PATHOGENS FROM THE PULPIT:
Missionary Perceptions of Disease in Colonial Korea (1910-1940)

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Abstract:

This thesis examines how Western missionaries in colonial Korea (1910-1945) perceived disease among the Korean populace. Notably, missionaries in their accounts focused on two diseases, leprosy and tuberculosis. Building on Western discourses of disease, missionaries perceived leprosy in Korea both in heavily Christian terms as a sign of original sin, and a physical manifestation of the region’s tropical primitivism. Meanwhile, they conceived tuberculosis as a disease of modernity that threatened to reduce the productivity of the mission establishment. Interestingly, although the great influenza pandemic of the late 1910s stands out in the history of medicine as one of the deadliest demographical disasters of the 20th century (including in Korea), missionaries did not concern themselves in responding to the outbreak. More fundamentally, this thesis seeks to document how perceptions of disease—both historical and contemporary—remain prefabricated based on a number of important social, political, cultural, religious, and historical factors that ultimately determine how human beings respond to microscopic, invisible pathogens.
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“Ways of perceiving and understanding disease are historically constructed. Our social, political, religious, and moral conceptions influence our perceptions of disease, just as do different scientific and medical theories...Often, such cultural conceptions are more obvious when reviewing medical and scientific theories of the past than they are in contemporary medical practice.”¹

Elizabeth Fee opens up her article on the public health battle against syphilis in early 20th century Baltimore with the above paragraph. Syphilis at the turn of the 19th century represented a “disease of sin and vice” within the popular imagination, plaguing the moral and socioeconomic fabric of the fledgling American nation. Through proper public health interventions—abstinence campaigns, distribution of sexual barriers, and other preventive measures—government officials sought to curb the “French disease” as it threatened to undermine the nation’s economic and military efforts. As Fee notes, however, syphilis’ status as a disease of prostitutes, and other unsavory characters within popular culture belied its biomedical status as just another contagious disease that could be spread through the contact of bodily fluids. Many cases of the disease continued to be largely under-reported among barbers, beauty shop operators, nurses, dentists and other professionals working with bodily fluids, for fear of personal reprisals.² Even today, syphilis continues to conjure up images of disease-ridden prostitutes, fallen women, and “fast” teenagers in our supposedly more accepting age.

Although Fee uses this social framework of understanding disease primarily to analyze syphilis in the context of early 20th century America, her observation relates to the history of modern medicine and public health more generally. Throughout human history, individuals and cultures have attached various meanings to certain illnesses and disorders. Leprosy—or rather

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² Fee, 150. Thomas Parron, U.S Surgeon-General during the 1930s, was especially frustrated by the “medieval concept of that syphilis is the just reward for sin” in combating the disease. According to him, half of all cases of syphilis actually originated from non-sexual contact with victims.
what historians recognize as an illness most likely representative of leprosy—features heavily within biblical texts as a symbol of social ostracism, a visible physical sign of original sin to be extinguished through prayer and proper religious rituals. Likewise, blindness—whether instigated by preternatural forces or the result of diseases like trachoma—often serve as physical markers of seemingly divine talents: Paul of Tarsus, Homer, and (to cite a modern example), Stevie Wonder. Moving to the present, the construction of disease through a primarily biomedical lens has not excluded certain socio-cultural views of illness from permeating into public health efforts. More recently, AIDS, a disease spread primarily through sexual contact, became stereotyped by middle America as a so-called “gay cancer” due to its early amplification among the nation’s homosexual male population during the 1980s.

In studying the development of social frameworks around disease within the history of modern medicine, Korea represents an interesting case study by virtue of its complicated modern narrative in the context of East Asia. In 1910, five-hundred years of dynastic rule by the Sinocentric, neo-Confucianist Joseon dynasty (1392-1910) ended with Korea’s annexation to the Greater Japanese Empire. By then, the Japanese state had established itself as the foremost nation-state in East Asia through the Meiji modernization project. Having “opened” itself to the West after over three hundred years of national seclusion—as oft-repeated in Japanese historiography—a progressive-minded faction of military elites seized power and “restored” the Meiji emperor in 1868, ending the Tokugawa Shogunate.\(^3\) Over the next quarter century, the Meiji state endeavored to forge itself into a Weberian nation-empire modeled along Western institutional models. Within the medical field, German-laboratory based biomedicine served as

\(^3\) Within Japanese historiography, Meiji (明治) refers to the reign of the eponymous emperor (1868-1912) and is thus associated with the creation of the modern Japanese nation-state.
INTRODUCTION: WAYS OF PERCEIVING AND UNDERSTANDING DISEASE

the guiding model by which the Meiji state built its new public health infrastructure. As in Berlin and London, the centralized Meiji bureaucracy through its Home Department began to enumerate and tabulate the various mortality rates of the great Yamato race (大和民族) in the hopes of maintaining a healthy empire.\(^4\) German-educated physicians like Kitasato Shibasaburo (co-discovers of the \textit{yersina pestis}) and institutions like Tokyo Imperial University’s medical department symbolized the progressive medical modernity that characterized \textit{Dai Nippon Teikoku} (大日本帝國; Empire of Great Japan).\(^5\)

Consequently, when Chōsen (朝鮮; the Japanese administrative name for Korea) became absorbed into the Meiji state, 13 million Koreans found themselves under the medical gaze (to cite Foucault) of a Western-style Japanese public health system.\(^6\) The Japanese Governor-General of Korea concentrated hygiene administration within the Police Affairs Department, endowing upon the office the authority to enact preventative measures during outbreaks of epidemic disease.\(^7\) The office of the Governor-General also set up a system of government-funded hospitals with the aim of “extending the benefit of modern medical treatment to the people of the poorer classes in each province.”\(^8\) As with imperial regimes elsewhere around the


\(^5\) Alexander R. Bay, \textit{Beriberi in Modern Japan: The Making of a National Disease} (Rochester: University of Rochester Press, 2012), 51. As Alexander Bay notes, German-educated Japanese physicians held a virtual monopoly over Tokyo Imperial University’s medical department, which was considered to be the epicenter of modern Japanese biomedicine for much of the pre-World War II era. This monopoly sometimes resulted in tense altercations within Japanese medicine, as evident in the Beriberi debate that raged on from the late 19\(^{th}\) century into the 1920s.


\(^7\) Government-General of Chosen, \textit{Annual Report on Reforms and Progress in Chosen (Korea)} (Keijo, 1912), 207.

\(^8\) Government-General of Chosen, \textit{Annual Report on Reforms and Progress in Chosen (Korea)} (Keijo, 1911), 207; Sonja Myung Kim, “Contesting Bodies: Managing Population, Birthing, and Medicine in Korea, 1876-1945,”
world, the public health system of the Japanese empire aimed to “colonize” the bodies of its subjects, making the Korean body a site of authority and control.9

When forging their public health regime in Chōsen, however, the Japanese existed alongside the presence of another social institution that aimed to transform the minds and bodies of the Korean populace: the missionary establishment. After the arrival of Dr. Horace Newton Allen, the first American Protestant missionary to establish himself in Korea, in 1884, thousands of missionaries, predominantly from the United States, would come to work in the region as clergymen, teachers, physicians, and nurses throughout much of the colonial period. By 1910, the year of Korea’s annexation to Japan, four American missionary denominations—the Northern and Southern branches of the Presbyterian Church and the Methodist Church—had each established full-fledged church infrastructures all across the peninsula.10

Within missionary discourse, Western medicine represented an important tool by which Protestant evangelists sought to exert their spiritual and social influence on the peninsula. Medical missions run by each denomination, in addition to healing populations of “heathen” Koreans through the scalpel and stethoscope, also existed as sites of evangelization where sick pagan patients could heal both body and mind. The Woman’s Foreign Missionary Society of Korea, in their retrospective Fifty Years of Light, notes in reflecting back upon its early missionary work that “Medical work was the opening wedge” in a process by which “hearts open

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9 David Arnold, Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth Century India (Berkeley: University of California Press, 1993), 8. Taylor’s framework of understanding colonial medicine in the Indian context, as an institution linked directly to the mechanisms of the British state, is useful here.

and homes also” in converting thousands of Koreans to Methodism. Likewise, Severance Union Medical Hospital and College in Seoul, which was run by medical missionaries from each major denomination, represented one of the first major Western-style hospitals in Korea, and educated thousands of healthcare workers largely independent of the Japanese imperial system.

The tensions between the missionary establishment in Korea and the Japanese colonial government have been well documented within Korean historiography. As members of the colonial state’s burgeoning middle class, many early Korean nationalists were educated in mission-run schools and universities. They include Yu Gwan Sun, one of the leaders of the March 1st 1919 movement and student at the Methodist Ewha School, Syngman Rhee, the first president of South Korea and a practicing Methodist, and Ahn Chang Ho, a Presbyterian and one of the leaders of the Korean Provisional Government in Shanghai. Even Kim Il Sung, the future Communist and atheist leader of North Korea, came from a family of devout Pyeongyang Presbyterians with close connections with the mission establishment. Scholars have observed that American Protestant Christianity, in general, represented to both educated and non-educated Koreans a seemingly modern, Western ideology by which a colonized people, whether explicitly or covertly, could envision a future outside the confines of Japanese rule.

