to be closely related to political incompetence or some moral blemish upon the administrative head of the area. In case of a small outbreak, blame would fall upon the chief officer of the town or district, but if it was a nation-wide epidemic, the monarch would shoulder the burden of dishonour. Accordingly, epidemics were considered a failure of public administration. As in other East Asian countries, epidemics of disease had never been simply 'medical' issues, but were inextricably linked to a range of political and religious matters. Thus, local officers were reluctant to reveal their perceived inability to govern, which would be more blatant as the epidemic became worse.

Despite the lack of detailed records of mortality during the first cholera epidemic, the approximate number can be estimated by considering the decline of population between 1820 and 1822. According to the official record, the population of

[9] *Silok* (August 22, 1821)

Korea in 1820 was 6,541,515 and it decreased to 6,470,568 in 1822.[10] The shrinkage of population, in an extremely short time, can only be explained by some decisive factor such as severe draught, famine, revolt or an epidemic. On this occasion it was almost certainly due to cholera, which reduced the population by around 4-5 per cent.[11] No other disease then prevalent in Korea – such as dysentery, smallpox or scarlet fever – could have resulted in such a marked decline.

Having encountered a completely new disease, traditional Korean medicine was unable to provide any comprehensive explanation or agreed treatment for cholera until 1868, when Hwang Doyeon published his book *Euijongsonik* – an enlarged compilation of previous medical texts and prescriptions.[12] In it, he discussed the cholera outbreak in 1821, attributing it to the exceptionally long rainy season during the summer of that year – implying that extraordinary heat and precipitation had caused the disease.[13] He suggested that the humidity seriously damaged the '*qi*', the human life force. In addition, he believed that the interaction of external factors such as strong wind, severe cold, heavy rain, and internal or personal factors such as drinking extremely cold water, stomach chills, starving, anger, and travelling on road vehicles or ships could trigger the disease. Hwang emphasised that the extremes of natural forces such as severe cold, heat, and humidity could break the balance of

[10] Hocheol Seo, "*Joseon Hugi Inguwa Tongchi,*" (Population and Governing in the Late Joseon Dynasty) *Society and History* vol. 74 (2007), pp. 223-4: Because the statistics did not include the number of children, the real number of declining population might be worse than that.
[11] Dongwon Shin, *Hankook Geundai Bogeon Uiryosa* (A History of Public Health in Modern Korea) (Seoul: Hanwool, 1997), p. 25.
[12]Doyeon Hwang, *Euijongsonik* (Seoul: Yeogang, 1993) interpreted and reprinted. Wonjoon Jo and Seonah Lee, "19 *segi Joseoneseo Yuhainghan Choleraekwanhan Hwang Doyeonui Uihakjeok Daicheo"* (Hwang Doyeon's medical coping with cholera in the 19th century of the Joseon) *Korean Journal of Oriental Medicine* Vol.13. No.1 (2007) also deals with Hwang's medical treatment on cholera.
[13]Hwang, *Euijongsonik,* p. 383.

human '*qi*', which became the cause of disease.[14] He argued that the disturbance of the *yang* principle produced diarrhoea and that perturbation of *yin* induced vomiting. One of his most interesting opinions was that cholera was not caused by ghosts but originated from food.[15] Although he found the basic elements of epidemic disease in extreme climate or weather, it did not mean that external factors automatically caused diseases. Rather, personal factors, especially consuming abnormal food in extraordinary situations, was suggested as the direct cause of disease. In other words, even though extreme weather upset the balance of *yin* and *yang*, individual behaviour including diet was crucial to whether or not the body developed disease. Epidemic diseases were therefore reduced to an aggregation of individual diseases. This was similar to how the concept of 'contagion' was understood in traditional medicine.[16]

On the basis of his analysis, Hwang suggested medical treatments for cholera including acupuncture, *moxa cautery* and herbal medicine.[17] However, his theory was introduced forty- seven years after the first cholera epidemic, and there had not been a proper medical treatment for the epidemic until that time. Given the fact that the *Silok* contains just one remark on 'medical treatment' for cholera in 1886, it is evident that medical explanations and prescriptions for cholera were hardly available to government or the people until the end of the nineteenth century.[18]

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[14]Although the factors causing disease such as cold and humidity seem contradictory, Hwang suggested that any extremes could induce the disease in combination with personal factors such as starving, having anger, and drinking extremely cold water.
[15]Ibid., p. 383.
[16]Wonjoon Jo and Seonah Lee argue that Hwang's theory on epidemic disease maintained a critical demerit due to the lack of explanations on "contagion." However, their critic tends to be retrospective.
[17] Hwang, *Euijongsonik,* p. 80. He located specific spots for acupuncture and *moxa cautery*, and prescribed *patcoli*, dried orange skin, quince, ginseng, *evodia*, *elsholtzia patrini*, and *dolichoris* semen in order to alleviate severe diarrhoea and vomit.
[18] Shin, "Cholera", p. 73.

Confucian Ideas on Disease and Contagion

From the perspective of government or the king's court, the control of epidemic disease was one of the most urgent and significant political issues related to national security. Widespread epidemics and the consequent decline of population on a large scale could cause social unrest as well as an unstable economic situation. Furthermore, epidemics not only threatened public health but also were supposed to be signs or warnings from heaven against political maladministration or flaws in the character of the monarch. Thus, epidemics seem to have been considered as socio-political crises, like those presented by other dramatic natural events such as eclipses, draughts, floods, and earthquakes. It was the sole burden of the king to shoulder responsibility for such events:

> I should be wholly blamed for the recent flooding and epidemic in the North-western Province. It is a heavenly scourge and warning due to my lack of virtue in being unable to achieve harmony (in the country). It is a measure of my shame that I could hardly sleep and eat since I read the emergency report from the governor. It is proper to pray when disasters happen in the country.[19]

In particular, because the epidemic followed a natural disaster, extraordinary long rainy season and flooding, the sequence of catastrophes seemed a serious warning to the king from the heaven.

[19] *Silok* (August 15, 1821).

The idea that even natural disasters were initiated by human misbehaviour was common in East Asian culture because of the deeply embedded Confucian idea that the authority and power of the king was invested in heaven and the validity of the power and authority should be confirmed by spirits and people.

> Mencius replied, 'He (Emperor *Yao*) caused him (Emperor *Shun*) to preside over the sacrifices, and all the spirits were well pleased with them; - thus Heaven accepted him. He well administered, so that the people reposed under him; -thus the people accepted him. Therefore I (Mencius) said, "The sovereign cannot give the throne to another."...this was more than man could have done, and was from Heaven.[20]

In this view, the emperor was an agent of the divine, named 'the Son of Heaven,' who was supposed to rule in accordance with the universal order. According to Confucian political doctrines, if the political power was corrupt or its decisions wrong, the resulting anger among the people could provoke a heavenly scourge such as a natural disaster or epidemic.[21] Since the Joseon dynasty was established on neo-Confucian principles (a more religious form of Confucianism compared to other schools), these amounted to state policy as well as a state religion. However, the etiology of epidemic disease was strongly influenced by Buddhism and Daoism as well.

The attribution of epidemics to supernatural or meta-natural causes or entities was by no means uniquely Korean. Rather, it was a worldwide phenomenon that

[20] Mencius, *The Works of Mencius*, James Legge trans. (Ch. V. PT. I 6-7) (New York: Dover Publications, 1970), pp. 356-7.
[21] Daham Jeong, *Joseonjeongiui jeongchijeok jongkyojeok jilpyungkwan uiyakui gainyeom beomjoo grigo chiyubangsik* (The political and religious concepts of disease and medicine in fifteenth century Joseon Korea) *Studies on Korean History* vol.146 (2009), p. 130.

appeared in India, Europe and even North America.[22] Regarding etiology in general, there was a clear distinction in Europe between a view of disease as an imbalance between humans and the environment whose prevention requires a re-equilibriation, and another understanding of illness as the outcome of a specific external attack on the autonomous integrity of the body, which can be rendered innocuous by ensuring that the victim does not infect others.[23] In Charles Rosenberg's term, these representative views on the causation of epidemic diseases may be termed 'configuration' and 'contamination.'[24] The former meant that an epidemic was seen a result of a unique configuration of circumstances, while the latter emphasised the importance of the transmission of a morbid agent.[25] However, these are best seen as a continuum rather than two discrete views. It was possible to hold the position of 'contamination' and still believe in the importance of predisposition or personal factors.

Particularly in the former tradition, the theological view on disease, i.e. religious etiology was evident as such; illness is reckoned as divine punishment for moral or theological transgression and, simultaneously, continuing in good health can be possible by rectifying the behaviour that had merited retribution in the first place.[26] In this way, the religious or supernatural explanation of epidemics could be widely accepted by general public as well as clergy. Even when clergy were told not to preach

[22] David Arnold, "Cholera and Colonialism in British India," *Past & Present* no. 113 (1986), p. 129.
[23] Peter Baldwin, *Contagion and the State in Europe, 1830-1930* (Cambridge: Cambridge University Press, 1999), pp. 16-17.
[24] Charles Rosenberg, *Explaining Epidemics and Other Studies in the History of Medicine* (Cambridge: Cambridge University Press, 1992), p. 295.
[25] Robert Atenstaedt, *The Medical Response to the Trench Diseases in World War One* (Newcastle upon Tyne, Cambridge Scholar Publishing, 2011), p. 31.
[26] Baldwin, *Contagion*, p. 17.

fatalistic sermons in case of epidemics, religious views of disease were widespread and deeply entrenched. In particular, the religious explanations did not figure prominently in the institutional response to plague in Protestant countries but continued to do so in Catholic ones – indeed, this element was strengthened during the Counter Reformation.

However, in a big frame of governmental responses, the moral and religious elements of explaining disease gradually became less important over time. For example, during the plagues of the sixteenth century, the religious explanation was waning by and by. In the middle of the epidemic, clergies in London were officially enjoined from preaching a supernatural approach to a disease officially understood to be infectious. In addition, by the time of yellow fever and cholera in the early nineteenth century, the moral element had faded for the classic contagious ailments.[27] The historical change was strong in the cases of epidemics in the eighteenth and nineteenth centuries.

As a corresponding case, in India, epidemics of cholera were sometimes blamed on the British who had incurred divine vengeance for directly or indirectly violating Hindu religious principles or sacred places. But significantly the consequences of divine displeasure were seen to fall upon the indigenous population more than upon the conquering foreigners.[28] Furthermore, for the majority of Indians, it was smallpox that bore a strong religious signification in relation to the goddess Sitala from Bengal in the east to Maharashtra and Gujarat in the west. And in southern India, the goddess

[27] Ibid.
[28] Harrison, *Public Health*, p. 107.

of Mariyamma shared some of the same attributes.[29] In these cases, deities were deeply related to the cause of disease. On the other hand, in Joseon Korea, it was the monarch who was supposed to take the heaviest responsibility for epidemics and a close correspondence between human and heavenly affairs was strongly emphasised. It was therefore required that the people should accept ascetic strictures in order to appease the wrath of heaven towards the king, such as reducing the size of their banquets or refraining from butchering animals.[30]

In these respects, the nature of epidemic disease was remarkably different from other diseases. They had far more political and religious implications than the diseases of individuals even from the perspective of medicine. Although the Chinese and Koreans had developed their medical systems to define diseases and their causes, they were ill-equipped to theorise 'contagion,' which was often invoked to explain outbreaks of epidemic disease. The etiology of general diseases in the Korean tradition presupposed that the human body was a self-sufficient micro-cosmos and it mainly focused on individual suffering. As a result, the simultaneous sufferings of people from the same disease could not be easily explained.

According to *Chuping yiian-hou lun* (On the Origins and Symptoms of Disease) of Chao Yuan-fang, medieval China's most systematic pathologist, "When malignant *qi* dwells in a person's body, it is called infestation," and this indwelling suggests chronicity. He explains this as a result of systemic imbalance, depletion, or exhaustion in the patient. The malignant qi may gain entrance if the patient has been habitually

[29] David Arnold, "Smallpox and Colonial Medicine in Nineteenth-century India," *Imperial Medicine and Indigenous Society*, David Arnold ed. (Manchester: Manchester University Press, 1988), p. 48.
[30] *Silok* (August 15, 1821).

immoderate in balancing his intake of hot and cold food, or if he has suddenly come into contact with emanations from the dead or has collided with ghost or demon. On the basis of the concept, the contagion was understood as 'ghost-infestation.'[31]

In the middle of the cholera epidemic in 1821, the king, Soonjo was clearly grappling with the notion the problem of a mass outbreak of disease, although he retained a belief in the primacy of individual bodies:

> What generates various diseases in the first place is the [body's] inability to maintain equilibrium during famine and severely cold or hot weather. The epidemic is like a wildfire, thus, it could be extinguished at an early stage by isolation. However, if it swallows many people, the wicked force becomes bigger and bigger so that it is able to incinerate everything without limit. Although the best measure that we can take is to isolate every patient in an island with enough food, clothes, and medicine, it is not possible in reality.[32]

Although the king could not evidently understand the mechanism of contagion, he believed that the best way to prevent epidemics was isolation, which was not possible in reality.

In fact, in the long debate on the etiology of disease in Europe between contagionists (quarantinists) and anti-contagionists (sanitarians), the nature of epidemic diseases occupied a critical position. For example, for the early phases of cholera (up to the 1850s) in Europe, the extremes were defined by, on the one hand, the strict quarantinist practices (sealing borders, isolating travelers, sequestering the sick and generally seeking to break chains of transmission in much the way

[31] Michel Strickmann, *Chinese Magical Medicine* (Stanford: Stanford University Press, 2002), pp. 25-6.
[32] *Silok* (September 5, 1451).

traditionally employed against the plague) imposed in Russia, Austria and Prussia and on the other, the sanitationist approach adopted in Britain and France (allowing unrestricted movement of goods and travelers, but seeking instead to render salubrious the filthy circumstances still considered the main cause of this and other epidemics).[33] However, in reality, these two different perspectives on the epidemic disease were not mutually exclusive because the position adopted by governments was more complex than simply choosing a side. In general, the severity of quarantine depended on the extent to which commercial and manufacturing interests held sway. In 1832 the vibrant port of Hamburg demolished the quarantine that had established the year before and took little actions against cholera when it reappeared in 1848. However, in Prussia, the need of restrictions such as quarantine on the basis of the contagiousness of cholera was still very strong, mainly because Prussia was less dependent upon trade.[34]

The British placed more emphasis on sanitation than on quarantine measures, but the need for some kind of check on the movement of disease was also recognised, because medical inspection was introduced as a less disruptive way of dealing with cholera (in place of quarantine) from the 1870s. Thus, the British government tended to downplay the communicability of diseases such as cholera, although this possibility was rarely denied in the years after Chadwick.

In India, the contagious character of cholera was a contentious topic as well. By the late 1830s, although outright rejection of any form of contagion in cholera was rare

[33] Baldwin, *Contagion*, pp. 10-11.
[34] Mark Harrison, *Contagion: How Commerce Has Spread Disease* (New Haven: Yale University Press, 2012), p. 67.

in India, most medical men believed that the disease could occasionally become contagious under certain circumstances, as the army surgeon R.H.A. Hunter concluded in 1835. In 1847, the Army doctor Edmund Parkes also concluded that the presence of a 'specific agent' that caused the disease should be considered on top of the atmospheric changes.[35] Parkes who claimed that cholera was contingent upon local conditions was called a 'modified contagionist.'[36] Equally, when cholera spread across Asiatic Russia in the 1820s, the Russian authorities took little interest and did not impose quarantine until it caused severe losses, because the local officials could not fully accept the contagiousness of the disease.[37]

The consequences of epidemic disease were too great for them to be considered solely as an accumulation of individual disease. In the absence of any generally agreed concept of contagion, other mechanisms had to be found to explain them. In Britain and India, atmospheric causes, such as monsoon winds, were often invoked by medical officers to explain the movement of cholera. The bulk of the population, however, explained them in religious terms.[38] The same was true in Korea, although there it was generally believed that the grudges of angry ghosts had brought about the epidemic by incurring the wrath of heaven.

Government Measures

[35] Mark Harrison, *Climates and Constitutions* (Oxford: Oxford University Press, 1999), pp. 188-89.
[36] Ibid., p. 190.
[37] Mark Harrison, *Disease and the Modern World* (Cambridge: Polity Press, 2004), p. 101.
[38] Arnold, "Cholera", p. 129.

Preventive measures taken against cholera in Korea can only be comprehended if these political and religious aspects of epidemics are considered. They are clearly evident in the nature of the requests made by local officials and in the corresponding actions of central government in relation to the cholera epidemic of 1821. The record discloses how the epidemic was officially reported and dealt with by the government. According to the first report in 1821, the local governments provided 'medical' care and general relief, practicing local prayer rites, and burying abandoned bodies. When the cholera was ferociously spreading again the following year, reported government measures were the same 1) the provision of temporary housing and food for patients; 2) the burial of abandoned corpses; 3) the provision of food and clothes for recovered people to return home and to start farming again.[39]

In 1821, responding to the first report from a local official, the central government issued another report in which the High Office of the Court advised the king to grant royal sanction to initiate government measures against the disease:

> Reading emergent reports from the *Kwanseo* (far northwestern) Province, an unidentified epidemic is spreading like a wildfire day by day. So far, it has killed more than one thousand people in ten days. Another report from the *Haeseo* (northwestern) Province states that the same disease is spreading there. It is a great pity that the lives of poor people are endangered as if in the middle of wildfire and cannot be spared long. When a previous epidemic broke out in 1799, the court ordered the 'ghost rite' and the 'consolation rite' to curtail the disease in Seoul and neighbouring districts. At that time, the court ordered governors to practice and preside over the 'ghost rite' wherever the disease was rampant and the head of each village to perform rites, build alters and make odes. Government incense and invocation were given to governors only. However, at this time, we have to make

[39] *Silok* (April 28, 1822).

> sacrificial offerings in our prayers for all kinds of things, because the epidemic in these two provinces is much worse than at that time. Your highness, please give your order to governors to practice the rites sincerely in accordance with the previous cases and to relevant offices to prepare for incense, invocation odes, and offerings in accordance with the previous case.[40]

The local governor had already presided over several prayer rites to mitigate the disease and was asking for the special rite because the situation was more serious than just a local issue. As the procedure of the local government had been unable to alleviate the situation, the governor, as well as the people, urgently requested more comprehensive action from central government, which was called upon to exercise the 'ghost rite.' What the High Office intended to do in this report was to advise the king on the type of rite most appropriate to the scale of the outbreak.

It is important to point out that among the measures for the epidemic, the most urgent and critical was that the government immediately perform the ghost rite. This special rite was regularly practiced three times a year, but on such a serious occasion, additional performances were requested by local office, for the ghost rite was considered the most effective in dealing with epidemics. Although governmental actions for disease control were not confined to staging rituals, the people and government officers urgently requested them and the High Office immediately ordered the 'ghost rite' to be performed as a priority. The reason was mainly that the ghost rite was not a private ritual for individuals but an official, governmental and even national event. Eventually, the king ordered the special ghost rite on the seventeenth of August in 1821:

[40] *Silok* (August 14, 1821).

> I am astonished and endlessly sorry that the number of casualties of the epidemic in Seoul is great now. Whether it is the regular or the special 'ghost rite,' it shall be done immediately without consideration of auspicious days in accordance with previous cases.[41]

The Ghost Rite: *Yeoje*

The ghost rite was a state ritual enacted by law, presided over by the king (in principle), but usually performed by government officials deputed by the king. It was dedicated to the angry ghosts that were popularly supposed to cause epidemic diseases as an embodiment of heavenly warnings to the king. Although, technically, the ghosts should be ruled and controlled by the authority of king, misgovernment or immorality of king could upset order, which was seen as the cause of epidemic diseases or natural disasters. Therefore, the ritual functioned to rectify the disorder and restore the authority of the king. The ritual had been practiced for almost five hundred years since the establishment of the Joseon Dynasty, which had adopted neo-Confucianism as a state platform, and continued to be practiced until the dynasty fell. Consequently, as a state ritual, the rite was organised on the basis of Confucianism rather than Buddhism, Daoism, or Shamanism, although it was performed with the purpose of appeasing vengeful ghosts.

In the early stages of the dynasty, there were competing rites in Buddhism and Shamanism, which had a similar social purpose. Since Confucian scholars harshly

[41] *Silok* (August 17, 1821).

criticised the absurdity of Buddhist and Shamanic rituals, it was not totally acceptable for them to admit that the ghost rite had originated from or had been influenced by Buddhism or Shamanism. Confucian scholars in Joseon had invented the idea of a new nation based on neo-Confucianism, which was supposed to be rational compared to the allegedly superstitious Buddhism. Consequently, in spite of its strong link with Buddhist and Shamanic rituals, the ghost rite had to be re-arranged according to the Confucian worldview:

> Someone said the disease would disappear when we made incense with ghost repellent herbs and burnt them near patients. Others said that the Buddhist rite dedicated to the *Medicine Boddhi Satva* could repulse the disease, and it would be dissipated by a sincere performance of the ghost rite by a person of good behaviour.[42]

What made the ghost rite special was the fact that it was officially practiced as a government measure to prevent or to deal with epidemic disease. In other words, the rite occupied a pivotal position of the state medicine of Joseon dynasty.

In general, the state rites of Joseon consisted of five categories: 1) rites for fortunate occasions such as ancestor veneration, all kind of ghost rites, and rites related to agriculture; 2) rites for auspicious occasions such as royal marriage, celebration, and national holidays; 3) rites for ominous occasions such as national funerals; 4) rites for the reception of foreign envoys; and 5) rites for military events such as the inspection of troops and discussion of military actions.[43] The complete system of state rites was enacted by law and explained and illustrated in a book, the

[42] *Silok* (September 5, 1451).
[43] Wook Lee, "*Joseonsidai kookga sajeonkwa Yeoje,*" (State Rites and the Ghost Rite in Joseon) *Studies on Religion* vol. 19 (2000), p. 149.

Five State Rites of Joseon which was published in 1474.[44] Although the book mainly dealt with national and royal rites in the court and palace, it contained the rites of civil servants and ordinary people in the appendix. The book was compiled by the efforts of many Confucian scholars over several decades; an ambitious project, which aimed to establish the new dynasty's rites on the basis of neo-Confucianism and replace the Buddhist rites of the previous dynasty. The new rites were firmly in conformity with state ideology and legislation under which most Buddhist rites were prohibited and stigmatised as superstitious.

According to the book, the ghost rite for epidemic disease belonged to the rites for fortunate occasions with other rites for spiritual beings.[45] The purpose of the rite was to quell the raging force of epidemic disease. It had thus been practiced as a preventive measure regularly three times a year and as an emergency measure, whenever severe epidemics broke out.

The ghost rite was dedicated to the ghosts of persons who were killed by accident without descendants who could venerate them, and thus bore a grudge which they expressed by inducing malignant diseases. It was believed that ordinary people's souls came to be dispersed (except his/her '*li*') when they died in normal circumstances, but that they often became ghosts if they died unreasonably.[46] Some of these ghosts became spirits which brought about disease in the living. The

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[44] *Kookjo-ohryeui* (The Five State Rites of Joseon) 1474 (http://yoksa.aks.ac.kr/jsp/aa/ArticleList.jsp?mode=&page=1&fcs=&fcsd=&cf=&cd=&gb=&aa1oup=kh2_je_a_vsu_24761_000&aa1on0=kh2_je_a_vsu_24761_001&aa15n0=&aa2on0=&gnd1=&gnd2=&keywords=&rowcount=10)

[45] Ibid., chap. 1

[46] Byeongkook Ahn, "*Yeoje yeonku,"* (A Study on the Ghost Rite) *Studies on Our Literature* vol. 19 (2006), p. 147.

unreasonable deaths that could turn a person's soul into such a ghost were death by sword; death by pirates; death after being looted or persecuted; death after their wives were extorted; innocent death by unjust punishment; death by heavenly scourges including epidemics; death caused by beasts or poisonous insects; death by starvation and freezing; death in battle; death by hanging; death caused by a collapsed wall; and death without an inheritor.[47] Such ghosts were supposed to be lonely, wondering the earth without settling down due to the absence of descendants who could take care of them through veneration rituals; they had to be consoled by the state in order to appease their grudges.[48] This identification of demonic forms with *qi*, posited a cosmic analogy to the human body, and suggested an extension of the body and its vital animating forces into the realm of the demonic. The terminology indicates that there was no clear boundary between the human and the demonic – nor, for that matter, between the demonic and divine.[49]

The main deity in the rite was *Seong Hwang* – the lord of ghosts and the patron god of the town, village, or country that played the important role of gathering the ghosts, feeding them, and controlling them to stop spreading disease.[50] It was evidently accepted by people that tragic and unexpected death could produce the strong grudges that could trigger natural disasters and epidemic diseases.[51] To prevent

[47] *Silok* (June 29, 1440)
[48] Boudewijn Walraven, *"Joseonsidai yeojeui gineungkwa uimi,"* (Functions and meanings of the ghost rite in Joseon) *Dongyanghak* vol. 21 (2001), p. 247.
[49] Strickmann, *Magical Medicine,* p.72.
[50] Ahn, *Yeoje yeonku,* p. 149.
[51] Inhoe Kim, *Hankook musoksasang yeonku* (A study on Korean shamanism) (Seoul:Jipmoondang, 1988), p. 109.

this from occurring, the rite was regularly practiced in March, July, and October and special rites were done on request in the case of severe epidemics.[52]

In addition to the food and liquor presented as offerings, there was an invocation ode at the core of each ritual. The invocation ode composed by King Moonjong in 1451, was used as the standard form. In this ode, the king manifested a representative and reasonable perspective:

> I will tell you. If there is pure *yang*, there is *yin*. Everything in the world will die someday. If something comes, that definitely goes. If there is spirit, there is ghost. If everything has an entity, wicked force is a reality. It is called yin and yang, if it doesn't have personality. It is called a ghost, if it has personality. If it doesn't have personality, we can't speak to it. But, if it has personality, we can persuade it by reasoning. I suppose that the water and the fire are necessary to nurture people, but sometimes they kill people. The ghost is supposed to help people, but often it harms people. However, what kills people in reality is people and what harms people is the people not the fire, the water, or the ghost. Therefore, because cold, hot, rainy, and clear weather and every type of food are supposed to foster people, the cause of disease is the human who loses balance in his body. Therefore, I will let you know that the virtue of ghost is originally holy and the principle is one in the world. The force of disease we are now suffering has been induced not by ghosts but by humans. The disaster caused by a person, has spread person to person and killed numerous innocent people so far. It is because the person who is supposed to submit the Heaven's decree (the king), loses his virtue and caused a disaster to burn everybody. Since I became the lord of the humans and the ghosts of a country, I have been concerned for the lives of even the most insignificant people. How I can just observe the innocent death of my people through unexpected misfortune? Now, I order my servants to install an altar on the clean ground to practice the rite with refined food for repeating sincere admonishment in order to persuade you. You, ghosts, shall withdraw the distorted force and return to the good to keep doing your proper, eternal and virtuous duties. For that reason, I illuminate you, and you shall follow my instruction.[53]

[52] Ahn, *Yeoje yeonku,* p. 151.
[53] *Silok* (September 28, 1451).

The king presupposed the reality of ghosts which maintained their human personality, making them different from impersonal forces such as *yin* and *yang*. Retaining certain human characteristics, the ghosts were supposed to be amenable to persuasion. Furthermore, because they were supposed to make harmony with humans in this world, the ghosts disturbing human society with diseases was considered an abnormal situation.

Secondly, the king articulated that it was humans who ultimately provided the foundational cause of the disease, not ghosts, even though the ghost was deemed directly responsible. This was a manifest declaration of Confucian philosophy, for even epidemics or the existence of ghosts were explained from the perspective of humans.

Finally, as the lord of everything under Heaven, empowered by Heaven, the king ordered and controlled the ghosts. In this respect, it was reassuring that the authority and power of the king were superior to the ghosts or local gods. However, the king tried to conciliate the angry ghosts with his reason and authority instead of repelling them. He implied that the admonishment from Heaven to the king was already resolved, thus, there was no reason for the ghost to keep spreading disease.

The ode discloses the basic presuppositions about the causes of epidemic disease in the Joseon dynasty, which were firmly embedded in Confucian doctrine. In this respect, the cholera epidemics of the nineteenth century were not exceptional, being comprehended and dealt with in a very particular religious and political, i.e. Confucian, way.

Other Measures

Apart from the rites, one of the urgent tasks of government was to bury abandoned corpses, which caused serious social, ethical, and religious problems. In fact, it was considered serious enough for the king to order that abandoned dead bodies on the street should be collected and buried at the government's expense.[54] The government had paid for 21,338 bodies to be buried by the second of September 1821.[55] The existence of so many abandoned corpses had a special significance in Korean society. In the Confucian tradition, which maintained a strong emphasis on filial piety, propriety, body preservation, and ancestor veneration, it was difficult to accept that people had abandoned the bodies of their parents or relatives in the field or by the road, however this happened frequently and inevitably when the whole family had been devastated by disease or was driven to wander. In any case, abandoned bodies could never be a good sign for the government. More importantly, burying bodies was considered as a kind of preventive measure, because, in popular understandings of epidemic disease, more disease-causing ghosts would emerge from the bodies which had been abandoned.

One of the other measures taken to prevent the disease was the temporary prohibition of the butchery of animals. Butchery and the consumption of meat were not encouraged by the government, which had prioritised agriculture, particularly arable farming, as the foundation of the nation;[56] "The strange epidemic in Seoul that

[54] Ibid. (September 1, 1821).
[55] *Ilseonglok* (The Daily Journal of King) (September 2, 1821)
[56] The Joseon Dynasty adopted agriculture as "the national foundation," promoting land reclamation and development of agricultural techniques from the first stage. The government even sponsored

is raging like wildfire disturbs the people's mind. Therefore, any kind of butchery in the city shall be prohibited for five days."[57]

Killing any living thing became taboo in times of crisis such as draughts, famines, and epidemics, particularly, during epidemics. 'Innocent deaths' or 'death by false accusation' were supposed to initiate a type of blockage of the natural stream of *qi* as a result of rancour or grudges. These, too, were deemed to cause epidemics. By the same token, potentially, the rancour of innocent prisoners might also cause blockages. Thus, the king declared, "It is a pity that prisoners are in detention when that kind of strange disease is fiercely spreading. Therefore, minor criminals shall be released immediately."[58] This decree was made not only because the king felt that prisoners should be saved from the epidemic, but that innocent deaths following false accusations could potentially make the situation worse. All these measures were carried out on the basis of popular understandings of epidemic disease, which attributed it to a blockage of *qi*.

Finally, there was a rumour that said the epidemic in China was intentionally spread by the 'White Lotus Party,' a secret and religious organisation of native people, traveling around the world to poison wells and cucumbers. Anyone who drank from the well or who ate the cucumbers was supposed to sicken and die immediately; no more than one in a hundred would survive. Some of them, who had been arrested in

research on farming skills and published a book, *Nongsajikseol* (1429) to spread agricultural knowledge. Furthermore, throughout the whole dynasty, the social status of farmers was higher than that of manufacturers or merchants. Cattle breeding only for the purpose of consumption was not encouraged by the government because the animals were needed to cultivate the land.

[57] *Silok* (August 15, 1821).

[58] Ibid. (August 16, 1821)

Lanzou, were under investigation in China.[59] The rumour revealed frequent interchanges between Qing and Joseon dynasties, which resulted in the sharing of memories of both peoples who recalled 'the White Lotus Rebellion' in China (1794-1804), even after twenty years when it ended. Various ideas and even rumours as well as commodities were exchanged by both people, and it was the only gate for Korean people to access knowledge from the West.[60] Furthermore, the rumour introduced to Korean people a plausible relationship between water and cholera, but it was probably believed that there was a religious purpose or organisation behind the catastrophe, even though it was done by humans.

The ghost rite and attendant beliefs have been neglected by both historians of medicine and scholars of Confucianism, because it is not conventionally classified as 'medicine' from a modern or biomedical perspective. It also appears too supernatural and irrational from the perspective of Confucian scholars, at present. But it is evident that the most significant government measure employed against the 'unidentified and weird' epidemic disease was the 'rite for wondering ghosts' who were thought to induce the disease. It is undisputable that the ghost rite was located at the core of government measures to treat epidemic disease, according to the *Silok*, the authoritative record of the Joseon Dynasty. The other measures mentioned appear to have been ancillary to it.

The Opening of Ports and the Cholera Epidemic of 1879

[59] Ibid. (August 17 1821)
[60] One of the important routes to bring knowledge and information from China to Korea was the tribute system between them. There were many occasions regularly or irregularly to exchange envoys each other.

The basic structure that sustained government measures for epidemic diseases (including the ghost rite) was maintained without major changes until the end of nineteenth century. However, the Joseon dynasty opened Korea's ports in 1876 after approximately ten years of national seclusion, having been forced to do so by foreign powers. As a result of the Korean-Japanese treaty of amity – the treaty of *Gangwha*, in 1876 – three major ports in Korea (*Busan*, *Incheon*, and *Wonsan*) were opened, bringing significant changes in Korea's experience of epidemic disease. First of all, cholera epidemics appeared more frequently than before. Even though there were three major epidemics in 1821-22, 1859-1860, and 1862 before the opening of the ports, more than ten cholera epidemics occurred after 1876, including the two worst epidemics, in 1879 and 1895. Secondly, the route of cholera transmission varied. The epidemics in 1879 and 1890 were transmitted from Japan through *Busan* where the major Japanese concession was located. Before 1876, cholera used to cross the Sino-Korean border. Finally, the responses of the Korean government to fight against epidemic disease were significantly influenced by the Japanese Empire from 1876 and by American medical missionaries after 1885.