Although historians have emphasized the tensions that existed between the American missionary establishment and the Japanese colonial government, the two institutions shared with each other a common perception in pathologizing disease among the Korean population. As

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1 Woman’s Foreign Missionary Society of the Methodist Episcopal Church, *Fifty Years of Light* (Seoul: YMCA Press, 1938), 1.
INTRODUCTION: WAYS OF PERCEIVING AND UNDERSTANDING DISEASE

mentioned previously, the Japanese colonial government directly borrowed from German biomedicine a nationalistic concern for policing the bodies of its subjects in the hope of maintaining a healthy nation and empire.\textsuperscript{15} The Japanese government and many medical missionaries both shared a clear mistrust of the sanitary and medical practices of the native Korean population, stereotyping traditional Korean practices as inherently disease-ridden. A cursory glance through \textit{The Korea Mission Field}, the cross-denominational monthly publication maintained by missionaries, reveals a number of derogatory remarks concerning the “filth of the Orient,” ineffective witch doctors, and other “primitive” medical behaviors among Koreans.\textsuperscript{16} Likewise, the \textit{Annual Report on Reforms and Progress in Chōsen}, published by the Japanese Governor-General, makes frequent references to Koreans as being “utterly ignorant of modern sanitation” and singling out Keijo (modern-day Seoul) as existing in a “chronic state of filth” before the arrival of the Japanese.\textsuperscript{17}

Traditional South Korean historiography of the colonial period has generally been dominated by a heavily nationalist stance that emphasizes the brutality of Japanese imperial rule, representing the occupation as a proverbial “Dark Ages” under which the modern Korean state regressed.\textsuperscript{18} An English-language history book of Korea from 1970, published by the government-sponsored Korean National Commission for UNESCO, describes Japanese colonial policy as based solely in “suppression and exploitation” that aimed to achieve the “total enslavement of the Koreans.”\textsuperscript{19} Under the framework of this traditional historiography, Korean

\begin{itemize}
\item[17] Government-General of Chosen, \textit{Annual Report on Reforms and Progress in Chosen (Korea)} (Keijo, 1911), 220.
\end{itemize}
scholars have generally been somewhat sympathetic to the activities of Western missions active on the peninsula at the time, portraying Christian institutions as sites of modern education and resistance that would help to foster the future Korean state.20 Writing on mission work during the colonial era in the early 1980s, Korean scholar Andrew C. Nahm praised missionaries as a “modernizing influence” who helped to teach “the concept[s] of freedom, rights, and equality” to an oppressed Korean populace suffering under Japanese rule.21

Over the last twenty or so years, reflecting broader international scholarly trends, this traditional historiography has become more nuanced. Increasingly, scholars of the colonial period have come to examine how individual Koreans exercised agency and creative control in fashioning their own unique modernity while interacting with Japanese and mission-led institutions.22 Albert L. Park, notably, has explored the ways in which Korean agrarian movements during the 1920s and 1930s synthesized social doctrines from the YMCA and Presbyterian Church to forge their own futuristic visions of a self-sufficient, independent farming society.23 In a similar vein, Michael Robinson represents the Japanese-run colonial radio system in Korea—previously disregarded by Korean scholars as a form of propaganda—as a distinctively Korean cultural space in which members of the colonial middle class could listen to vernacular plays, popular songs, and lectures before the war years.24

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20 Jane Sung Hae Kim, “Leprosy in Korea: A Global History,” Ph.D dissertation, (University of California at Los Angeles, 2012). Jane Kim, for example, specifically writes about how images of Christian martyrdom of missionaries and their constituents both during the colonial period and in postwar Korean were utilized to boast the legitimacy of South Korea’s authoritarian government.
21 Andrew C. Nahm, A Panorama of 5000 Years: Korean History (Elizabeth: Hollym International Corp, 1983), 82.
22 For instance, Sungyun Lim in Rules of the House: Family Law and Domestic Disputes in Colonial Korea, explores how Korean housewives during the colonial period were able to exercise specific rights like inheritance and divorce claims through the Japanese court system.
Moreover, the hallowed place of Christian missions within Korea’s nationalist historiography has also come under increased scrutiny as scholars continue to debate the role of missionaries as supposed handmaidens to imperialism, both Japanese and Western.\textsuperscript{25} Sonja Kim notably provides an example of this relationship in her doctoral thesis, where she examines the intersection between mission-sponsored baby clinics and the colonial government’s pro-natal policies in controlling the bodies of Korean women.\textsuperscript{26} Christian education in colonial Korea has also been critiqued by scholars as representing a form of cultural imperialism that attempted to indoctrinate Koreans into accepting the hegemony of the West, paving the way for the United States’ intervention in the Republic of Korea a few decades later.\textsuperscript{27}

Speaking more generally, postcolonial histories have generally taken on two perspectives in understanding cultural imperialism in the context of the modern era. Post-structuralist scholars like Edward Said, building on Foucault’s theories of knowledge production, have emphasized the role of Western institutions like missions in grafting a discourse that shaped and coerced onto colonized entities distinctive perceptions in relation to a constructed modernity.\textsuperscript{28} More recently, scholars, like those associated with subaltern studies, have focused on how people on the receiving end of cultural imperialism have been able to exercise their own agency to forge a synthetic understanding of modernity rather than simply being colonized and subjugated by Western hegemonic norms.\textsuperscript{29} Subaltern scholar Partha Chatterjee, using the context of British-occupied India, famously has termed the phrase “spiritual domain” to define a modern,

\begin{itemize}
  \item \textsuperscript{25} Paul S. Cha, “Unequal Partners, Contested Relations: Protestant Missionaries and Korean Christians, 1884-1907,” \textit{The Journal of Korean Studies} Vol. 17, No. 1 (Spring 2012): 6. Cha highlights the tensions that often existed between Protestant missionaries and Koreans, and suggests that missionaries may have engaged in a “civilizing” discourse evocative of cultural imperialism of the Foucauldian model.
  \item \textsuperscript{26} Sonja Kim, “Contesting Bodies,” 203-245
  \item \textsuperscript{29} Partha Chatterjee, \textit{Empire and Nation: Selected Essays} (New York: Columbia University Press, 2010), 27.
\end{itemize}
synthesized culture unique to a colonized people that cannot be appropriated by the overarching colonial regime.\textsuperscript{30} 

I do not argue against the fact that ordinary Koreans were able to exercise their own individual agency in navigating the many imperialistic institutions that existed during the occupation period. Sonja Kim, for instance, analyzes how Korean intellectuals in the 1920s were able to use Western, Malthusian theories on birth control to formulate a nationalist discourse against Japanese pro-natal policies.\textsuperscript{31} Surely, many Korean leprosy, tuberculosis, and influenza patients who entered mission institutions did so out of their own individual volition to be treated through an esoteric system of Western biomedicine rather than by “traditional” healing methods. In navigating such agency, however, Koreans had to confront the hegemonic nature of such institutions like Western-style hospitals or the Japanese public health system, which could exercise immense authority in defining and commanding native Korean bodies.

Thus, the focus for my thesis is on a post-structuralist view, encompassing the assumptions of such scholars like Foucault and Said, by which powerful Western institutions exercised a decisive authority in perceiving and shaping understandings of Korea through the colonial gaze. Specifically, I will analyze how the language used by missionaries in discussing specific diseases in colonial Korea—whether it be leprosy, tuberculosis, or influenza—echoed specific, socially constructed Western discourses that became transplanted onto the Korean context. These perceptions, as I explore throughout my thesis, can be said to have existed relatively removed from real biomedical realities during the colonial period. In a typical Foucauldian manner concerning knowledge production, the construction of a specific discourse—in this particular case, missionary perceptions of leprosy and tuberculosis as the two great

\textsuperscript{30} Chatterjee, \textit{Empire and Nation}, 24-25.

\textsuperscript{31} Sonja Kim, “Contesting Bodies,” 263.
diseases of Korea—had a powerful effect in producing specific perceptions of Korea in relation to the West. Contrastingly, in the context of the influenza of 1918-1919, missionaries did not concern themselves so much with the pandemic, despite its visible, significant demographical impact on the Korean populace.

This thesis consequently examines how the Western missionary establishment brought to Korea certain social perceptions surrounding disease and illness as a hegemonic institution. In perceiving and treating various diseases within Korea during the early 20th century, the mission establishment was guided by certain preconceived cultural conceptions surrounding disorders like leprosy, tuberculosis, and to a certain extent, influenza. By mapping such conceptions of disease onto the peninsula and its inhabitants, missionaries fashioned a specific discourse whereby leprosy and tuberculosis were represented as “the two great individual disease problems” of Korea. Meanwhile, in the background of this discourse, diseases of a more acute, infectious, and epidemic nature such as cholera and influenza remained somewhat forgotten, banished to the margins and parentheses of missionary reports.

In arguing my thesis, I rely upon primary sources related to public health and medicine authored by medical missionaries, the Japanese colonial government, and ordinary educated Koreans. These sources include the aforementioned The Korea Mission Field and the Annual Report on Reforms and Progress in Chōsen, as well as other primary accounts by missionaries and novels written by Western-educated Korean intellectuals that reference tuberculosis, leprosy, and the colonial era. Specifically, I utilize passages from Yi Chong-Jun’s Your Paradise (1976),

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32 C.C. Hopkirk, Annual Report of the Chosen Mission 1921-22, RG 140, Box 6, “Station Reports to Mission 1922,” United Presbyterian Church in the U.S.A. Commission on Ecumenical Mission and Relations secretaries’ files: Korea Mission, Presbyterian Historical Society, Philadelphia, Pennsylvania. As seen in the next two chapters, there exist many references to leprosy and tuberculosis as the two greatest diseases of Korea within missionary reports and correspondences.
Kang Kyeong-ae’s *Ingan Munje* (1935), and Yom Sang Seop’s *On the Eve of the Uprising* (1924) to analyze how Korean intellectuals perceived (or in the case of the influenza, how they neglected to perceive) specific diseases during the colonial and postcolonial eras.