In order to investigate changing government measures and general ideas about epidemic disease, the major cholera epidemics of 1879 and 1895 will be considered. Before American missionaries officially started their work in Korea by establishing a hospital in 1885, the Korean government observed the preventive measures of the Japanese concession when dealing with the 1879 epidemic. Later, it consulted American missionaries to cope with the epidemic of 1895. In addition, it is important

to note that regulations for epidemic disease were legislated and that a sanitary department was organised in between these two large epidemics. Nevertheless, the special ghost rite continued to be performed until 1902 at the behest of the king, whenever an epidemic broke out.

According to the *Silok,* a serious cholera epidemic swept Korea in 1879. It started in Busan and moved north towards Seoul, which meant that it was transmitted from Japan through the largest harbour in Korea.[61] In order to cope with the crisis, the King Gojong (1863-1907), commanded a special ghost rite, as well as discharging prisoners as the first actions:

> I am so concerned that an awful epidemic disease is spreading around the capital and its vicinity and that many people have been killed by the disease. The ghost rite shall be exercised soon without hesitation. In addition, every prisoner and detainee except felons shall be released, because the ferocious epidemic is prevalent now.[62]

It was deemed that the ghost rite would be more effective when it was supported by the virtuous deed of releasing these prisoners.

Apart from the regular format of dealing with epidemic diseases, one of the notable developments regarding the epidemic was that the Japanese practiced quarantine for the residents in the concession in Busan by building a temporary

[61] Jeong-Ran Kim, "*Geundai haihangdosi Busaneseoui cholera yuhaingkwa guedaieung,"* (Study of Cholera Epidemic and Anti-epidemic Activities in Busan during the Opening Port Period - Focusing on the Japanese Settlement and Water Supply) *Studies on the Cultural Exchanges of Seaports* vol.4 (2004) p. 8: The cholera epidemic that had broken out in Aichi, Japan was directly transmitted to Busan. According to her article, the Japanese concession in Busan frequently became a port of cholera epidemic from Japan. Not only Japanese residents, but also Korean people were affected by the disease.
[62] *Silok* (July 28, 1879)

isolation hospital and a facility for disinfection under the sanction of the Korean local office. However, the central government promptly released the local officer from the position, cancelled the sanction, and commanded the removal of the buildings. The main issue was the location where the Japanese medical facilities were placed. It was an island called *Jeolyoungdo* just in front of the largest harbour in Korea, having strategic importance and not included in the concession. Accordingly, the government could not condone the illegal occupation of the island even for the sake of dealing with an epidemic.[63]

In response to the Korean government's action, the Japanese legation officially requested preventive measures for cholera epidemics and suggested medical assistance.[64] More importantly, the document clearly stated that cholera was a contagious disease that could be prevented by medical intervention. However, the Korean government generally replied in accordance with the diplomatic protocol without any following actions.[65] As the diplomatic interactions could not make any changes in government measures, the ghost rite kept being practiced for epidemic disease. Even during the 1879 cholera epidemic, special ghost rites were ordered and practiced on more than three occasions.[66]

At any rate, from the perspective of the Korean government, it seemed that measures for epidemic disease taken by the Japanese were also used for the purpose of expanding their concession, because they did not intend to impose or introduce

[63] *Ilseonglok* (June 19 and 20, 1879) and *Silok* (August 4, 1879)
[64] Diplomatic Documents to Japan No. 1 (August 21, 1879) (http://www.krpia.co.kr/pcontent/?svcid=KR&proid=173)
[65] Ibid.
[66] *Silok* (July 28, August 1, and August 7, 1879)

preventive measures for Korean people and the facilities were constructed exclusively for the Japanese. Therefore, the response of the Korean government was so hostile to the actions of the Japanese that the government not only prohibited their works, but would not accept the kind of measures delivered by them. After all, from the perspective of Koreans, Japanese preventive measures for epidemic disease were related to the illegal occupation of their territory and unwelcome intervention in domestic affairs.

The Cholera Epidemics of 1886 and 1895

The Korean government did not recognise the validity of measures to prevent epidemic disease such as those favoured in Europe and Japan until 1881, when Jeong-yang Park, a government officer who had visited Japan to observe the modern social system, submitted an official report in detail on the sanitary regulations. In his report on cholera epidemics, he mentioned how excrement, dead bodies and personal belongings of patients should be disposed of, and how wells, rivers, toilets and sewers should be disinfected when cholera broke out. Furthermore, he discussed maritime quarantine and the role of local sanitary boards.[67] The Korean government wanted to apply the new knowledge on disease control to the customs in the first instance, to which end it appointed Horace N. Allen M.D., the first medical missionary in Korea and the doctor for the customs in Incheon, on 1st of September in 1885.

[67] Shin, *Public Health*, p. 118.

Three weeks later, on 20th of September, Allen encountered cholera in Incheon by treating two patients from China.[68] As he acquired information that cholera had broken out in China and Japan, he notified the government the occurrence of the disease and advised them to take the following measures:

> During the past week we have been alarmed about the cholera which is prevailing in Japan and China. Three carriers landed at *Chemulpo* from a Japanese steamer, one died, the other two were quarantined. I informed the foreign residents of the fact giving precautionary advice. I also cautioned them not to eat any beef as the cattle of this district are suffering from a fatal septicaemia which is reproduced in man in eating the flesh. I urged the Government to adopt the following measures. Place two good native dis. (disciple) at each city gate to prevent the incoming of cholera patients, lodging any such in a quarantine house outside. Also to order each householder to clean up his premises inside and out sprinkling lime about the drains, and burning sulfur in the room, also to drink only cooked water. These directions were in the main given, but little has been done. And the place is ripe for cholera.[69]

According to Allen's personal journal, cholera was stamped out by October, 1885, without a large impact on the country.[70] However, a severe cholera epidemic attacked Korea the very next year, from the spring of 1886 until August. In response to the epidemic, special ghost rites were performed on four occasions according to the *Silok*.[71] In addition, the king ordered the construction of temporary isolation hospitals and the burial of abandoned bodies, as usual.[72]

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[68] H. N. Allen's diary (September 20, 1885)manuscript
[69] Ibid. (September 27, 1885)
[70] Ibid. (October 4, 1885)
[71] Ibid. (May 15, June 10, June 22, June 23, June 29, and July 5, 1886)
[72] Ibid. (June 29, 1886)

However, in the middle of this epidemic, the Korean government issued a new regulation, the *Onyoek Jangjeong* (Regulations for Epidemic Disease), on the nineteenth of June, which was a milestone in the history of epidemic disease in Korea.[73] It contained detailed regulations on maritime quarantine including mandatory inspection, isolation, quarantine, disinfection, and disposal of dead bodies.[74] The regulation was delivered to the open harbours and enforced by customs officers.

In terms of government measures, the outbreak of cholera in 1895 was remarkably different from previous occasions for some reasons, because the cholera broke out in the middle of 'the Gabo Reform' (1894-1895) of the Korean government, which purposed to bring modernisation to Korean society in a large scale. Thus, the Korean government intended to take initiative in controlling epidemic disease in used of possible resources such as Western missionaries and the Japanese military force. As a result, the government could be assisted by medical missionaries and Japanese medical doctors and take advantage of the Japanese army to set up quarantine points. However, in order for the medical treatment for the patients particularly in Seoul, the Korean government more relied on medical missionaries who established temporary hospitals for the patients rather than Japanese doctors. From the perspective of the Korean government, mission medicine was comparatively convenient to collaborate

[73] *Tongseoilgi* (The Daily Journal of the Department of Foreign Service) (June 19, 1886) Diplomatic Documents of Late Joseon Dynasty, 1876-1905) (http://www.krpia.co.kr/pcontent/?svcid=KR&proid=173)
[74] *Chongkwanraisin* (Reports of the Customs) (July 20, 1886) (http://e-kyujanggak.snu.ac.kr/MGO/MGO_NODEVIEW.jsp?ptype=slist&subtype=04&lclass=46&mclass=17829_00&xmlname=GK17829_00SK0002_001.xml)

with, because, to some degree the diplomatic negotiations with the Japanese government were required to work with the Japanese military medicine in Korea.

In fact, the cholera epidemic started in the first place among Japanese soldiers who had been stationed in Manchuria to participate in the first Sino-Japanese war (July 1894-April 1895). The disease was transmitted to Korea by the Japanese army when they returned home, passing through Korea in 1895. Thus, the cholera epidemic began in mainland Korea in June 1895. According to the report of the Japanese consul, approximately one hundred people died of cholera in the Northwest border and the city of Euijoo by June 26, 1895.[75] Furthermore, approximately eight hundred casualties including Korean people and Japanese soldiers were made by cholera epidemic by July 1, 1895.[76]

In order to prevent expansion of the disease, the Korean government promptly enacted several sanitary regulations such as 'Regulations regarding Quarantine' (July 4, 1895), 'Regulations for Prevention of Cholera' (July 14, 1895), and 'Regulations for Disinfection' (July 25, 1895). The Department of Sanitation that had been organised one year earlier in 1894, but which had not been active until the outbreak of cholera, was reinforced by additional funds and personnel for disease control. Originally, the Department of Sanitation was organised to take responsibility for: 1) the prevention of general diseases including epidemic and local diseases, inoculation, and various other aspects of public health; 2) maritime quarantine; 3) supervision of the work of medical doctors and pharmacists and investigation of the production and distribution of drugs.

[75] *Joohan ilbon gongsakwan girok* (The Record of Japanese Consul in Korea) vol. 7, 5-90 (June 26, 1895) (http://db.history.go.kr/id/jh_007r_002_040_0900)
[76] Ibid. vol. 7, 5-99 (July 1, 1895) (http://db.history.go.kr/id/jh_007r_002_040_0990_0030)

Simultaneously, from the early stage of the outbreak, the Korean government requested the participation of Japanese consul in organising quarantine posts to prevent spreading of the epidemic disease.[77] In response to the request, the Japanese consul provided military forces to collaborate with the preventive measures of the Korean government. In particular, when cholera started to attack Seoul, the Japanese consul suggested to set up quarantine posts at the gate ferries of Seoul, Yongsan and Mapo, and the Korean government accepted that suggestion.[78] However, the measures of the Japanese consul were mainly focused on protecting Japanese concessions and army posts by establishing quarantine posts to guard them.[79] Even the Japanese army made the suggestion that all Japanese people should restrict any contact with Korean people.[80]

On the other hand, medical missionaries contributed to the medical work of the government to treat Korean patients by establishing temporary hospitals and operating quarantine points in Seoul. Their contribution was so impressive that many Korean people became receptive to missionary medicine and Christianity, experiencing at first hand the efficacy of the new practices. In the ten years since medical missionaries started their work, Western medicine was practiced mainly by missionaries and was naturally identified with Christianity. In contrast to Japanese armed forces that practiced strict quarantine, the object of missionary medicine seemed to be to protect and alleviate the suffering of the Korean people and from their

[77] Ibid. vol. 6, 8-41 (July 10, 1895) (http://db.history.go.kr/id/jh_006r_0080_0410)
[78] Ibid. vol. 7, 4-119 (July 22, 1895) (http://db.history.go.kr/id/jh_007r_002_040_1190)
[79] Shin, *Bogeon Uiryosa*, pp. 162-3.
[80] *Joohan ilbon gongsakwan girok* vol. 7, 4-99 (July 2, 1895) (http://db.history.go.kr/id/jh_007r_002_040_0990_0080)

perspective, it was less bureaucratic, more religious, and, thus, easier to accept. It was a perfect showcase for both Western medicine and Christianity, educating people to follow a new way of preventing disease. This implied a new etiology but one which was not wholly shorn of a religious dimension.

According to the report of an American medical missionary, J. Hunter Wells M.D., he alone treated about five hundred cases of cholera during the whole period of outbreak. The total deaths in the city and vicinity were at least six thousand among the whole population of about three hundred and fifty thousand people.[81] The temporary hospital run by missionaries demonstrated an excellent mortality rate compared to other refuges, because approximately sixty-five to seventy percent of patients were reported as recovering.[82]

As cholera arrived in Seoul, the Korean government urgently took preventive measures against the epidemic. First of all, the department of domestic affairs organised a temporary sanitary board that embraced government officers and all physicians in Seoul including American and Canadian medical doctors, and Japanese doctors. Dr. Oliver R. Avison, a Canadian missionary who was supported by American Presbyterian church, was appointed as chair of the board.[83] The board functioned as a control tower for preventing disease, and Avison coordinated government responses and the co-operation of physicians, because Japanese doctors withdrew soon as they were unwilling to work under a Westerner.[84] After the appointment, the organisation

[81] J. Hunter Wells, "Cholera in Korea," *The Medical Record* vol. 48 (October, 1895), p. 95.
[82] Ibid.
[83] Oliver R. Avison, "Cholera in Seoul," *Korean Repository* vol. 2(1895), pp. 339-40.
[84] L. Horton Underwood, *Fifteen Years among the Top-knots* (Boston: American Tract Society, 1904), p. 137.

was completed in two days and focused on four elements: 1) literature 2) quarantine 3) inspection and 4) supply.[85]

What the board meant by 'literature' was public health education. Missionaries translated the regulations for dealing with cholera formulated by the New York City Board of Health and distributed it around the country after making some changes. They printed fifty thousand copies of the flyer in Korean and one thousand in Chinese. Along with the flyer, Avison made a poster for public education, which contained new knowledge on cholera etiology:

> Cholera is not caused by an Evil Spirit. It is caused by a very small particle of living matter called a germ. When this living germ gets into your stomach, it multiplies rapidly and causes the disease. You do not have to take cholera if you do not want it. All you have to do is to kill the germ by cooking your food thoroughly and eating it before it can become contaminated again. Drink freshly-made rice water. If you drink plain water, boil it and keep it in clean bottles. As you may have come in contact with the germ without knowing it, always wash your hands and mouth thoroughly before eating anything. If you do these things you will not have cholera.[86]

Even though the statement declared that the cause of the disease was a germ, from the people's perspective this was an unfamiliar concept and difficult to accept. They were being asked to believe in the existence of a disease-causing entity invisible to the naked eye. On the other hand, because there was no difference between invisible ghosts and invisible germs in practice, it seemed safest to follow instructions to remove both.

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[85] Avison, "Cholera", p. 340.
[86] Oliver R. Avison, *Memoirs of Life in Korea,* Hyoung WooPark ed. (Seoul: The Korean Doctor's Weekly, 2012), p. 128.

Avison acknowledged that while the people were instructed as to the true nature of cholera and how it could be avoided, it was impossible to estimate how much it contributed towards limiting the spread of the disease.[87] In the meantime, the plan for quarantine suggested to the government by the board was seriously delayed because the government recognised that the quarantine could possibly trigger a riot. Even though the quarantine was not implemented on time, the government promptly established temporary hospitals and shelters. The isolation hospital established by government on the 27th of July under the supervision of Avison was located near the East Gate.[88] However, the condition of the facility was so poor that it was difficult to accommodate patients. Only those who were homeless would consent to be taken there, as they had no alternatives. Furthermore, in spite of the faithful work of doctors and nurses, the majority of patients died. According to the report, around 75 per cent of the 135 patients who were hospitalised died.[89]

One of the significant changes in government measures for the epidemic in 1895 was that two other private isolation hospitals founded by missionaries were permitted, besides the government hospital. One of them was 'the Shelter' organised by L. Horton Underwood, M.D. wife of the first Presbyterian missionary in Korea, H.G. Underwood. It was located at the other end of Seoul, near the West Gate and well furnished with comfortable rooms and warm floors. Because the Shelter admitted better class and earlier stage patients, it had better results. Among one hundred and seventy three cases recorded, the death rate was only thirty- five per cent.[90]

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[87] Avison, "Cholera", pp. 342-3.
[88] Ibid., p. 340.
[89] Ibid., p. 341.
[90] Ibid.

It is noteworthy that Mrs. Underwood used the term 'the rod' (of God) in describing the horror of the cholera epidemic, saying that "the disease began with terrible violence, men in full vigour in the morning were corpses at noon, several members of the same family often dying the same day."[91] The disease was the most deadly that she had ever experienced and medicines seemed unable to do more than slightly defer the ultimate result. However, American missionaries bravely 'faced the foe' like an army, teaching the natives how to use disinfectant to purify the premises. At that point, apart from the best disinfectants, steam and boiling water, some chemical materials were used for antisepsis. The material that was mainly used for the purpose of disinfecting was 'salol' (salicylic acid phenyl). It was a popular chemical and missionaries used it as much as they could on patients.[92] The chemical 'salol' was synthesised by the Polish chemist and physician Marceli Nencki in 1883, by heating salicylic acid with phenol. It was marketed in the name of 'salol' for use as an internal antiseptic.[93] According to the report of the US Department of Agriculture in 1896, the most commonly used antiseptic materials were carbolic acid and formaldehyde, and salicylate of sodium was introduced as one of substitutes for carbolic acid.[94]

One of the important duties of medical missionaries was administering quarantine. At first, co-operation between the Korean government and the Japanese consulate concerning medical inspection was requested by the Japanese consul for the safety of Japanese residents and soldiers in the concession, and several quarantine

[91] Underwood, *Top-knots,* p. 136.
[92] Ibid., pp. 137-9.
[93] Walter Sneader, *Drug Discovery: A History* (Chichester: John Wiley & Sons, 2005), pp. 358-9.
[94] E.A. Schweinitz, "Some Modern Disinfectants," *Report of Secretary of Agriculture* (Washington: Government Printing Office, 1896), pp. 256-7.

points were installed in major cities including Incheon, Pyeong Yang and Seoul.[95] A central office for inspection in charge of both Japanese and Western physicians was located in the middle of the capital, and two more inspection stations were operated, one near the South Gate manned by Japanese and another at *Mowhakwan* by the Westerners. However, the Japanese working at the central office withdrew from the position a week or ten days later, because they did not want to work under the supervision of Westerners.[96] Moreover, the operation of these stations was ineffective. The majority of people refused to leave their homes, even when they were required to be hospitalised. Furthermore, the officers were so afraid of triggering a riot that they tried to conceal the result of inspection instead of using compulsory measures.

However, as cholera penetrated the palace and the personnel of the palace contracted the disease in spite of their efforts, the situation changed. The king requested that a medical station be installed within the palace to treat soldiers and servants. Simultaneously, the Home minister authorised the board to carry on preventive works with full authority, granting $2,000 and full power to control a special force of police. The board distributed the police to help Western doctors who visited door to door to report all cases of diarrhoea.[97] The preventive measures, reinforced by the king's sanction, became mandatory for all residents in Seoul.

Religious Etiologies

[95] Avison, "Cholera", p. 340; Shin, *Public Health*, p. 161.
[96] Avison, "Cholera", pp. 341-2.
[97] Ibid., pp. 342-3.

Apart from the official ghost rite, people also interpreted the causes of cholera in a shamanistic way. According to the report of Mrs. Underwood, Koreans called it 'the rat disease,' believing that cramps are rats gnawing and crawling inside the legs, going up till the heart is reached; so they offered prayers to the spirit of the cat, hung paper cats on the door of their houses, and rubbed their cramps with a cat's skin. They offered prayers and sacrifices in various high places to the heavens --*Hananim* -- and some of the streets in infected districts were almost impassable on account of ropes stretched across, about five feet high, at intervals of about every twenty-five feet, to which paper prayers were attached.[98]

Mrs. Underwood criticised these traditional ideas about the cause of disease:

> One of the most pathetic sights in connection with this plague were these poor, wind-torn, rain-bedraggled, paper prayers, hanging helplessly everywhere, the offering of blind superstition to useless dumb gods who can neither pity nor hear. "They reach lame hands of faith and grope. And gather dust and chaff."[99]

However, ironically, the Shelter was a place not only for the medical treatment but also for religious instruction:

> Every evening a service of prayer and song was held in the central court of the Shelter, where all who were conscious could hear, and we believe that the blessing on that work came in answer to these united prayers, and the public acknowledgement of absolute new enthusiasm and the strength born of faith and hope.... Surely the plague was not all evil when it served to bring the Lord more clearly to the view of the souls he died to save.[100]

[98] Underwood, *Top-knots*, pp. 139-40.
[99] Ibid., p. 140.
[100] Ibid., pp. 141-4.

It seems evident that the Korean people as well as the missionaries believed in a causal connection between healing and united prayer.

Even though medical missionaries tried to replace the traditional and religious etiology of epidemic disease with a 'civilised' and scientific one based on germ theory, their theory implied another type of religious perspective:

> We believe the people have learned to trust the missionaries as never before and a greater portion of the city than ever before has been brought into contact with the missionaries and through them we trust with Christianity- or perhaps we had better say with Christ. The people have also learned something concerning the true nature of disease and how to avoid it. The close connection between dirt and disease has once more been demonstrated by the great preponderance of the number of cases which occurred amongst the poor and badly housed class over those which occurred amongst those living in better circumstances.[101]

The connection between Christ and the true nature of disease, and the close relationship between dirt and disease were therefore clearly exhibited in the works of medical missionaries. From the perspective of the Korean people, it was much easier to accept such an etiology, in view of their own religious viewpoint. One of the keys for the success of missionary medicine in Korean history seems to have been that missionaries who hated shamanistic ideas on epidemic disease ironically delivered a similarly structured etiology based on their religion.

Concluding Discussion

[101] Avison, "Cholera", p. 343.

The first outbreak of cholera in Korea was reported in 1821 and approximately ten small or large outbreaks followed throughout the century. At first, cholera was described as a 'weird' or 'unidentified' disease, and it was one of the most terrifying diseases due to its rapid spread, high mortality rate, and the lack of an effective cure. Cholera left many dead whenever it attacked, claiming from tens of thousands to hundreds of thousands of victims on each occasion. In order to deal with this unprecedented epidemic, some important government measures were taken, including isolation of patients, providing food and medical treatment, burying abandoned dead bodies and so forth. Among them, the most significant measure was 'the ghost rite,' that was supposed to be practiced by the king as one of the state rites regularly observed according to the law. Local officers requested special ghost rites to quench the raging force of epidemics and government endorsed them. The ghost rite was dedicated to the angry ghosts that were supposed to provoke epidemic disease, based on the belief that innocent or extremely tragic deaths created a blockage of naturally flowing spirit.

In the face of such virulent diseases, it was natural for people to seek fundamental, spiritual, and hence religious reasons for their occurrence. Furthermore, the simultaneous occurrence of the same disease in different parts of the country baffled the practitioners of traditional Korean medicine who explained epidemics in two ways: '*sanghan*' (cold damage) and '*onbyeong*' (warm disease). In Chinese medicine, the warm disease and the cold damage were closely related each other, because the term *onbyeong* was conceptualised as such; when in winter one is injured

by cold, in the spring there is certain to be a warm disorder.[102] According to these theories, epidemics occurred when a cold or warm force influenced human from outside of the body, which described the way how the individual could suffer from an acute disease. Epidemic disease was therefore reckoned an accumulation of individuals displaying the same symptoms on the basis of comparatively weak explanation of 'contagion.'

Consequently, in order to understand the massive suffering of the same disease, people needed a more comprehensive explanation. The idea that cholera was created by wandering angry ghosts was compatible with the Confucian world view. The remedy was to offer special ways of communication with ghosts to resolve the blockage. Only the king possessed enough power and authority to rule spiritual beings and, hence, to perform these rites.

On the contrary, the outbreak of cholera in 1895 was very different from previous ones, because, at this time, the government was able to consult medical missionaries as well as Japanese doctors. It enacted relevant sanitary laws and regulations based on biomedicine to prevent and treat cholera and promptly established temporary isolation hospitals along with quarantine sites to accommodate patients. However, as E. Horton Underwood stressed, "the sign of the cross on the badge of doctors, nurses, and inspectors was carried everywhere and dominated the emblem of the Korean government,"[103] it was the medical missionaries who instructed these governmental procedures. As a result of their effort, the new biomedical etiology, the germ theory, was introduced, explained, and applied from the perspective of the Christian missions.

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[102] Martha Hanson, *Speaking Epidemics in Chinese Medicine* (London: Routledge, 2011), p. 16.
[103] Underwood, *Top-knots,* p. 137-9.

Missionaries placed a temporary chapel for prayer meetings in the central court of the quarantine site where religious services of prayer and hymns were held every evening. They explicitly used the Christian signs that dominated the emblem of the Korean government, emphasising the connection between healing and united prayer.

In general, in the case of mission medicine, where medicine and religion were more closely connected with each other than in secular medicine, the relationship between the two caused considerable confusion and discussions on the Western medicine.[104] In this regard, it was not exceptional for medical missionaries that medical knowledge could be conceptualised and delivered in use of religious terms and concepts. Although medical missionaries tried to supersede the traditional etiology of epidemic disease with one based on germ theory, harshly criticising the old system as superstitious, their new etiology ironically encased another type of religious perspective. It was much easier for Koreans to apprehend the etiology and practices of Western medicine from missionaries than from the Japanese because the former conceptualised cholera in partly religious terms.

Even the strong confidence of missionaries in medical antisepsis turned out to be based on a type of religious belief. On the basis of his experience in the cholera epidemic in 1895, J. Hunter Wells contributed an article to *The Medical Record*, in order to advocate the efficacy of the chemical substance, 'salol', which was known as a material contacting with the comma bacillus to coagulate.[105]

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[104] Walter Bruchhausen, "Medicine Between Religious Worlds: The Mission Hospitals of South-East Tanzania During the Twentieth Century," *From Western Medicine to Global Medicine: The Hospital Beyond the West* ed. Mark Harrison (New Delhi: Orient Blackswan Private Limited, 2009), p. 172.
[105] Wells, "Cholera", pp. 495-6.

Regarding mortality from cholera, he asserted that among one hundred people who were attacked by the disease approximately ten would recover without any treatment at all. Without the use of drugs by the mouth, using only the saline or tannic acid injection, then about twenty per cent could be cured. With all the drugs usually used and all the methods, then fifty per cent would be cured. However, with salol and the rest, he insisted, proven by his record, that eighty or ninety per cent could be cured. Even in the limited supply of the material, he reported that the percentage of cures was over ninety.[106] He gave strong credence to the efficacy of the chemical material, saying "as to salol, it is not necessary for me to more than mention its physiological action.... In my hands it has proven a most remarkable remedy in this affection (cholera)."[107] Only in case of insufficient supply of salol, he used the sulpho-cabolate of sodium. However, later 'salol' was also known as an early example of the gullibility of people when presented with a drug exhibiting chemical novelty unsupported reliable clinical proof of efficacy.[108]

The cholera epidemics in nineteenth century Korea can be reckoned a milestone in understanding of the cause of epidemic disease and the concept of disease itself. The history of cholera epidemics reveals one of the ways in which biomedicine was introduced and enculturated by the Korean people, reflecting religious as well as secular aspects of etiology. It is also remarkable that the new etiology from the West was based on the germ theory of disease that precipitated the new concept of cleanliness and hygiene, which impacted not only on the medical

[106] Ibid., p. 495.
[107] Ibid., p. 496.
[108] Sneader, *Drug Discovery,* p. 359.

treatment for epidemic diseases but also on the preventive measures of government. Furthermore, the idea that antisepsis killed germs and could make things and people clean, came to be established through the support of religious beliefs. Consequently, a new theory of disease and the human body came to be rapidly disseminated and made a practical difference in the lives of people rather than remaining solely within the 'medical' realm. In the next chapters, I will explore further how the concepts of cleanliness and hygiene infiltrated the daily lives of the Korean people.

Chapter 4. A Religious Hygiene

> If one is not willing to follow the theory of hygiene and contracts a disease to die, God will not help him/her alive.
> - J. Hunter. Wells, *Grisdo Shinmun: The Christian News* vol.6-19, May 8, 1902.[1]

This chapter explores collaboration between two different European traditions - biomedicine and Protestant Christianity - and their encounter with Korean culture in the context of implicit colonisation during the late nineteenth and early twentieth century. It will examine how the concept of hygiene developed in Europe and America, based on the germ theories of disease, was introduced, re-conceptualised, and applied to Korean people by medical missionaries. Biomedicine was not simply confined within the wall of hospitals and dispensaries, but also expanded to the realm of community and society in a form of religious discourse. Simultaneously, Christianity was embedded within the newly introduced knowledge of medicine, science and technology.

In this chapter, I will argue that the narratives of hygiene as well as biomedicine *per se,* had religious meanings, with heavy emphasis on cleanliness in the body, community, and even the natural environment. And, due to the strong influence of the germ theories of disease, cleanliness was considered to be accomplished by the practice of removing germs. This chapter examines this phenomenon as reflected in

[1] The *Christian News* was published in Korean, but it had English title as well, which was a trend of the journals.

journals and Christian tracts regarding the subject of hygiene, dealing with some important themes such as germ theories, cleanliness of water and air, clothing and food, and so forth, in order to highlight the ways in which the Western concept of hygiene was reconceptualised and applied in Korea. Particularly, I will scrutinise the works of a medical missionary, J. Hunter Wells in Pyeong Yang to demonstrate how one of the secular concepts in Europe, hygiene, was delivered religiously, and how the concept was accommodated by people as one of their Christian discourses.

The narratives of hygiene and Protestant Christianity can be seen in the Christian journals that began to be published by American missionaries from the late nineteenth century, for the purpose of evangelisation and public education. Because most contributors were American missionaries, and many were medical doctors, it is not surprising that medical knowledge was frequently delivered through these journals. Most were published in Korean, because they evidently targeted Korean readers, including non-Christians. Thus, they dealt with general topics such as geography, history, domestic and international news, politics, machinery, and scientific theories as well as theology and bible study. Furthermore, the journals were published in *Hangeul*, the characters intended for ordinary people, rather than the Classical Chinese used mainly by the highly educated ruling class. This revealed that the purpose of publishing journals was to educate and evangelise the public rather than to induce academic debates amongst the literati.

Among the Christian journals, two representative and influential weekly journals were published by major Protestant denominations, such as *Daihan Grisdoin*

Hoebo: *The Korean Christian Advocate* by the Methodist Episcopal Church (Feb. 1897-Aug. 1900) (Jan. 1905-Jun. 1906), *Grisdo Shinmun: The Christian News* by the Presbyterian Church (April 1897-Jun. 1906). The editor of *The Korean Christian Advocate* was Rev. H. G. Appenzeller, the first Methodist missionary in Korea. And *The Christian News* was founded by H. G. Underwood and later Rev. J. S. Gale and C. C. Vinton M.D. participated in the editorial board. Eventually, both titles were merged into a bi-weekly journal, *Yesugyo Shinbo*: *The Church Herald* (Dec. 1907 – Jan. 1910) edited by many missionaries such as Rev. J. S. Gale, Rev. J. R. Moose, Rev. W. D. Reynolds, Rev. E. M. Cable, and Rev. D. A. Bunker. In addition, to edit properly in Korean, Kim Ouen Kun worked as one of the editors. In addition to these major journals, *The Sin Hak Wolpo: The Biblical and Church Monthly* (Dec. 1900-1910), edited by a Methodist missionary, Rev. G. H. Jones, was another popular journal. Although medical doctors established hospitals and dispensaries for the mission in Korea, it was the Christian journals that made more practical difference to the life of people in terms of spreading medical knowledge and changing daily practices of preventing disease through the public education.

Regarding the articles in these journals, three points can be mentioned. Firstly, because these Christian journals were edited by American missionaries and most articles were written by editors, mainly the author's name for each article was not mentioned except some cases when the author had to be clarified. In addition to that, the articles written by Korean people were very rare in reality. Thus, it is highly plausible that anonymous articles in the journals can be considered to be written by

missionaries. [2] Secondly, although the number of copies for each edition of these journals is not clear as other contemporary secular newspapers, according to the mention of H. G. Appenzeller, it can be assumed that over 800 copies of each edition of *The Korean Christian Advocate* were distributed in 1900. Even in comparison to other newspapers that number is very significant.[3] Finally, because these Christian journals persevered in the evangelical nature, it seems that they were barely interested in the political activities of the Japanese in Korea, and, thus, the tone of articles in these Christian journals was barely influenced by the political changes.

Nevertheless, in the making of public narratives on hygiene in Korea, there was no more important person than James Hunter Wells M.D. (1866-1938). Since he came to Korea as a missionary in 1895, he was one of the active contributors to Christian journals as a medical doctor. More importantly, he published the most comprehensive presentation on the theory of hygiene in Korean, *Wisaing: Introduction to Hygiene*, in the form of a tract.[4] The tract was based on a class at the Pyeong Yang Academy taught by Wells, covering possible aspects of contemporary hygiene and illustrating typical views on the subject. The booklet was composed not only to deliver medical knowledge on hygiene, but also to summarise previous narratives on the topic that had been circulated in the Christian journals for public education.

On the other hand, the tract was proof that Wells occupied a pivotal position in the making of public knowledge on hygiene in Korea. In fact, before he started his

[2] Dae-Young Ryu, "*Hanmal Gidokkyo Shinmoonui Moonmyung Gaihwaron*," (Civilization-Enlightenment Theories of Protestant Newspapers in Late Joseon Korea) *Hankook Gidokkyowa Yeoksa* vol. 22, p. 11.
[3] Young Min Kim, "*Geundai Gyemong-gi Gidokkyo Shinmoonkwa Hankook Geundai Seosa Moonhak*," (Modern Christian Journals and Modern Korean Literature) *Dongbang Hakji* vol. 127, 2004, p. 250.
[4] J. Hunter Wells, *Wisaing: Introduction to Hygiene* (Seoul: Korean Religious Tract Society, 1907): Since the current version is the second edition, the first one is supposed to be earlier than that.

service, 'hygiene' did not exist as a separate medical discipline in Korea. As he articulated in the beginning of the tract, even the concept of hygiene was something strange and new to Korean people, before he started medical work in 1895. Thus, he was devoted to popularising the theory and practices of hygiene, because he insisted "there is no more important subject in the world than hygiene."[5] At any rate, in consideration of Wells's career and professional interests, it is evident that he significantly contributed to the formation of hygienic narratives in Korea.

Germ Theories of Disease in East Asia

It is well recognised that the germ theories of disease were essential in the development modern medicine, as well as the etiology of diseases. As Michael Worboys commented in the *Encyclopedia of Medical History*, it was 'probably the most important single concept for the history of modern medicine.'[6] Worboys's subsequent book, *Spreading Germs*, thoroughly articulated the multiple dimensions of germ theories and practices, while Nancy Tomes's monograph, *The Gospel of Germs*, highlighted religious collaboration with scientific and medical discovery.[7]

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[5] Ibid., p. 1.
[6] Michel Worboys, *Spreading Germs: Disease Theories and Medical Practice in Britain, 1865-1900* (Cambridge: Cambridge University Press, 2000), p. xv.
[7] On the subject, see Nancy Tomes, *The Gospel of Germs: Men, Women, and the Microbe in American Life* (Cambridge: Harvard University Press, 1998): She illuminates the historical collaboration of Christianity and sanitary movement in America. In addition, the relationship between religion and hygiene is dealt with comprehensively in other works such as, John Duffy, *The Sanitarians: A History of American Public Health* (Urbana: University of Illinois Press, 1992); Suellen Hoy, *Chasing Dirt: The American Pursuit of Cleanliness* (New York: Oxford University Press, 1995); Juliann Sivulka, *Stranger than Dirt: A Cultural History of Advertising Personal Hygiene in America, 1875 to 1940* (Amherst: Humanity Books, 2001); Virginia Smith, *Clean: A History of Personal Hygiene and Purity* (Oxford: Oxford University Press, 2007).

In this chapter, I will scrutinize the germ theories of disease in relation to some conspicuous points. First of all, the germ theories were not simply confined in the lab as a revolutionary etiology, serving pathology and bacteriology. Rather they expanded into the realm of public health, precipitating the development of 'preventive medicine.'In particular, in the late 1890s, the concept of public health work in Europe significantly shifted from the control of disease to the promotion of health by focusing on the provision of personal health services, including infant and maternal welfare, and school medical services including health education. The basic aim was to build up the strength of people in order for them to resist against disease, to lead healthy lives and to take responsibility for their own health.[8] Germ theories did not simply correspond to the matter of disease but had always gone hand in hand with germ theories of health; in other words, how and why human 'soil' could resist the 'seeds' of disease. Their ability to resist infection was often linked to social class, economic level and morality. If certain kinds of medical work chose to ignore the socio-economic position of the people, then this has to be explained; it cannot be assumed to flow directly from germ theories.[9]

Secondly, germ theories were delivered to other parts of the world from the European context, and particularly to East Asian countries, under the umbrella term 'hygiene'. Although Ruth Rogaski argued that before the nineteenth century, *weisheng* (*wisaing* in Korean) was associated with a variety of regimens of diet, meditation, and self-medication that were practiced by the individual in order to guard fragile internal

[8] Michael Worboys, "Germs, Malaria, and the Invention of Mansonian Tropical Medicine," *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500-1900*, David Arnold ed. (Amsterdam: Rodopi, 2003), p. 197.
[9] Worboys, "Malaria", p. 197.

vitalities,[10] she overlooked a point that the term, *weisheng* was simply one aspect of *yangsheng* (nurturing life) tradition, and the term was not significantly mentioned even in the medical schools. Rather, as Rogaski stated, the appropriation of the term, *eisei* in Japanese by a Japanese doctor, Nagayo Sensai(1838-1902) in 1872 to translate a European term, hygiene, should be considered as the beginning of the concept of hygiene, *wisaing*, *weisheing*, and *eisei*.[11] Only after that point, with arrival of armed imperialism, did the meaning of *weisheng* shift away from Chinese cosmology and moved to encompass state power, scientific standards of progress, the cleanliness of bodies, and the fitness of races.[12]

In this respect, particularly in Korea, the germ theories of disease formed the basis of the concept of hygiene, and it became one of the most powerful tools for medical missionaries in persuading people to make changes in their traditional beliefs and in accepting the new religion from the West. It represented a simple but strong argument that the cause of every disease could be reduced to one thing, the germ, although germs were invisible to the naked eye. Thus, anyone who was willing to accept the reasoning would avoid disease, but anyone who did not would die of it.

Thirdly, germ theories were well suited to missionary activities in a number of ways. First of all, practices to remove germs are fundamentally personal rather than social, which meant that they could be exercised without a social reformation on a

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[10] Ruth Rogaski, *Hygienic Modernity: Meaning of Health and Diseases in Treaty-Port China* (Berkeley: University of California Press, 2004), p. 1: She described the concept of hygiene before nineteenth century in the chapter1, "Conquering the One Hundred Diseases": *Weisheng* before the Twentieth Century.

[11] The Chinese characters, '□ □ ,' can be pronounced differently in Korea, China, and Japan as such.

[12] Rogaski, *Hygienic,* p.1: She described the concept of hygiene before nineteenth century in the chapter1, "Conquering the One Hundred Diseases": *Weisheng* before the Twentieth Century.

large scale. Secondly, by presenting germs as a cause of most diseases, missionaries were able to present a clearer and simpler explanation than the complex notions of traditional medicine. Thirdly, an invisible but definitely existing entity meshed closely with the idea of sin, also newly introduced into the Korean context. Fourthly, personal cleanliness fitted well with the missionaries' project of establishing a 'a clean and pure religion.'

Spreading the Germ theories

The missionaries believed that the recent scientific and medical discoveries in Europe were valid and worthy of being taught in any circumstances. In addition to that, they thought that it was very effective to introduce scientific and medical theories for their mission, because they realised that the traditional perspective on the body and the world should be changed in order to improve public health and eventually to spread Christianity. Unlike the Japanese, the missionaries did not have the advantage of political power and could merely persuade people to accept their teachings. From the perspective of the Korean people, too, the new gospel of hygiene appealed as a way of changing their life voluntarily and beneficially. However, the lack of easily identifiable disease agents meant that missionaries were aware that there were inherent obstacles to the reception of the germ theories:

> Some people say that the germ theory is absurd, because they can't see the germs. However, it is true that one can watch the germs that are extremely small enough for several of them to pass

> the eye of needle easily, only if one can use the special glasses called a microscope.[13]

It was impossible for medical missionaries to exhibit the proof of germs for persuasion. However, they argued that although no one could observe the germs unaided, it was evident that they could be witnessed by anybody using a special device, a microscope, which had not previously been popular in Korea. Therefore, the germ theories could only be attested by those people inducted into the special techniques of observation, implying that acceptance of the germ theories was required instruction in a new set of knowledge.

A comprehensive description of germs therefore needed to be supplied by medical missionaries:

> Germs are in shape of worm and they are not visible, but they can be observed with only a device named, 'a microscope.' If one researches on human excrement, urine, or sputum by a microscope, one can find the germs called bacteria. Not all the bacteria can cause diseases or intoxication, for some of them are innocuous. The germ that is called bacteria can be found a lot everywhere in the soil, the water, and the air. Hygiene is the way to prevent these germs. Germs are much more in the water and the soil than in the air, and, particularly, many of them are near human residences. They enter into the deep water and deep soil. Germs that are swarming in the corpse buried under the earth can be exposed to humans, when the corpse and grave clothes are excavated. Among these germs, the oldest and the most contagious one was the germ that is in the scarlet fever, which makes the most horrible disease… According to an American doctor, germs are everywhere including in the soil, various vegetables, animals, flies, various worms, and various objects. They can infect whoever touches these things.[14]

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[13] *The Christian News* vol.1-28 October 7, 1897; All articles from Christian Journals in this chapter were originally in Korean and translated in English for this thesis.
[14] *The Christian News* vol.2-31, August 4, 1898.

It is remarkable that the author commented on the germ that caused scarlet fever as the most contagious one, which proves that the author had a kind of imaginary disease concept rather than a clinical one. Consequently, it is not surprising that the claim of the ubiquitous presence of germs, which was quite ideological and imaginary, astonished many people, for they had not recognised how harmful ordinary substances could be until they were exposed to missionary medicine. Moreover, if the theory was correct, it was a terrifying because invisible germs seemed to exist everywhere, possibly causing horrible diseases:

> Every disease in the world including smallpox, fever, and tussis breaks out according to the food, soil, and human disposition. However, it is true that different germs cause different diseases. The germ takes form, when the disease began. And the germs are spreading throughout the whole body, when the disease is in progress. When the disease is in critical situation, the human blood is seriously damaged, which makes a smell (force) that kills germs in the body. Furthermore, the smell (force) of dead germs kills new germs as well.[15]

In the article, the author insisted that germs caused every disease. Then, he described the stages of the disease in terms of the progress of germs in the body, which could be called a germ-centric explanation of disease. As it was described, the phase of disease was explained according to the size and the activity of germs in the body. In this respect, it was supposed to be critical to control the germs inside of the body in order to treat any disease.

[15] *The Christian News* vol.1-28 October 7, 1897.

In 1906, a more comprehensive and advanced description of germs was provided by a medical missionary, Dr. Marion M. Null (1872-1969)[16]:

> The germ is like a very small worm, which is, invisible, untouchable by hand, and untasteable with tongue as a smallest microbe. It was discovered by a German doctor, Christian Ehrenberg for the first time seventy years ago, when he observed a strange material in the middle of decayed food. He researched on the material with a microscope and eventually found that the material was a microbe. Since his research, others have been able fully to develop the theory of the germ. The germs have various shapes and characteristics such as round, long, long globe, a gourd, curl, coupled, connected, moving, fixing. One can observe these germs with a device, named a microscope that can enlarge the original shape by ten thousand times, no matter how small it is. The germs are everywhere in the water, soil, food, dirt, and even the human body.[17]

It is interesting that Dr. Null mentioned Christian Ehrenberg as a pioneer of germ theories instead of Robert Koch or Louis Pasteur. For some reasons, Ehrenberg was introduced to Americans as a pioneer of the observation on microbes, as a result of his contribution to the improvement of the microscope.[18] According to the article, the way in which the existence of invisible,

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[16] Marion M. Null M.D. graduated from University of Illinois Medical School in 1903, and was appointed to Korea with his wife Mrs. Null M.D. in the same year. They worked as medical missionaries in Korea for four years (1903-1907).

[17] Marion M. Null, *The Christian News*, vol.10-12, March 21, 1906.

[18] *The Annual Report of the American Institute of the City of New York*, 1859, pp. 477-9: It contains Mr. Breisach's paper on Christian Ehrenberg, titled 'The Great German Naturalist, Christian Godfred Ehrenberg, the Creator of a New Science.' In this paper, it is mentioned " Ehrenberg improved considerably the microscope, which was very imperfect when he commenced his first labors; and his merits in this line of optics stand as high as of any other inventor. It must be also stated that there is no branch of natural science in which he does not excel."

untouchable, and untasteable germs could be proved was a special process that was not familiar to most people:

> If one puts any food into a clean bottle, seals up the bottle with a stopper, and boils it to kill every germ in it, the food will never decay even after days. However, if one put some soil in it with a sterilised needle, then it will decay soon because of the germs in the soil. The same thing happens, if the sterilised needle is rubbed by the human body or dust, which means that the human body already contains germs and the needle delivers invisible germs.
>
> Therefore, we should be very careful with the harmfulness of the germs, and we should believe that it is the germ that makes anything decayed in the world.[19]

In this article, germ theories were proved by introducing an unprecedented method called 'experiment,' through which the author tried to make an analogy with religious sin. Two points should be considered in regard to this. One is about the nature of the Christian mission itself. In consideration of David Hardiman's argument that evangelical Christianity was a thoroughly modern project, in favour of a definition of modernity as a process of continuing dialectical engagement between the religious and the secular,[20] the religious analogy that was supported by a 'scientific' experiment fully demonstrated a collaboration of science or medicine and religion in the context of colonisation. The other is related to the way in which the analogy was made and used. In the American context, the germ theories of disease were articulated using feral imagery (‘microbial parasites’) rather than the botanical or agrarian metaphors more typical of the British ('seed and soil'), even though military metaphors also became increasingly popular in Britain. Microbes were often described in martial

[19] Ibid.
[20] David Hardiman, *Missionaries and Their Medicine: A Christian Modernity for Tribal India* (Manchester: Manchester University Press, 2008), p. 6.

terms as attacking, invading, and conquering their human hosts, but also were they portrayed as "atmospheric vultures and scavengers, penetrating agent of decay"[21] that "hunt in packs."[22] Nevertheless, the image of sin and transgression was very scarcely used in America in spite of the militant manner of germ theorist arguing "shut them out or kill them before they can succeed in fastening upon our bodies."[23] It was because they did not have to introduce Christian ideas to Americans, whereas missionaries in Korea had to teach *ab initio* the Christian concept of sin and the new methodology of science.

Furthermore, the role played by germs in decay needed to be demonstrated using concrete and familiar examples:

> However, the germs are useful in some ways. For instances, the germs are producing natural fertiliser that helps farming by making fallen leaves decayed. And the germs can make alcohol and *Kimchi*. No fermented food can be made without the work of germs. Some germs are very harmful to human by causing a lot of diseases. If germs get into the human body through holes in the body, the germs can cause various diseases by the poison they have. For instance, people contract asthma due to the germs that enter the lung, causing cough, chest pain, and blood phlegm. If the disease develops, the patient loses appetite, vitality, and weight and eventually it is very difficult to save his/her life. Since one can observe a lot of germs in the phlegm of the patient, the phlegm should be burnt.[24]

Although not every germ was dangerous, because some germs were beneficial for humans, most were portrayed as harmful and had to be eradicated to improve human

[21] Stephen Smith, "Practical Tests of the Antiseptic System," *Transactions of the Medical Society of New York for 1878* (Albany: Medical Society of New York, 1878), p. 130.
[22] Tomes, *Gospel*, p. 43.
[23] Ibid.
[24] M.M. Null, *The Christian News*, vol.10-12, March 21, 1906.

health. The fact that the germs were moving around through the excrement of patients, made the problem more serious.

In relation to the spread of the germ theories in Korea, as Ruth Rogaski mentioned, Japanese colonial authorities placed emphasis on the development of medical education and public health infrastructure as part of a conscious policy of civilising and potentially assimilating the Korean people in 1920s and through to the 1930s.[25] However, she has ignored the work of medical missionaries prior to the Japanese occupation in 1910, who work in East Asia regarding public health and public education on hygiene based on the germ theories of disease was significant and substantial. Therefore, the concept of hygiene in Korean modern history should not be interpreted only in connection to the Japanese policy of 'Hygienic Modernity.'[26]

Human Disposition and the Vaccination

It is worth drawing attention to the fact that missionaries mentioned human disposition as one of the elements of disease, which implied that germs were not the only risk factor. This confirms Worboys's insight that disease-germs cannot be considered in isolation from ideas about the body's reaction to them, hence, the dominant metaphor in British germ theories; that of 'seed and soil'. This notion was subsequently used by American doctors and scientists in order to explain how the interplay between one's individual constitution and an external disease agent

[25] Rogaski, *Hygienic*, pp. 257-60.
[26] Ibid., p. 137.

determined one's susceptibility to disease.[27] In this metaphor, bacteria were classified as plants, as were other likely pathogenic organisms such as fungi and fern spores. Only in the 1890s did the military analogy of invading germs in conflict with the body's defenses come to be used extensively.[28]

As these were comparatively complex ideas for the general public to grasp, they were generally simplified. The religious metaphor, 'seed and soil' came from the New Testament, and found special favour among popular interpreters of the germ theories in America.[29] For instance, an anonymous author wrote an article in the *Household Manual* in 1875, suggesting that germs were little animals – animalculae – and the seeds of microscopic plants. Particularly, in an 1874 article, the *New York Times* observed, "there are many 'cholera seeds' or 'scarlet-fever germs' or 'typhoid sporules' floating through the air, just as there are floating seeds of thistles or dandelions, or germs of tulip-trees or limes, or scores of the nameless plants which sow themselves wherever there is the slightest bit of soil or moisture favoring."[30] Originally, the metaphor was effectively used for two important purposes in Britain, 1) to confront the powerful and persistent argument against germ theories in general that germs did not invariably produce disease;[31] 2) to argue that all disease-causing germs were specific and that every infective disease would be associated with particular species of bacteria.[32] Although, in America, emphasis was mainly on the latter, to underline the specificity of disease agents, it is not surprising that the concept of human disposition

[27] Tomes, *Gospel,* p. 42.
[28] Worboys, *Spreading,* pp. 6-7.
[29] Tomes, *Gospel,* p. 42.
[30] Ibid., p. 55.
[31] Worboys, *Spreading*, p. 6.
[32] Ibid., p. 98.

beneath the metaphor of 'seed and soil' was conveyed by American missionaries to the general public in Korea.

On the other hand, in terms of Korean medicine, the human disposition weighed more in America, because the concept of human disposition had been established in the *Sasang Uihak* (Four Constitution Medicine) by Lee Jema (1783-1900), who classified the inborn constitution of people in four types, to establish a philosophical and practical system of medicine. Thus, the idea of human constitution or disposition was very familiar to the Korean people, suggesting the germ theories may have been accepted through traditional medical concepts. In this regard, in order to explain the concept of vaccination, the theory of 'the smell or force' (*qi*) of dead germs having enough power to control living germs was introduced. In this way, the work of germs became the basis of preventive medicine. It is remarkable, as well, to observe that the term to describe 'the smell or force' of dead germs was the same as that was used for the life force, *qi*, in Chinese characters.

> Although there are diseases that are not caused by germs such as an epilepsy and madness, other than that, every disease is caused by germs. Thus, because vaccination is purposed to prevent any disease caused by germs in the future, it is highly recommended for any children to be inoculated, when they are still young.[33]

One way that had been recently developed to control bad germs was called vaccination or inoculation. One author tried to provide reasonable foundation for these medical practices, showing that it was not a form of magic:[34]

[33] *The Christian News* vol.1-28 October 7, 1897.
[34] *The Christian News* vol.2-31 August 4, 1898.

> Until recently, a dreadful disease killed a lot of people in England. Thus, scholars researched the cause and the cure of the disease. It turned out that a cure for the disease was cowpox that came out of a scab of suffering patient. At first, for the safety of human, scholars tested this medicine by injecting the legs of goat or rabbit with the medication. Then, they injected it into humans.
>
> The underlying principle of this medicine is that the scab of patient is the debris of the dead germs in the patient's blood, which can be injected into the human flesh to spread the bad force in the body, in order to prevent contracting the same disease by restraining germs from propagation.
>
> The basic theory for the reason why the vaccination works is because even a speck of dead germ inside of the body can control tens of thousands of other living germs that get into the body later.[35]

This article provided a way of comprehending how inoculation worked and how a piece of dead germ that was injected to the human body could control other numerous living germs in the process of inoculation.

In regard to this topic, two points are worth considering. Firstly, in view of the rapid development of laboratory-derived methods of diagnosis, treatment, and prevention in medicine since the late 1890s, medical missionaries in Korea could make a distinction between inoculation and vaccination in the strict sense. However, they do not seem to have been overly concerned about these particular distinctions. Rather, they intentionally simplified the explanation to deliver the basic idea of protection in order to mitigate public suspicion and anxiety. Secondly, the *qi*, or force of the dead germ, had the ability to remove other living germs. It was supposed be the work of the germ that made the inoculation possible, rather than the human ability to develop

[35] *The Christian News* vol.1-28 October 7, 1897.

immunity. Given the fact that germs were considered the efficient cause of every infectious disease, and that they could be controlled by inoculation, this was supposed to be the best way of preventing epidemics. The author argued that even an intestinal convulsion could be prevented in this way, and he expected that such a vaccine would soon be available.[36] However, the author's assertion disclosed an ambivalent attitude toward vaccination itself. On the one hand, it was like a 'magic bullet' to prevent any disease, but, on the other hand, it reflected the contemporary doubts about the safety and efficacy of some vaccines. Concerns about the use or misuse of vaccination were submitted not only by the people but also by the scientific and medical societies, mainly because there was a possibility of relying too much on vaccination to the exclusion of other methods.

Disease Classification

Having introduced a new etiology, it was natural to make a new categorisation of diseases on the basis of it. However, when one unknown author of an article tried to make new groups of disease, he did not totally ignore traditional ideas. Rather, he utilised the traditional framework of classifying disease, making distinctions between diseases arising from imbalance or blockage inside the body and those caused by the external environment:

> There are two significant types of disease that should be taken very seriously. One is contagious disease and the other is

[36] *The Christian News* vol.10-27 July 5, 1906.

> disease from the internal organs. The former has more germs that communicate diseases, moving to other people's body. Such diseases as small pox, scarlet fever, fever, measles, pertussis, the eye disease of a newborn child, the gall disease, and typhoid fever are contagious. And the latter is a type of disease that is caused by the germs out of soil, water, and air, entering the human body. Malaria belongs to the latter. In addition, it is not exactly known to which category diseases such as fever and infirmity,[37] cholera, and seasonal epidemic disease belong. Thus, they are located in between and named 'internal organ epidemics.' In both cases, there are weird and wicked germs that generate diseases.[38]

The classification of disease given in this article is interesting for several reasons. Firstly, the author clarified that some diseases were definitely contagious by referring to the movement of germs from body to body. Even 'diseases from internal organs' were said to be caused by germs. The only difference between them was whether the germs were delivered directly from the environment or indirectly by humans. Furthermore, cholera could not be clearly categorised, because although the symptoms were related to the inner organs, it was definitely a communicable disease according to the germ theories. Another disease, a seasonal epidemic, was also difficult to classify due to its supposed link to climate in spite of its causal relation to germs. Named 'fever and infirmity' (*heoyeol byeong*), it was a distinctive disease because the naming reflected an underlying concept of disease based on the traditional medical idea that the emptiness or hollow of *qi* inside the body caused chronic fever. Thus, it was far from evident that 'fever and infirmity' was a contagious disease, standing apart from an explanation based on germs.

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[37] The disease is typically classified in the Chinese and Korean medicine. The cause of disease is the lack of *yang* force, and the representative symptom is the fever. Thus, in principle, the infirmity of the internal *qi* can cause of the disease.

[38] *The Christian News* vol.2-31, August 4, 1898.

Furthermore, it could be observed that there was a correlation between this notion and the seed/soil analogies popular in Britain and America. The classification of these two types of disease corresponded to: 1) bacterial germ theories that presented the etiology of sepsis as one in which exciting causes seemingly had complete for supremacy with predisposing ones, and 2) the idea that living tissue, the human soil, was germless and, indeed, resistant to the action of septic germs.[39]

Killing Germs to Be Clean

The new etiology illuminated an important and effective method to cope with disease in advance, which was the removal of germs from the human living area as thoroughly as possible. At any rate, it was one of the most significant aspects of the new understanding of diseases that the germ was inevitably connected to filthiness and the way to prevent disease was unavoidably linked to cleanliness. Therefore, the relationship between prevention of diseases and cleanliness was strongly emphasised, and cleanliness was naturally related to practices of killing germs:

> In principle, the seed of disease comes from filthiness. People are infected (contaminated) by other (dirty) patients. Furthermore, people contract disease when toxic germs from wicked air get into the lung through the way of respiration, or the limbs and clothes of people are contaminated by germs that proliferate in the body. Therefore, medical doctors who emphasise the hygiene concluded that the cleanliness and the treatment of the origin of disease should be prioritised, after they have thoroughly researched. There are a lot of diseases in the world including plague, cholera, dysentery, leprosy and so forth, and the

[39] Worboys, *Spreading*, p. 106.

> symptoms are all different even for the same disease, according to the personal factors. Some diseases are curable, and others are not. Therefore, what we have to make our effort to do is only the hygiene. In order to be healthy, keep the residence, food, and clothes clean and have more sunlight and remove humidity.[40]

In this article, it is also remarkable that a kind of moral judgment was applied to describe disease-causing germs, because 'wicked' or 'evil' air was supposed to induce malicious diseases. Such religious or moral inflections were employed commonly in public education. In addition, even though this was an article in the *Christian News*, it was originally taken from a book, *Yumongcheonja* (The Basics for the Childhood Education), published by the co-operation of James S. Gale (1863-1937), and Lee Chang-jik(1866-1936).[41] The book was composed in Korean for the purpose of childhood education, in four volumes, and titled 'The Thousand Character Series.' It was an encyclopedia for children, designed to teach them 'Western civilization.' It contains chapters on various topics such as the Earth, races, thunder and lightning, animals, astronomy, arithmetic, and so forth. In this book, in the chapter entitled 'sickness,' Gale tried to explain germ theories of disease to children. Regarding this article, three points should be considered. First of all, he made the use of the term 'seed' to explain the work of germs as the cause of disease. Secondly, the germ was associated with moral judgment, which was very common in the narratives of germ theories in Korea. Finally, as a new etiology, germ theories were mentioned in association with filthiness.[42]

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[40] *The Christian News*, vol.5-33, August 15, 1901.
[41] James Gale, *Yumongcheonja; The Thousand Character Series: Korean Reader Number I* (Yokohama: The Fukuin Printing, 1901)
[42] Ibid., p. 41.

The 'seed-soil metaphor' could be a perfect ground to promote cleanliness, as though germs were everywhere and were always entering the human body, not everyone contracted disease, suggesting the importance of cleanliness in resisting infection.

> In case when someone's condition is bad due to anxiety, hunger, drinking alcohol too much, being exposed to a wicked force, or being weakened by various reasons, one should contract disease by contacting any germ. In the contrary, when some are in good condition, they are not going to have any disease in spite of the contact of the same germ.[43]

Although the germ theory was supposed to be the most plausible explanation of disease, it did not mean that anyone who had bad germs in the body automatically contracted the disease. This concept was already familiar as 'the seed-soil metaphor' shared a common ground with traditional medicine, which claimed that, in most cases, the human disposition and particular conditions were more important than the invasion of evil forces from outside to prevent diseases. Correspondingly, Lee Yoolgok (1536-1584), one of the most prominent Confucian scholars of the Joseon Dynasty, mentioned, "life or death of people is only upon the will of Heaven, but the foundation of nurturing life is upon human. Therefore, nurturing *qi* in advance and treating disease properly in case of suffering are the keys to enjoy a long life given by Heaven."[44]

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[43] *The Christian News*, vol.2-32, August 11, 1898.
[44] Lee Jin-Su, *Hankook Yangshengsasang Yeongu* (A Study on the Korean *Yangsheng*) (Seoul: Hanyang University Press, 1998), p. 67.

It is remarkable that the traditional term *yangsheng*, the nurturing of life, was used interchangeably with the new term, 'hygiene', in late nineteenth and early twentieth century Korea. Even though hygiene was imported as a foreign theory, it was explained and understood on the basis of a traditional concept. For example, while *yangsheng* emphasised 'good food' for health, in hygienic terms 'good food' implied 'clean food.' At any rate, since it was difficult to find a clear distinction between hygiene and *yangsheng*, anything recommended for one was also good for the other. Thus, in the *yangsheng* tradition, consuming food was one of the most important matters for health, and it was also considered good for hygiene:

> Fruit is beneficial to hygiene. There are good materials in fruit such as sugar, fibre, oil, albumin and so forth. The juice in fruit is good for the appetite, and fruit is good for the liver and kidney disease. A foreign fruit, which is called strawberry, is good for gall diseases. The apple, fig, orange, peach, and all kind of berries are good for dyspepsia. The best fruits for *yangsheng* are persimmon, jujube, fig, grape, and plum, because they contain juice, sugar, salt, and acid.[45]

In this article, the author did not hesitate to exchange the two terms. Thus, fruit was considered profitable for hygiene as well as *yangsheng*. In addition, both concepts were applied to prevent and treat disease simultaneously. Daily exercise, good food, fresh air, and sunlight were critically important to treat diseases,[46] as well as to prevent them:

> Even though medication is the best way to treat disease, there are three good ways apart from medication- - air, sunlight,

[45] *The Christian News*, vol.1-37, December 9, 1897.
[46] M. M. Null, *The Christian News*, vol.10-12, March 21, 1906.

> and good food. When it is said 'good food,' it is not meant expensive food, but simply milk, rice, meat, and water. One of the benefits of sunlight is to kill germs.[47]

However, even in order to practise *yangsheng* or hygiene, it was also considered important not to consume any food that was contaminated by germs, for it was possible that any food could be affected by these invisible and potentially deadly entities. Therefore, disinfecting water, food, and dishes by boiling them was strongly recommended:

> It is critically dangerous for any food to be contaminated by a single germ that can come from almost anywhere, because a germ can proliferate up to hundreds soon. Therefore, you have to eat any food as soon as it is ready, in order not to be decayed or infected by germs.[48]

The argument that even one germ could induce decay in a whole food item scared people, for people were confronted by an invisible and formidable enemy. Therefore, at any rate, the practice for cleanliness and killing germs came to be very significant for health.

In spite of similarities between *yangsheng* and hygiene, it was evident that the Western concept emphasised particular ways of being clean and killing germs in order to prevent diseases on the basis of scientific explanations. From the perspective of missionary medicine, nurturing bodily and spiritual health to resist germs was too similar to the argument of traditional medicine, failing to provide novelty to people. In addition, removing germs could be a concrete way of embodying the abstract idea of

[47] J. Hunter Wells, *The Christian News* vol.6-19, May 8, 1902.
[48] *The Christian News*, vol.2-32, August 11, 1898.

cleanliness. More and more, the germ was depicted as a dirty entity and thus, cleanliness was connected to the eradication of germs.

As a result, people came to affirm a strong relationship between germs and filthiness and the killing of germs and cleanliness: "there are a lot of germs wherever it is filthy,"[49] and cleanliness was the most effective measure to remove them. Furthermore, given the argument that the germ was one of the necessary conditions of disease, itsprevention could be reduced to the seemingly easier task of killing germs rather than nurturing the life force/ human composition. Thus, it was very important for mission medicine to teach the possible ways of eliminating germs in daily life:

> The easiest and natural way that is recommended to kill invisible germs is disinfection by sunlight. In general, the germs causing various diseases could be eliminated by sunlight. Since every disease was believed to break out in damp and shady places, dryness and sunlight were considered indispensable to prevent disease.[50]

That kind of notion defied traditional ideas that not solely dampness but the imbalance of dampness and dryness were necessary to cause disease. Germ theories established a new presupposition that anywhere germs were living, particularly damp places, were dangerous. Therefore, only sunlight, heat and consequent dryness were deemed beneficial for health, because they eliminated germs. On top of natural means such as exposure to sunlight, certain chemicals were recommended to use and even a convenient method to produce particular chemicals were introduced:

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[49] *The Christian News*, vol.2-32, August 11, 1898.
[50] *The Christian News*, vol.1-33, November 11, 1897.

> Especially in the summer when the temperature is so high, privies, streams, and water pumps stink containing a lot of germs that cause disease. Anyone minds the hygiene should kill the germs and disinfect with a medication named, 'lead(ll) nitrate,' a powder that one can scatter upon the filthy area to remove stench and to kill germs. In addition, there is one more excellent compound to kill the germs and to remove stink. One should put a small spoon of 'lead(ll) nitrate' in a bowl of boiled water and put two spoons of salt in four bowls of cold water separately. Then, if one mixes them to produce 'lead(ll) chloride' that is not that expensive but very effective, when it is applied to filthy areas.[51]

Because killing germs was supposed to be one of the most urgent and crucial practices for hygiene, particular chemicals were required for this purpose. Although people recognised that germs could be eliminated when they were heated or frozen, the most reliable way to remove them was to use chemical disinfectant. Chemicals such as 'carbolic acid' (phenol) and 'corrosive sublime' (Bi-chloride of Mercury) were consequently highly recommended.[52]

It was not only germs that were strange to most Koreans, but also the remedy proposed to remove them. The message that was embedded in the practice of using chemicals was that although the germs and the procedure of killing them could not be witnessed by the naked eye, people should believe in their effectiveness. Thus, at times, more practical and detailed instructions were necessary:

> When you have any of disease in your village, you should be very careful to disinfect dirty places and to take possible precautions against the disease. Among the diseases, the most

[51] *The Christian News*, vol.2-23, June 9, 1898: "Lead(ll) nitrate" has been known by Europeans as a material to make pigments for lead paint since the Middle Ages. It began to be produced for the commercial reasons to make other lead compound from the late 19th century. "Lead(ll) chloride" is a lead compound that can be made by mixing of lead(ll) nitrate and sodium chloride(NaCl). However, in general, the use of these chemicals for antisepsis has not been reported in detail.
[52] *The Christian News*, vol.2-32, August 11, 1898.