Chapter one, “Leprosy Through the Eyes of the Missionaries,” examines the obsession of the missionary establishment in Korea with Hansen’s Disease. Hansen’s Disease, or leprosy as it is colloquially known, is a long-term bacterial infection that causes distinctive hard lesions to form on the skin. Chapter one specifically examines the context behind why medical missionaries in Korea decided to recognize Hansen’s disease as one of the most pressing public health issues in Korea despite the existence of other more infectious, deadlier endemic diseases. As I ultimately argue in this chapter, missionaries were heavily influenced by deeply-rooted connotations within both Western Judeo-Christian thinking and tropical medicine in co-opting Hansen’s Disease as the flagship medical issue of the Korea Mission.

Chapter two, “Tuberculosis: A Disease of Modernity in Korea” examines perceptions of tuberculosis through the eyes of Western missionaries during the Japanese occupation. A disease that was seemingly endemic both in the West and in colonial Korea, tuberculosis became interpreted, as with leprosy, through unique perspectives based on Eurocentric cultural understandings of the ailment. As with the Korean leper, Western missionaries constructed a particular image of the Korean consumptive in *The Korea Mission Field*. In particular, the suffering of the Korean tubercular patient echoed TB’s connotations with modernity and bourgeois intellectualism in contrast to that of the tropically primitive Korean leper. Although leprosy relief continued to represent the central medical issue of the Korea mission, toward the end of the colonial period, missionaries did begin to pay more attention to tuberculosis relief as mortality rates from the disease grew with the region’s industrialization.
Finally, chapter three, “The Influenza of 1918, the “Forgotten” Korean Plague,” examines the trajectory of the 1918-1919 influenza pandemic in Korea, partly through scarce accounts authored by missionaries at the time. Possibly the third deadliest event in 20th century Korean history—after the Korean War (1950-1953) and the North Korean famine of the 1990s—the influenza is estimated to have resulted in up to 300,000 deaths with nearly one third of the entire population coming down with the illness.\(^{33}\) Despite the epidemiological impact of the influenza, missionaries did not seem to have concerned themselves so much in responding to the disease. This chapter suggests that the political significance of the March 1st 1919 independence movement and the middle-class character of missions may have obscured the mission establishment’s response to the disease despite its wide-reaching demographical effects on Korean society.

In dissecting the different perceptions of disease that existed in colonial Korea through the lens of the Western missionary establishment, this thesis considers more fundamentally, how public health efforts remain correlated with certain preconceived cultural and social factors. Just as Elizabeth Fee noted with syphilis in the United States during the early 20th century, certain diseases have cast interesting shapes and contours onto the minds of those involved in the modern biomedical narrative. In shaping the history of modern medicine and public health in 20th century Korea, government officials, Korean intellectuals, and missionaries (whose discourse constitute the heart of this thesis) brought to their fields specific cultural beliefs surrounding disease, which they used to map out a unique biomedical narrative for Korea.

Introduction: Considering Leprosy’s Place in Korean history

As touched upon in the introductory chapter, diseases represent a well-documented social construct throughout human history. Scholars have long analyzed the meaning of certain diseases within the context of history, dissecting the many layered cultural membranes associated with otherwise microscopic, viral and bacterial pathogens. Susan Sontag in *Illness as Metaphor* famously examined the various romanticized Western connotations surrounding tuberculosis as a so-called “creative disease,” while characterizing cancer as its polar opposite, a blasé ailment of the societally repressed.¹ Priscilla Wald, likewise, has coined the term “outbreak narrative” to describe a familiar social pattern of fearing “deadly” emerging diseases like Ebola and SARS within the developed Western world.² Perhaps most famously, Michel Foucault made modern medicine and disease two foundational elements in his various intellectual histories of Western social institutions. Specifically, under Foucault’s eye, the “medical gaze” of the modern physician, and the maintenance of a certified, esoteric medical elite represented two methods by which the structure of Western knowledge served to subdue individuals in the modern age.³

Continuing this scholarly tradition within the history of medicine, this chapter focuses on analyzing the various socio-religious connotations surrounding leprosy in colonial Korea through the perspective of Western missionaries. The considerable preoccupation of the American-dominated missionary establishment in controlling leprosy in Korea stands out given the existence of other, more pressing public health problems, such as tuberculosis. As I contend through this chapter of my thesis, this preoccupation is the result of a long pattern of historical

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CHAPTER I: LEPROSY THROUGH THE EYES OF MISSIONARIES IN KOREA

anxieties within the West surrounding lepers and leprosy. I first proceed to trace the historical trajectory of leprosy—or rather, what we understand to be a social history of Hansen’s Disease in Korea—from the Joseon dynasty (1392-1910) to the beginning of Western missionary work in Korea. The majority of this chapter then turns to analyzing articles on leprosy from The Korea Mission Field, a cross-denominational monthly publication in circulation from 1907-1941 that served as a major source of communication for missionary work on the peninsula. Megan Vaughan notes that missionary accounts played an important role in informing wider Western audiences of specific perceptions regarding “the Negro.” In a similar manner, The Korea Mission Field can be said to have informed wider Western perceptions of Koreans as “Orientals” during a time of rampant colonialism.

Specifically, I examine three major archetypes prevalent throughout the many depictions authored by missionaries of lepers and leprosy in The Korea Mission Field: the leper as a physical symbol of Korea’s tropicalized primitivism, the leper as a paragon Christian, and the leper as a special site of colonizing the Korean in competition and collaboration with the Japanese state. I then end this chapter with an analysis of Yi Chong-jun’s 1976 novel, Your Paradise, which takes place at the historic leper colony of Sorok-do in southern Korea during the postcolonial 1960s.

David Arnold, in Colonizing the Body, famously contends that Western medicine represented one of the tools by which the British used to “colonize” the bodies of their native Indian subjects, using the Indian body as “a site for the construction of its own authority, legitimacy, and control.” Similarly, the Western missionary constructed upon Korean bodies

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imperialist, Eurocentric models of understanding leprosy through such depictions in *The Korea Mission Field*. Although missionaries, by virtue of their existence as representatives and employees of a private institution under the greater umbrella of the Japanese empire, cannot be considered to have been true colonizers in the manner of Weberian nation-state sovereignty, their status as Western elites provided them a privileged place to exercise their authority during the occupation. Leprosy control in Korea, like elsewhere in the age of imperialism, represented a tool of empire, by which Western authorities sought to exert and legitimize their social hegemony over non-white, other-worldly populations.

**A History of Leprosy in Korea: Reinterpreting Mundongbyeong as Modern Tropical “Leprosy” during the Age of Imperialism**

Leprosy, a debilitating long-term bacterial infection known for its tumor-like formations on the skin and faces of victims, has long maintained a presence within the annals of Korean history. Passages from the *Annals of the Joseon Dynasty* attest to the existence of a skin disease known as *mundongbyeong* (문등병) that ravaged the southern regions of the country during the reigns of King Sejong (1418-1450) and Gwanghaegun (1608-1623). Moreover, the existence of the “mundong” (literally “leper”) character in the popular mask plays of Gyeongsang Province in southeastern Korea suggests a popular acknowledgement of the affliction during the Joseon dynasty. Whether or not *mundongbyeong* can be considered an equivalent to modern day’s Hansen’s Disease is debatable among scholars. Like with so many other diseases before the rise of germ theory, illnesses were defined in vague, indistinguishable terms such as “fever” and

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“plague.” Yet, as Jane Sung Hae Kim notes, the existence of some form of debilitating skin disease throughout the historical Korean record speaks to a social and cultural history surrounding leprosy (the aim of this chapter) and not necessarily a biomedical history of what we now know today as the specific *Mycobacterium leprae*.

For much of pre-modern Korean history (roughly defined as ending in 1910 with the annexation of the peninsula by imperial Japan), leprosy control was mostly subject to loose regional constraints of what Keunsik Jung terms as an informal “leave them alone” policy. As in Tokugawa Japan, although lepers were stigmatized as social pariahs, there was no official system of strict isolation and mandatory segregation of leprosy victims in Joseon Korea. As elsewhere in the age of Western imperialism, medical missionaries, arriving on the peninsula with their own preconceived cultural notions of the disease, reinterpreted leprosy as a pressing public health issue among a population of seemingly heathen, primitive hermit people.