> dreadful ones are 'fever and infirmity,' cholera, and seasonal epidemic disease. In order to prevent these diseases, the excrement and belongings of patients should be disinfected. Carbolic acid should be applied on the excrement of patients before it is buried, and all personal belongings are to be cleansed. The container of the excrement of patients should be porcelain bowl that has a tight cap, preventing germs from escaping. In addition, the medical gown of patients should be made of cotton instead of wool to prevent germs. Whoever being close to the patient including even doctors should disinfect their body and wash their hair, moustache and beard with caution.[53]

Not only human disease, but also diseases of livestock could be prevented by the same practice of killing germs. Even in this case, cleanliness was deemed the most important consideration because germ theories were regarded as universally applicable:

> The chicken epidemic is the same as human cholera. If only one chicken contracts the disease, all other chickens are going to be infected as well. An expert in livestock disease recommended that one should clean up and disinfect the henhouse with antiseptic medicine, and then, give them medication, in order to prevent the chicken epidemic.
>
> According to his recommendation, a farmer cleaned up the henhouse, burned roost, spread quick lime on the ground, disinfected the entire area with phenol, fed the chickens with this solution, and gave them other medication. Then, he moved his chickens to a clean place where they could have enough sunlight and clean air. As a result, none of his chickens contracted the disease. As in the case of humans, it is the most important point for the people who have livestock to prevent disease that the livestock should be clean all the time.[54]

In order to treat epidemic disease, the same procedure was recommended as for human epidemics. In this case, phenol was used to disinfect germs. For human and

[53] Ibid.
[54] *The Christian News*, vol.5-11, March 14, 1901.

animal diseases alike, the three most important ways suggested to kill germs were antiseptic chemicals, sunlight, and clean air. One further point is worth considering in this regard, which is that the term, *yak* (medicine or medication) is a versatile idiom to designate any material related to health including curative and preventive medication, drugs, ointment, injection, and even material to remove any harmful things. Thus, the usage of the term, *yak*, leads to another fact that even when the new type of medicine was introduced, it had to be integrated into the established scheme of health and medicine regardless of the missionaries' intention to totally replace the old one.

Body and Environment

Given the fact that in Confucian culture, especially Neo-Confucian, the body was a place where universal virtue could be inculcated, it was natural that any type of cleanliness should begin with the human body. However, the reasoning for washing and cleansing the body provided by missionary medicine was quite different from the traditional one:

> The human skin maintains very important functions to protect the flesh and body. One of them is to transpire sweat and bad air through the pores on it, in order to clean up the blood. Another is the discharge of a material that is named, 'carbonic acid' (carbon dioxide) and to obtain the good air named, 'oxygen.' In order for the skin to work properly, it is best that we wash our skin with water to clean up. Thus, it is highly recommended that you have to take bath and to change clothes as often as possible.
>
> However, in the winter when the weather is cold, washing face and hands too often with cold water damages the skin.

> Therefore, you have to use warm water and soap to wash. Otherwise, not only the skin is chapped, but also it will have diseases such as a swelling or a rash. In order not for that, it is recommended to put glycerine or a cream called, Vaseline on the face and hands after every washing to make the skin soft.[55]

In this article, the author emphasised the importance of the human skin, which was supposed to be a gateway for the exchange of bad and good air or forces. Instead of the traditional classification of bad and good air, the bad one took the new name, 'carbon dioxide,' and the good air was called 'oxygen.' Anyway, washing the skin by water and soap, taking baths, and changing clothes were the best ways to make the skin work perfectly. In particular, glycerine or Vaseline was highly recommended. Cleanliness was highlighted in relation to the function of the skin and the link between hygiene and cleanliness was reinforced in this way. In terms of hygiene, it was the most urgent task that the human body and the surroundings should be clean according to the new standard. Taking a bath was emphasised because dirt which had soaked into the pores could possibly cause disease, especially if the skin had been damaged by wind.[56] Apart from taking care of the body, individuals needed to protect their environment from contamination by germs:

> It is seriously dangerous for anyone to live in such a dirty environment as in a small room having dirty walls with dirty tables and desks, to which flies are attracted. In that situation, the dirty force oppresses people.[57]

[55] *The Christian News*, vol.2-37, September 15, 1898.
[56] *The Christian News*, vol.10-1, January 4, 1906.
[57] Ibid.

The living conditions of the majority of people, which they had never considered unclean, were thus deemed dirty or filthy, and implicitly harmful to health. According to this view, washing away dirt with water was the only way to recover cleanliness for the sake of health.

For skin diseases such as scabies, taking a bath with water, soap, and a kind of chemical compound was recommended. Even then, the water needed to be boiled before it was used, in order to ensure that it was clean:

> Even though scabies is strongly contagious, if you wash your hands with water and soap even after touching of the disease, you will not contract it. Thus, it means that the people who have the disease didn't cleanse the body well enough. Because the remedy to treat the disease is also simple, one doesn't have to wait to be cured. Mix eight bowls of water, 600 grams of sulfur, and the same amount of lime and boil it until the colour turns to red. In order to treat the disease, one should wash the whole body with this material at night, and let it dry naturally until the next morning. Then, wash the whole body with water and soap and change clothes in order to be immediately cured. The clothes that the patient put on should be washed with boiling water in order to prevent the same disease.[58]

Since scabies was a skin disease, it was natural to wash the body with water to obtain a cure. However, in order to treat the disease, it was required to make a type of medication by mixing some ingredients such as orpiment, calcium dioxide, and water. Again, soap was considered a very important material to remove dirt and eventually germs. Boiling was another recommended technique to make water safe by killing germs.

[58] *The Christian News*, vol.1-2, April 8, 1897.

In addition to personal cleanliness, one of the urgent issues regarding public health was the amelioration of the living environment of ordinary people. In order to emphasise this, missionary authors pointed to the filthy living conditions typical of cities:

> … a pigpen and a privy are too close to the entrance of house. The yard of house is filled with excrement of dogs and chickens. Not only are the waterworks not serviced, but also the sewer system is not separated. Thus, manure blocks the sewer. People dump the debris, and small rocks just outside of their gates. Therefore, it is not surprising at all that there are severe diseases such as intestinal convulsions, contagious diseases, and skin diseases breaking out in the crowed city.[59]

However, it is typical that the author mainly focuses on personal matters affecting the householder and the householder's personal responsibilities rather than the need for social reform. He wrote that anyone who did not clean up their household hurt others as well as well as themselves. Furthermore, he claimed that some regulations regarding hygiene were critically required in order to separate water and sewerage and to prohibit dumping of waste. In order to achieve this, he argued that the punishment for anyone who broke the regulation should be conducted.[60] In this way, the issue of hygiene was accepted not simply as a personal matter, but as a communal or social one, subject to law enforcement.

> The entire household should be cleaned up thoroughly and the dirty things should be placed away always, which is the way in

[59] *The Christian News*, vol.10-1, January 4, 1906.
[60] Ibid.

> which people can construct a new world without disease that is full of brightness.[61]

The disposal of human excrement was another problem for the proponents of hygiene, because the traditional toilet system was deemed filthy and unpleasant. Medical missionaries argued that the basic structure of the traditional house was not good for hygiene and advocated the re-structuring of buildings:

> The toilet should be built with brick or stone in order to prevent bad air from penetrating the walls. The location should be at least thirty to thirty-two feet away from house, and it should be away at least the same distance from the well. The greater the distance from the toilet to the water source, the better. It will be better if the toilet is cleaned up using water. In addition, it is good to bring the septic matter away, and, in order to protect public health, foul water needs to flow away quickly.[62]

In spite of their interest in the germ theories of disease, the relationship between filthy environments and diseases was also strongly emphasised by medical missionaries in Christian journals. One of the representative diseases was malaria, which has a long history in Korea and had been known as *hakjil* since 1122. Traditionally, the classification of disease encompassed any disease accompanying fever and chills, and it has been very common in many cases.[63] The disease later known as malaria had been conceptualised a disease of individuals, not attracting any national concern until the end of Joseon Dynasty, because it was not thought to be an epidemic.[64] However,

[61] Ibid.
[62] *The Christian News*, vol.6-11, March 13, 1902.
[63] The Korean Society of Infectious Disease, *Hankook Jeonyeombyoengsa* (A History of Infectious Disease in Korea) (Seoul: Goonja, 2009), p. 100.
[64] Ibid., p. 115.

it had political implications. Malaria was thought to break out when a king was misgoverning, particularly when activities for summer were delayed to autumn.[65] Even after the coming of medical missionaries, malaria was one of the most common diseases in Korea. According to H. N. Allen, the first medical missionary in Korea, among all patients he treated during April-October, 1885, 738 patients (11.0%) were malaria; the largest number from any disease.[66] As one of the most common diseases in Korea, malaria was a perfect example to prove the efficacy of Western medicine.

In fact, "malaria was the most widespread of all 'tropical' diseases, and the main cause of death in most of Europe's colonies."[67] Initially, malaria as a generic term referred to the miasmas that caused disease (i.e. bad air) rather than the disease itself, although cause and effect (disease) came to overlap, especially after 1880,when the French military doctor Alphonse Laveran successfully isolated the causal agent, the *Plasmodium* parasite.[68] Before the differentiation of malaria as a modern disease category, sanitarians and others supposed that the disease arose when a malarious poison or ferment, developing from decaying matter in the soil, was spread by evaporation after rain, or arose from soil disturbed by agricultural or urban development. Even after Laveran's discovery, the old link between the disease and bad air (mal-aria) remained for many years more. However, malaria became to be enrolled as a germ disease in the 1890s by the effort of Patrick Manson, a founding father of tropical medicine, who maintained the position that 'Malaria is the same… as any

[65] Ibid., p. 165.
[66] H. N. Allen, "Dr. Allen's Report on the Health of Seoul (Corea)", *Medical Reports* (September 30, 1885), pp. 29-30.
[67] Mark Harrison, *Diseases and the Modern World: 1500 to the Present Day* (Cambridge: Polity Press, 2004), p. 135.
[68] Ibid.

other germ [diseases].'[69] One of those who accepted Lavenran's theory under the influence of Patrick Manson was Ronald Ross who was an Indian Medical Service officer. In order to prove Manson's hypothesis, Ross conducted some experiments in India, and was able to prove that malaria was transmitted by the *Anopheles* mosquito by 1898.[70] As a result, the new understanding of malaria 'the protozoan-mosquito account' that clarified the cause of disease gained currency rapidly in British colonial medicine.[71]

In the middle of these developments, in the 1880s, the poison theory and the 'chill theory' that defined the disease by its symptoms – especially fever -- not by its etiology were combined in advice on how to avoid the disease: 1) to find or create settlements in areas free from the poison or from extremes of temperature; 2) to take individual precautions to mitigate exposure to the same variables; and 3) to use quinine as a preventive and a cure.[72] In spite of missionaries' strong confidence in the germ theories of disease, malaria was still known as a 'chill disease' and as attributed to humid and filthy conditions, including swamps, creeks, and rice paddies. Consequently, to some extent, medical missionaries understood malaria in connection to the old notion that high and fluctuating temperatures, high humidity, and exposure to intense sunlight weakened the constitutions of Europeans who were not designed for, or adapted to, warm climates.[73]

[69] Worboys, "Malaria", p. 193.
[70] Ibid.
[71] Ibid., p. 194.
[72] Ibid., pp. 187-8.
[73] Ibid., p. 183.

> Because malaria is very common where there are a lot of germs, the best way to avoid malaria is by not living in that area. If one can't stay away from that area, one should be cautious of the dampness that comes from fog and moisture in the morning and at night in order to prevent the disease. And one should exercise to gain strength everyday, because it is very easy for people who don't do the physical exercise to contract the disease. In addition, the people who live in that area should wear the inner wear made of wool, take bath in the warm water everyday, not lay down on the cold ground, not sleep in the cold, make the floor higher than the ground, not dig up the ground, and heat the house to remove moist air. It is not good for them to eat any fruit, fish, and vegetables that can cause indigestion and to keep their stomach empty. They have to drink only boiled water.[74]

In addition to the recommendation to avoid poisonous environments and chill-causing coldness, strengthening the human body to resist disease was heavily stressed. Recommended remedies for malaria were not simply taking medication such as quinine, but physical exercise, wearing proper clothes, taking baths, consuming proper food and eventually changing living environment, as in the *yangsheng* tradition and 'seed-soil theory.'

Furthermore, although it was so peculiar that it could hardly be found in European theories on malaria, the link between malaria germs and the material, carbonate hydrogen was also highlighted.

> In general, the germs causing malaria are fed by material named, 'carbonate hydrogen' that comes from the place where dead animals, vegetables, and weeds are decaying as well as swamp, filthy streams, and pits. Therefore, if anyone find any filthy puddle and swamp around one's house, one should drain the water to remove the germs causing malaria.[75]

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[74] *The Christian News*, vol.2-32, August 11, 1898.
[75] Ibid.

In this way, preventive medicine was defined by the removal of germs that were supposed to induce diseases and their eradication came to be deeply connected to practices of cleanliness.

Clean Water

A clear-cut distinction between clean and unclean water was something new to Korean people, who had a very different idea of its properties. The missionaries' definition of water cleanness defied the traditional concept of 'clean water' as it implied that the water they had used and drunk for ages was deemed unsuitable in certain conditions.

Above all, a new characteristic of water was introduced. In an article explaining the constitution of water, J. Hunter Wells began with the religious confession of God, the creator, and the world that had been created by God to illustrate the chemical elements such as oxygen and hydrogen from the perspective of science.

> In the creation of God, one of the most important things for humans is water. More than three quarters of the human body consists of water, which allows the circulation of blood and prevents the body from dehydrating. As three fourths of the Earth is covered with water, it protects everything on Earth from desiccation caused by strong sunlight. The two basic elements, hydrogen and oxygen constitute water. Oxygen is a very critical element for the survival of all creatures. Thus, it is beneficial for everybody to be exposed to these forces.[76]

[76] J. Hunter Wells, *The Christian News*, vol.6-7, February 13, 1902.

In this way, Christianity and scientific modernity were correlated with each other. Water was not simply a liquid material for daily life. Rather, it containedabstract and religious meanings on top of invisible components such as oxygen and hydrogen. Furthermore, Wells stated that the reason why some water springs could be used as the remedy for certain diseases was because spring water consisted of such elements as iron, salt, magnesium, and sulphur as well as oxygen and hydrogen.[77] In fact, from the turn of the seventeenth century, many spas in France started being used for medical remedies.[78] Mainly there were two types of spa for treating disease. Hot springs for drinking and bathing, and cold springs for only drinking.[79] Therefore, the idea that the mineral in the water or the mineral water itself is curative for certain disease was very popular among the medical profession as well as general public in Europe.[80] On the basis of the belief and in order for the convenient use of mineral water for medical treatment, the development of hotels and boarding houses at the springs began to be prevalent in Europe and America in the eighteenth and nineteenth century.[81]

In addition, Wells described the difference between clean and unclean water, providing a new standard of cleanliness based on germ theories. He affirmed that according to the new theories, any water containing germs was unclean, but anything that could kill germs was good for health:

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[77] *The Christian News*, vol.6-10, March 6, 1902;
[78] A. van Tubergen and S. van der Linden, "A Brief History of Spa Therapy," *Annals of Rheumatic Diseases* vol. 61, 2002, p. 274.
[79] Laurence Brockliss, "The Development of the Spa in Seventeenth-century France", *Medical History Supplements* vol. 10, 1990, pp. 23-47.
[80] Noel G. Coley, "Physicians, Chemicals and the Analysis of Mineral Waters: 'The Most Difficult Part of Chemistry'," *Medical History Supplements* vol. 10, 1990, pp. 56-66.
[81] Hirak Routh, Kazal Bhowmik, Lawrence Parish, and Joseph Witkowski, "Balneology, Mineral Water, and Spas in Historical Perspective," *Clinics in Dermatology* vol. 14, 1996, p. 553.

> Unclean water causes lots of diseases such as diarrhoea, dysentery, cholera, dyspepsia, chronic fever, malaria, emesis, throat disease, and melena. These diseases are caused by deleterious water, because the water contains germs.[82]

One of the most significant issues in hygiene was therefore to secure 'clean water.' Thus, Wells elucidated the ways in which people could choose clean water sources. Most of all, it was evident that clean water was related to the creation of God, because the main water sources, rain and snow, came from above to nurture all the plants in the world. Thus, it was thanks to God that water was created for all life on earth.[83] In his remarks, Christianity was not separated from science at all; rather both were intermingled.

As a clean water source, Wells particularly mentioned rainwater as it was supposed to be much cleaner than other water sources so that it could wash away filth, dirt and even germs:

> Rainwater washes rotten material, excrement, and water pits to make them clean. The invisible small germ, which is called a Bacterium, flourishing in the hot air can be removed after rain.[84]

[82] Wells, *Introduction*, pp. 10-11.
[83] Wells, *The Christian News*, vol.6-7, February 13, 1902.
[84] Wells, *Introduction,* pp. 6-7.

In view of these properties, rainwater was supposed to be able to clean up such filthy materials as septic matter, excrement, and flush sewers. Another effective function of rainwater was that a lot of germs in the air could be washed away by it.[85]

It was very typical that Wells emphasised the usefulness of the sea breeze to control diseases. "Without the sea breeze, the diseases like tussis [whooping cough], plague, lung disease, and cholera can furiously rage;"[86] views which were not generally accepted by most contemporaries in Europe and America, except in the case of respiratory diseases.[87] One possible reason for these beliefs was that he thought that, like rainwater, salt water could deter the accumulation of germs.[88]

As for clean water, river water was thought to be more complicated than other sources because it could easily be polluted by filth:

> Some river water is good, when the riverhead and riverside are clean enough. Other river waters are filthy, when the source is unclean and the river runs through large towns and farming areas. It is because the garbage of stables, faeces of privies, sewers of villages, used laundry water, and the manure of farms flow into the river. If such diseases as dysentery, diarrhoea, and cholera break out in the town that is located in the lower reaches of a river, the reason is the filthy water coming from a big town in the upper reaches. However, even contaminated water can be cleaned up again in two and half miles by the work of oxygen.[89]

[85] Wells, *The Christian News*, vol.6-7, February 13, 1902.
[86] Wells, *Introduction,* p. 11.
[87] His argument was not dealt with contemporary text books such as, J. Lane Notter and R. H. Firth, *The Theory and Practice of Hygiene* (Philadelphia: P. Blakiston, Son & Co, 1896); Edmund Parks, *A Manual of Practical Hygiene*, 7th edition (Philadelphia: P. Blakiston, Son & Co, 1887)
[88] Wells, *The Christian News*, vol.6-10, March 6, 1902.
[89] Wells, *The Christian News*, vol.6-8, February 2, 1902: This idea came from Notter's book, *The Theory and Practice of Hygiene*: and Notter's argument was also criticised by British scholars.

Wells tried to persuade people that the contaminated river could be a cause of dysentery, diarrhoea, and even cholera, emphasising the concept of waterborne diseases. Nevertheless, his claim that disease could break out just because of filthy water and that even filthy water could be purified by the work of oxygen was very peculiar, even in the context of Western medical knowledge at this time. It shows an especially strong connection between filthiness and disease, which was far more pronounced in missionary discourses on hygiene than in secular ones.

One critical reason for securing clean water sources was to prevent waterborne diseases. In order to do that, the author attempted to explain how many diseases could be caused by drinking unclean water:

> Unclean water causes a lot of diseases including diarrhoea, dysentery, cholera, and dyspepsia, chronic fever, malaria, throat disease, and a bloody flux. In addition, the worst disease caused by germs in unclean water is intestinal worms.[90]

In traditional medicine, people contracted dysentery when their internal organs, particularly their digestive systems became debilitated under the influence of a malign force outside their body. Thus, strictly speaking, dysentery was a symptom rather than an independent disease, and the theory that disease could be caused by drinking unclean water was not popular until medical missionaries communicated the germ theories.

In addition to that, in a way, the unclean water implied the water containing minerals and microbes.

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[90] Wells, *The Christian News*, vol.6-10, March 6, 1902.

> It is very 'harmful to hygiene' that people drink water containing mud and sand. Recently, a tragic accident happened in America, in which many people who had drunk water from a sewer died of dysentery. It is very dangerous to drink water that contains microbes in it. In the time of the Civil War in the USA, many soldiers died of dysentery due to stagnant water containing lots of rarely visible microbes.[91]

As one of the most unprecedented and formidable diseases, cholera was classified as a contagious and waterborne disease. Although the cause of cholera had been established to most people's satisfaction in Europe by this time, missionaries did not specify the reason. Instead, it was simply suggested that the most plausible theory was that cholera was related to drinking unclean water. Thus, in order to prevent the disease, securing clean water sources were urgently required.[92]

Even 'general fever'(a broad category encompassing many diseases as now understood) was supposed to be caused by drinking bad water containing a lot of organic matter that could invade the human body through the blood vessel:[93]

> In Britain, when a febrile disease was spreading through a whole village, a doctor examined and found the reason. Every villager suffered from the fever except one household that drank the water from well. After they stopped drinking the stagnant water from field, the fever disappeared.[94]

'Wens' (large growths such as cysts or possibly swellings of the thyroid gland) on the neck were considered to be due to drinking unclean water.

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[91] *The Church Herald*, December 11, 1907.
[92] *The Church Herald*, November 13, 1907.
[93] Ibid.
[94] Ibid.

> In Britain, when prisoners in a jail started to suffer from the wen on the neck simultaneously, a doctor examined the reason. He found that the unclean water caused the disease.[95]

The story came from Notter's book, *The Theory and Practice of Hygiene*;

> In the jail at Durham, Johnston states that when the water contained110 parts per 100,000 (chiefly of lime and magnesium salts) all the prisoners had swellings of the neck; these disappeared when a purer water, containing26 parts per 100,000, was obtained.[96]

In his book, Notter classified goitre (swelling of the thyroid gland) as a waterborne disease, which was delivered to Korea. In most cases, the cause of this disease in prison populations and in many poor people across the world was iodine deficiency.

In any case, these ideas were unfamiliar in Korean medicine, because it was not cleanness but the temperature of the water which mattered most. However, temperature was regarded by missionaries as a factor in whether water was good or bad for health. This represented a compromise between biomedical and traditional views:

> In general, cold water is supposed to be good and hot water is supposed to be bad for health. That is the reason why Western people traditionally use hot water for breakfast and dinner, but they use cold water for lunch. Because American ladies like hot water more than European ladies, their teeth become weak and tender.[97]

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[95] Ibid.
[96] Notter, *Theory*, p. 42.
[97] *The Church Herald*, December 11, 1907.

Nevertheless, it was the presence of germs which ultimately determined whether water was good or bad. Furthermore, because most germs were extremely dangerous and could be present any of type of water, serious attention needed to be paid to this matter:

> And the germ that is in the water can infect people most easily, especially when people drink the water or wash with it. Germs are always in shallow water such as water supply and creeks contaminated by excrement and urine. Thus, germs are abundant everywhere in dirty and shallow water. Germs can sustain themselves for a long time even in ice and become active again when the ice melts…Therefore, because people are mostly infected by the germs in their daily usage of water, people should be very careful when they are drinking or washing. Furthermore, because germs are moving with dust, infiltrating the air, hiding in vegetables, and remaining in the water, people can be infected by them very easily when they eat any food and wash dishes and dishcloths with water. Food is the main route for germs to enter the human body.[98]

Apart from constructing the water supply system to ensure clean water, it was important to teach how to make the water clean for personal use. To do that, two methods were suggested by missionary authors. One was to boil it and the other was to use a machine to purify it. Naturally, since the former was much easier and affordable, boiling water for daily use was highly recommended.[99] By boiling water, every germ in the water was believed to be removed thoroughly. In addition, in order to secure clean water for the daily use, he recommended the redesign of toilet and

[98] *The Christian News*, vol.2-31, August 4, 1898.
[99] Wells, *The Christian News*, vol.6-11, March 13, 1902.

sewerage systems. He suggested making enough distance between the toilet and water sources.[100]

Clean Air

Missionary medicine introduced a new perspective on the air, as well. In traditional medicine, human respiration was considered as very important for health because it was supposed that the natural force was brought into the body by inhaling, and that bad forces were purged by exhaling. In particular, Daoism, Confucianism and the *yangsheng* tradition strongly emphasised the regulation of breathing to achieve virtue and health. In this sense, the air was considered a source of the life force, *qi*. Through the circulation of the air, the act of breathing, humans could accept the force of nature and, thus, breathing was one of important practices to inculcate the *qi* in the body.[101] In order to replace this traditional notion, a scientific theory on the air was suggested by the missionaries;

> The air is beneficial to every life in the world. The air is laid only within two and half miles from earth. All creatures in the world will be dead without air. Thus, when one has to enter a cave or deep well, one must check whether oxygen is in there or not by making fire, because the fire consumes oxygen…Forty per cent of the air is oxygen, seventy nine per cent nitrogen, almost ten per cent argon, and a small amount of ozone, dust, and vapour.[102]

[100] Wells, *Introduction*, p. 13.
[101] In *Donuibogam*, Heo Jun stated, "the breathing is the most important for human, because only the *qi* can make human to see, hear, smell, taste, and think": Lee Jin-su, *Hankook*, p. 102.
[102] Wells, *The Christian News*, vol.6-14, April 3, 1902.

In the article, Wells explained that the air did not possess a mysterious or religious force. The new knowledge depicted air simply as a mixture of certain unfamiliar elements having foreign names. The circulation of the air was also described: "The air anywhere in the world is all the same due to some reasons such as wind and rain. Oxygen and carbon dioxide constitute the air. The plant consumes carbon dioxide in the daytime and exhausts oxygen at night."[103]

Regarding the cleanliness of air, missionaries devoted a certain amount of attention to human breathing because it was one of the reasons why the air became contaminated very easily. Wells enumerated the factors that polluted the air. “The air becomes unclean when people exhale, when the fire consumes good air, and when things decay. And also, dust and human skin make the air dirty. In particular, dandruff causes dirty air.” [104] The harm of the dust in the room was very evident and serious, although it was often invisible. Therefore, the threat of invisible germs and dust was critical: unless people thoroughly cleaned up dust, it could invade the human body.[105] The fight against dust and germs was thought to be the most urgent and crucial action to prevent disease. According to Wells, the direct consequences of inhaling unclean air were fourfold: headache, fatigue, nausea, and dizziness.[106]

Particularly, one of his articles pointed out that sick people's breathing was different from normal breathing: “Normal people breathe seventeen times a minute, but anyone who has illness breathes more than twenty seven to fifty times a

[103] Wells, *The Christian News*, vol.6-15, April 10, 1902.
[104] Wells, *Introduction,* p. 16.
[105] Ibid., p. 20.
[106] Ibid., p. 17.

minute."[107] On top of the fact that the breath of the sick could possibly deliver germs everywhere, the frequency of breathing was therefore supposed to indicate the illness of the body:

> ...the air becomes unclean when many people breathe in a room for a while. Therefore, means of providing clean air wherever people are gathering should be taken by government. The reason why the life span of our people recently got shorter is that we don't know the way to cleanse the air, which the strong countries in the West try to do.[108]

Such writings stressed that the air could be easily polluted even though people were unaware of it. As Wells clarified, it was germs that caused the most serious pollution.[109] Due to the germs inside of the air, it could be a medium for conveying diseases,[110] such as cholera, smallpox, plague, dysentery, diarrhoea, and even malaria.[111]

In America, by the 1870s, medical and sanitary journals, popular magazines, newspapers, and public health reformers joined in warning about the danger from poor ventilation and sewer gas based on germ theories of disease.[112] In 1886, an article on house sanitation in the *Journal of the American Medical Association* suggested that the space under the floors, which seldom receives 'pure air,' might be the source of germs.[113] Particularly, public demand for fresh air and the ventilation of buildings and homes gained strength with the discovery of the airborne transmission of respiratory

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[107] Wells, *The Christian News*, vol.6-17, April 24, 1902.
[108] Ibid.
[109] Wells, *Introduction,* pp. 16-7.
[110] Wells, *The Christian News*, vol.6-15, April 10, 1902.
[111] Wells, *The Christian News*, vol.6-18, May 1, 1902: This notion of Wells that malaria was communicated through the air was very unusual even at that time.
[112] John Duffy, *Sanitarians,* p. 187.
[113] Ibid.

and other disorders.[114] However, hygiene reformers found the gospel of fresh air to be a hard sell among immigrants. Many immigrants apparently regarded closed windows as a protection against disease.[115]

Clean air was supposed to have an enormous benefit for humanity, due to its alleged ability to treat disease, nevertheless the viewpoints of missionaries represented an amalgam of germ theories and the pre-germ regimens. As Wells articulated: "there are two important ways to make the air clean, ventilation and sunlight."[116] Apart from the obvious benefit of ventilation for the public health as well as for the clean air, he argued, "the best work of salubrious sunlight is to kill germs."[117] Clean air, sunlight, and healthy food were all, in his view, more important to health than medication.[118] "The reason why the sunlight is beneficial," he explained, "is that the sunlight kills the germs in the air that cause diseases."[119]

> There are two main elements for health such as clean air and sunlight, which are necessary for human health. The lack of any of these elements can be the reason for diseases such as cholera, weird disease, malaria, coughs, and fever. These are spreading through the air that contains germs. Because there are many contagious diseases that spread through human, clothes, and animals, it is important to study how these disease are delivered and to clarify the reason for contagion.[120]

[114] Ibid.
[115] Tomes, *Gospel*, p. 189.
[116] Wells, *Introduction,* p. 22.
[117] Ibid., pp. 19-20.
[118] Ibid., p. 17.
[119] Ibid., p. 24.
[120] Ibid., pp. 55-7: In many cases, "the weird disease" tends to refer to cholera, but, in the context, it seems to denote "unknown, strange, and contagious disease."

Wind and the sunlight were supposed to be sufficient to restore the cleanness of the air, even without special practices, revealing considerable continuity with pre-germ theories of disease. No special chemical purification was mentioned and the importance of ventilation was therefore emphasised:

> … if one wants to remove the bad air of one's room to bring clean air, one should open the door in the summer all the time and even in the winter at least six times per one hour. A wind chest to bring clean air is good. Otherwise, boring some holes on the wall for ventilation is also good. A machine that delivers the clean wind is highly recommended to any place where many people are gathering.
>
> In addition, as bad air can be cleansed by sunlight, when you construct a big building like school, you should make the entrance door only on the one side to let the sunlight in on the left side of people.
>
> There is a proper way to control the sunlight, which is to make glass windows cover more than two tenths of the whole wall. The sunlight that cleanses the air has many benefits to humans. One of them is to kill the germs in the air that cause various diseases.[121]

In line with pre-germ theories, Wells recommended inhaling clean air as a remedy for diseases such as tuberculosis, which was generally accepted by contemporary Koreans as an incurable disease. Particularly, in case of the swollen or water filled lungs of a patient, when medication could not help the situation, clean air was the only remedy because it offered some hope of restoring vitality.[122] In consideration of the fact that fresh air and sun light have been considered excellent remedies to treat tubercular diseases in the West,[123] it is not surprising that missionaries placed emphasis on clean

[121] Wells, *The Christian News*, vol.6-20, May 15, 1902.
[122] Wells, *The Christian News*, vol.10-1, January 4, 1906.
[123] Guy Hindsdale, *Atmospheric Air in Relation to Tuberculosis* (Washington: The Smithsonian Institution, 1914), pp. 1-2.

air for lung disease. In addition to that, in the West, ozone, which had been discovered by Christian Schoenbein in 1840, was widely credited with remarkable health-giving qualities by both the medical profession and the general public. It was believed that ozone had high oxidising power, which could correct contaminated by decaying vegetation and cure some human diseases, including tuberculosis.[124] The high ozone content of sea air was one of the reasons for the popularity of sea-bathing and sea-side holidays in Victorian times.[125] For example, one of main causes of the construction of the West pier in Brighton beach in 1866 was to provide a benefit to town by making weak people robust with health-inspiring see breeze.[126]

Clean Clothing

Clothing occupied a substantial position in the discourse of hygiene because it was considered an important way to protect the body. In America, the main purposes of clothing were regarded as : (1) to protect the body from cold, heat, wind, and rain; (2) to maintain its warmth, protect it from injury, and also to adorn it.[127] In this sense, missionaries argued that traditional clothing had to be improved in order to live a clean and healthy life. In addition, missionaries tried to rethink the basic functions of

[124] Ibid., p. 7.
[125] John Hassan, *The Seaside, Health and the Environment in England and Wales since 1800* (Aldershot: Ashgate, 2003) chap. 3-4 ; John F. Travis, *The Rise of the Devon Seaside Resorts, 1750-1900* (Exeter: University of Exeter Press, 1993), p. 164; *The Sanitary Record* (August 13, 1897), p. 171.
[126] Fred Gray, *Designing the Seaside: Architecture, Society and Nature* (London: Reaktion Books, 2006), pp. 207-9.
[127] J. Lane Notter and R. H. Firth, *The Theory and Practice of Hygiene* (Philadelphia: P. Blakiston, Son & Co, 1896), p. 432.

clothes for public health. It was recommended that people wear proper clothes so that they did not catch a cold, because keeping the whole body including feet, back, waist, and belly warm was considered as the best way to prevent a cold.[128] The Methodist Medical missionary, Rosetta Sherwood Hall M.D. (1865-1951), added to these another function, which was to protect the human body from injury: "the function of clothes is to secure the safety of the body not only from cold or hot air, but also from accident."[129] The contemporary view of the colour of garments in America was also generally related to the function of collecting heat, white being highly recommended:

> The influence of colour is dependent upon the heat-absorbing powers of that colour. White absorbs heat the least, and is consequently the coolest; then comes yellow, red. green, blue, and black. It is obvious this effect of colour can only be of influence when outside, and that the popular idea that red flannel, when worn next the skin, or as part of an undergarment, is warmer than white is imaginary. As a rule, it is a mistake to wear coloured clothing next the skin, as not unfrequently the dyes are irritative, and, coining off, give rise to skin diseases. [130]

Hall's view on this was very typical, arguing that white clothes were much better than coloured ones for preventing disease:

> Although black garments are good for collecting sunlight, it is not recommended for patients, because the germs that cause disease can infiltrate into the body better through black garments. Thus, wearing white gown is required to patients.[131]

[128] *The Christian News*, vol.2-37, September 15, 1898.
[129] *The Church Herald*, November 13, 1907.
[130] *The Christian News*, vol.2-37, September 15, 1898.
[131] Ibid.

Hall's explanation took its basic structure from germ theories of disease. However, it is important to point out that she did not intend simply to impose Western costume on Koreans, particularly, women:

> Korean traditional costume is much better for hygiene than Western dress, which usually presses and tightens the body, causing many diseases, because it [Korean costume] provides more space for the movement of muscles. Therefore, it is not good to replace Korean traditional costume, which is more hygienic, with the Western one. As John Wesley taught, clothing is so important for the tradition of a country that it is last thing to change.[132]

While Korean costume had something to recommend it, from the perspective of missionaries, Koreans appeared to wear the same clothes day and night, and they were not clean enough:

> We should not wear the same clothes at night as in the day. Only those ignorant of hygiene don't change clothes when they go to sleep. We have to hang out the day clothes including underwear in the fresh air for ventilation during the night. Then, in the morning, we have to hang out the nightclothes in the sun at least for one or two hours, which is extremely beneficial for hygiene. And bedclothes should be hanged out once a day for cleaning by the fresh air. By the action of sunlight, even dirty clothes can be as a clean as clothes that are washed by water.[133]

According to Hall, every item of clothing should be disinfected by sunlight and washed by water as frequently as possible, because washing clothes was as important for hygiene as taking a bath.[134] It was another unique notion of Hall's that had not

[132] *The Church Herald*, December 11, 1907.
[133] Hall, *The Church Herald*, November 27, 1897.
[134] *The Church Herald*, November 13, 1907.

been dealt with in Western text books on hygiene, and it might be gained by her experience in Korea.

The causation of colds

Colds were one of the most familiar and common diseases in Korea, although in many cases it had never been regarded as so significant that it was capable of killing people. The disease was considered to be a minor ailment and almost everybody had experience of suffering from it, which made a cold a relevant example by which medical missionaries could disseminate their new knowledge on the body and disease. On the other hand, it provides useful insights into the intersection of the germ theories and traditional medicine.

> There is one good way to prevent a cold. When anyone goes out into cold weather, one should try not to open his/her mouth if possible. Because when people breathe through the mouth outdoor at night, the bad force of night comes into the human body causing a cold or a lung disease.[135]

The underlying idea for understanding why people caught colds was that they were induced by cold weather or bad forces. However, in 1898, a more scientific explanation was added, mentioning 'blood vessels':

> If people who sweat are suddenly exposed to cold air and strong wind, their blood vessels shrink and they contract a disease, which is called a cold. Therefore, people catch a cold when they

[135] *The Christian News*, vol.1-27, September 30, 1897.

> wear thin clothes in cold weather, sleep in the cold without a blanket, sleep next to a cold wall, or stay long in a damp and cold place.[136]

Even though this new explanation was added, it was still claimed that a cold was a respiratory disease that could be contract by inhaling bad and cold air, which reflected pervasive ideas among the general public. It was mainly because the cold was explained by the theory of *Shang Han* (cold damage). No one could deny the strong relationship between a cold and cold air or bad forces. Therefore, a theory to bridge the previous idea of cold damage and germ theories of disease was required. The role of the white corpuscle was important in creating a hybrid explanation that incorporated both theories of disease.

> When people are facing the strong wind with back, neck, and the whole body, the movement of the white corpuscle in the blood becomes sluggish and slows down that people easily contract disease. Whoever becomes extremely cold catches the disease easily, because the white corpuscles in the blood are so exhausted that they can't devour germs. Primarily, there are white corpuscles in the human blood that eat germs, but in case that the white corpuscles are too weak to catch germs, the germs are predominant over the white corpuscles, which leads to the outbreak of disease. The reason why the people are drivelling when they catch a cold is because the white corpuscles are losing the battle against germs.[137]

This is a good example of the 'seed-soil' metaphor common in Victorian medicine, because like doctors in Britain, medical missionaries tried to attack the seeds of

[136] *The Christian News*, vol.2-37, September 15, 1898.
[137] *The Christian News*, vol.2-21, May 26, 1898.

disease, and more importantly, to boost the condition of the human 'soil' so that it could resist the growth and effects of the germs.[138]

However, the argument advanced in an article, entitled 'How to Prevent a Cold,' was more specifically inclined to the germs rather than the body as the cause of a colds, which brought about further difference from traditional theories:

> A cold is working in the body fluid, and there are three main causes of this disease. First of all, the multiplication of bacteria, a kind of germ in the human body fluid and blood can cause the disease. Secondly, new germs from the air getting into the human body cause the disease. Finally, people contract the disease by eating lots of food having harmful ingredients.[139]

The anonymous author listed three reasons for contracting a cold: 1) bacteria, inside of the body, 2) new germs through the air, outside of the body, and 3) an improper way of consuming food or wrong dietary behaviour. In this argument, it is noticeable that the influence of cold force was not mentioned at all, and, instead, the germ was identified as the sole cause of colds, like other diseases. Simultaneously, as a counterpart of germs to deal with the first and second reasons, an unfamiliar material inside of the air, oxygen was introduced.

> However, many people catch a cold without wind outside, even in rooms, which are heated by boiling water, a charcoal brazier or an electric lamp, due to the lack of a chemical material named oxygen that is like a bullet to kill germs. Thus, in order to prevent the disease, one should make a lot of oxygen get inside of the body by having fresh air, which is the only way to control germs.[140]

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[138] Worboys, *Spreading*, pp. 193-4.
[139] *The Christian News*, vol.2-21, May 26, 1898.
[140] Ibid.

In this article, oxygen was considered a key element in preventing colds; a kind of universal remedy. On the contrary, nitrogen was supposed to be bad, because it debilitated the body:

> In spite of all prohibitions, people can contract disease by eating too much of foods such as meat, egg, fish, tea, and coffee, containing a material called nitrogen that devitalizes the power of the white corpuscle. Therefore, the best way to prevent a cold is to have food that provides enough power to body fluid and the white corpuscle that eats up the germs as well as to take oxygen inside of the body.[141]

In fact, the notion was related to the third reason for contracting a cold. Proper dietary habits could nurture the ability of body to resist germs by producing enough white corpuscles and taking enough oxygen.[142] Consequently, it is important to point out that the writings of missionaries on the common cold were neither a total replacement, nor a complete negation of established medical theory. Rather, it seemed that the theory intended to take the middle way by combining both germ theories and the old cold damage theory, on the basis of the bodily reactions against germs in 'the seed-soil' metaphor.

In order for people to accept the new discourse on this old disease, they had to learn and accept new concepts such as germ, bacteria, white corpuscles, oxygen, and nitrogen. On the whole, the missionaries did not exclude traditional ideas that a cold

[141] Ibid.
[142] In the contemporary notion, the relationship between the white corpuscle and oxygen seemed evident, because both were considered as elements of immunisation.

was caused by food or cold damage, and, at this point, 'the seed-soil' metaphor was plausible and effective for them to use.

A Religious Pathology: An Introduction to Hygiene

J. Hunter Wells M.D. was one of the first seven graduates of the medical department of the University of Oregon, in 1888.[143] Upon graduation, he began his work as a physician in Portland until he volunteered to leave for Korea in 1895, as a medical missionary. His career is very interesting for several reasons. First, he was a lecturer on general pathology of the medical department of University of Oregon for two years (1891-1893).[144] Because he was the first medical missionary in Korea whose specialty was pathology, he had advanced qualifications and a particular interest to work on hygiene. Secondly, when Wells was in Portland as a physician, he participated in a 'sanitary brigade' to prevent the invasion of cholera in 1892.[145] The organisation, which was led by Cortes H. Wheeler (1849-1935), advocated and practiced militant measures of cleansing of whole city of Portland to fight against epidemic disease such as cholera on the basis of a dichotomised scheme, cholera or no cholera.[146]

> City Physician Wheeler's anti-filth crusade is conducted on very systematic lines. He has divided the city into five districts and placed each of them in charge of a competent medical man, whose

[143] "Seven New Doctors; Commencement Exercises at Turn Halle Last Evening," *The Oregonian* (Portland, USA) April 3, 1888; *Thirteenth Annual Catalogue of the University of Oregon 1888-1889*, (Portland, USA), p. 54.
[144] *University of Oregon General Register of the Officers and Alumni 1873-1910* (Portland: University of Oregon, 1911), p. 108.
[145] "Cleaning the City; Work of the Sanitary Corps," *The Oregonian* (Portland, USA) September 17, 1892.
[146] Ibid.

> duty is to examine every building within his jurisdiction and report its sanitary condition, if it should be found defective.... Dr. J. Hunter Wells, on G Street to Third, south to Montgomery, west to the city limits.[147]

It is also worth pointing out that the theoretical and practical connection between cleanliness/prevention of diseases and filthiness/disease was fortified through Wells's experience in this activity. Indeed, the sanitary rule for precautions of the State Board of Charities and Corrections in Oregon illustrated another aspect of hygiene.

> SANITAY PRECAUTIONS AGAINST CHOLERA;
>
> Remove all sources of putrid emanations, whether from sewers, privies, vaults, cellars, inhabited rooms or stagnant waters on surrounding premises.
>
> Have water examined microscopically by a competent physician. If not free from organic matter, it must be boiled before using, as impure water is by far the most common origin of the disease. Drink as little water as possible, and none between meals. Each inmate should receive at least on bath of the entire body per week. All underclothing should be washed and boiled once per week. Perfect cleanliness of rooms and free ventilation are necessary. Over-ripe fruits, tainted meat and cold cooked food should be avoided as much as possible.[148]

The precaution focused on cleanliness in water, community, body, clothing, living space and air, which implied that cleanliness was the key to preventing such a horrible disease as cholera.

Thirdly, in 1893, J. Hunter Wells delivered a public talk on hygiene at the Oregon Academy of Science, in his capacity as lecturer in pathology at the University of Oregon. It was widely accepted by contemporary Americans that bacteriology had

[147] Ibid.
[148] Ibid.

enabled remarkable achievements and "through the investigation, studies and discoveries in this branch of science, the greatest advances in surgery were made, the causes of many of the most dreadful diseases ascertained, and the consequent probability for means of their prevention."[149] In his lecture entitled, "Germs and Health: Cleanliness is the Chief Preventive of Cholera," he introduced a short history of the discovery of germs. Interestingly, he traced the origins of the germ theories to 1676, when Leeuwenborch(*sic),* van Leeuwenhoek, who was making lenses, saw through them small, round, moving bodies which he investigated further and described.[150] Wells went on to enumerate various germs such as the streptococcus, the leptotrichia, and cladotrichia as the causes of diseases including diphtheria, yellow fever, scarlet fever, measles, hydrophobia, tuberculosis, typhoid fever, leprosy and so forth. However, in his talk, he argued that, "the general impression that all bacteria are disease-producing is wholly erroneous. A careful study and consideration of these low forms of life brings one to the conclusion that they are man's invisible friends as well as his bitter foes."[151]

Furthermore, Wells stated that germs were not the only decisive factor in causing disease. Rather, he listed other elements, which were, in the case of cholera, necessary to the appearance and spread of the disease.

> 1) there must be the seed, the infectious germ, the comma bacillus. This is scattered through the agency of human intercourse, 2) climatic conditions, comprising humidity, heat, defective drainage, filth, and contaminated water supply, 3)

[149] "Germs and Health: Cleanliness is the Chief Preventive of Cholera- River Water is not Necessarily Dangerous," *The Oregonian* (Portland, USA) February 28, 1893.
[150] Ibid.
[151] Ibid.

> individual susceptibility, as it is well known that all exposed persons do not contract the disease, 4) the epidemic influence, which has peculiarities and laws of its own, the true significance of which is not yet entirely understood.[152]

In his talk, 'the seed and soil' metaphor occupied a critical position, and he even asserted that "some bacteriologists supposed that the only question was the destruction of the comma bacillus and the disease would cease, a mistake which is also made in connection with consumption, for bacteria without the other necessary conditions will not cause either cholera consumption."[153]

However, Wells suggested that cleanliness in the community and the individual was the most critical element in preventing disease, avoiding these necessary conditions.

> And so again the great principle of cleanliness looms up. Let the cities be cleaned, tenement and lodging-houses purified, violation of the sanitary laws severely punished, free baths established, the laws of common sense, which an understanding of the conditions necessary to the spread of cholera, prompted by state, municipal and individual action, and the probability of the disease becomes materially lessened.[154]

In order for that to happen, Wells advocated public actions with a moral imperative: "agitate, educate, resolute, are the stepping stones for the correction of these evils."[155]

Nevertheless, in regard to water and the living things in it, Wells commented that the evils of running water were often exaggerated and that it was not necessarily

[152] Ibid.
[153] Ibid.
[154] Ibid.
[155] Ibid.

dangerous if municipalities exercised due diligence over its purity. Furthermore, he argued that running water tended to purify itself and obnoxious waste materials floated away on the top. "Three miles are said to be sufficient for purification."[156] According to his explanation, all natural surface waters contained considerable numbers of diverse bacteria which served to purify the water by feeding upon and removing organic materials which had been dissolved in it.[157]

The Source of Knowledge

Before scrutinising the contents of Wells's booklet, his 'Introduction to Hygiene', it is necessary to clarify the basic sources of his knowledge on this subject. When he was a medical student, according to the General Register of University of Oregon in 1888-1889, two textbooks were required for the education of hygiene and the germ theories of disease. One was *Text-Book of Hygiene: A Comprehensive Treatise of the Principles and Practice of Preventive Medicine* by George H. Rohe (1851-1899) and the other was *A Text-Book of Pathology with an Introduction Section on Post-Mortem Examinations and the Methods of Preserving and Examining Diseased Tissues* by Francis Delafield (1841-1915).

Delafield's textbook devoted a whole chapter (VIII) to the germ theories of disease, entitled 'The Relations of Micro-Organisms to Disease-Infection and

[156] Ibid.
[157] Ibid.

Immunity.'[158] The first edition in 1882 was a small hand-book, but it was expanded to around 600 pages as the second edition in 1885.[159] Rohe's book on hygiene contains basic and comprehensive ideas on hygiene.[160] After it was published in 1885, the book was widely circulated and left a significant cultural impact on professionals as well as the general public. Particularly, the argument of the book - that the air could be a bearer of germs and the rivers quickly purified themselves in relation to the matter of sewage in drinking-water -- was thought extraordinary.[161] However, this book was criticised by some British scholars as, "the account of the exanthemata is not of the practical kind which alone can make it useful to the student, nor is the information always correct."[162]

Nevertheless, apart from these textbooks, it is highly probable that the book by which Wells was more directly influenced was *The Theory and Practice of Hygiene* by J. Lane Notter (1843-1923) who was a colonel of the Royal Army Medical Corps and Professor of Military Hygiene at the Army Medical School, Netley.[163] In fact, the book was written to deal with the scientific advances which had been made in the theory and practices of hygiene since the publication of *A Manual of Practical Hygiene*(first edition, 1864) by Edmund A. Parkes and it was recommended to be consulted on the matters of public health by teachers and advanced students.[164]

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[158] Francis Delafield and T. Mitchell Prudden, *A Text-Book of Pathology with an Introduction Section on Post-Mortem Examinations and the Methods of Preserving and Examining Diseased Tissues,* 8th edition (New York: William Wood and Company, 1897), pp. 148-191.
[159] *Medical Record* vol. 95 (June 7. 1919), p. 975.
[160] George H. Rohe, *Text-Book of Hygiene: A Comprehensive Treatise of the Principles and Practice of Preventive Medicine,* 3rd edition (Philadelphia: The F. A. Davis Company, 1895)
[161] *Science* vol. 6. no. 138 (Sep. 25, 1885), p. 278.
[162] *The Liverpool Medico-Chirurgical Journal* no. 20 (Jan. 1891), pp. 197-8.
[163] J. Lane Notter and R. H. Firth, *The Theory and Practice of Hygiene* (Philadelphia: P. Blakiston, Son & Co, 1896): Its first edition was published in 1896.
[164] H. R. Kenwood, *Journal of the Sanitary Institute* vol. 21 (1900), p. 642.

First of all, in consideration of the chapter arrangement of *Introduction to Hygiene*, it seems evident that Wells followed Notter's book rather than Parkes's.[165] The structure of the tract reflected the contemporary topics regarding hygiene.

The table of contents of *Introduction to Hygiene*

1. Water 2. Air (Ventilation and Heating) 3. Food 4. Exercise 5. Clothing 6. The Infective Disease 7. Maternity Hygiene

The table of contents of *The Theory and Practices of Hygiene*

1. Water 2. Air 3. Ventilation and Heating 4. Food 5. Beverages and Condiments 6. Clothing 7. Exercise 8. Soil 9. Habitations 10. Disposal of Sewage and Refuse 11. Parasites 12. The Infective Diseases 13. Disinfection 14. Climate 15. Meteorology 16. Vital Statistics 17. Offensive Trades 18. Sanitary Law 19. Military Hygiene 20. Marine Hygiene

In his book, Wells arranged the topics in the same order as Notter's book, but he omitted those chapters after chapter eight of Notter's volume, because for the purposes of public education, Wells wanted to make his booklet simpler and shorter.

Secondly, even though Wells did not translate the whole of *The Theory and Practices of Hygiene* into Korean, he selected and abridged what he regarded as the

[165] The table of contents of *A Manual of Practical Hygiene* Vol.1 is as such; 1. Soil 2. Water 3. Removal of Excreta 4. Air 5. Ventilation 6. Habitations 7. Warming of Houses 8. Food 9. Quality, Choice, and Cooking of Food 10. Beverages and Condiments 11. Exercise 12. Clothing 13. Individual Hygiene Management 14. Disposal of the Dead 15. Climate 16. Meteorology 17. Disinfection and Deodorisation 18. On the Prevention of Some Common Disease 19. Statistics

most important information. For example, in an article, entitled 'potable water,' an anonymous missionary, highly likely Wells, asserted that people should be very careful not to drink any unclean water, because it could be very harmful to the human body. Some water contained lots of limestone, chlorine, calcium, and magnesium, which was thought to cause digestive disorders, for example.[166] In order to support this idea, the author added an interesting story on a medical and scientific discovery of the characteristics of hard water, which had occurred thirty years before in England as a result of the research of Dr. John Sutherland (1808–1891) in Liverpool.[167] Sutherland was a British physician who graduated MD from Edinburgh in 1831, and most of his career was devoted to public health service and the promotion of sanitary science. He was a close friend of Florence Nightingale, and co-worked with her to improve the sanitary condition of army barracks and hospitals. He served on the Army Sanitary Committee until 1888, when he was appointed a medical superintending inspector-general of the Board of Health and of the Home Office.[168] One of his well -known contributions to the sanitary science was his research on the distinction of hard and soft water. According to a reference published in 1877, "Dr. Sutherland found the hard water of the red sandstone rocks, which was formerly much used in Liverpool, to have a decided effect in producing constipation, lessening the secretions, and causing visceral obstruction; and in Glasgow, substitution of soft for hard water lessened."[169] His research was circulated in various areas including popular culture, general science,

[166] *The Church Herald*, November 13, 1907.
[167] Ibid.
[168] Oxford Dictionary of National Biography, (http://www.oxforddnb.com/view/article/26794?docPos=4).
[169] J. Alfred Wanklyn, "Carbonate of Lime in Drinking-Water; The Taunus Water," *The Medical Times and Gazette* vol. 1 February 24 (London: J. & A. Churchill, 1877), p. 213.

and even civil engineering. For instance, soft water was recommended to use for laundry and cooking,[170] and the hard water theory became to be one of foundations of geological survey.[171] Furthermore, instead of hard water, soft water was strongly suggested for use by the London water supply system in 1905.[172] However, in spite of public recognition of Sutherland, in the area of hygiene, the discovery of hard water in relation to dyspepsia was not seriously dealt with by any textbook except *The Theory and Practices of Hygiene.*[173] Therefore, the fact that the story of Sutherland was referred to indicates that narratives on the concept of hygiene were composed under the strong influence of the book, *The Theory and Practices of Hygiene.*

Characteristics of the Booklet

Even though the booklet, *Wisaing: Introduction to Hygiene* was written on the basis of previous books on hygiene, it reveals some of Wells's distinctive ideas. Firstly, in writing the booklet, he purposely made some adjustments in accordance with the context of Korea. As described above, he reduced the volume of the book by merging and omitting some topics for the purpose of popularisation. In addition, he added a chapter on maternity hygiene regarding postpartum care and the feeding of infants, which signified two important points of his medical mission. One was that medical

[170] T.S. Shute, *The American Housewife: Cook Book* (Philadelphia: George T. Lewis and Menzies Company, 1878), p. 353.
[171] Samuel Calvin, *Iowa Geological Survey Vol VI.; Report on Lead, Zinc, Artesian Wells, ETC.* (Des Moines: The Iowa Geological Survey, 1897), p. 359.
[172] G.L. Gomme and H.E. Haward, London Water Supply; Report on the action of the Council with regard to the water supply of London, London County Council, 1905, p. 101.
[173] J. Lane Notter and W. H. Horrocks, *The Theory and Practice of Hygiene (Notter and Firth)* 2nd edition (Philadelphia: P. Blakiston's Son & Co., 1900), p. 38.

missionaries recognised that a solution to the comparatively high mortality rate of infants was one of the most urgent tasks of their mission. The other was that the main target of the evangelical mission and the public education was women.

Even in the contents pages, Wells emphasises different points. For example, he stated that the worst disease caused by the water was the roundworm,[174] which was one of the most common and dangerous, but easily ignored diseases from the perspective of native people.In addition, he identified tubercular disease as the scourge of God, on the basis of contemporary Koreans' recognition that tuberculosis was the one of the most fatal and common disease.[175] Although the notion that all diseases were the scourge of God to some extent prevailed among contemporary missionaries, Wells singled out tuberculosis as one of the clearest examples to attract the attention of the people.

Secondly, the booklet was one of Wells's missionary works, as he articulated, "we present this little book again as a Christian tract, for it teaches purity and truth, and without Christianity these are mere names."[176] Thus, religious confession was actively combined to deliver Christianity, medical knowledge, and hygiene. He enunciated that every disease was the punishment of God caused by his wrath against human sin.[177] Therefore, the first step to treat disease should be sincere repentance, respecting God.[178] In this respect, Wells clarified that hygiene was religiously conceptualised as a form of Christianity to avoid the scourge of God, fatal diseases,

[174] Ibid., pp. 10-11.
[175] Ibid., p. 3.
[176] Ibid.
[177] Ibid., p. 61.
[178] Ibid., p. 62.

and to treat them in case of experiencing this scourge. The purpose of the publication was clearly disclosed when Wells asked the rhetorical question:

> Question: If the life and health of people is totally under the will of God, how can hygiene make any difference?
> Answer: Hygiene is a way of preventing disease and consequential death, although the will of God affects our lives. Hygiene is one of the skills that is given by God for humans to survive such critical situations as disease.[179]

If people followed the way of hygiene, they could live without contracting diseases, otherwise, they would die: "Although human life is in God's hand, God has allowed us to choose a way to avoid disease to die."[180] Hygiene was not simply a skill for health, but also a path to God.

Thirdly, Wells's work had a heuristic nature, because one of his basic purposes was to enlighten people by elucidating the new concept of hygiene and a new standard of cleanness to ignite practical changes in the daily lives of the people. Furthermore, he actively connected cleanliness and the prevention of disease to make the hygiene and cleanliness the substance of health. In reality, this early concept of hygiene shared similar expressions and metaphors with *yangsheng*, the traditional theory of health. However, Wells intended to distinguish hygiene from traditional theories of human body and health in this tract, summarising the essence of hygiene in this way:

> Whoever reads this booklet should keep this in mind and not simply ignore that we should be very careful to clean up our body

[179] Wells, *Introduction*, pp. 19-20.
[180] Wells, *The Christian News*, vol.6-19, May 8, 1902.

> (outside body) to prevent the worries of disease and clean up our mind (inside body) as well to break the root of sin.[181]

As Wells emphasised, the most significant characteristic of hygiene that distinguished it from other theories of health was that hygiene was all about cleanliness and practices of cleaning up the body and soul. For hygiene, cleaning up the inside of mouth and brushing teeth was also highlighted:

> For the teeth are important for human digestion, you should clean the teeth by brush every day. Otherwise, it is harmful to the body, not only because the teeth emit an offensive odour, but also because dust and germs come inside of the body with food.[182]

In addition to cleanliness of the body, he suggested that clothes made of cotton should be washed regularly.[183] As well as washing the body and clothes, physical exercise was recommended for cleaning the blood, because it could bring more oxygen to the body.[184]

Finally, it was the basis of Wells's argument that the problem of public health was essentially linked to the matter of germs. Consequently, he promoted germ theories as the fundamental etiology, replacing the traditional one, insisting that germs were the principal reason for every disease:

> Many people in the world believe that spirits cause diseases, but it is not true. It is germs in the air not ghosts or spirits that

[181] Wells, *Introduction*, pp. 1-2.
[182] Ibid., p. 46.
[183] Ibid., p. 54.
[184] Ibid., p. 50.

> cause contagious diseases. There are various germs in the air. Some can cause cholera, febrile disease, and smallpox.[185]

Basically, his germ theories were little different from those espoused in Christian journals, because he shared the same perspective on the issue as the contributors. Nevertheless, he pointed out the fact that not all germs were detrimental to health and that some played very important roles in human life: "Some germs are good for human, because they make bread through fermentation. If there is no germ, the dead body never decays, for it is the germs that make the corpse decay after death, after entering into the dead body through the anus."[186] Furthermore, he stated that germs were everywhere, and there was not a single place where one could not find any germs:

> Germs are even in the ice as a frozen form and become alive when the ice melts. A germ can proliferate rapidly to become thousands, but sometimes the number reduces naturally. If a person is in a healthy condition, germs can't invade the body. However, germs invade the body easily, when people are not in good condition. Therefore, it is good to take medicine that kills germs, when contagious disease starts to spread.[187]

In the third chapter, Wells dealt with food as one of the most important subjects for hygiene. Regarding the disease caused by germs, pork was regarded as more dangerous than others because it could possibly carry more germs. Thus, it should be cooked prior to eating, in order to prevent parasites and diseases.[188] In this respect, the

[185] Ibid., pp. 55-7.
[186] Ibid.
[187] Ibid.
[188] Ibid., p. 35.

problem of germs was located at the centre of the matter of healthy food. The message was put strongly: "If you don't kill the germs inside of the meat before eating it, the germs can cause dreadful diseases such as vomiting, diarrhoea, severe abdominal pain, heart disease and so forth."[189]

In conclusion, hygiene implied cleanness, even though it covered various other practices regarding health. As a foreign discourse, hygiene introduced a new concept of cleanness based on germ theories and new practices of health, which aimed to kill germs in the daily lives of people. The practices of hygiene and cleanliness mentioned in Wells's booklet were not just limited to the personal level, however. As Wells wrote: "If each individual can be clean, the town and the country will be clean as well. If a country can achieve perfect hygiene, it can be a wealth country because it can reduce the risk of disease."[190] In this sense, hygiene was a matter for the individual, the community, society, and even the country, which was a perfect parallel to the phrase from *the Great Learning* stressing cultivation/cleansing of the human body as a locus from which every virtue grew.[191]

Concluding Discussion

In the European context, modern theories of hygiene based on germ theories of disease could not be overtly religious due to the fact that the theories were developed in the scientific and medical domains. Public health had become dissociated from the

[189] Ibid., p. 37.
[190] Ibid., pp. 13-4.
[191] Confucius, *The Great Learning*, James Legge trans. *Confucius; Confucian Analects, the Great Learning and the Doctrine of the Mean* (New York: Dover Publications, 1971), pp. 357-9.

church, even though religious strictures still stressed that cleanliness was next to godliness. Sermons involving hygiene were not the primary means through which education in matters of health was related, unlike in the missionary context. Indeed, for many Koreans, this was the primary and for some time the sole means through which they received Western strictures on hygiene. Furthermore, in America, even when the germ theories were propagated using religious concepts, the purpose was to persuade people to accept the germ theories rather than Christianity. The situation was quite different in Korea, where medical missionaries had to establish churches as well as medical institutes. Thus, one of the purposes of medical missionaries to spread hygiene, which emphasised cleanliness in the individual body, spirit, and even community, was to make people believe in Christianity. As a result, even when hygiene was extended to cover almost every aspect of life including dietary, clothing, living, and spiritual cleanliness, it intentionally connoted religious meanings.

Consequently, in terms of a close relationship between religion and medicine, the purposes and the ways in which medical missionaries manipulated medical and religious knowledge in Korea corresponded to the work of John Wesley in eighteenth-century England. Wesley's book, *Primitive Physic* is a manual containing a 'strange' combination of common sense and religion.[192] Demonstrating the powerful interplay between science, medicine and theology was one of the main concerns of his book.[193] Thus, *Primitive Physic* puts an active religion and an empiricist, experimental

[192] Deborah Madden, *A Cheap, Safe, and Natural Medicine: Religion, Medicine, and Culture in John Wesley's Primitive Physic* (New York: Rodopi, 2007), p. 11.
[193] Ibid., p. 14.

philosophy to useful effect, in order to provide a solution for problems such as health, hygiene, and nutrition among the labouring poor.[194]

Although missionary narratives on hygiene in Korea shared the same purpose and method with *Primitive Physic*, what makes them different from their predecessor is the fact that the concept of hygiene was supported by germ theories of disease instead of the 'miasma' theory. However, just like miasmatic explanations, the germ theory of disease that the missionaries wanted to deliver was not a single, solid entity; rather, there were several germ theories in the making. Furthermore, the explicit or implicit dialogue with previously established medical tradition, particularly *yangsheng*, made their versions of germ theory more complicated. On top of that, pre-germ regimens were mixed with the narrative of modern hygiene.

However, one of the clear differences between *yangsheng* and hygiene was the fact that in comparison to *yangsheng*, hygiene emphasised practical cleanliness, which could be reduced to the practice of killing germs. Simultaneously, what connected Christianity and biomedicine as a common key element was cleanliness. In an article entitled "how to practice *yasheng* for family," an anonymous author explained the basic concept of hygiene, i.e. cleanliness of the body and the environment surrounding the body.[195]

Given the fact that cleanliness or cleanness could be defined differently in different cultures, in order to establish a new standard of cleanliness in a certain situation, cleanliness had to be defined against its polar opposite, 'filthiness'. 'Dirty'

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[194] Ibid., p. 273.
[195] "*Gajoki yangshenghaneunbeop,*" (How to practice Yangsheng for family) *The Christian News*, vol.2-37, September 15, 1898.

and 'wicked'germs that caused diseases were utilised to describe the acts of cleanliness on the opposite side. Thus, it was one of the most important aspects of the new understanding of disease that its cause, the germ, was inevitably connected to filthiness and, on the contrary, the way to prevent disease was unavoidably linked to cleanliness.

Cleanliness was seen as a magic bullet that could be applied to any case regarding health, including flesh, spirit and the living environment. It was supposed to solve the problem of any disease in the physical and spiritual body and was applied to almost every aspect of daily life. Hygiene was not simply a personal matter, but also a communal, social, and even national issue, mainly because the *yangsheng* tradition originally maintained a communal and social nature, which influenced the characteristics of hygiene so that it functioned socially. Thus, the matter of cleanliness was extended from the individual to society.

In this sense, the Christian journal was considered a perfect medium to deliver Christianity and hygiene. Given the fact that the narratives on hygiene in Korea began after Wells started his work and he had the most suitable qualification in the subject among medical missionaries, it is evident that he played a crucial role in the process of making the general concept of hygiene public, in his booklet, *Introduction to Hygiene*.

Even though the main purpose of these publications was to make Christianity known to the Korean people, missionaries intended to introduce medical theories as well, because the editors of the journals were significantly interested in the physical as well as the spiritual health of the public. In this respect, missionaries tried to deal with

contemporary issues regarding public health and living conditions, as well as with spiritual health. In doing so, they presented not only theories of biomedicine and science from Europe and America, but also a new type of theory on health; hygiene as a hybrid offspring of Christianity and medicine. As a result of their effort, in terms of biomedicine, the 'new medicine' from the West was able to gain leverage with the public and effect changes in their daily life. Furthermore, the 'new religion,' which also came from a foreign country, was quickly identified as the religion of cleanliness. Thus, 'not following the way of hygiene' was identified as sinful and Christianity expressed itself as a religion that made things clean, as well as a religion of cleanliness by using the concept of hygiene. Christianity became to be known as the religion of hygiene: a theme that will be examined further in the fifth chapter.

The intersection of germ theories of disease and the pre-germ theory regimen or *yanasheng* tradition, with the new religion can be seen clearly in an article on the subject of clean air, which was written by a young Korean studentof Pyeong Yang middle school, Young Seo Kim.