Popular interest around leprosy became reignited in the West toward the late 19th century with the rise of modern biomedicine and the age of imperialism. Leprosy seemingly was endemic in Europe throughout the Middle Ages, as attested to in various medieval accounts, but seemingly “disappeared” (in the famous words of Foucault) from the popular consciousness by the early modern era, circa 1500. With the emergence of global interconnected empires in the 1800s, European powers supposedly “rediscovered” endemic leprosy among black and brown

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8 Kim, “Leprosy in Korea,” 3. Scholars in general tend to regard the disease described in the Bible to be distinct ailments in comparison to modern Hansen’s Disease. Most likely, the biblical terms for what was known as Tsara, which some scholars have deduced to be a range of scaling diseases, became transliterated overtime to mean “leprosy.”


natives in warm climates, far removed from the civilizing influence of northern metropoles. An entire sub-field of Western biomedicine, known as “Tropical Medicine,” subsequently developed by the end of the 19th century to analyze warm, colonized regions and its peoples suffering from particularly debilitating infectious ailments: malaria, yellow fever, cholera, leprosy, etc. As Rod Edmond notes, leprosy, depending on the geographical context of the colonizers, became pathologized as a so-called “Negro” disease in the British West Indies. Meanwhile, in the Far East, the disease-ridden Chinese coolie represented the seed of leprosy that threatened colonial and metropole populations. Even in the United States, American imperialist ventures in the Pacific and immigration from East Asia catalyzed fears of a potential leprosy outbreak, with Congress even debating at one time during the early 1900s whether to fund a national leprosarium.

The discovery in 1873 by Gerhard Armauer Hansen of the *mycobacterium leprae* as the official causative pathogen of leprosy only heightened imperialist fears surrounding the disease as a public health menace and encouraged the creation of a strict quarantine system of all registered sufferers. Compulsory segregation of all leprosy victims into government-run institutions became law throughout the “civilized” world: Norway in 1885, British-ruled India in 1898, Japan in 1900, and Canada in 1906 to name a few. Modern germ theory, instead of providing relief in establishing the specific causality of Hansen’s Disease, heightened already existing anxieties surrounding leprosy as an infectious agent of the primitive “other.” Becoming infected with leprosy represented a degenerative process by which Europeans could devolve into

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past stages of human development through contact with the colonized.\textsuperscript{16} To prevent this, by setting up regional leprosaria—centralized pockets in colonies where the human pathogens of Hansen’s Disease could be concentrated and studied—imperial authorities constructed “membranes” by which they proceeded to protect the metropole from potential contamination.\textsuperscript{17}

Within this alarmist, imperialist obsession of Hansen’s Disease as a public health threat, Western missionaries played an important role as chief handmaidens to worldwide leprosy relief efforts. Shabana Shankar notes that by the early 20\textsuperscript{th} century, Christian organizations led the worldwide leprosy relief campaign, bridging medical missions, metropole voluntary societies, colonial governments, and local authorities around the goal of stymieing and treating the disease.\textsuperscript{18} In India, various British missionaries, funded by the British Empire Leprosy Relief Association (BELRA) had established seventy-three leper asylums that housed about 5,000 Indian lepers by 1911.\textsuperscript{19} Likewise, in Japan, where the supposedly high prevalence of leprosy attracted the ire of the image-conscious Meiji government, Christian missionaries had established five leprosaria by 1906 to deal with the “pressing” public health issue.\textsuperscript{20} By 1920, the British-run The Mission to Lepers (founded in 1874 as The Mission to Lepers in India and the East), was funding 95 leprosaria, treating over 9,000 lepers, in 13 different countries across East and South Asia.\textsuperscript{21}

Missionaries were attracted to leprosy for a number of religious reasons alongside the growing imperialist discourse surrounding Hansen’s Disease. By the end of the 19\textsuperscript{th} century,

\textsuperscript{16} Edmond, \textit{Leprosy and Empire}, 142.
\textsuperscript{17} Edmond, 118.
\textsuperscript{19} Hardiman, “Introduction,” 34.
\textsuperscript{20} Burns, “From ‘Leper Villages’ to Leprosaria,” 108.
\textsuperscript{21} “1920: A Record Year,” \textit{Without the Camp} (1921): 1.
CHAPTER I: LEPROSY THROUGH THE EYES OF MISSIONARIES IN KOREA  Ko 23

Protestant mission organizations increasingly championed medical work as a modern method of “healing” by which heathen pagan peoples could simultaneously be exposed to the wonders of a superior Western civilization alongside the power of Christian teachings. Leprosy, or rather a disease that was translated as “leprosy,” features prominently throughout the Bible as a metaphor for sin and bodily corruption. Jesus, in the various Gospels, famously heals a leper after his Sermon on the Mount, which is sanctified in modern Christianity as one of the miracles of Christ. Despite the limited contagiousness of leprosy, the disease took precedence for its deeply humanitarian, patriotic, and Christian connotations associated with “curing the leper.”

A pamphlet titled “Among the Lepers in Korea” aptly captures the seemingly divine mission of leprosy relief work, noting that “Since the days when the Great Physician looked with miraculous compassion upon the lepers of Galilee…these afflicted creatures…..have become the special charge of the church.” By setting up Christian leprosaria, where lepers could supposedly receive the modern miracles of Western medicine and be spiritually cleansed of their original sin through Christ, missionaries saw themselves as following the footsteps of the original “Great Physician” himself in ridding the world of the biblical ailment.

Hence, when Western missionaries began arriving en masse to the Korean peninsula in the late 19th century, they were active participants in a global imperialist discourse on leprosy and its control in “tropical” regions. They were therefore primed to see leprosy wherever they looked. Horace Newton Allen, the first medical missionary to Korea, noted somewhat

23 See Mark 1:40-45.
26 The metaphor of Jesus as the “Great Physician” was frequently evoked by medical missionaries to legitimate the importance of Western medicine in their evangelical ventures.
hyperbolically that leprosy was “everywhere” in Korea in 1885. As elsewhere in the world, missionaries mostly conceptualized leprosy in Korea as a “southern” disease, which was seemingly endemic in the warmer, subtropical provinces of the peninsula that fostered the growth of the *mycobacterium leprae* pathogen. Lepers are even first mentioned in the October 1907 edition of *The Korea Mission Field* in the aptly titled article, “Help for the Lepers,” as a group “who abound in the Southern provinces.” The article notes that leprosy relief represents “one of the untouched opportunities for Christian labor in Korea for many years” and reports optimistically that The Mission to Lepers has agreed to fund the establishment of Korea’s first leprosarium in Pusan.

With funding from The Mission to Lepers, Western missionaries set up three private leprosaria in southern Korea: the Pusan Leprosarium in 1909 initially run by the Australian Presbyterian Church, the Kwangju Leprosarium in 1910 managed by the American Southern Presbyterian Church, and the Taegu Leprosarium run by the American Northern Presbyterian Church. From the early days onwards, Western missionaries set about constructing a careful religious narrative around mission-run leper colonies in Korea as sacred houses of healing.

Reverend G.H Winn, stationed at the newly opened Pusan leprosarium, wrote in *Without the Camp*, the official journal of The Mission to Lepers, an account describing the institution’s first patient. Having supposedly walked in the snow all the way from Seoul after hearing that “the Christians had opened a place of refuge to those in his condition,” the first leper inmate is auspiciously described in over the course of a year as transitioning into a “new man in body and

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28 Kim, 59.
30 “Help for the Leper,” 156.
soul” as a result of prayer and medical treatment in the leprosarium. The leprosarium, instead of a site of coercive, repressive colonization, is represented as a sanctuary where those repressed by society can reincarnate themselves into proper Christianized Korean congregants.

Similarly, repeated throughout The Korea Mission Field is the almost myth-like tale of the founding of the Kwangju Leprosarium. According to this founding legend, Frederic Forsythe, a medical missionary for the Southern Presbyterian Church’s Mok’po station in southern Korea, while traveling to the town of Kwangju by donkey, found a Korean leper woman by the side of a road and decided to carry her on his back to a hospital. Having arrived at the hospital, the Korean patients there refused to admit her into the ward, and Dr. Forsythe had to nurse her in a pottery kiln at the back of the hospital. Though he nursed her for days, she eventually succumbed to leprosy, and Dr. Forsythe, touched by her suffering and her mistreatment at the hands of her fellow compatriots, wrote to The Mission to Lepers for funding to construct a leprosarium in Kwangju.

The founding myth, of course, draws numerous parallels with the Parable of the Good Samaritan from the Gospel of Luke. In the manner of other medical missionary narratives, Dr. Forsythe is transformed into a saint-like figure for having transgressed rigid social boundaries in assisting the Korean leper woman, and for risking his very own personal health (never mind that leprosy is not very infectious) in the name of Christian charity. As Jane Kim notes, the legend of Dr. Forsythe follows an established tradition within the history of leprosy relief work in martyring Western leper missionaries as paragons of Christian virtue. The lives and deaths of Father Damien and Mary Reed—two missionaries who contracted and eventually died of leprosy

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33 Winn, 53.
while caring for the “natives”—became widely circulated in missionary literature and served to remind Western readers of the dangers associated with Christianizing the Tropics. The story of Dr. Forsythe and the Kwangju leper woman was even recounted in the 1914 issue of Without the Camp, featuring an illustration of the very kiln where the leper woman was laid—as if to signify a holy site of martyrdom rather than a mundane pottery oven in the Korean countryside.

Western missionaries in Korea thus maintained these three private leprosaria with various sources of funding from The Mission to Lepers, their respective denominational branches, and the Japanese government. In keeping with the global imperialist discourse surrounding leprosy as a menacing public health threat of the tropical “other,” missionaries brought to the peninsula specific Western-centric perceptions of Hansen’s Disease that they then transplanted onto the native Korean populace. Throughout the continued existence of Western missions during the rest of the Japanese occupation, these perceptions would play out upon the pages of The Korea Mission Field. As I ultimately argue through what I categorize as three archetypes prevalent in the publication’s depictions of lepers and leprosy in Korea—the leper as a physical manifestation

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37 Kim, 88.
of Korea’s primitivism, the leper as a paragon Christian, and the leper as a special site of colonizing the Korean—these tropes reveal a heavily imperialist orientation towards Western missionary work in the region.