> Humans can't live without breathing for a moment. Thus, God created the air on the earth to provide humans with air for respiration. When people breathe, the air outside of their body gets inside to warm their blood in order to deliver it to the whole body. The purpose of respiration is to make the body strengthened and healthy without disease. Prayer is like breathing. As we can't live when we stop breathing, our spirits are dead when we stop praying. If our prayer is weak, our faith will be weak and ill. Prayer is breathing. When the clean one, the oxygen that warms the blood, is inhaled into the body, it purges the dirty one, carbon dioxide out of the body to make the body healthy. By the same token, we have to accept the Holy Spirit that is the same as

> oxygen, to make our faith strong and healthy. Then, we have to confess the dirty sin that is the same as carbon dioxide in front of God, in order to remove sins and to preserve our lives, which will give eternal pleasure to our souls.[196]

This article reflected the perspective of a Korean who had accepted the new knowledge and formed a typical idea of the relationship of prayer to respiration. He viewed breathing as form of prayer saw oxygen as analogous to the Holy Spirit, and carbon dioxide to sin. In this sense, prayer was supposed to be a never-ending process for the removal of sins and to receive the Holy Spirit into the body, which was the contemporary religious understanding of hygiene.

[196] Young Seo Kim, *The Christian News*, vol.10-17, April 26, 1906.

Chapter 5. Total Abstinence:

The Campaign against Smoking and Alcohol

> The drink curse is widely prevalent in Korea. The liquors are of two kinds; one white and thick, the other a clear liquid. They are made from rice, barley or wheat. Saloons are frequent, with sauerkraut and liquor for sale. Maudlin sots or drunken brawls, with men tugging at each other's top-knots are, alas! a common sight upon the streets. Their thought is low-planed. The social vice prevails, and vice that is unspeakable. In a word, the Koreans have every vice possible to a mild-mannered, heathen nation, with the one exception of the smoking of opium.[1]

From the above quotation, we can see that American missionaries regarded the drinking habits of Korean people as a serious social problem that needed to be urgently treated. A Presbyterian missionary who began his work in Korea in 1888, Daniel Gifford, regarded alcohol as a curse and a major social vice. Nor was he the only missionary who took this problem seriously. Drinking liquor was prevalent in Korea and the antipathy towards it was obvious and widespread among missionaries. They thought that in order for them to have a successful mission in Korea, the drinking problem had to be fixed. Given the fact that most American missionaries tried to make the church and congregation detached from social and political issues, their stance on liquor drinking was quite exceptional. Regardless of whether excessive drinking caused numerous problems in Korean society or not, missionaries took the problem very seriously and they considered it an obstacle to their broader mission in the country.

[1] Daniel L. Gifford, *Every-Day Life in Korea* (New York: Fleming H. Revell Company, 1898), p. 36.

The Temperance Movement in Europe and America

Drinking alcohol has initiated much controversy within the Christian tradition, although wine occupies a pivotal position in the ritual of Holy Communion. In particular, the argument regarding the substance of wine – whether or not it can transform into or represent the blood of Christ – has provoked significant debate and schism. In addition, not only the nature of this substance but also its use became a serious religious issue in Europe, when Christianity began to realise religious responsibilities regarding social problems, including the immoderate consumption of alcohol, which resulted in the Christian version of a temperance movement.

In the Christian tradition, although the word, 'temperance,' along with prudence, justice and fortitude has been considered as one of the essential virtues of Christian life,[2] the meaning of the term has changed since a social movement, named the temperance movement, began in the nineteenth century, in Europe and North America. Instead of the classical meaning of 'self-control' or 'self-restraint' that connoted a type of suppression of human desires regarding consumption of food, use of stimulants, and sexual behaviour, the term, 'temperance' became associated particularly with a concern about the use of alcohol, and it resulted in a movement dedicated to complete abstinence from its use.[3]

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[2] Christopher C. H. Cook, *Alcohol, Addiction and Christian Ethics* (Cambridge: Cambridge University Press, 2006), p. 77: In particular, for Thomas Aquinas, temperance was the virtue of moderation or temperateness, which resulted from the exercise of human reason and was chiefly concerned with the human passion for 'sensible and bodily goods' or 'desire and pleasure.' *Summa Theologica*, Second Part of the Second Part, Q 141.1-3.

[3] Ibid., 77.

Although there were religious, moral, and medical warnings about the dangers of the demon drinking in pre-industrial Europe, moderation was the golden rule and root-and-branch hostility to alcoholic liquor was highly exceptional.[4] However, the climate significantly changed along with the development of capitalistic agriculture and mass production of alcoholic beverages. Particularly, during the 'gin craze' in Britain between the 1730s and the 1750s, towns became flooded with cheap spirits so that even one could notoriously get drunk for a penny and dead drunk for twopence.[5] In this way, the issue regarding excessive consumption of alcohol and drunkenness due to potent, dangerous, and often extremely cheap spirits became serious.[6]

It is worth mentioning that the temperance movement was initially a social and medical issue rather than religious one and that after its foundation in 1828, the temperance movement sought abstention from spirits only. Teetotal societies grew out of this movement in the early 1830s, and at the end of the decade, some teetotalers even adopted the 'long pledge', which banned the offering as well as the consumption of intoxicants. The repudiation of free trade of alcoholic beverages came in 1853, when the United Kingdom Alliance was founded to outlaw all trading in intoxicating drinks. Temperance pressure eventually forced the politicians to reverse their free trade policy and to revert in 1871-2 to the restrictive policy.[7]

Teetotalism in the 1830s was even opposed by many religious bodies, because many religious leaders feared that teetotalism was substituting a purely secular and

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[4] Roy Porter, "Introduction" in Thomas Trotter, *An Essay Medical, Philosophical, and Chemical on Drunkenness and Its Effects on the Human Body* (London: Routledge, 1988), p. x.
[5] Ibid.
[6] Ibid., xi.
[7] Brian Harrison, *Drink and the Victorians: The Temperance Question in England 1815-1872* (London: Faber and Faber, 1971), pp. 19-20.

ethical crusade for reliance on divine grace.[8] However, by the 1860s, the picture had changed substantially. A list of teetotal ministers published in 1866 included 2,760 names, as compared with the 566 of the 1848 list.[9] Nevertheless, many early Victorian evangelicals looked on teetotalism--with its stress on purely secular motives, and its attempt to supersede doctrinal and liturgical controversy by a united crusade for moral reform--as 'a subtle form of 'works,' tending to self-reliance and self-righteousness.'[10] Only after the seriousness of the threat from rationalism became clear, did religious denominations establish their temperance departments, which implies that the attack upon drunkenness was something that could unite Christians against a common foe. Temperance reformers were staunch believers in 'practical religion'--the religion of daily conduct rather than of book-learning.[11]

In the European context, it is doubtful whether, in the long term, religion profited by the relationship between temperance reformers, and also whether the temperance movement gained by the partnership. In effect, the temperance movement has been one of several agencies which in modern times have gradually deprived the churches of their social function.[12] Simultaneously, the issue of alcohol was one of the representative intersections of medicine and religion. Since the late eighteenth century, when the movement to restrict the use of alcohol began to gain ground, it found support among medical practitioners as well as Christian reformers.

[8] Ibid., p. 179.
[9] Ibid., p. 181.
[10] Ibid., p. 185.
[11] Ibid., p. 188.
[12] Ibid., p. 189.

In America, the temperance movement for restraint in the consumption of alcohol began in Philadelphia, in 1785, when Dr. Benjamin Rush published a book, *An Inquiry into the Effects of Ardent Spirits upon the Human Body and Mind with an Account of the Remedies for Curing Them*, in which he defined drunkenness as a disease.[13] However, he pointed out that mainly ardent spirits caused the disease, and thus, people should consume water, cider, beer, wine, sugar and water, or coffee rather than distilled spirits to prevent drunkenness. He mentioned, "Many hundred drunkards have been cured of their desire for ardent spirits, by a practical belief in the doctrines of the Christian religion."[14] In his book, he evidently targeted drunkenness rather than alcohol, itself, which led him to focus on the consumption of distilled spirits rather than other types of liquor.

In addition, drunkenness began to be understood differently. The first half of the nineteenth century saw chronic drunkenness-- eventually 'alcoholism'-- firmly established upon the map as a medical disorder.[15] A Scottish physician, Dr. Thomas Trotter published a book, *An Essay Medical, Philosophical, and Chemical on Drunkenness and Its Effects on the Human Body* in 1804, which was the first book-length analysis of drunkenness by a British doctor.[16] He was the first to outline many of the viewpoints and strategies subsequently adumbrated in the writings of Bruhl-Cramer, Rosch, Esquirol, Huss and others.[17] In his book, Trotter quite explicitly, indeed aggressively, defines drunkenness as a medical prerogative and stressed that it

[13] Cook, *Alcohol*, p. 78.
[14] Ibid.
[15] Roy Porter, "Introduction", p. xiv.
[16] Ibid., p. xv.
[17] Ibid., p. xiv.

was the responsibility of the medical profession to solve this problem. He categorically states that excessive drinking is a 'disease'; indeed quite specifically a mental disease.[18]

Another Scottish physician and first president of the Society for the Study and Cure of Inebriety, Dr. Norman Kerr, apparently recognised all drunkenness as being sinful, although he thought that not all drunkenness resulted in disease. Hence, the basis of the temperance movement began with the recognition that drunkenness or, at least, inebriety, was a disease that could overpower the will.[19] However, as the theoretical foundation of the temperance movement, the claim that drunkenness was a disease started to change significantly by encountering religious causes to support the movement. Drunkenness came to be not only a disease, but also a sin against God.

In America, one of the forerunners of the temperance movement was Dr. Lyman Beecher who was inspired by the work of Rush. In 1826, he presented *Six Sermons on the Nature, Occasions, Signs, Evils, and Remedy of Intemperance* that was published and widely read, proceeding to many subsequent editions up to the tenth edition by 1845.[20] One of the important issues in his sermon was the fact that Beecher was very clear in considering intemperance to be a sin, although he indicated it was also both a disease and a crime.[21] In other words, in America, on the way to the cause of total abstinence from moderate drinking, the religious concept, sin, was added and emphasised to stigmatise not only spirits and distilled liquors but also the alcohol itself, as Beecher exhorted "TOUCH NOT, TASTE NOT, HANDLE NOT."[22]

[18] Ibid.
[19] Cook, *Alcohol*, p. 78.
[20] Ibid., p. 79.
[21] Ibid., p. 87.
[22] Ibid., p. 90.

As a result of their struggle against drinking, the first American temperance society was initiated at Moreau, Saratoga, NY in 1808 by Dr. C. J. Clark. The members pledged not to drink spirits or wine, except for medical purposes, at public dinners or at Holy Communion.[23] Subsequently, the United States Temperance Union was created in 1833, and in 1836, it was renamed the American Temperance Union. However, there was still a debate as to whether the objective of the Union should be temperance or complete abstinence, but the latter was adopted.[24] At least by the 1840s, total abstinence was not fully dominant even in the temperance movement camp.

The essential tenets of temperance in the 1830s revealed the characteristics of the movement. According to these tenets, it was recognised by proponents of the temperance movement that 1) alcohol was an inherently addictive substance, and thus the regular use of alcohol was the cause of habitual drunkenness; 2) alcohol was to weaken the drinkers' control of their own moral behaviour, release of animal passions, and eventually lead drinkers to poverty and crime; 3) therefore, alcohol was a poison, which could induce a wide range of physical diseases.[25] In sum, three major reasons such as the toxic nature of alcohol, ethical and spiritual infection, and health problems were suggested to prohibit drinking alcohol. It seems evident that teetotalism was strongly supported by the stigmatisation of alcohol itself, combined with religious and medical causes.

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[23] R.M. Hyslop, *The Centenary of the Temperance Movement* 1832-1932 (London: Independent Press, 1931), p. 16; Cook, *Alcohol*, p. 79.
[24] F.L. Cross and E.A. Livingstone, eds. *The Oxford Dictionary of the Christian Church*, 3rd edition (Oxford: Oxford University Press, 1997), p. 1584; Cook, *Alcohol*, p. 79.
[25] H.G. Levine, The alcohol problem in America: from temperance to alcoholism', British Journal of Addiction, 1984, p. 109.; Cook, *Alcohol*, p. 80.

Furthermore, the temperance movement has presented an active interplay between medicine and religion. Most of the proponents of the movement in the first place were medical doctors who supported restraint in the consumption of alcoholic beverages by providing medical reasons alongside moral ones. Then, it was the clergy who took over the reasoning and expanded it to moral and spiritual issues. In 1826, the American Temperance Society was organised, and by 1829 over one thousand societies had been formed, with a total of 100,000 members. The chief proponents of the movement appear to have been physicians and clergymen.[26] Their arguments converged upon the point that drinking alcohol significantly injured the human body and soul, and thus, it was a religious sin.

However, whether drinking was regarded as a disease or a sin, it is important to recognise that these are not necessarily mutually exclusive categories.[27] According to the Christian tradition, human will, which needed to be exercised in order to pursue the virtue of temperance, was already corrupted. It therefore seemed natural that any type of drinking developed into habitual drinking. Although habitual drinking was considered a disease because it ruined body and soul, it was not difficult to regard drinking as a sin resulting from a corrupted will. Habitual drinking was thus conceptualised as both a disease and a sin but both could be prevented.

Popular attitudes regarding alcohol use and misuse, the medical understanding of concepts such as inebriety, and the theological analysis of the nature and virtue of

[26] Hyslop, *Temperance*, p. 16; Cook, *Alcohol*, p. 79.
[27] Cook, *Alcohol*, p.126.

temperance are part of a complex interplay of ideas and dependent upon their social context.[28]

The Problem of Alcohol in China

The hostile attitude towards consumption of liquor evident in American and European contexts was reflected in missionary work, especially by American missionaries, although it was modified in certain ways. In East Asia, where liquor consumption was deeply embedded in indigenous cultures, the stigmatisation of drinking showed that the aim of Protestant Christian missions was not purely religious but accompanied by certain social, political, and cultural objectives. In overseas missions, the temperance movement had much the same objectives as at home. However, the preoccupation with drinking did not automatically feed through to missionary work in East Asia. Indeed, we see an interesting contrast between the attitudes initially displayed by missionaries in China and in Korea.

In 1887, about eighty years later than the time when Robert Morrison (1782-1834) had been appointed by the London Missionary Society as the first missionary to China, an article regarding the problem of drinking liquor among Chinese Christians by Dr. John G. Kerr (1824-1901) was published. The article began by mentioning the fact that the Chinese had a long history of drinking alcoholic liquors and this was deeply ingrained in their culture.[29] According to him, the drinking habits of Chinese

[28] Ibid., p. 124.
[29] John G. Kerr, "The Drinking Habits of Chinese Christians," *The Chinese Recorder and Missionary Journal* vol. 18 no. 12 (Dec. 1887): Dr. Kerr traced the spreading of distillation to make spirits back to the Tang Dynasty (C.E 620-907) by a quotation from Dr. Joseph Edkins in the China Review on March and

Christians or church members were the same or nearly the same as those of non-Christians. It was well-known that the Chinese were almost universally given to the use of alcoholic stimulants, and there was no legal restriction on the sale and traffic of spiritous liquors.[30] This remark revealed the fact that the problem of drinking had not been an important issue in Chinese missions. Indeed, there had been no special restrictions on drinking alcohol among Christians until at least the mid-1880s. Missionaries remained ambivalent about commercial efforts to introduce the products of the West into China. Women favoured the importation of some goods, such as oil and sewing machines, but like women reformers at home, they fought a vigorous battle against efforts to disseminate Western vices. The introduction of such products as alcohol and cigarettes discredited the moral claims of the West, as had opium imports before.[31]

The change of the missionaries' attitude toward drinking was closely related to the problem of opium addiction in China. In 1887, George William Clarke (1849-1899), a British missionary from China Inland Mission argued that the only solution for the opium addiction that had widely spread among people could be total abstinence:

> After several years of intercourse in *Kwie-choe* and *Yunnan* with opium consumers and produces, I was convinced that second to the power of God to deliver the land from the opium curse, was Abstinence…Attempts have been made by the Government to prohibit the cultivation of the poppy and the sale of the drug, but

April, 1887. He also referred to the fact that it was in the Yuan Dynasty (C.E. 1280-1368) that the northern Chinese learned to distil on a large scale.

[30] Ibid., p. 450.

[31] Jane Hunter, *The Gospel of Gentility: American Women Missionaries in Turn-of-the Century China* (New Haven: Yale University Press, 1984), p. 169.

> failure has been the result...There is no hope to grapple with the curse in prohibition or cure; only Abstinence.[32]

Clarke recognised that the temperance crusade in Britain was not that easy and that it would take a long time to rouse public opinion against the drink traffic.[33] Nevertheless, even regarding the matter of opium, he thought that Total Abstinence could be a splendid fulcrum to lift up China from addiction.[34]

The missionaries' advocacy of total abstinence was a part of series of events that started one year earlier in 1886 when Mrs. Mary C. Leavitt, as missionary of the World's Woman's Christian Temperance Union, visited Shanghai. On the 16th of December, 1886, a union in China was organised, officers elected, and two departments of work taken up, *viz*. education and organisation. In addition, under the direction of Mrs. Gulick, as superintendent of education, a flourishing Band of Hope was built up, numbering 140 members, the majority being Protestants, but some of Jewish and Roman Catholic families. It had its library and monthly public meeting or entertainment, and much valuable educational work was apparently being done by this agency.[35] The Band of Hope originated in Britain in 1847 when Mrs. Anne Carlile, visiting Leeds Sunday School children, first applied the term 'Band of Hope' to groups of children organised for temperance work. By March 1849 the Leeds Band of Hope

[32] George W. Clarke, *The Chinese Recorder and Missionary Journal* vol. 18 (Shanghai: Presbyterian Mission Press, 1887), pp. 399-400.
[33] Ibid., p. 400.
[34] Ibid.
[35] P. T. Winskill, *The Temperance Movement and Its Workers: A Record of Social, Moral, Religious, and Political Progress* vol. 4. (London: Blackie & Son, 1892), p. 63.

had pledged more than 4,000 young people. And by January 1860 there were 120 Bands of Hope in London.[36]

At any rate, in the eyes of the missionaries, drunkenness was far less common in China than in so-called Christian lands, and the public exhibition of drunken quarrels and fights in the street was very rare.[37] Crime, poverty, and abuse of families, which made such an appalling list of the evils of strong drink in Christian countries, were comparatively unknown in China.[38] As a result, most missionaries kept the position that no special effort for the suppression or limitation of the drinking habits of Chinese was required and no objection should be made to the moderate use of intoxicating liquors.[39] Furthermore, not all the missionaries were total abstainers and most of them considered that the opium habit could result in more evil than the use of spirits.

Dr. Kerr clearly thought differently and argued that the habitual use of alcoholic liquors was antagonistic to pure morality and a high standard of spiritual life, naturally vitiating the moral sense.[40] An experienced medical doctor who had studied the effects of stimulants and narcotics on the body, he tried to persuade people to convert to teetotalism by providing physical and spiritual reasons. He suggested several reasons not to drink any alcohol, the most important of which were medical.

Kerr emphasised the negative influence of alcohol on the body. The first effect of drinking alcohol was to stimulate the functions, intellect, sensation, and motion of

[36] Brian Harrison, *Drink*, pp. 192-3.
[37] Kerr, "Drinking Habit", p. 450.
[38] Ibid.
[39] Ibid., p. 451.
[40] Ibid.

the human body, resulting in depression and eventual disorders of the organs.[41] Alcohol was to derange all the vital organs, and particularly, the brain and nerve centres were supposed to be seriously affected:

> Alcohol running through the capillaries of the brain and nerve system induces fatty changes of the grey cells and an early thickening and a later contraction of the delicate connective tissue holding the cells in place... After a time the cerebrum shrinks and becomes firmer than normal (sclerosis), and the fluids occupying the ventricles of the brain increase in order to keep the brain case filled. These changes are evidenced by the mental weakness, the moral weakness, the muscular tremors and the irregular muscular movements of the chronic inebriate.[42]

He claimed that alcohol eventually affected brain function so that even simple drinking could cause chronic drunkenness. Then, Kerr argued that alcohol injured the mind as well as the physical body. In his view, "alcohol vitiates the moral sense. Acting on the physical organ it deranges its normal actions and of necessity vitiates man's moral nature."[43] He grounded his argument on the fact that the normal function of the brain secured moral behaviour and thus, malfunctions of brain induced moral degradation. In other words, the moral faculties of humans were supposed to operate according to the normal functions of the brain and organs, and alcohol deranged and diverted the brain and organs from their normal status. In this way, the drunkard had

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[41] Regarding the nature of alcohol, Kerr constantly used the term, 'stimulant' to describe of characteristics of the material. By nature, alcohol is not a stimulant but many contemporaries regarded it as having stimulating qualities, even though it would ultimately lead to depression or loss of vigour. However, one of the important issues in the Chinese context was that the stimulating action of materials, whether it was excessive or moderate, was not deemed as good for health in Chinese medicine, emphasizing homeostasis.

[42] Ibid., p. 452.

[43] J. G. Kerr, "The Drinking Habits of Chinese Christians," *The Chinese Recorder and Missionary journal* vol. 19 no. 1 Jan. 1888. p. 12: Although he used the term, 'the physical organ', as a singular form, it didn't particularly mean the brain only. On the basis of Chinese understanding, the location of mind is supposed to be 'the heart' as a comprehensive term.

ruined his/her moral sensibilities by steeping their brains and nerves in diluted alcohol for years.[44] It was clear to him that alcohol led drinkers to moral corruption by causing the malfunction of the brain and organs.

However, it was difficult to trace the whole process medically, only, because the disturbing force operated on an organism that had already been distorted by sin.[45] When an agent like alcoholic stimulants was added to the distorted status of the human, it would be naturally expected that one's moral faculties would be deranged significantly. Consequently, even temperate drinkers reach the state of inebriety sooner or later. Thus, the moral deterioration of drinkers, whether they were moderate or heavy, was inevitable.

> There are Christians who use intoxicating liquors, and it is not necessary to assert that they are not Christians because they do it, but they are voluntarily adding a powerful evil agent to the existing outward influences and inward tendencies to evil, already too numerous and making their fight so much the harder if they are to come off the victors at last.[46]

In addition, Kerr asserted that some Christians, not only in China, but also in Western countries did not realise the danger of drinking. He claimed that the saloon or public house was the curse of Christian countries and spirituous liquors were the chief cause of all the evils connected with it.[47] Anyone, including Christians, who daily drank in the saloons the moral sense was vitiated, the conscience hardened, and the perception

[44] Ibid., p. 454.
[45] Ibid., p. 453.
[46] Ibid., p. 456.
[47] J. G. Kerr, "Drinking Habits" vol. 19, p. 11.

of right and wrong weakened by the action of alcohol on the delicate organism of the nerve system.[48]

Total Abstinence

Kerr's aim was to persuade readers, including missionaries and Chinese Christians, to become total abstainers. Not only because any kind of alcohol was injurious to health, but also because even moderate consumption of alcohol was not enough to make a society thrive in terms of physical and spiritual health. Furthermore, "another fact has been forcing itself upon the public mind, and that is that TOTAL ABSTAINERS ARE LONGER LIVED than those who drink even moderately of alcoholic drinks."[49] In order to support his argument, he presented a table regarding the death rates from 1866 to 1885 in the United States that was used by the insurance companies to show how an abstainer could realise a more healthy life than moderate drinkers.

Abstainers	Expected deaths	8,484
	Actual deaths	2.408
	Per cent.	69
Moderate drinkers	Expected deaths	5,480
	Actual deaths	5.284

[48] Ibid.
[49] Ibid., p. 15.

Per cent.	97
Excess	23[50]

What Dr. Kerr offered was a proof-based argument that emphasised the need for total abstinence. He claimed that even the moderate use of intoxicating liquors such as the level that contemporary Chinese engaged in was injurious to health and thus, shortened life. Therefore, it was a Christian duty to use all lawful means to preserve health and to prolong life, and it needed little argument to show that the indulgence of a habit that shortened life was sinful and, therefore, hardened the conscience and lowered the spiritual life of the soul.[51]

Subsequently, Kerr took issue with the trafficking of alcohol and tried to attack it by quoting a phrase from the *New York Tribune,* saying that "the traffic (of alcohol) is more degrading and debasing than the curse of slavery or polygamy; the trade makes drunkards, thieves, burglars, gamblers, wife-beaters, murderer, debauching and degrading millions, brutalising them below the plane of healthy savagery."[52] Finally, he demonstrated another reason for total abstinence in use of contemporary statistical estimation on the drinking population and the money they spent in China;

> The proportion of adults including men and women who drink spirits is 60 per cent. The average daily amount for each person is from 4 to 6 teals (or ounces). Taking the lowest, we have 7 catties per month or 90 catties=15 gallons per year for one person. The cost of the most common and cheapest liquor is 2c. 5c. per catty; 90 catties cost 2t. 2m. 5c..$3.15 per year. A church of 140 members will use $315.00 per year, and a membership of 1,400 will consume every year $3,150, and 14,000 will consume $31,500

[50] Ibid., p. 16.
[51] Ibid.
[52] Ibid., p. 17.

> each year of that which degrades and corrupts man's higher faculties.[53]

In fact, one of the plausible and tangible causes was economic. He lamented that this waste of money and its attendant degradation was going on among those for whom Christians at home were raising large sums of money. Although a proportion of the money designated at home was for the sacred work of preaching Christ to the heathen, it was spent in vain by native Christians in the employ of the missions for the liquors, which counteracted the very purpose for which it had been given.[54]

Not only for the contemporary state, but also for the future, Kerr urged that total abstinence was required. He referred to the history that the advent of foreigners to China had brought with it a terrible evil in the use of opium, and this was wasting the lives and substance of tens of thousands of Chinese people, and rendering the salvation of their souls almost impossible.[55] The potential threat of alcohol was supposed to be much greater than opium. The use of native liquors was limited due to the crude mode of manufacture and the consumption of foreign liquors was limited because of their expense. However, he expressed the view that the time would come very soon when alcoholic drinks from foreign countries would be cheap as native spirits. "The probability is that their use will increase and drunkenness will become as common as it is in so-called Christian lands, and the evils following in its train will be

[53] Ibid., p. 18.
[54] Ibid.
[55] Ibid.

as great here as they are there."[56] In order to prevent this calamity, he exhorted the need of total abstinence.

As alcohol was regarded as a poison that destroyed the body, weakened the mind, and degraded one's moral sense,[57] Dr. Kerr believed that it had to be totally expelled from society. In order to support his argument, he adverted to the medical, social, and economic costs of even moderate alcohol consumption. However, the religious cause that defined drinking as sinful did not appear in his argument. At any rate, his contention indicated the fact that not only the heavy drinking of alcohol, but alcohol itself had been little discussed among Christians in relation to the religious sincerity and sin against God. Moreover, total abstinence was not naturally required of every Christian as a matter of faith, and the issue of cleanliness was not naturally connected to the drinking problems of the people.

Alcohol in Korean Medicine

In contrast to China, the Korean mission was characterised by appeals for total abstinence from the earliest days. Therefore, it was not strange for Korean Christians to express an adverse attitude towards drinking liquor, "for drinking alcohol is so harmful to the human body, people must be on their guard especially against it."[58] The strict teetotalism of Protestant Christianity conspicuously influenced Korean culture

[56] Ibid.
[57] Ibid., p. 11.
[58] *The Church Herald* (November 27, 1907) p.14

as well as the mentality of Christians. Even though that kind of hostility towards drinking mainly originated among American missionaries, it is also important to point out that the Joseon Dynasty maintained legal prohibitions on liquor. Thus, in order to properly understand the meaning of teetotalism in Korean Christianity, one should examine the location of drinking liquor in Korean medicine and culture. According to the *Donguibogam*(1610), a prominent and comprehensive compilation of Korean medicine in the seventeenth century, liquor or alcoholic beverages were the best of all medicines,[59] although they were regarded as harmful in some cases, as with other medicines, when too much was taken. In particular, because alcohol was regarded as toxic and heat-inducing it was to be used with caution.[60]

Alcoholic beverages were called '*yak-joo*' (liquor for medicine), as an honorific form by Korean people, which illustrates the fact that Korean people have drunk alcoholic beverages not only for amusement, but also for medical treatment or eventually for their health. According to traditional medicine, if alcohol is used properly, it not only can prevent and treat disease effectively, but also prolong life.

The *Donguibogam* mentions approximately forty types of medicinal liquors and some of them are not alcoholic beverages, which demonstrates important aspects of the use of alcohol in the Korean tradition. First of all, liquor (*sul*) does not necessarily contain alcohol by definition. Even when it does, it is regarded as being good for health as long as it is consumed in moderate manner. Also listed are certain methods to enhance the medical result of liquors to treat certain diseases by combining herbs

[59] Joon Heo, *Daiyoek Donguibogam* (Donguibogam; Interlinear Version) (Seoul: Donguibogam Chulpansa, 2006), p. 294: 百藥之先
[60] Ibid., p. 2013.

and fruits. In any case, moderate drinking was regarded as essential for nurturing the life force.

Donguibogam deals with liquors mainly in two parts. In the former, organised under the title of 'Miscellaneous Prescriptions,' Heo Joon, the author, mentioned eleven types of liquor with a recipe for each.[61] In another part named 'Grain Section,' he enumerated thirty-three types of liquor that helped to improve health, in treating specific diseases.[62] According to the recipe, various materials including the fruit of Chinese matrimony vine (*Lycii Fructus*), Rehmanniae Radix, Asparagus Cochinchinensis Merrill, Achyranthes Japonica Nakai, Polygoni Multiflori Radix, honey, dogmeat and so forth are used to brew liquor. In addition to that, he articulated the efficacy of the sediment of liquor, the morning glory and bean liquor, grape wine, mulberry wine, the fruit of the Chinese matrimony vine wine, and so forth. Each type of liquor could be applied to specific diseases as a remedy. In addition, a certain type of vinegar, the seed of the morning glory powder and the pig's kidney, and even human urine were considered as liquors in certain cases, although they did not contain alcohol.[63] It was the fermentation and refinement that qualified the material to be considered liquor whether it contained alcohol or not.

Traditionally, liquor was classified into three types: *cheong-joo* (clear liquor) that is filtered, *tak-joo* (thick liquor) that is mixed with sediment, and *so-joo*(distilled spirits). All of them were made out of rice. Among them, *cheong-joo* was versatile and has been mainly used to produce medicinal liquors. And Heo Joon not only introduced

[61] Ibid., pp. 1733-4.
[62] Ibid., pp. 2013-6.
[63] Ibid., pp. 970-1.

the recipe of how to brew *cheong-joo* as a standard method,[64] but described the properties and efficacy of liquor in detail:

> It is a very hot, bitter, sweet, spicy, and toxic material. It helps the circulation of medicine in the body, removes bad and toxic forces from the body, precipitates the flowing of blood, strengthens the digestive system, makes skin lustrous, dispels depression, provokes anger, and opens people's hearts to talk. However, it injures the proper function of the mind to shorten one's life, when it is consumed for a long time. It might be the hottest material of all things, because it is never frozen even when the seawater is frozen. It contains toxic substance that makes people numb and stupefied.
>
> Liquor is much the same as the rich, because it can operate all meridian points of the body without ceasing. The spicy flavour can diffuse, the bitter one can flush down, and the sweet one can appease the spleen and the stomach, which can maximise the force of medicine to move around the whole body and even reach the highest point. The plain flavour can precipitate urination. 'The Compendium of Materia Medica,'[65] mentioned only about its hot and toxic nature, but it is more like the heat from a kidney, which is humid and heating up, which can be proved by the fact people are shivering when they are drunk. Only the liquor made of rice can be used as medicine among all liquors. The best one should be made of glutinous rice, clear water, white wheat flour, and malt.[66]

Liquor was therefore regarded as good for health, in principle, because it is made of the essence of grain that invigorates the life force. Unless people drank too much, it would not induce any disease.[67] However, Heo lamented that contemporaries were drinking too heavily so that the essence of their body was depleted. As a result, the

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[64] Ibid., p. 1735: "Prepare a half-gallon of clean rice to wash and soak for ten days in the winter, five days in the spring and autumn, and three days in the summer. After being steamed, it should be mixed with malt by hand. Put the mixture in a jar and seal it. Then, put the sealed jar in the warm place in the winter, in the cool place in the summer. Drink it, if it becomes mature. If it has a sour, astringent, and smooth taste, it would be good to drink."

[65] Also known as *Bencao Gangmu* written by Li Shizhen during the Ming Dynasty.

[66] Ibid., p. 2013.

[67] Ibid., p. 27.

average span of life had been shortened considerably.[68] Temperance in drinking liquor was thus considered to be one of the most important virtues in maintaining health and preventing disease.

The Prohibition of Liquor in the Joseon Dynasty

Traditionally, drinking alcohol occupied a very important position in the daily life of the Korean people, particularly in the Joseon dynasty. Apart from the daily use of drinking for pleasure, alcohol played an important role in every public and private ritual, including various national rites and family ancestor veneration at home. In many rituals, alcohol was one of the key tributes to the spirits, ghosts, and even living persons. Drinking certain types of liquor was also encouraged as a traditional medicine to cure some diseases. Although sometimes the production and distribution of alcohol was prohibited under circumstances such as famine, drinking alcohol itself was never stigmatised. Throughout the whole period of the Joseon Dynasty (1392-1910), the government had strictly maintained three national prohibitions such as the prohibition of liquor, beef, and the timbering pine tree.[69] Among them, the prohibition of liquor was the most difficult because the raw material to make liquor, rice, was easily accessible for ordinary people and drinking liquor was deeply embedded in the daily life of the people.