**The Leper as a Physical Manifestation of Korea’s Tropical Primitivism:**

As touched upon previously, within the imperialist consciousness, leprosy represented a primitive disease of an ancient, bygone period of human history—a pathogenic relic that served to mark certain peoples as the less developed other. An article from the 1921 edition of *Without the Camp*, titled “Fighting an Eastern Plague” notes that whereas “In the Middle Ages, Great Britain and France swarmed with leprosy,” the disease is now seemingly absent from the civilized West.39 In contrast, leprosy was viewed as being endemic to the tropical East, where “poverty, dirt, and ignorance of the elementary principles of hygiene are the greatest factors in creating favourable conditions for the spread of leprosy.”40 Likewise, J. Noble Mackenzie, the superintendent of the Pusan Leprosarium for much of the colonial era, claims that although in Britain, “leprosy has not been endemic there now for about 200 years,” in southern Korea, “the disease is endemic.”41 The existence of leprosy by Western missionaries in Korea was thus perceived as a clear sign of Korea’s backwardness in comparison to the West’s hygienic progress. Whereas the rest of the developed world, through modern medicine and hygienic routines, had erased (or rather segregated) the frightful specter of limbless lepers from the public eye, in Korea, they remained, wandering the streets and villages as stubborn reminders of the region’s inherent primitivism.

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40 Fowler, 4.
In keeping with the imperialist categorization of leprosy as a “tropical” disease, missionaries also described the climate of the peninsula itself as possessing certain regionally pathological qualities. In an article from *The Korea Mission Field* from 1920, “The Climate of Korea and its Probable Effect on Human Efficiency,” Reverend E.W Koons of Pyeongyang briefly summarizes the general climatology of Korea, particularly noting the extreme humidity and heat that characterizes the southern part of the country.\(^{42}\) Koons further differentiates Korea from Western climates by the fact that “The ideal temperature for the white man is about 59 degrees Fahrenheit” and that “greater heat or cold cause decreases in efficiency.”\(^{43}\) Later on in his article, Koons also explains the overall negative effect the warm and humid climate of southern Korea seems to have on the populace, nothing:

> In regards to the Koreans, we see the effects of the climate in two ways. The people of the North are superior to those of the South in energy and while climate may not be responsible, it has its part. Compared with people of the more ‘stimulating climates’ of the West, the Koreans are lacking in energy and vigor.\(^{44}\)

Koons, in essence, tropicalizes southern Korea—and hence the majority of the country (as in the present, the southern part of Korea is the most populous)—as a region of the world that lacks the proper climate conducive to industrious Western civilization. Just as in Hawaii, India, southern China, and sub-Saharan Africa—regions of the world singled out within colonial discourse for their supposedly deleterious warm climates—missionaries categorized Korea as occupying a similar tropical sphere. Fittingly, Koons ends by claiming that though “climate cannot be changed,” other factors, “like customs, superstitions, poor sanitation, ill-balanced diet…..that

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\(^{43}\) Koons, 118.

\(^{44}\) Koons, 119.
decrease efficiency in this country may be changed for the better, with the result of higher efficiency and rich opportunities for the nation.”

Angela Ki-Che Leung, through her work on the history of leprosy in China, notes that within Western imperialist discourse of the early 20th century, leprosy was seen as a disease largely limited to non-white peoples with darker skin, living in warmer climates in a less developed state of civilization. Following this trend, illustrations of brown-skinned, disfigured Korean lepers in The Mission to Leper’s quarterly magazine, Without the Camp, capitalized on the notion of Korea as being situated in the tropical zone where leprosy was believed to be endemic. Within the pages of the missionary publication, subscribers could voyeuristically peer into the lives of sari-draped Dravidian lepers in British India, bare chested black lepers sitting beside a thatched roof dwelling in Rhodesia, and other indigenous lepers in a photographic menagerie of the ailment.

Figure 2., for instance, is excerpted from the October 1915 issue of the magazine, and features an image of eight, tanned, disfigured Korean leper women in traditional hanbok dress, juxtaposed below an image of six Siamese lepers, Figure 3. Both groups are separated from each other by over 2,000 miles and distinct cultural spheres, with Korea being in the Sinosphere while Thailand historically has existed within the Indosphere. Yet, the individuals of both regions have been conceptualized on the pages of the publication as occupying a similar leper identity, as well as a similar tropical region where leprosy remains endemic.

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45 Koons, 119.
Missionaries as a whole possessed a somewhat dim view of local Korean customs, making a number of disparaging remarks concerning the ill hygiene of certain traditional practices. A.G Fletcher, a medical missionary in charge of the Taegu Leprosarium, noted upon visiting a patient’s home the “total absence of tenderness and care” within the decrepit thatched roof cottage:

What absolute helplessness and neglect there is on the part of the relatives and friends in any attempt to alleviate pain and suffering; dirt, noise, and darkness existing where cleanliness and quiet ought to prevail. In fact, their custom of caring for the sick seems to be just the opposite to those of enlightened people.47

Fletcher goes on to list specific Korean cultural practices, such as the lack of ventilation in traditional homes, the Confucian stigma against bathing, and the eating of raw, parasite-infested vegetables as symbolic of the generally backwards, unhygienic lifestyles of ordinary Koreans. To alleviate what he perceived as the extreme lack of hygiene in Korean homes, Fletcher

47 A.G Fletcher, “Concentration and Efficiency,” The Korea Mission Field (February 1916): 42.
specifically recommended that more native nurses be trained “to teach laws of hygiene and proper ways of living in order to prevent sickness.”

Against this backdrop of tropical primitivism, in which Korea and its people were imagined as suffering from the twin effects of a deleterious warm climate unfavorable to industry as well as unhygienic traditional practices, leprosy seemed to encapsulate the purest physical manifestation of Korea’s backwardness. Missionaries like J.V.N Talmadge, interim superintendent of the Kwangju Leprosarium in 1915, described Korean lepers as “Filthy, ragged, foul smelling, despised, wretched, hungry…covered with sores and contracting other diseases which so abound in the filth of the Orient.” Likewise, Dr. R.M Wilson, superintendent of the Kwangju Leprosarium for much of the colonial period, remarked that “It is my opinion that leprosy would be wiped out at once [in Korea] if these people could learn to keep clean.”

Echoing his mission compatriots, Reverend L.T Newland noted disparagingly that leprosy “is distressingly common in Korea, due no doubt to the absolute lack of isolation of infected ones and the wide indifference to the disease among the people.” In the same article, Newland recounts witnessing a particularly pathetic looking Korean leper praying aloud in different cardinal directions to God; he muses:

That scene left a deep impression on me and I can still hear that hoarse voice pleading for life. To me it seems that Korea stands in that position to-day. She has looked North, East, South, and West for life, and has not found it, but rather has found her death, and now she is holding out sin-blasted hands to America, and is crying, “In the Master’s name give me life, give me life.”

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48 Fletcher, 42.
51 L.T Newland, “But he was a Leper,” The Korea Mission Field (January 1914): 377.
52 Newland, 380.
Newland, in essence, metaphorizes Korea’s backwardness in the form of the diseased leper, calling to the West for guidance and assistance in ridding itself of a seemingly biblical, ancient plague. The physical appearance of a Korean leper, at least for Reverend Newland, thus encapsulated a common imperialist trope of perceiving the Orient: disease-ridden, suffering from original sin, and reaching out its scar-ridden stumps to the West for guidance.

For a missionary in Korea, inoculated in Christian teachings and the imperialist discourse around hygiene and tropical medicine, “healing the leper” took on special meaning in the context of the global missionary enterprise. The many negative stereotypes of the East as a tropical, pagan zone seemed to be physically embodied in the form of a filthy, rag-torn, brown Korean leper, begging to be Christianized and civilized. Despite frequent recognition of the existence of other, more pressing public health problems in Korea and the acknowledgement, that leprosy itself was not very contagious, leprosy continued to represent a key part of Western missionary work throughout the colonial era.

The Leper as a paragon Christian:

Being a “biblical” disease, leprosy and lepers have traditionally held an especially divine connotation within the Western Judeo-Christian popular consciousness. In one of the best-selling novels of the modern era, Lew Wallace’s *Ben Hur: A Tale of the Christ* (1880), leprosy occupies an especially important plot device in the main narrative. Specifically, the eponymous main character, Prince Judah Ben Hur, discovers that his mother and sister, Miriam and Tirzah, have become afflicted with the ailment during his exile. They are cured, of course, by none other than Jesus Christ, and forge new identities as devout Christians, forever indebted to the son of Heaven.

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53 Letter from Dr. O.R Avison to Reverend George Alexander, 14 November 1919, Folder 29, Box 10, United Presbyterian Church is the U.S.A Commission on Ecumenical Mission and Relations Secretaries’ Files: Korea Mission, Presbyterian Historical Society, Philadelphia, Pennsylvania.
himself for a seemingly divine cure. Ben Hur utilizes a long, familiar trend in Western literature of highlighting leprosy as a divine mark of otherness. The bible and many Western religious narratives frequently utilize disease—Job’s boils, Paul’s blindness, Saint Therese of Lisieux’s tuberculosis come to mind—to mark specific individuals as destined for divine servitude. Only by becoming afflicted with the debilitating ailment do Miriam and Tirzah experience the social ostracism that marks them as unclean lepers in a heavily ritualistic Judaic society that eventually makes them worthy of receiving Christ’s miracle. Paradoxically, only by becoming diseased lepers can they eventually be reborn anew as Christians, cleansed from the greater stain of original sin, and thus able to receive the promise of eternal life.