[68] Ibid., p. 13.
[69] *Silok* (May 1, 1826) The prohibition law of killing cows and horses was enacted in 1398, and the prohibition law of timbering pine tree was legislated in 1441.

In his message for the prohibition of liquor, King Sejong(1418-1450) referred to the occasions when the use of liquor was required. Most of all, liquor occupied the essential part of various rituals from national rites to the family veneration of ancestors. Then, liquor was used to entertain guests, from neighbours to visiting envoys from other countries. Finally, liquor played an important role for everyone in supporting the elderly, because it was considered a medicine particularly for the aged.[70] In this respect, liquor embodied the Confucian virtues of propriety, filial piety, and loyalty.

However, the production and distribution of liquor was often temporarily prohibited by the government, especially when harvests were bad. According to a report to the King, in the early sixteenth century, production of liquor induced social problems:

> Not only government officials, but also ordinary people are drinking too much liquor in vain. Almost the half of a yield of grain is consumed for making liquor, which causes the shortage of food and various diseases. Some poor people should sell their grain (to brew liquors) in spite of the starvation. Therefore, what ruins people and squanders their fortunes is the liquor. Since the liquor can't be brewed without malt that is made of wheat, if the farming of wheat is prohibited by law, people can be liberated from drinking in a few years.[71]

Although the national prohibition of liquor began in the early fifteenth century, the Joseon Dynasty considered a stable supply and consumption of staple food-grain, rice as the foundation of the country. In addition, rice was a substitute currency for public

[70] *Silok* (October 28, 1433)
[71] *Yoensangoonilgi* vol 40 (July 28, 1501)

commerce and an important way to collect taxes. Given the fact that the state policy emphasised the increase of production and the control of the consumption of rice, heavy consumption of liquor mainly made of rice could break the balance of production and consumption and, as a result, it was considered a threat to the economy. In particular, in the case of drought and consequent famine, the prohibition of the production and distribution of liquor aimed at the suppression of consuming grains was one of the urgent governmental measures for relief.

This close relationship between national crises such as drought and famine and measures such as the prohibition law was evident throughout the Joseon dynasty. Even the serious rise in the price of rice in the capital induced the prohibition law.[72] For instance, King Sejong commanded the prohibition law in the case of drought and famine in 1419, 1421, 1425, 1431, 1432, 1436, and 1450. On top of the prohibition law, minor criminals were sometimes released from prison as a state solution for the famine, as this act of mercy was supposed to be a way of petitioning Heaven.[73]

On the other hand, there were exceptions to the prohibition, which illustrated the nature of drinking liquor in Korean culture. In response to the petition for the proposed expansion of the prohibition law, King Sejong clarified the exception of the prohibition, allowing alcohol to be consumed in rites of ancestor veneration.[74] Furthermore, even under prohibition due to the famine, certain cases such as state rituals, diplomatic events, and the routine of the Royal Court were exempted from the

[72] *Silok* (January 10, 1733)
[73] *Silok* (May 23, 1432)
[74] *Silok* (January 4, 1421)

law.[75] In addition to these cases, for the ordinary people, moderate drinking and the drinking for the purpose of treating diseases were also exempted.[76]

In spite of several attempts to execute the complete prohibition of all kinds of liquor without exemption, the measures of complete prohibition failed. Instead, punishment focused on brewing massive amounts of liquor, and the disorderly behaviour caused by heavy drinking.[77] As appeared in another message of the King Youngjo (1724-1776) for prohibition of liquor, excessive use of liquor was stigmatised as 'the frenzy' that ruined human nature and injured the body, undermining Confucian virtues and causing diseases.[78]

Therefore, in terms of state policy, the Joseon Dynasty placed a special emphasis on moderate drinking, medical use, and use for rituals, which were the reasons why the exemptions of the prohibition law were granted.

Medical Missionaries and Drinking

It is remarkable that in Korean Christianity, the term, 'temperance,' has survived as simply one of the religious virtues of the fruits of the Holy Spirit, meaning self-control, not particularly connected to the consumption of alcohol. In consideration of the fact that Protestant Christianity in Korea was established by the efforts of American missionaries who had been strongly influenced by the temperance

[75] *Silok* (April 18, 1450)
[76] *Silok* (April 17, 1436)
[77] *Silok* (May 25, 1810)
[78] *Silok* (December 29, 1731)

movement in Europe and North America, 'temperance' should have been in common use in relation to the prohibition of alcohol. Even the Korean temperance movement in the 1920s and 1930s that strongly emphasised total abstinence from alcohol and tobacco products could not change the connotation of the term. It was mainly because the missionaries and early leaders of the Protestant church did not have to emphasise total abstinence to the congregation. Ironically, although the Korean temperance movement was one aspect of the Christian movements, in principle, it was a movement for non-Christians, not for Christians. This was clearly different from the situation in Britain where the religious movement for total abstinence had been initiated by secular bodies.

The reason was simple. From the early stages, all true Christians were supposed to totally abstain from alcohol. Missionaries identified Protestant Christianity with teetotalism, and thus, to become a true Christian naturally meant to quit drinking alcohol, which became one of the unique features of Protestant Christianity in Korea. It also implied that there was no need for KoreanProtestant Christians to convert to a certain position in terms of the consumption of alcohol. Consequently, there has never been any significant debate over total abstinence and moderate drinking in the history of Korean Christianity, because conversion to Protestant Christianity meant conversion to teetotalism.

Korean Catholics took a very different view and never insisted on teetotalism. Indeed, abstinence became an obstacle for potential converts from Catholicism to Protestantism. One such was Kim Juryeon who had been a Roman Catholic for thirty years before wanting to convert to Protestant Christianity. Even after the conversion of

his whole family by his encouragement, Kim could not join in the Methodist or Presbyterian church due to the reason that he was unable to comply with the strict rule of total abstinence. Thus, he argued that there was no biblical foundation of total abstinence. "Why does the church prohibit drinking liquor? There are some phrases in the Bible saying that don't get drunk, but I can't find any word saying that never drink any liquor."[79] However, the answer of the church was solid that there had been no need of mentioning the prohibition in the Bible because the nature of liquor was to make people drunk.[80] Thus, Kim could convert to Protestantism only after he accepted total abstinence from alcohol.

This rule was clearly an impediment to conversion, so what made missionaries adhere to the teetotal principle instead of permitting moderate drinking? What were the grounds of the argument of missionaries? How did Korean Christians accommodate total abstinence? How did total abstinence become so dominant in Korean Christianity? In order to answer these questions, it is essential to explore the reasoning and the cultural meaning of total abstinence offered by missionaries. We can gain some insight into the thinking of Protestant missionaries in Korea from the following extract from one of their journals, *The Biblical and Church Monthly*:

> There are three major reasons why we should not drink alcohol. First of all, drinking breaks the family. Drunken persons often torment family members by scolding the wife, beating the children, and smashing the household, which causes the collapse of family. Secondly, drinking injures the body. In particular, not only does drinking induce headache, paralysis, hematemesis, the tremor of one's hands, and hallucinations, but also it eventually kills people. Thirdly, drinking alcohol ensnares people into sins

[79] *The Biblical and Church Monthly* vol.3-4 (April, 1903), pp. 153-6.
[80] Ibid.

> against God, for it is definitely a sin to have food that God prohibited, which perishes the spirit and the body and leads the people to hell.[81]

As the article shows, three major reasons are proposed for abstention from drinking. Alcohol consumption was regarded as evil due to its: 1) breaking family and community 2) ruining the human body, and 3) making people commit sins. It is also remarkable that there was no suggestion that drunkenness was a disease that paralysed the human will. This was a traditional argument in the sense that intemperate drinking could result in financial difficulties for the family, society, and eventually for the nation. In the Joseon Dynasty, the prohibition law had been enforced for similar reasons. Drinking alcohol was a waste of money that could cause significant problems in a household. This economic perspective on drinking was therefore familiar to everyone:

> Drinking alcohol is enormously harmful to people in various ways. It hurts the human body, soul, social job, and livelihood. If one spends one hundred *ryang*[82] for each ten days to drink, the waste of money by drinking aggregates twelve hundred *ryang* in a year. Instead of buying land for farming, stupid people waste that money to drink, which is worse than just dying early for the family.[83]

In addition, drinking alcohol was said to ruin the family and social relationships.[84] From the Confucian perspective, uncontrolled drinking could jeopardise the stability

[81] *The Biblical and Church Monthly* vol.3-12 (December, 1903), pp. 519-20 .
[82] As the traditional currency of Joseon Dynasty, it cost approximately ten *ryangs* for one US dollar in 1900.
[83] *The Biblical and Church Monthly* vol.1-2 (January, 1901), p. 5.
[84] *The Biblical and Church Monthly* vol.2-6 (June, 1902), pp. 172-5.

of community, society, and country. As in the Joseon Dynasty, the nature of the problem of liquor was conceived primarily as communal and social rather than personal or private.

Health Issues

What made the Christian argument for total abstinence different from traditional ones was the health issue, which was more personal and private. As presented in North America, Europe, and China, the claim that alcohol was injurious to one's health was fundamental to the temperance movement. But in Korean culture, it was very difficult to say that liquor, itself, could threaten human health, other than in the case of its intemperate use. From the early stages of Protestant missionary activity in Korea, missionaries expressed their strict, antagonistic attitude toward drinking alcohol. Apart from the reason that they were strongly influenced by the temperance movement in America, there were some unique aspects of reasoning that resulted from the social, cultural, and religious peculiarities of missionary work in Korea.

Most early missionaries were medical doctors who criticised and refused to admit the efficacy of traditional medicine on the basis of the medical concepts from the West, which was the typical way in which they justified the prohibition of alcohol consumption. In this sense, they directly attacked liquor itself as well as excessive drinking:

> First of all, the toxic material, which is in the alcohol, is enormously dangerous. I want you to make sure that alcohol damages the brain (containing the mind), bones, and blood in the human body. It is the stupidity of people to drink poison voluntarily to be killed.[85]

According to this article, alcohol was a type of poison, which could seriously injure the human body. However, it was a quite new idea to Korean people because they never had the idea that liquor, itself, other than excessive drinking was harmful. Even the traditional prohibition laws of liquor were not enacted on the basis of its harmfulness. Furthermore, there was no consideration of the fact that drunkenness or excessive drinking caused disease. Rather, drinking was conceptualised as a problem of the will that could be overcome with effort:

> The alcohol is like venom. It smells stinky, and tastes terrible… How come some people can consume that kind of poison as food? For just as the nature of the food is nurturing the body, good food nurtures the human body well and makes the body strong. However, the bad food prohibits the nurturing of the body by defiling blood and inducing disease eventually kills the body. Therefore, one should not eat rotten food nor drink toxic liquor at all.[86]

Furthermore, drinking liquor was deemed morally bad – contrary to the natural law that had been given by God. The author presupposed that the natural law regarding consuming food was designed to make the human body healthy and strong, that is, for 'nurturing the body.' Consequently, any attempt to disturb the original purpose by hurting the body was evil. In this sense, there was no difference between consuming

[85] *The Biblical and Church Monthly* vol.2-6 (June, 1902), pp. 172-5.
[86] *The Biblical and Church Monthly* vol.3-12 (December, 1903), p. 515.

rotten food and liquor, which was a strong argument that the basic material in liquor, alcohol was dangerous. Drinking was a bane on humanity (in terms of 'the preservation of life' tradition) because it was natural for humans to evade harmful things in the world for the preservation of life.[87]

Alcohol allegedly induced many medical conditions. It accelerated the circulation of blood, inducing fever, stupefying the five senses, and eventually paralysing the body.[88] Furthermore, alcohol seriously affected muscles so that the strength of the body diminished. More importantly, alcohol stimulated the human nervous system so that the body could not control drinking.[89]

> Drinking causes the softness and weakness of muscles as well as the turbulence of blood circulation and agitation of the nerve system, resulting in dizziness and numbness. Whoever likes to drink diminishes the power of thought and tends to have a narrow mind, causing the failure of discernment. Anyone who drinks alcohol regains colour and becomes lean due to the toxic material.[90]

Compared to the article of Dr. Kerr that mostly emphasised the influence of alcohol on brain function, this article referred to the negative influence on the whole body including muscles, blood circulation, and the nervous system. In this sense, the harmfulness of alcohol to the whole body was introduced as one of new theories from

[87] *The Biblical and Church Monthly* vol.2-6 (June, 1902), pp. 172-5.
[88] *The Biblical and Church Monthly* vol.3-12 (December, 1903), p. 515: The function of alcohol that supposedly precipitated the blood circulation was well known in the Chinese and Korean medicine. On the contrary, in Europe, the notion of the impact of alcohol on the nervous system was generally accepted. Therefore, the 'stimulant' characteristics of liquor was unquestionable in the East Asian medicine.
[89] *The Church Herald*, (November 27, 1907), p. 14.
[90] *The Church Herald* (November 27, 1907), p. 14.

the West developed by the progress of medical knowledge, including the invention of microscope that helped to discover the fact the human muscles and brain were formed by 'cells' and the nutrition in the blood nurtured the human body. It was mentioned that alcohol was so detrimental to the human brain that the blood, influenced by drinking alcohol, affected the brain and use of muscles, enervating such functions as thinking, memory, and physical actions.[91] Nevertheless, it also reflected the traditional medical perspective of authors who stated that alcohol intensely stimulated the circulation of blood, causing disease such as dyspepsia.[92] In other words, this reasoning was the result of an amalgam of two different medical views of the body.

Drinking, Sin, and Cleanliness

One of the most popular supporting ideas for the temperance movement in America was the contention that drinking alcohol was a sin, which had emerged from collaboration between the medical and clerical professions. This was evident in Korea, too:

> There are lots of things that can critically injure the health of people, but the worst one among them is drinking alcohol, which is the root of every sin and ruining family and oneself. Thus, drinking was much more detrimental than war, because it kills more people than war.[93]

[91] Ibid.
[92] Ibid.
[93] *The Biblical and Church Monthly* vol.2-6 (June, 1902), pp. 172-5.

On the assumption that drinking alcohol naturally led people to commit sins against God, all drinkers were regarded as heinous. In this sense, those who drank alcohol, no matter whether they were noble or humble could possibly be murderers, for alcohol made people insane and liquor destroyed the body and the spirit of people.[94] Alcohol was considered as a gift from Satan to spoil the world;[95] total abstinence was also thought to be a way in which people expressed their religious piety. Regarding the relationship between piety and drinking, total abstinence was compared to the ascetic practices of Buddhists. An author asserted that, "if idolaters (Buddhists) strictly keep away from alcohol, cigarette, garlic, and green onion, think how much our Christians who worship Almighty God must not drink alcohol."[96] The basic assumption behind this argument was that total abstinence in Christianity corresponded to the pious duties of other religious traditions to express the religiosity of believers.

In relation to sin, one of the important characteristics of the temperance movement in Korea was the emphasis on cleanliness as well as cleanness of the body and soul, which made this aspect of missionary work very different from movements in North America, Europe, and even China. In America, Beecher's sermons on the prohibition of alcohol did not carry the clear expression regarding the correlation between drinking and filthiness. Rather, it was obvious that he considered intemperance to be a sin, although he later indicated that intemperate drinking was both disease and a crime.[97] In this sense, drinking alcohol was mainly depicted as a

[94] Ibid.
[95] *The Biblical and Church Monthly* vol.3-12 (December, 1903), p. 517.
[96] *The Biblical and Church Monthly* vol.3-12 (December, 1903), p. 516.
[97] Cook, *Alcohol*, p. 87.

sin, disease, or both. Another concept that redefined cleanness and filthiness was also advanced to support the idea of total abstinence:

> Because our body is a holy temple of God, anybody who defiles the temple by drinking alcohol commits the sin of blasphemy against God. Therefore, Christians should never drink any alcohol. Anybody who drinks alcohol will never get into Heaven.[98]

Since alcohol was depicted as gifted from Satan, it was natural that it should drive people to commit sins. However, it would be quite a different idea that the toxic material, liquor, could pollute the body and spirit, because the pollution should be defined the concept of purity and cleanliness, and when drinking was understood in relation to pollution, the room for moderate drinking had to be totally eradicated in order to prevent pollution to any extent. Furthermore, even the work of liquor to pollute human body and mind was not acceptable to traditional medicine.

Smoking, Filthiness, and Total Abstinence

Tobacco was stigmatised by Christians in much the same way as alcohol. Smoking was very popular among Koreans in spite of its comparatively short history in the country. As one missionary journal put it: "It has not been long when Korean people started to smoke tobacco because it began to be imported very recently. However, it is even difficult to find anyone who doesn't smoke at present including

[98] *The Biblical and Church Monthly* vol.3-12 (December, 1903), p. 517.

the young and ladies in every corner of the country."[99] Although the problem of opium was not taken seriously, smoking tobacco caused great concern among Christians. They recognised that tobacco was very harmful to people, not having any kind of advantage, and smoking had never been beneficial to hygiene. Particularly, the chemical constituted tobacco product, nicotine, was known to them as a type of poison:[100]

> In consideration of the noxiousness of the tobacco, it is a truly lamentable fact that the smoking is flourishing in this country. The tobacco is so virulent and every tobacco product contains toxic material that is named nicotine. Recently, an American scholar practiced an experiment. He injected a part of nicotine extracted from a box of cigarette, into the body of a frog, and the frog was killed immediately. Then, the rest of the nicotine killed another frog. Therefore, it proves that the tobacco is so horrible that the poison inside of it kills many people even when they are young by inducing horrible diseases and mental diseases.[101]

Even when the basic material making tobacco was not specifically mentioned, the matter of cleanliness was strongly associated with the campaign against smoking:

> As the inside of a tobacco pipe is clogged with dirty and stinking tobacco ash, the smoking human throat is filled with filthy and fetid ash as well. The person who smokes tobacco that can kill even snakes, a devil, is like a devil as well. The Spirit of God will not dwell in the body that was tainted by smoking.[102]

Tobacco products and the by-product, ash, were described as dirty and filthy. Thus, smoking was related to lack of cleanliness. Furthermore, a Korean Christian, Deuk Soo

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[99] *The Biblical and Church Monthly* vol.1-2 (January, 1901), pp. 73-4.
[100] Ibid.
[101] Ibid.
[102] Seoung-Myeong Park, *The Christian News* vol.10-34 (August 23, 1906), pp. 802-3.

Lee articulated, "because we Christians are the temples of God, I hope everybody rejects smoking and drinking."[103] By the same token, drinking and smoking should be avoided to keep the body and soul clean.

Not only religious cleanliness, but also health issues were the cause of the prohibition of tobacco as in the case of alcohol. One Christian author indicated:

> Smoking tobacco and opium is now so popular among the young in many countries in the world. However, there is a toxic material in tobacco and opium that enters the human body through the blood in the mouth until the brain is intoxicated by the material that stimulates the nerve system, causing dizziness. Thus, smoking is the same as drinking that enervates the nerve system and the whole human body, despite of the pleasure that it gives.[104]

The restriction on drinking and smoking was undergirded with a theological explanation. On the basis of the statement that the creation of God was good, human beings were supposed to eat food that could help people to be healthy and clean. But the smoking of tobacco, which was toxic to humans, was as malicious as taking the fruit of the Tree of Knowledge, because it naturally led people to commit sin against God and eventually to perish. Because the one who made people to smoke was Satan, whoever smoked should be banished and die.[105] In this way, the concepts of religious sin and cleanliness merged to support abstinence from drinking and smoking.

A hymnal written by a Methodist missionary, Mrs. Mattie W. Noble (1872-1956), the wife of William Arthur Noble (1866-1945), which encouraged total abstinence from

[103] Deok-Soo Lee, *The Biblical and Church Monthly* vol.4-4 (April, 1904), p. 70.
[104] *The Church Herald* (December 11, 1907), p. 22.
[105] Seoung-Myeong Park, *The Christian News,* pp. 802-3.

alcohol, was published and spread widely among Christians, articulating the relationship between total abstinence and religious obligation. The title was "Touch not the Cup. It is Death to thy Soul."

> The alcohol kills your spirit.
> Don't touch it. Don't touch it.
> You will be entrapped by the Demon inside of it.
> Anybody drinks it, will be destroyed.
> Don't touch the cup.
> Stay away from the cup of death.
> Don't even taste it.
>
> Although the colour looks good, never touch it.
> Stinging thing inside of the cup gets into your mind.
> Although the cup looks like jewelry[sic], never touch the cup.
> It prevents people from examining oneself.
> Don't touch the cup.
>
> Don't even drink a drop of it.
> Don't touch and don't drink.
> For your family, for your friends, quit drinking.
> Listen to the loved ones, don't touch the cup.
> For God and his kingdom, don't touch the cup.[106]

Even though the hymn was basically composed for religious occasions such as services and revival meetings, it was also aimed at the general public. Allegedly, the demon that could demolish people's minds and bodies was inside alcohol. Even temperate drinking was not enough to save oneself from 'the wreck.' Total abstinence was required for the salvation of people's minds and bodies.

In addition, it is important to pay attention to an article written by a Korean evangelist advocating total abstinence. The article represented the ways in which Korean Christians responded to the prohibition of drinking. In the article, Mr. Kim

[106] *The Biblical and Church Monthly* vol.4-5 (May, 1904), p. 107.

enunciated seven reasons not to drink alcohol. He insisted that not only Christians but also anybody else should not drink any kind of alcohol, because drinking became the main causes of 1) brawls and scuffles among people; 2) resentments; 3) injuries of the body; 4) various diseases; 5) debauchery; 6) uncleanness of the body; and 7) slavery to alcohol.[107] According to him, Christians were already free from drinking, which implied that the contemporary prerequisite to become a Christian was total abstinence. Furthermore, while he mentioned the issue of cleanness, he omitted religious issues, because this reasoning was already aimed mainly at non-Christians.

Revivalism and the Cleanliness of Mind

The representative ideas regarding religious sin, cleanliness, and even health issues to champion total abstinence were comparatively new and strange discourses to the Korean people. It needed substantial time and significant effort for such foreign ideas to be accepted and to change their daily lives. Conversion to Protestant Christianity thus involved a double commitment. Converts had to accept the new concept of cleanliness and 'medical' perspectives on the body as well as a new definition of sin. Above all, they had to quit drinking and smoking as well as maintaining concubines to become members of the church. One of the dramatic occasions for Korean people including those who converted to Protestantism, to adopt these discourses was the revival movement in the early twentieth century.

[107] *The Church Herald* (November 27, 1907), p. 15.

As far as the mission was concerned, the Christian concept of sin should not be simply a metaphysical one. Rather, it had to be interpreted and tangibly accepted by people in their everyday lives. And, eventually, it came to be associated with new definitions of cleanliness and filthiness through the domestication of Christianity. In the meantime, the revival moment occupied a very important position in defining Christian identity in accordance with the concept of cleanliness.

The revival movement in Korea started in 1903, with the work of a Methodist medical missionary, Robert A. Hardie (1865-1949) and the fact that it was initiated by a medical doctor demonstrates the importance of the collaboration of religion and medicine. It was characterised by a new conceptualisation of sin, public confession, and cleanliness. To find a starting point in this chain of events, it is necessary to scrutinise the evangelical work of Dr. Hardie at Wonsan.[108] He came to Korea in 1890 as a medical missionary sent by the Canadian College Mission Board[109] and the Medical Students' Y.M.C.A of University of Toronto that had been organised by Robert A. Hardie and Oliver R. Avison, when they were students.[110] It was evident that Dr. Hardie was significantly influenced by the temperance movement in Canada. Even the Medical Students' Y.M.C.A. was organised on the lines of Temperance Meetings for students.[111] He started his work in Korea as a medical missionary at the Royal Hospital in 1890, but he moved to Wonsan, which was the only open port of the East coast to

[108] R.A. Hardie was a Canadian medical missionary of the Methodist Episcopal Church, South. He graduated from the medical school of University of Toronto. However, he maintained his nationality as a British.
[109] Obituary Notice for R. A. Hardie in Robert A. Hardie folder, UMA.
[110] O. R. Avison, *Memoirs of Life in Korea*, Hyoung-woo Park ed. (Seoul: Cheongnyon-uisa, 2012), p. 70.
[111] Ibid.

construct (in 1892) a mission station for medical and evangelical work.[112] Not belonging to any particular Protestant denomination, he had to practice medicine for his living. After he joined the Methodist Episcopal Church, South in 1898 as the first medical missionary of the denomination in Korea, he became more focused on evangelical works than medical, as he had wished. Thus, the station that Hardie was in charge of revealed the collaboration of medical and evangelical works.

In 1903, at the invitation of the missionaries, Hardie visited several mission stations and conducted special services. "Two results followed: one, a conviction in the minds of the missionaries of their own deep need for seeking God in prayer, and the other, a new conviction in the hearts of the Korean Christians of the awful character of sin."[113] In the meantime, the revival, characterised by explicit practice of repentance, began with a public confession in front of the entire congregation:

> Dr. Ross's teacher, a young man who had first heard of the gospel about five months before, stood up in the congregation and said that during the week he had been so burdened on account of his sins, that he felt constrained to confess them in order that his mind might be relieved...his confession was a much more humbling one than that of the boy spoken of above, and it was made with an evident shame and sorrow which was plainly genuine.[114]

The young man was a drunkard and libertine from the perspective of the missionaries. His wife died when he was nineteen years old. Even during the time that his wife was

[112] R. A. Hardie, "Letters From Dr. Hardie (Gensan, December 9, 1892)," *Canadian College Mission* vol.3, no. 2 (February, 1893), p. 30.
[113] William Noble and G. Heber Jones, *The Religious Awakening of Korea: An Account of the Revival in Korean Churches in 1907* (New York: Board of the Foreign Missions, MEC, 1908). p. 7.
[114] R. A. Hardie, "R. A. Hardie's Report," *Minutes of the Eighth Annual Meeting of the Korean Mission of the Methodist Episcopal Church, South*, 1904 (Seoul: Methodist Publishing House, 1904), p. 24.

ill, he was drinking and living the life of a libertine.[115] In his mind, drinking began to be recognised as a sin for which he needed to repent. And he admitted and confessed his sins publically, which was conceived as a clear proof of being cleaned up. The relationship between repentance and public conviction was fortified, and in this way, the public conviction was required as a precondition to remove sins.

Hardie himself experienced two or three occasions when the pressure of conviction in public was so strong that it was impossible for him to preach. According to him, in some cases, as soon as the preaching commenced, the people began to rise and confess their sins. He uttered, "such struggling against sin, and such marked and constant victory by new converts it has not been my privilege to witness before, and if our friends in the homelands would take the same heroic measure against sin that these Korean Christians have taken they would soon learn to live truly holy lives."[116] Again, he had never seen such power of conviction come upon a body of people.[117]

He interpreted the fervent confession of sins in public as the work of the Holy Spirit that had been going through the church with a search light, 'cleansing the temple.' During the revival movement, many came forward at the close of every service and knelt with their faces to the floor, confessing their sins aloud and praying to God for forgiveness.[118] Many confessed hidden sins of pride, malice, envy, etc. and, publicly, many went around privately making up old feuds and begging the forgiveness of some they had wronged.[119] In this way, the revival meeting initiated by

[115] Ibid.
[116] Ibid., p. 25.
[117] Mary H. Knowles, "Wonsan, Korea," *Woman's Missionary Advocate* (February, 1904), p. 291.
[118] Ibid.
[119] Ibid.

Hardie was described as a dramatic event, revealing people's sinfulness and the power of Jesus to save them from their sins.

Sometimes, people's convictions became so strong as the preaching went on that they would rise and interrupt Hardie in order to confess their sins. In the meetings, one after another arose and enumerated all the evil things he or she had done.[120] The meetings went on for several days until nearly a hundred people in the church made public acknowledgement of their sins and expressed a deep and yearning desire to get right with the Lord; and many received the infilling of the Spirit.[121] The exposure of people's emotions was quite extraordinary. "These strong Korean men, schooled for generations to show no emotion, with faces upon the floor cried to God for the forgiveness of sin, or with unrestrained grief publicly confessed their sins."[122] In consideration of Confucian culture, to voluntarily accept shame through public confession was very exceptional. However, public confession was encouraged by missionaries:

> Just as soon as a man gives evidence of knowledge of sin, of a desire to worship God, and of an acceptance of Christ as his Saviour from sin, he should be encouraged to make a public confession of sin, of faith in Christ, and of his intention to lead a Christian life.[123]

Some of this work was illustrated with medical metaphors. For instance, Rev. J.L. Gerdine of the Southern Methodist Mission was depicted as a Spirit-filled man whose

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[120] Elmer M. Cable, "Another Wonderful Revival," *Korea Methodist* (December 10, 1904), p. 11.
[121] Ibid., p. 12.
[122] Mattie M. Ivey, "Wonsan, Korea," *Woman's Missionary Advocate* (June, 1906), p. 452.
[123] Samuel A. Moffett, "Policy and Methods for the Evangelization of Korea," *The Chinese Recorder and Missionary Journal*, XXXVII-5 (May, 1906), p. 243.

preaching was filled with the demonstration of the Spirit and with power.[124] One of the main subjects of his message was the necessity of temperance. His sermon was described by another missionary as a scalpel, cutting deep down into men's hearts and laying bare secret sins and hidden cancers of the soul. "Then it was that confessions of sin poured out of scores of burdened souls and strong men wept like children."[125]

Another wave of the revival movement that began in Pyeong Yang in 1907 was also characterised by the public confession of sins on a large scale:

> The meetings grew in power each night and men were being burdened with a desire to confess their sins…Many left and went home, but between five and six hundred were remained (940 class, 1,200 men & women), and then began a meeting the like of which I have never seen. At time the whole audience would break out in prayer together, and then some men in trying to make a confession would break down and from all our that room would come the sound of men crying to God in prayer and weeping with an uncontrollable emotion…One could not help weep. It was the Spirit of God cleansing our church and getting it ready for larger usefulness.[126]

As on the previous occasions in 1903 and onward, the confession of sins in public was also one of the outstanding characteristics in the revival movement in 1907:

> Suddenly I noticed that Elder Chu was standing beside me on the platform asking for an opportunity to confess and then began a scene the like of which I never saw and which I am not anxious to see again very soon. He was trembling from head to foot and he fairly shrieked in agony as he told of the sins he had committed.[127]

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[124] John F. Prestone, " A Notable Meeting," *The Korea Mission Field* 2 (October, 1906), p. 227.
[125] Ibid.
[126] Graham Lee to A. J. Brown, January 15, 1907 (KMPCUSA, PHS Microfilm Reel #281, vol. 237, #20.)
[127] Graham Lee to A. J. Brown, January 17, 1907 (KMPCUSA, PHS Microfilm Reel #281, vol. 237, #24.)

Throughout these two waves of the revival movement, what had changed most among Korean Christians was their perspective on sin. According to a letter written by a missionary, George S. McCune, Koreans were beginning to understand what sin was and were growing into deep spiritual men and women.[128] Similar assertions were made by Methodist missionaries, William Noble and G. Heber Jones, who wrote of the conviction of missionaries in their own need for seeking God in prayer and the new conviction in the hearts of the Korean Christians of the awful character of sin.[129] It was an essential point that the Christian concepts of sin and guilt had to be internalised by Koreans in order for Christianity to flourish: "Here and there, some have been found who seemed to realise, in an unusual way the burden of guilt and the enormity of their own sins against God."[130] Simultaneously, the dichotomised distinction between the sense of righteousness and sin, each corresponding to cleanliness and filthiness of the soul was to be reinforced:

> Looking back through the vista of the months, which have intervened since the revival, certain results stand out conspicuously as being the outgrowth of that experience. One of these was the deepening among the Christians of the knowledge of righteousness and of sin. The teaching of Christianity on those subjects is new to the Koreans who, while not devoid of the sense of sin and righteousness, have standards different from those we hold. The revival brought upon the heart of the church a deep

[128] George Shannon McCune to A.J. Brown, January 15, 1907 (KMPCUSA, PHS Microfilm reel #281, vol. 237, #21.)
[129] Noble and Jones, *Awakening*, p. 7.
[130] Horace G. Underwood, "The Growth of the Church in Korea," *Missionary Review of the World* (February, 1908), pp. 99-100.