Even before Wallace wrote Ben Hur in 1880, towards the height of imperialist anxieties surrounding Hansen’s Disease, lepers maintained a special place within Western Christian ideology. As Elma Brenner has illustrated in her work examining leprosy work in medieval Rouen, lepers were simultaneously isolated from mainstream society, but also integrated into the religious life of the city, representing objects of devotion for noble and moneyed donors.  

Specifically, Brenner notes that lepers were seen as individuals predestined by God to be saved, and thus the prayers of lepers were seen as particularly efficacious for their well-to-do Catholic donors looking to lessen their time in purgatory.  

Even outside of the Western context, the figure of the “leper” carried with it strong religious connotations. Angela Leung, in her work on the history of leprosy in China, explains how lepers were often singled out in Chinese Buddhist texts as vehicles of redemption through monastic charity. The image of an ostracized, scarred,

56 Brenner, 5.  
and limping leper, begging for charity, seems to have echoed strong religious connotations surrounding redemption and salvation universal to many cultures worldwide.

Missionaries writing in *The Korea Mission Field* continued this trope of sanctifying lepers as divinely anointed paragons, praising in numerous examples throughout the monthly publication of their seemingly otherworldly devotion to the word of God. Dr. R.M Wilson, superintendent of the Kwangju Leprosarium, in responding to a remark from the Rockefeller Foundation in which Korean lepers “seemed more happy and contented than those in the Great government plant at Culion [in the American Philippines],” concedes that “the great Secret [to their happiness] is their love for the study of God’s word.”58 Within the confines of the various leprosaria in Korea, missionaries often encouraged their inmates to study the Bible, in keeping with their proselytizing goal of Christianizing the entire peninsula. Consequently, missionaries, in recounting the activities of their leper parishioners, often went to great lengths in describing their superb literacy in the Bible, presenting seemingly incredulous scenes of lepers reciting the entire New Testament by heart,59 and receiving perfect scores on their Sunday school examinations.60

The emphasis on the part of missionaries in describing the lepers’ literacy in the Bible highlights the notion that they have become “healed” and “saved” through their faith—and in extension through their ailment itself—more so than by Western biomedical treatments offered in the leprosaria. As David Hardiman notes, until the development of sulfone drugs and antibiotics during the 1950s, pharmaceutical treatment for leprosy usually consisted of painful daily injections of chaulmoogra oil into afflicted body parts, which in many instances proved to

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58 R.M Wilson, “Sunday School at the Leper Hospital: Results of Examinations,” *The Korea Mission Field* (March 1918), 64.
60 Wilson, “Sunday School at the Leper Hospital: Results of Examinations,” 64.
be more harmful than therapeutic.\textsuperscript{61} Unable to fully affect a divine miracle of bodily healing through the wonders of Western biomedicine, missionaries thus highlighted their leprosaria as spaces of spiritual healing, where modern lepers could be healed in “a wonderful testimony to the miraculous power of the Gospel.”\textsuperscript{62}

An example of this reworking of the “cleansing the leper” narrative can be found in a report by the Pusan Leprosarium from 1912 in \textit{The Korea Mission Field}. A young Korean girl, afflicted with leprosy, confronts an Australian missionary, Mary Jane Mackenzie, begging her Christian God to heal her.\textsuperscript{63} Mackenzie instead hands her a copy of the New Testament, and tells her to pray and read the word of God daily for a cure. Two years later, although Mackenize notes that the girl is still “very weak in the body” and is unable to walk to church as a result of her leprosy, she has become a faithful follower of Christ, and has converted many of her family members. She describes, that though “She came seeking the Saviour for healing for her poor diseased body, but so overjoyed was she to find that she could get salvation for her immortal soul that she seemed to forget all physical need.”\textsuperscript{64}

Unlike in biblical accounts, the Korean leper girl, nameless throughout Mackenzie’s account, retains all the physical signs of leprosy, but gains something even more valuable: salvation itself. Likewise, in another account, nearly forty years later from the aforementioned article, Dr. R.M Wilson describes how Mr. Kim, fingerless, blind, and close to death from leprosy, “is looking forward with great anticipation to a happy future life in heaven where there is no pain or sickness, and where he will be forever in the presence of Christ.”\textsuperscript{65} Again, the

\textsuperscript{61} Hardiman, “Introduction,” 35.
\textsuperscript{62} A.E Fletcher, “Taiku Leper Hospital Church,” \textit{The Korea Mission Field} (January 1928): 10.
\textsuperscript{64} Smith, 332.
\textsuperscript{65} R.M Wilson, “The Biederwolf Leper Hospital,” \textit{The Korea Mission Field} (March 1940): 50.
emphasis in such accounts is not on being physically cured of leprosy, a small likelihood given contemporary treatment methods, but rather the supposed promise of a second, healthy eternal life as newly converted Christians through the rigorous study of the word of God.

Missionaries, in sanctifying their leper parishioners as religious paragons, also went to great lengths in contrasting the seemingly horrifying physical appearance of Christians lepers to the horrors of original sin among unconverted Koreans. Mrs. B.W Billings, a Methodist missionary stationed in Pyeongyang, in describing the devout practices of the Soonchun Leper colony’s inmates, noted “how much to be preferred their lot was to the leprous parasites who parade as proper members of society, while these folks, really much more acceptable to God, are labeled ‘Unclean.’” Likewise, R.M Wilson, comparing the lepers of his colony to broken pieces of pottery, cast out by society, similarly states that:

A more dreadful thing than leprosy is the sin sick soul within each of us and God alone can patch up and make over these things….We may shudder at the sight of a leper but what is God’s feeling when looking into our sinful unrepentant hearts. Man looks upon the lepers as dreadful pictures and while their bodies maybe broken, their hearts may be as white as snow and cleansed by His blood.

For both Wilson and Billings, the physical symptoms of leprosy—missing limbs, blindness, horrifying and painful granulomas on the skin—believe the pureness of lepers as devout Christians; leprosy instigates within them a seemingly divine sense of faith that is missing among other Koreans, both converted and unconverted. As in other cultural representations of leprosy in Western literature, leprosy serves to mark certain Koreans as worthy of receiving the word of God, alienating them from greater pagan society so that they can transform themselves within missionary-run spaces of spiritual healing. Only by suffering “the eroding effects of that terrible

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disease which above others so vividly typifies the destroying effects of sin,”68 do they paradoxically cleanse themselves of sin itself by being offered the opportunity to Christianize themselves in mission-run institutions. So much so that, according to Henry M. Buen, the leper inmates at the Taegu Leprosarium apparently “praise God for their disease, for had it not been for it, they would not know their Savior.”69

Missionaries in Korea, in essence, drew upon a long religious and cultural tradition within the West of treating leprosy as a “divine” manifestation of original sin, and lepers as representing divinely anointed, predestined Christians, who are physically marked by their ailment. Absent of any truly effective Western biomedical cure to Hansen’s Disease, missionaries, writing in *The Korea Mission Field*, emphasized the notion of “spiritual” healing among lepers through rigorous study of the Gospel. However, unlike in the Bible and other cultural representations of leprosy, the physical symptoms of the disease do not disappear in the missionaries’ accounts of lepers. Instead, they continue to mark sufferers of Hansen’s Disease as some of the most devout Korean Christians, forever indebted to a Western God for the promise of an eternal life.

**The Leper as a Site of “Colonizing” the Korean:**

Scholars have long debated the relationship between Christian missions and imperialist colonial enterprises during the late 19th and early 20th centuries. On the one hand, the mission establishment in certain contexts existed in tension with the interests of the mainstream colonial establishment. In the British West Indies, for example, anti-slavery Baptist and Methodist missionaries positioned themselves firmly against the interests of the ruling planter class who

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saw mission work among their slaves as inciting resistance. Likewise, the official policy of the British Raj, which was to protect India’s Hindu and Islamic institutions from proselytization, served to undermine the work of missionaries eager to convert large numbers of the empire’s subjects. Nonetheless, scholars have also argued that, whatever the extent of these tensions, the missionary establishment still represented an inherently imperialist entity that sought to defuse certain facets of Western influence alongside other colonial bodies. Similarly, the relationship between the American-dominated mission establishment in Korea and the Japanese colonial government is complicated to trace. In conducting leprosy relief work, Western missionaries in Korea perceived conflicting notions of how they existed alongside the Japanese government, a decidedly non-Christian imperialist force whom they competed and collaborated with in colonizing the leper.

Historians of medicine have interpreted the 20th century colonial leprosarium to represent “a colony within a colony,” or an enclosed space where missionaries and imperial authorities maintained a free range in instilling new identities upon their subjects, absent of external influences. Missionaries, writing in The Korea Mission Field, evoke a sense of excitement associated with this ideal of social engineering a new, Panopticon-like Christian society, isolated from the pressures of the Japanese colonial state and Confucian Korean society. Dr. R.M Wilson describes the Kwangju Leprosarium as possessing its own currency, a system of marriage-brokering set up by the clergy, and as an industrious workplace where lepers are put to work in

various roles as farmers, teachers, artisans, and medical assistants. Further underscoring the level of sovereignty over leper Koreans that existed in these colonies, Wilson proudly claims that “Our colony is a little world in itself,” where inmates can “become happy, healthy Christian citizens of the land.” For missionaries, leprosy colonies represented specific sites in an already colonized territory where they could establish hegemony over a population of Koreans snubbed by both the colonial state and ordinary Korean society. Korean lepers could be transformed into paragon Christians precisely because they lacked any form of meaningful identity outside the mission-run leprosarium.

The tensions between the missionary establishment in Korea and the Japanese colonial government have been well documented within Korean historiography. In particular, the link between Korean nationalism and American Protestant missionary Christianity has been noted by many historians, with prominent Korean independence leaders like Syngman Rhee and Ahn Chang Ho identifying themselves as practicing Methodists and Presbyterians respectively. Scholars of the colonial period have observed that American Protestant Christianity, in general, represented to both educated and non-educated Koreans a seemingly modern, Western ideology by which a colonized people, whether explicitly or covertly, could envision a future outside the confines of Japanese rule.

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In particular, Keunsik Jung has characterized the tensions that existed between the American missionary establishment and the colonial government as representing a struggle for hegemony for both the minds and bodies of the Korean populace. Jung theorizes that although not directly linked to the imperialist designs of the West, missionaries in Korea—in maintaining a system of Western-styled schools, hospitals, and other social institutions in service of Koreans—were essentially competing for hegemony over the peninsula against the Japanese state. Jung cites the expansion of Japanese-led leprosy control efforts during the early 1930s as a political mechanism by which the colonial government sought to wrest away the medical monopoly possessed by foreign missionaries in treating Korean leprosy patients. Fittingly, each of the four major missions in Korea possessed its own sphere of influence where missionaries of a specific denomination dominated evangelical and social work activities. The Southern Methodist mission, for instance, was organized around the regions of Hwanghae and Gangwon province located around the central part of the country.

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79 Jung, 240.
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Figure 4., a map excerpted from a 1935 publication by the Northern Presbyterian mission, exemplifies the geographical focus that characterized the activities of the different main Protestant missions in Korea. The division of the peninsula into different religious regions—whether or not such regions accurately reflected the actual denominational activities on the ground—suggests an underlying sense of geopolitics at play common within an imperialist logic. Mutually agreed upon regions of dominance by Western powers within colonized nations—in Africa and in China in particular—often led to the creation of country-specific spheres of influence where a particular imperialist power laid complete claim to commercial, social, and political authority in a defined region. Likewise, the neat division exemplified in the map suggests a similar logic by which specific Western religious denominations have laid claim to the dominance of religious and social activities within that region based on their institutional history in Korea.

Under this framework, of understanding the Western missionary establishment as a quasi-imperialistic entity engaged in Foucauldian modes of knowledge production over the Korean populace, leprosy relief represented an institution that both collaborated and competed with the Japanese state for hegemony. Numerous accounts authored by missionaries involved in leprosy relief in Korea reveal that missionaries conceptualized themselves both as co-occupiers and competitors with the Japanese state over the sovereignty of lepers. Leprosy relief, in particular, afforded missionaries immense freedom to exercise forms of sovereignty in a colony in which they existed under the greater umbrella of Japanese rule.

Examples of missionaries expressing anxiety against the mechanisms of the Japanese state can be identified in primary accounts. For instance, in 1913, Dr. R.M Wilson, writing to the Mission to Lepers, expressed interest in expanding leprosy relief efforts in Korea, explaining:
I heard some time ago that the Japanese government here was considering segregating all lepers on an island [Sorok-do]...As you can readily see it would be far better for these lepers to be under Christian influence, and I feel that there would be no greater opportunity out here, especially as the Korean accepts the Gospel so readily.81

The tensions between the Japanese state and the Western missionary, as highlighted by Keunsik Jung’s chapter on leprosy relief in Korea, are evident within Dr. Wilson’s letter. In calling for the expansion of mission-run leprosaria in Korea, Dr. Wilson cites the importance of having Korean lepers indoctrinated into the proper tenets of Christianity—a process that would be stymied by a Japanese dominated system of leprosy relief. Scholars of mission work in Korea, like Hyaeweol Choi, have posited that missionaries and their affiliated institutions espoused the idea of “Christian modernity” to differentiate themselves from similarly “modern” institutions and services offered by the Japanese colonial state.82 By possessing the spiritual and moral advantage associated by being a “Christian” institution in a “pagan” colonial state, missionaries saw themselves as uniquely contributing to Korea’s Westernization through a superior model of modernism. A system of mission run leprosarium, by default, represented a better alternative to one where Korean lepers would be housed under the complete dominance of a non-Christian empire.

_The Korea Mission Field_, consequently, includes scenes that contrast the Christian humanitarianism of mission-run leprosaria with that of the supposed brutality of the Japanese state’s treatment of lepers. Reverend J.N Mackenzie, an Australian missionary who worked at the Pusan Leprosarium during the 1930s, describes a pitiful scene in which the Japanese sanitary police burn a leper camp, writing of “lepers gathering into their baskets what personal effects

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they are allowed to save…..until all is consumed.”83 The brutality of the leper’s existence outside the confines of the Pusan Leprosarium, subject to the whims of the Japanese police, is contrasted in the rest of the article with halcyon descriptions of life inside the leper colony, where lepers are educated, fed, and well clothed by Western missionaries. In another account by A.E Fletcher, the missionary writes about how two Christian lepers from the Taegu Leprosarium brought Christianity to the newly opened Japanese-run leprosarium on Sorok-do. According to Fletcher, all inmates of Sorok-do had previously been forced to worship Shinto deities by the institution’s authorities. But, as a result of the two newly arrived Christian lepers covert proselytizing, “[t]he Shinto Shrine became a church” and the leprosarium’s new superintendent was forced to allow religious freedom among the lepers.84

These accounts express an overall negative view of the Japanese state’s involvement in leprosy relief. In contrast to the seemingly apathetic colonizing mission of a pagan imperialist state, oblivious to the material and spiritual desires of their constituents, the accounts of Fletcher and Mackenzie characterize mission-run leprosy relief work as encapsulating the Christian humanitarianism that differentiated itself from the Japanese state.

Paradoxically, in other instances, however, missionaries expressed interest and excitement at the increasing involvement of the Japanese government in leprosy relief. Dr. R.M Wilson, writing in 1921, encouraged the Japanese Governor-General to enact a compulsory segregation law among lepers in Korea, expressing that “Our great desire for the lepers is that the Government may assist us and make possible to isolate all lepers of Korea.”85 Likewise, J.N Mackenzie, writing in 1933, noted that “The most gratifying feature of the Leper situation is that

the highest authorities of the Empire are now giving very special attention to the problem,” citing the increased amount of government funding going into leprosy relief.86 Later on, he goes as far as to thank the Japanese emperor and empress dowager for their personal donations to leprosy relief in Korea, and notes that approximately half of all the costs associated with mission-run leprosy work now originates from the colonial government.87 In contrast to other accounts, these depictions imply a rather benevolent relationship that existed between Western missionaries and the Japanese colonial state in carrying out leprosy relief—of coequal partners rather than competitors.

Jung notes that by the early 1930s, the Japanese colonial government began to take a more active role in leprosy relief efforts and began to vigorously enforce an involuntary isolation policy over all Korean lepers.88 Given the supposed tensions that existed between the two establishments, one could expect a certain level of criticism against the encroachment manifested in such accounts. However, the conspicuous lack of any such disapproval in the pages of The Korea Mission Field may signal an acknowledgement of the realpolitik conditions missionaries worked within. As a private, foreign institution existing under the Japanese state in a colonized nation, missionaries were aware of the financial limitations they worked under, often referring to the better funding and staff numbers at government-run hospitals and schools compared to those of missionaries.89 As a result, especially during the early 1930s, with the advent of the Great Depression and the resultant slashing of many worldwide mission budgets, missionaries, like Mackenzie, would have welcomed greater government funding provided to leprosy relief efforts.

Moreover, many missionaries themselves seemed to err on the side of political conservatism, despite the reputation of many Korean Christians as fervent nationalists against Japanese imperialism. A particularly conservative missionary in *The Korea Mission Field* wrote vehemently of the dangers of “suffragetteism, women in business, bachelorhood and divorce” in the West,90 while other missionaries cited the dangers of Bolshevism and socialism within certain Korean nationalist circles.91 Bishop Herbert George Welch of the Methodist Episcopal Church in Korea, writing in 1920, complimented Japanese rule, ruminating:

> With a dignified, serious and friendly gaze we should look at the Japanese officials with whom we stand on a level, with whom we should seek to cooperate in any good thing which they may plan.92

Some missionaries thus acknowledged the full political sovereignty of imperial Japan and saw themselves as united together in their shared goal of modernizing the Korean populace. They remarked favorably upon events like the coronation of the new Showa emperor in 1926, conceding, “The thought of loyalty to the temporal Throne easily leads up to the idea of still greater fealty to Him who is King of King and Lords of Lords.”93 Japan’s political sovereignty over Korea, and obedience to a higher, civilized entity, was perceived as encouraging a similar type of fealty within Western Christianity of devotion to a patriarchal God. Considering this conservatism, the Japanese government’s increasing involvement in leprosy relief efforts towards the end of the colonial period did not seem to represent a decidedly unsatisfactory transition for missionaries. Rather, many welcomed it as fulfilling a greater civilizing mission in “cleansing” Korea of ailments like leprosy.