> impression of the exceeding sinfulness of sin and of the everlasting obligations of righteousness.[131]

The centre of the revival movement in 1907 was Pyeong Yang and the vicinity of the city. At Chinnampo (50 miles south of Pyeong Yang), another revival happened with a large number of earnest confessions of sins. Many people broke down weeping while confessing their sins. Adultery, theft, enmity, and many other heinous sins were confessed. Those confessing did not seem to be burdened to the extent of having great agony but was limited to tears and sobs. The meeting continued without interruption from 6 a.m. until 2 a.m. next day.[132]

Regarding the relationship between cleanliness and sin, dramatic events such as weeping and the confession of sins were often described as spiritual cleansing. "It seemed as if God was trying to cleanse from our community everything that would hinder or cause offense."[133] The expression of cleansing was one of the important characteristics of this movement. Even though it called for repentance on a massive scale, it focused on the established members in the church, rather than on non-believers, which meant that the conversion of non-Christians did not occur very often. This was not so much a revival outside of the church, drawing in non-Christians, as a revival inside, purifying the hearts and lives of the people, making them realise better the enormity of sin in God's sight, and causing them to strive even more earnestly for the conversion of their neighbours.[134] That was the reason why the movement was

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[131] Ibid., p. 5; William Newton Blair, "The Results," in W.N. Blair and Bruce Hunt, *The Korean Pentecost and the Sufferings Which Followed* (Edinburgh: The Banner of Truth Trust, 1977)
[132] W. L. Swallen to A.J. Brown, January 18, 1907 (KMPCUSA, PHS Microfilm Reel #281, vol. 237, #26.)
[133] Ibid.
[134] Ibid.

considered cleansing and purifying. "The awakening has given to Christians a clearer idea of God and Christ and of the human heart and sin, and, has had a marvellous purifying effect upon the whole Church."[135] As a result of the movement, the whole Church was washed and made clean, sweet and new.[136] According to most missionaries, the church had been born anew.[137] The revival was the beginning of this experience of cleansing.[138] And one of its noteworthy effects was the cleansing of the hearts of the individual church members.[139] The joy of cleansing was so deep and abiding that it was not possible to express it in the forms of ordinary human gladness.[140]

From the perspective of missionaries, the movement was important in two senses. One was that it represented the united effort of two main bodies of missions from the American Methodist and Presbyterian churches, and the other was the fact that the Korean church was cleansed and revitalised by the power of the Holy Spirit, allowing the Korean Christians to share with them a similar, precious experience.[141]

What missionaries meant by mentioning the cleansing and purifying effect of the movement was the changes it had brought to the lives of Korean Christians, including total abstinence from alcohol and tobacco. "While it is true that many of the early converts know little of what is required of a Christian, yet the purity of the life of the Korean church as a whole will compare favourably with that of the Christian in any

[135] Ibid.
[136] Blair, "The Results", p. 78.
[137] Ibid., p. 8.
[138] Ibid., p. 23.
[139] Ibid., p. 26.
[140] Ibid., p. 22.
[141] Ibid., p. 8.

land. No Korean is permitted to hold relation as a church member who has not given up all heathen practices."[142] To a large extent, Korean Christians had lived in non-Christian circumstances, so in order to become true Christians they had to be as capable of an overwhelming sense of sin as any people on earth. This was considered to be the essence of cleansing.[143]

In most cases, confession of sins was very emotional and accompanied by physical reactions. Throughout the movement, audible prayer (the shouting of prayers by each participant in the meeting) became popular and one of the key features of the movement. Sometimes, audible prayer happened with the joining of all audiences together.[144] People proclaimed their sins and then wailed as if in the most terrible pain. Sometimes they would strike their breasts and groan as if they could not get their breath. Sometimes they would suddenly drop down on the floor and pound the floor in the greatest of agony.[145] That kind of extraordinary reaction was associated with a process of cleansing that was not private and mental; rather it was more physical and recognizable expression in public:

> First came the physical distress, penitent beating the floor with hands and with head, and their screams and outcries were as though the demons whose name is legion were tearing them; then followed sobbing confessions of sinful and unclean lives.[146]

[142] Ibid., p. 10.
[143] Ibid., p. 12.
[144] Graham Lee, "How the Spirit Came to Pyeng Yang," *The Korea Mission Field* 3 (March, 1907), p. 34.
[145] Ibid.
[146] Ibid., pp. 13-4.

In the revival meetings, the cleansing process through public convictions including personal confession in public on one's private sins, occupied the most important part. No long sermons were preached and there were frequent exhortations. There was even little singing. One thing that dominated the meetings was people's eagernessto rid themselves of sin thorough confession.[147] All elements of their services were focused on the confession of sins. "They were deeply in earnest and the hours of the day and night would be spent in this one thing. Church member after church member would await his opportunity, and thus the hours would fly by with no cessation of the torrent of grief, anguish, and confession."[148]

One general characteristic of these meetings was the seekers' conscientiousness in pursuing the complete cleansing of their mind. No half work, no superficial skimming of the surface would satisfy them. If anyone allowed himself to be betrayed into satisfaction with something less than complete cleansing, he would soon discover how futile were his attempts, and would be brought low at the foot of the cross there to remain on his face until God had completed His work.[149] However, it would be a never-ending process to acquire complete cleanliness of mind. Furthermore, missionaries wanted to spread this religious frenzy to the whole nation. Thus, there was an organised effort through invitations from churches and missionaries in other localities to send the stronger men who had experienced the cleansing power in Pyeong Yang to these churches and localities to carry on a well-organised and

[147] Ibid., p. 22.
[148] Ibid.
[149] Ibid., pp. 13-4.

personally directed revival effort. The results from these efforts were widespread and lasting.[150]

The way in which the revival movement was concerned with total abstinence and eventually the cleanliness of mind was recounted in a story about a man named Kim. He was involved with the church in Pyeong Yang for many years but the church had been grieved by his drinking. Kim was converted during the early days of missionary work in the north. His faith had stood firm during times of severe persecution and he had identified himself with God's people when to do so was to endanger his life. However, before he had become a Christian, he was a victim of strong drink and, periodically, he would turn to his cups, and for days his wife and family would suffer untold misery. After a period of debauchery, he would again turn to the church and, in tears, confess his sins, and begging forgiveness would begin all over again. These lapses continued until it became necessary to try him and expel him from the church because of his drinking.

When the revival meetings began, he took no part in them, though he would often sit back in the rear of the church and watch all that occurred. At last, some of those who had received the blessing went to him and urged him to give himself to God for 'cleaning.' He, in the spirit of mockery, agreed to do so. The next evening, he took his seat well to the front and, when he had an opportunity, he arose to his feet and rushing down to the front called in a loud voice for everyone to look at him. "See", said he, "I am the worst scoundrel in this city, and you all know it. I have been a drunkard for many years, and I have been in the habit of beating my wife and of making my

[150] Ibid., p. 19.

home a place of horror. You all know me and know what a fiend I have been." Kim threw himself to the floor and with cries and contortions of the body imitated the scenes he had been watching so long. Everyone knew that he was not sincere, and the scene filled the congregation with the keenest distress. Spontaneously, all knelt and lifted their voices in prayer for the heartless, mocking man. A thousand voices arose as the voice of one man and the sound swept through the church and out over the city. "O, God", they cried, "save this our sinful, mocking brother."

Two nights after this incident, Kim was again at church. God had already laid his hands upon him, and when the pastor looked down upon the congregation he was stretched out upon the floor in unmistakable anguish. For a time, overwhelming sorrow seemed to threaten to end his life. When he was able to rise to his feet amid paroxysms of grief he pleaded for forgiveness for the mockery of the two nights previous. From that hour, his heart was cleansed and the man no longer bought alcohol and began a new life. After months of testing, he became one of the best examples of Christian rectitude in the church. After he had been cleansed, Kim became very earnest in his efforts to save his old associates, and during the next few weeks brought into the church more seekers than any other member.[151]

Concluding Discussion: Cleanliness in Body and Soul

From the earliest years of their mission, the medical missionaries in Korea had been interested in evangelical works as well as medical treatment, and the latter was

[151] Ibid., pp. 26-7.

considered a passport to people's hearts. The final goal of their medical work was to make people disciples of Jesus. Thus, in their mission, disease never referred simply to a problem of the physical body. Rather, it always connoted a spiritual problem. Medical missionary work therefore had a secular and a religious dimension, which needed to be coordinated in order to cure the diseases of the spirit and of the body.[152]

An article which clearly reveals the characteristics of the medical mission was published in 1901. It recounts the story of a lady in *Jangdan*, attending a church, who was suffering from a disease. The pastor and her friends sent her to the missionary hospital in Seoul to treat her disease. "The missionary treated not only her body, but also her mind. As a result, she became a true Christian, understanding the word of God and experiencing the grace of God."[153] When a medical missionary, Dr. Follwell, resigned his position after seven years of service in the hospital in Pyeong Yang, he was appreciated by saying, "he treated not only the disease in the body of people, but also the one deeply rooted in the spirit of people."[154]

Healing was described and conceptualised spiritually as well as physically and, as a result, one of the unique characteristics of medical mission work in Korea was established. The new theory of the body and health from the West, which was named hygiene and based on a new concept of cleanliness, was extended and applied to the religious and spiritual realm rather than remaining in the secular and physical. Anything good for physical health, i.e. hygiene and cleanliness, was recommended in

[152] *The Biblical and Church Monthly* vol.1-7 (June, 1901), p. 285.
[153] *The Biblical and Church Monthly* vol.1-5 (April, 1901), p. 200.
[154] Seokhoon Ahn, *The Biblical and Church Monthly* vol.2-5 (May, 1902), p. 14.

order to take care of spiritual health By the same token, the church was not only a place for seeking spiritual health, but also for physical health.[155] In this sense, in order to achieve health in body, spirit, and even society, cleanliness was supposed to be the most desirable virtue.

In opposition to cleanliness, alcohol was defined as filthy by missionaries, using new theories of hygiene from the West. Not even moderate drinking could be countenanced and total abstinence was required in order to convert to Protestant Christianity. Because alcohol was regarded as toxic and filthy, absolute cleanliness of mind and body, for both the individual and the community, in sacred and secular realms, it needed to be purged entirely. Although liquor was regarded as a medicine traditionally, its prohibition was not unprecedented in Korea; its consumption had sometimes been banned by the government, particularly when it became necessary to save the main food staple, rice. Nevertheless, prohibition was fiercely and successfully demanded as a qualification to become a Protestant, because it was associated with cleansing rituals of mind and body, as embodied in public confessions. The identification of cleanliness and total abstinence was thus dramatically reinforced through the revival movement.

A story of the convert, Kim, who had experienced religious fervour amid the revival movement, reveals the connection between spiritual cleanliness and teetotalism:

> He (Kim) was stretched out upon the floor in unmistakable anguish. For a time overwhelming sorrow seemed to threaten to

[155] *The Biblical and Church Monthly* vol.1-5 (April, 1901), p. 200.

> end his life. When he was able to rise his feet amid paroxysms of grief, he pleaded for forgiveness for the mockery of the two nights previous. From that hour his heart was cleansed and the man who before had been unable to pass a dram shop without stopping to buy a drink began a new life, and now, after months of testing, he is one of the best examples of Christian rectitude in the church.[156]

Cleansing of heart through a religious frenzy made him quit drinking, which was proof of his being a proper Christian. In this respect, spiritual cleanliness was accompanied, represented, and even identified by total abstinence.

Academic research so far on the prohibition of alcohol in Korean Christianity is very limited, and only a few articles on the subject have been published.[157] Though limited, some significant issues arise from this scholarship, particularly the attribution of total abstinence attributed largely to the Puritan heritage of American missionaries.[158] However, total abstinence from alcohol was never part of the New England Puritan tradition. Rather, it became strong in the nineteenth century when the temperance movement of Christian bodies was established and, as a result, teetotalism began to be emphasised. Apart from the fact that the temperance movement originated in the secular domain, in Europe, rather than in the religious

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[156] Noble and Jones, *Awakening*, p. 27.

[157] Chi-Man Lee, "*Hankookkyohoe Geumjujeontongui Baljachui,"* (A Footprint of Total Abstinence of Korean Church) *Gidokkyo Sasang* (The Christian Thought) vol. 658 (October, 2013), pp. 22-31; Eun-Soon Yoon, "*Chogi Hankook Gidokkyoui Geumjugeumyeon Moonje,"* (Early Christian's Anti-drinking and Anti-Smoking Campaigns in Korea) *Hankook Gidokkyowa Yeo*ksa (Korean Christianity and History) vol. 32 (March, 2010), pp. 5-26; Dae Young Ryu, "The Origin and Characteristics of Evangelical Protestantism in Korea at the Turn of the Twentieth Century," *Church History* vol.77-2 (June, 2008), pp. 371-98; Jong-Gu Baik, "*Hankook Gaishinkyo Jeoljewoondongui Giwonkwa Jeongai,"* (The Origin and development of Protestant Temperance Movement in Korea) *Hankook Gidokkyo Shinhaknonchong* (Korea Journal of Christian Studies) vol. 27 (January, 2003), pp. 379-406.

[158] Except Baik's article, almost every researcher tended to mention 'American Puritanism' as a theological foundation of missionaries' activities in Korea. Particularly, Ryu emphasises some parallels of American missionaries in Korea and the Puritans in New England; Dae Young Ryu, *Chogi Mikook Seonkyosa Yeongu* (Early American Missionaries in Korea, 1884-1910) (Seoul: Hankook Gidokkyo Yeoksayeonguso, 2007), pp. 113-5.

realm, medical missionaries who worked in Korea did not possess any direct connection with New England Puritanism. It is also important to point out that total abstinence within Korean Protestant Christianity was established even before the organisation of the Korean branch of the World's Woman's Christian Temperance Union in Korea in 1923. Thus, the concept of cleanliness provides a more plausible reason for the strident attitude taken towards alcohol by Protestant Christians in Korea.

Conclusion



This picture, taken by a Methodist missionary on the roof of the East Gate Hospital in 1908, depicts some of the more important features of missionary medicine and more broadly of the Christian mission in Korea. The picture displays one of the rare panorama views of Seoul in the early twentieth century. Apart from the Palace, and the Gates of city wall, there are no buildings higher than two-stories, except some Western style buildings including missionary facilities, the Catholic cathedral, Japanese buildings, and the government hospital. It therefore makes sense that the picture is titled 'the Mission Ridge,' because missionary buildings literally constituted a ridge from the Catholic cathedral on the South hill to the north across the city. Methodist hospitals and dispensaries were even located at the East and West Gates. Consequently, the capital of Joseon Dynasty Korea was literally penetrated by foreign powers represented by Christianity and Western medicine. Medical missionaries considered that this would enable the Korean nation to be cleansed, the expansion of Christianity and biomedicine enabling sick souls and physical bodies to be purified. In this regard, it is evident that Protestant Christianity and biomedicine closely collaborated with each other. However, such collaboration was not exclusive to Korea.

Rather, it was a common phenomenon in the context of colonisation, wherever Christian missions decided to involve themselves in medical work.

In the light of the metaphor of 'seed and soil,' the similar fruits that were produced in different soils could reveal important characteristics of the seed that had been planted. In this sense, Megan Vaughan's research on missionary medicine in Africa can suggest some instructive parallels and contrasts that can help delineate the particular features of mission medicine in Korea. According to Vaughan:

> Modern western biomedical ideologies and practices have been heavily influenced by Christian teaching on healing, so that to represent the encounter between western and African concepts of healing as one between a scientific and pre-scientific world view is over simplistic on several counts. If this is true for 'secular' western medicine, it is clearly even more true for Christian medical missionary practice of the late nineteenth and early twentieth centuries, which combined, something uneasily, a belief in the powers of biomedicine with a conviction that those 'called' to the medical profession were mere servants of the 'Great Healer' of soul... Therefore, for most Africans, then any prolonged encounter with biomedicine was likely to have been an encounter with an explicitly Christian version of this.[1]

Just as in the case of missionary medicine in Africa, the biomedicine that Korean people encountered for the first time was a Christian version. Apart from the fact that modern Western biomedicine was influenced by Christian teaching, all Western medical doctors available to Korean people from the earliest stage were medical missionaries who employed medicine as a tool to deliver Christianity.

[1] Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Cambridge: Polity Press, 2004), p. 56.

Regarding the characteristics of missionary medicine, it is helpful to consider Vaughan's clarification of the difference between missionary and secular medicine in the diagnosis of the diseases of Africa. She argued that both relied heavily on social pathological models, but whereas secular medicine saw modernity and the disintegration of 'traditional' societies as fundamental causes of disease, missionary medicine, throughout most of this period, took the view that disease would only be conquered through the advancement of Christian morality, a sanitised modernity and 'family life'. In other words, according to her, whilst secular medicine tended toward an ethnic model of *collective* pathology, mission medicine concentrated on *individual* Africans and *individual* responsibility for sin and disease. Through its practice, Missionary medicine was then involved in an attempt to create particular subjectivities including a Christian identity having a religious obligation toward God as individuals.[2] It was mainly because the purpose of mission medicine could never be separated from evangelisation of the natives.

In Korea, it was also inevitable that the medical mission focused on individuals, because in spite of the colonial nature of Protestant missions in general, Western power did not have enough influence to control society as a whole. The missions therefore tried to construct a new identity by teaching and spreading a new concept of cleanliness based on Western ideas of hygiene, total abstinence, and spiritual cleanliness. One characteristic of this new subjectivity was an apparent discontinuity between the 'dirty' past and a life lived cleanly.

[2] Ibid., pp. 56-7.

In addition, Vaughan articulated the basic difference between secular and missionary views on the problems of colonial Africa in terms of the differing diagnoses of the 'wound,' which was a medicalised term referring to the social, cultural, and even physical issues of Africa. By the 1920s, official colonial discourse had it that the wound was primarily caused by the encounter with 'civilisation', whilst the missionary discourse saw the wound as having been inflicted from within by the evils of pre-colonial African society.[3]

> The very real problems faced by these communities, however, were more often described in terms of social decay and social disintegration than they were in terms of economic pressure and poverty. Medical evidence was increasingly cited to support this view...Mission medicine shared in this social pathological analysis of the inter-war period, but its diagnosis was very different. Christian medical missionaries could not share in the view that 'deculturation' was something to be feared, and could not agree that the solution to Africa's social and medical problems lay in the reinforcement of 'custom' and of 'tradition', for 'custom' and 'tradition' were the named enemies of health and progress in the missionary analysis.[4]

It is very important to point out the tension between two different ideas regarding the ‘wound’; one arguing that it resulted from encountering with outside, and the other contending that it originated from inside. When foreign forces knocked on the door of the country in the nineteenth century, following the Roman Catholic mission in Korea, the Joseon Dynasty chose seclusion instead of opening its ports. The ideology of seclusion was inherited by the Conservative Party after the Korean-Japanese treaty of amity in 1876 that permitted the opening of ports. On the contrary, the

[3] Ibid., p. 57.
[4] Ibid., p. 68.

Enlightenment Party insisted on the open-door policy, and the party plotted a coup to drive the country a more radical opening in 1884, which eventually provided an opportunity for a medical missionary, Horace N. Allen, to establish a mission hospital. The Conservative Party claimed that the foreign contact was the source of the wound, and, simultaneously, the Enlightenment Party asserted that it arose from evils in the previous social system. Along with the collapse of the Joseon Dynasty, the Conservative Party, which supported strict isolation, suffered a precipitous decline. Missionary medicine emphasised the discontinuity with tradition in order to cure of the native people and secular medicine was in the same position. Particularly after 1910, when the Japanese occupied Korea, the Japanese medical system (intended to replace mission medicine) was established on the negation of traditional medicine.

In this respect, Jean Comaroff's analysis fits rather better with the history of modern biomedicine in Korea than Vaughan's. Comaroff considered an essential continuity between the idea and practices of the early medical missionaries in southern Africa, and the state biomedicine, which followed them. In the case of South Africa this seemed far more apparent than in most of East and Central Africa.[5] Therefore, Protestant Christianity and biomedicine, including missionary and secular medicine, shared a common diagnosis that Korean people's problems had been caused by the deleterious social, cultural, and religious aspect of the Joseon Dynasty, which was imposed on the Korean people. And the subjectivity of people was supposed to be created by the new identity based on the denial of the past.

[5] Ibid., p. 75.

Particularly in case of Korea, medical missionaries did not work with colonial power to directly colonise the territory. Rather, they worked alone, with a sense of their duty to convert and civilise. As Hardiman has pointed out, missionaries made a point of emphasising the 'primitivism' of the 'backward' natives among whom they laboured, placing them in a position in which only they were considered to have the moral and intellectual backbone necessary to guide each community of to Christianity. Because of this, the 'conversion' to modernity was textured in a markedly different way in colonial territories.[6] Cleanliness was one of the most evident and powerful virtues that could be imposed on people in order to make dramatic changes in their lives. Conversion to Christianity therefore implied conversion to modernity, including new type of medicine, a new theory of body and mind, and eventually a new concept of cleanliness.

Cancelling Pollution

Mary Douglas paid attention to the process of recovering purity in daily life on the basis of her understanding of pollution, which was the way in which cleanliness could be achieved in the daily lives of people. According to her, pollution is not an entity that can be added to the human body but a human state created by certain conditions including social/personal relationships, closely related to moral values.[7]

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[6] David Hardiman, *Missionaries and Their Medicine: A Christian Modernity for Tribal India* (Manchester: Manchester University Press, 2008), p. 8.

[7] Mary Douglas, *Purity and Danger* (Frederick A. Praeger Publishers: New York, 1966), p. 133: She suggested four main ways of the example as such, 1) providing a rule for determining *post hoc* 2) giving a simple focus on concern 3) aggravating the seriousness of the offence 4) offering a deterrent to wrong doers.

Thus, the polluted body can be reinstated to the normal state by certain processes that cancel pollution, and the process to cancel or undo pollution can be applied to the social/personal faults of any kind.

In addition, as Douglas has stressed, pollution is one avenue through which to approach the Judeo-Christian concept of sin, for sin and pollution are interchangeable in most cases. The fact that pollutants are easier to remove than moral or religious defects can offer more possibilities. Because most pollutions have a simple remedy for undoing their effects, as long as any social/personal wrongdoing can be reduced to the matter of pollution, there is a good possibility that it can be ameliorated. Thus, in order for the cancelling, undoing, and removing pollution in daily life, certain ways have been provided, such as "rites of reversing, untying, burying, washing, erasing, fumigating, and so on, which at a small cost of time and effort can satisfactorily expunge them."[8]

Douglas suggested two distinct ways of cancelling pollution; one was the ritual, which made no enquiry into the cause of the pollution, and did not seek to place responsibility; the other was the confessional rite.[9] In the history of missionary medicine in Korea, the former appeared in the secular rites of killing germs and the latter evidently worked in the revival movement as religious rites of repentance. A new kind of relation between pollution and morals emerged when purification alone was taken to be an adequate treatment for moral wrongs.[10] Through the processes of removing germs and sin from the body, that relationship was expressed and fortified.

[8] Ibid., p. 135.
[9] Ibid., p. 137.
[10] Ibid.

Then the whole complex of ideas including pollution and purification became a kind of safety net, which allowed people to perform what, in terms of social structure, could be like acrobatic feats on the high wire.[11] Especially for the colonised, the rites for cleanliness played a very important role in coping with the crisis of identity caused by colonial powers.

> Rituals of afflictions attempt to rectify a state of affairs that has been disturbed or disordered; they heal, exorcise, protect, and purify. The type of ritual and ritual expert used will depend completely on the way in which a culture interprets the problematic state of affairs…Within this broad genre, the dynamics of the ritual attempt to redress the development of anomalies or imbalances. Across the board, this takes the form of purging the body and mind of all impurities, which are nothing other than forces that have intruded upon the body-mind holism and disturbed its natural state. In some cases, it may also involve the intercession of powerful beings to rectify intrusions and imbalances that go beyond the body of a single person.[12]

In order to clarify primitive rituals for cancelling pollution, Douglas also discussed secular rites: everyday symbolic enactments that provide 1) a focusing mechanism, a method of mnemonics and a control for experience, and 2) creativity at the level of performance for the co-ordination of brain and body.[13]

As representative activities for cleanliness, she considered scrubbing and cleaning to be acts of separation and boundary placement, which made visible statements about the home rather than merely being ways to avoid disease.[14]

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[11] Ibid.
[12] Catherine Bell, *Ritual: Perspectives and Dimensions* (Oxford: Oxford University Press, 1997), p. 115.
[13] Douglas, *Purity*, pp. 62-3.
[14] Ibid., p. 68.

However, her assertion does not exclude the possibility of a relationship between cleaning behaviours and anxiety relating to disease or religious defilement.

> We moderns operate in many different fields of symbolic action... We fear pathogenicity transmitted through micro-organisms. Often our justification of our own avoidances through hygiene is sheer fantasy. The difference between us is not that our behaviour is grounded on science and theory on symbolism. Our behaviour also carries symbolic meaning. The real difference is that we do not bring forward from one context to the next the same set of ever more powerful symbols: our experience is fragmented. Our rituals create a lot of little sub-worlds, unrelated. Their rituals create one single, symbolically consistent universe.[15]

In fact, germ theory has produced ever more powerful symbols, especially in the context of colonisation, as a result of their coalescing with religious symbols. It constructed a system of human behaviour that had social and religious meanings, so that cleanliness based on the germ theory came to be accepted as a universal standard. In addition, through the work of medical missionaries, cleanliness was inevitably accepted in connection with religion. In this case, the germ theory of disease was not simply a dominant etiology, but also a social and religious ideology having a complicated system of meaning. It was more complicated because concepts of pollution or dirt arose not within but as the result of an encounter with another cultural system, and transgression of each other's cultural borders in the process of colonisation. More importantly, in making the hybrid of germ theory and pollution, cleanliness was conceptualised as removing pollutants rather than recovering original states. In other words, after the interaction with germ theories, even religious sin and

[15] Ibid., pp. 68-9.

moral defects were identified as ontological entities that could be removed from human body by certain rituals. It was the point where the cancelling pollution and the rites of bodily manipulation meet each other and a hybrid of medicine and religion could work effectively.

Church and Hospital

The hybrid forms of church/hospital or Christianity/biomedicine were characteristic of missionary medicine in Korea. As in the case of African mission hospitals,[16] it was evident that mission hospitals in Korea, whether they were affiliated with government or not, had the purpose of evangelising and gaining converts among patients and workers. There was no escape from a degree of evangelising in the mission hospital. Prayers were said morning and night in the hospital, and lessons given on a Sunday. Patients were arranged in such a way as to ensure that a 'heathen' was placed next to a convert. The hospital building itself, it was often said, had a great influence on the 'absolute heathens.'[17] In this way, the hospitals were in action of churches, even when evangelical activities were prohibited. Thus, the physical transformation of patients was taken as a direct sign of spiritual transformation, which a stay in hospital could apparently bring about. Belief in the efficacy and centrality of the hospital's religious rituals was reiterated.[18]

[16] Vaughn, *Curing,* p. 61.
[17] Ibid., p. 62.
[18] Ibid., p. 64.

Through the church/hospital, evangelical Christianity from America utilised medical knowledge that had been developed in Europe to make the body and soul of people clean according to European standards, practices, and ideals of cleanliness. In order for that to happen, missionaries combined Biblical messages and the education of hygiene, and they intended to popularise the germ theory of disease by using Christian journals. In addition, the propagation of germ theory was carried out throughout the church and religious meetings. In this tradition, as germ theory came to be dominant and pervasive, not only was sin identified with germs, but also new standards for cleanliness in the shape of religious purification were suggested by both 'apostles of germ theory' and Christian missionaries. For them, it was it was clear that cleanliness was next to godliness. From their perspective, Christianity was a medicine to cure individual, social, and national diseases. Simultaneously, Western medicine and a new standard of cleanliness were introduced almost as religions in which belief was required for bodily and spiritual salvation.

When this new concept of cleanliness was transplanted in the name of hygiene, spiritual cleanliness was also emphasised in the name of purity and healing of the soul. Suffering and sin were inseparable in missionary medical discourse. As Megan Vaughan stated, this association, though also present in 'secular' medical discourse on Africa, did not survive unchallenged in the thinking of colonial medical departments. For mission doctors and nurses, however, it remained a central tenet of their work.[19] In fact, because that kind of connection between physical illness and moral states was deeply rooted in Confucian culture, it was not that difficult for people to accept.

[19] Ibid., p. 66.

However, what was clearly different from the previous Confucian medical system was the cultural construction of illness through biomedical discourse, which was a powerful tool of social control. The discourse of mission medicine utilised this powerful biomedical discourse, but allied it to a rather different and very directly moral and religious one. It was, as one medical missionary put it, 'not merely a crude mechanical mixture of teaching and healing' but rather 'a chemical compound of the alchemy of faith and medical practice.'[20]

Antiseptic Religion

In order to express the interplay of religion and medicine evident in Korea, I suggest a term 'antiseptic religion.' An 'antiseptic religion' emphasises perfect cleanliness in body, mind, society, and soul, achieved by the practices of washing in relation to the germ theories of disease. In fact, germ theories brought about a kind of imaginary and also very real fear of invisible and dirty germs, the daily practice for health being reduced to the practice of cleanliness by killing germs. As the idea that health could be achieved by 'the absence of something' and, more actively, by killing something came into being, spiritual cleanliness could be easily explained using that idea. As a form of medicalised Christianity based on the modern concept of hygiene, this religion explicitly or implicitly highlighted the symbolic connection between 'washing away sins' and 'killing germs' in daily life. The message that was delivered was

[20] *Mercy and Truth: A Record of the Church Missionary Society Medical Mission work*, no. 26 (1899): seeVaughan, *Curing,* p. 73.

simple, but strong. “If you eradicate all germs and sins, you obtain health in body and soul; otherwise, you are going to suffer serious disease in body and mind, leading to death." In order for that to happen, pollution caused by germs and sins as well as daily behaviour to cancel pollution was accentuated.

Even though the purpose of the collaboration between religion and medicine was to produce 'docile bodies' (in Foucault’s phrase), a new subjectivity was born. The Christian tradition was accepted by the people in terms of Confucian strictures on the cultivation of the body, which were closely related to Confucian daily rituals. Exercising cleanliness, whether it was medical, religious, or social, was considered to be another way in which human beings practiced Confucian 'self-cultivation' (*sushin* 修身) from microcosm including soul to macrocosm, which included the nation and the world. Given the fact that the most important practices for self-cultivation are the ones that people do every day, in many cases, it is much more important to weigh the body according to propriety in life than performing properly in certain rituals.

In the nexus of religion and hygiene, apart from the rearrangement of social disorder, the strong anxiety about disease aroused by germ theory emerged as the pious awareness of sin, especially if a disease was considered a scourge from heaven. In fact, the act of cancelling pollution is inevitably accompanied by a kind of conflict or tension. First of all, as Douglas stressed, the contradiction between external behaviour and secret emotions for cleanliness frequently becomes a source of anxiety and expected misfortune, when strenuous efforts are made to bring the inner heart and

mind onto line with the public act.[21] Secondly, a type of paradox in the process of seeking purity can be made mainly because the search for purity is an attempt to force experience into logical categories of non-contradiction. But experience is not amenable and those who make the attempt find themselves led into contradiction.[22] Finally, whenever a strict pattern of purity is imposed on our lives, it is either highly uncomfortable or it leads into contradiction if closely followed, or it leads to hypocrisy.[23]

In addition, even though sins and germs were invisible, they were believed to exist in one's body and soul, resulting in disease or perhaps death. To avoid this anxiety, religious people developed the following actions: (1) "the protestations of pious people who know, in their hearts that they are miserable sinners; (2) the pious observances (such as prayers, invocations, etc.), with which such people preface every daily act, and especially every unusual undertaking";[24] and (3) daily sanitary rituals for removing germs and practicing cleanliness. However, it was not easy for the pious to maintain continuously the state of perfect cleanliness and purity of heart in which neither germs nor sin could be found. Instead, they were engaged in daily rituals for cleanliness such as hand-washing, public bathing, teeth brushing, and daily repentance to reduce their anxiety as defensive measures.

Therefore, it was evident that Korean Christians understood baptism as a washing rite and a sign of God's cleansing action, i.e. washing away their sins. For

[21] Douglas, *Purity*, p. 136.
[22] Ibid., p. 162.
[23] Ibid., p. 163-4.
[24] Sigmund Freud, "*Obsessions and religion*", *The complete psychological works of Sigmund Freud*, vol. IX, ed. J. Strachey (London: The Hogarth Press, 1981), p. 124.

instance, early Korean Christians agreed that each person going to their own home should wash themselves in the name of the Father, the Son, and the Holy Ghost, praying for him/herself and his/her brethren, that if in any way they had sinned in this rite, God would forgive them.[25] In fact, because the Korean term for bath, '*mokyok*,' originated as a Buddhist and Confucian term, ablution, which meant the cleansing of the body before the religious ritual, it was not difficult for the Korean people to associate the act of bathing with the act of religious cleansing.

An antiseptic religion controls people by forcing them to repeat certain actions for cleanliness, even though there was no tight timetable for discipline. The power provided simple rituals of self-examining and washing, which disciplined people to repeat the rituals regularly. The point of that imposition was "not the representation, but the body, time, everyday gestures and activities; the soul, too, but in so far as it is the seat of habits."[26] Such an "exercise, having become an element in the political technology of the body and of duration, does not culminate in a beyond, but tends towards a subjection that has never reached its limit."[27] On the other hand, in terms of people, actions of cleanliness provided a sense of relief from the anxiety about germs and sins. However, the more they became accustomed to practice washing, the more they would become obedient to the power. Moreover, the process of washing continues forever because, in a sense, religious sin and germs cannot be entirely

[25] L. Horton Underwood, *Fifteen Years among the Top-Knots*(New York: American Tract Society, 1904), p. 173.
[26] Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Vintage Books, 1995), p. 128.
[27] Ibid., p. 162.

washed away. Thus, they continuously bring about endless tension and anxiety in people's minds.

In this way, the human body becomes the locus where the nexus of power/knowledge, in Foucauldian meaning, can gain leverage and perform effectively. The nexus of power/knowledge can explicitly appear as medical power formulated through an interplay with religious traditions, obtaining thereby an unlimited power to define and proclaim disease, illness, and healing as well as sin, guilt, and redemption. On the other hand, there is a possibility that the human body can be a basic source of subjectivity and agency to recognise, disclose and eventually resist against that power. In contemporary Korea, which has only recently passed through colonisation and dictatorship, it is essential to reconsider the power of medicine and religion over the body in physical and spiritual meaning in order to cure its historical 'wounds', whether these were caused by colonisation or tradition. I would suggest that the first step for this healing process is to contemplate the obsessions that were brought about by the seduction of absolute cleanliness.

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