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90 “Woman’s Hospital of Extended Grace,” *The Korea Mission Field* (September 1915): 255.
For the Western missionary in Korea, leprosy relief and the leper represented a site of “colonizing” the Korean, asserting the hegemony of specific cultural and religious values within the confines of missionary-run leprosaria. Although scholars like Keunsik Jung have described the tensions that seemed to exist between Western missionaries and the Japanese colonial state, an examination of *The Korea Mission Field* reveals that this relationship extended beyond a simple dichotomous struggle for hegemony over leprosy relief on the peninsula. Western missionaries in Korea also imagined themselves as coequal partners with the sovereign Japanese state in “modernizing” the Korean through efforts like ridding the region of leprosy.

Even into post-occupation period, leprosy control continued to take on a relevant role in the creation of the South Korean state. The World Health Organization (WHO) and the United Nations Korea Relief Agency (UNKRA) continued to classify leprosy as a “disease of major social significance” in their 1952 *The Health Reconstruction Plan of Korea.* Moreover, the South Korean state continued to enforce compulsory segregation for all Korean lepers in sites like the Sorok-do colony, just as the Japanese state had done only a few decades earlier. In a parallel to Western missionaries earlier in the century, Yuk Yong-su, the first lady of South Korea for much of the 1960s and 70s, made leprosy a personal political cause, visiting and funding leper communities until her assassination in 1974. As seen in Yi Chong-jun’s 1976 novel, *Your Paradise,* images of the diseased leper and the closed-off leprosarium continued to represent powerful metaphors within Korean intellectual culture well into the postcolonial period.

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96 Jane Kim, “Leprosy in Korea,” 76.
Charity and Power in Yi Chong-Jun’s *Your Paradise*: The Persistence of “the Leper” in Modern Korean Intellectual Culture to Critique Authority

At the beginning of Yi Chong-Jun’s novel, *Your Paradise* (1976), Colonel Cho Paeg-hon arrives on Sorok-do in the early 1960’s—nearly two decades after the end of the Japanese occupation—as the newly appointed military director of the island leprosarium. Founded in 1916 by the Japanese government, Sorok-do was the first and only government-run leprosarium in Korea during the colonial period. Sorok-do, as the main and central leprosarium of the Japanese government, operated alongside a parallel system of privately-run missionary leprosarium. In particular, Sorok-do came to symbolize the immense brutality of the Japanese occupation, a place where Japanese officials abused, sterilized, and even murdered lepers who were regarded by an imperialist regime as a menacing public health threat in their fledgling colony.  

Against this backdrop of leprosy’s complex socio-political narrative in modern Korea, the newly minted Director Cho arrives on Sorok-do determined to transform the island into a model institution befitting the modernist mission of the Park regime. Prior to Cho’s ascension, Park Chung-Hee, a former officer in the Japanese military, has seized power in a military coup against Yun Posun’s democratically elected government in 1961. From 1961-1979, Park led a Peron-esque junta in Korea that concentrated on economic growth while silencing civilian dissent through brute police force. On his first day on the job, Cho gathers the island’s lepers together and gives his inaugural speech, promising, above all else, to help forge “your paradise” to a population of Koreans that has faced immense discrimination and oppression over the past half-century. In keeping with the national mood of “reconstruction” and “rebuilding” associated with Park’s postwar military junta, Cho vows to “reconstruct” the identities of the island’s inhabitants

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from oppressed, alienated lepers to hardworking, prosperous citizens integrated into the societal fabric of a modern Korea. Though he vows wholeheartedly to devote himself completely to the creation of this modern paradise he envisions for the inmates, he ominously ends his speech with a threat: *I will even force you to take part in this reconstruction.* 98

The novel ends in the 1970s (ironically, during the height of President Park’s despotism and South Korea’s economic miracle) with Director Cho’s vision of paradise for Sorok-do’s lepers seemingly in shatters. Throughout his tenure as leader of the leprosarium, Director Cho attempts, unsuccessfully, to reform the lives of the islanders, even going as far as to form a leper soccer team with decidedly mixed results. He eventually pegs his goal of “paradise” for the island’s lepers to a seemingly unfeasible land reclamation project that would connect Sorok-do (both physically and metaphorically) with mainland Korea. Although initially inspired by the project, the island’s lepers, in keeping with the colony’s tragic history, are subjugated to intense working conditions as Director Cho becomes obsessed with completing the causeway before the end of his term. Like the Japanese directors before him, he bans any “unnecessary assembly” unrelated to the progress of the causeway, and physically punishes those who hinder construction of the lepers’ “paradise.”

Eventually, Director Cho is brought down by a revolt among the lepers, and by his military superiors who replace him with a less ambitious civilian director. Stripped of his title and support for the causeway, Director Cho, in the closing pages of Yi’s story, reads a letter penned to him by a former inmate of the island who castigates his vision of paradise for the colony’s lepers. He writes:

> You’re not trying to build a paradise for humans but for lepers…Your plan to create a paradise on the island was, in many ways, identical to the other policies that threatened the patients, telling them that once they left the island, they would be unable to avoid

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abuse and retaliation. Yours was different in form but in the end, it had the same effect. You only tried to understand them as lepers, people who could be accepted under special conditions with certain compromises. You didn’t try to understand them as normal people. In that way, you made them build your leper paradise.99

Cho’s optimistic vision of a paradise for Korea’s lepers, a world where they are connected to the mainland and prove themselves to be hardworking citizens of the Park regime, thus is revealed as just another chapter in the cycle of oppression that has characterized the history of the island colony. Although characterized by the same type of progressive modernity of the Park regime—in which “rebuilding” and “reconstructing” the body politic takes precedence over all else—Cho’s paradise replicates similar methods of draconian coercion that the island’s former Japanese directors had utilized in the past. Moreover, by continuing to pathologize the lepers as pariahs without agency, a people so oppressed that they cannot fend for themselves in the modern era, Director Cho ironically has continued a long pattern within the narrative of leprosy patients in Korea rather than breaking away from the island’s sordid history. In the process of trying to formulate a new identity for them, in which they can successfully become integrated into the social fabric of the Republic of Korea, he has instead done the opposite; they continue to exist as faceless “lepers” without individual destinies or desires.

Scholars have typically interpreted Yi’s Your Paradise as a critical allegory against the modernizing mission of the Park regime.100 Widely regarded by many conservative Koreans as a charismatic man of force who helped to jumpstart Korea’s economic miracle at a time of immense postwar poverty, President Park sought to industrialize his nation and people despite the immense social and financial costs associated with the “Miracle on the Han River.” Although

99 Yi, Your Paradise, 471.
CHAPTER I: LEPROSY THROUGH THE EYES OF MISSIONARIES IN KOREA

Park did end up sparking a great economic boom in the South Korean economy (GDP per capita rose from a mere $146.29 in 1963 to $1773.53 in 1979), his military regime committed a whole host of human rights abuses in the name of “reconstruction.” Under his dictatorial “Yusin System,” Park silenced any democratic opposition to his presidency: labor unions were banned, protesting college students were arrested and tortured, and Korean factory workers became subjected to long hours in poor working conditions. Much like Director Cho, seeking to connect Sorok-do to the mainland at any cost, Park wished to integrate South Korea into the international community as a legitimate, economically viable nation-state through his modernization project.

Moreover, Yi’s choice to situate his political allegory in a leper colony—one with a sordid, complicated history—seems to have represented a deliberate choice considering the social connotations surrounding leprosy as an “ancient” disease. Much like the lepers of Sorok-do, stigmatized for their illness marking them as “others,” Koreans were pathologized as the primitive Oriental “other” under the Western, imperialist gaze through accounts by Western missionaries.

Consequently, Yi’s use of leprosy in Your Paradise to comment on the authoritarian nature of the Park regime reveals the persistence of discourses around Hansen’s Disease within the intellectual culture of modern Korea. In attaching to the residents of Sorok-do a specific leper “identity”—in this case a poor, debilitating population in need of authoritarian restructuring—Director Cho (and by proxy Yi himself) engages in a type of familiar cultural discussion around

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102 Under the new Yusin (維新; roughly meaning “renewal” in classical Chinese) Constitution of 1972, President Park possessed virtual dictatorial powers over the Korean National Assembly, effectively transforming his presidency to a full-fledged military junta.
Hansen’s Disease dating back to colonial-era Western missionaries. Like a blank canvas, a silent figure whose agency has been erased by its scarring disfigurement, the leper has occupied the pages of numerous texts throughout the history of modern Korea, ready to display certain predetermined qualities and narratives determined by its creator. The afflicted residents of Sorok-do in Yi’s *Your Paradise*, suffering under the dictatorship of Director Cho and the pen of a high-brow South Korean intellectual, thus continue a long tradition of metaphorizing leprosy in the history of modern Korea.

**Conclusion:**

As I have examined in this chapter, Western missionaries, in depicting leprosy upon the pages of *The Korea Mission Field*, drew upon a multi-faceted socio-religious tradition surrounding various connotations of leprosy as a “primitive” and “biblical” disease. In constructing leprosy throughout their various accounts of mission-work among afflicted Korean victims, missionaries described leprosy and lepers as physical manifestations of Korea’s primitivism, as paragon Christians, and sites upon which the missionary establishment competed and collaborated with the Japanese state for hegemony. Through these representations, leprosy control in Korea, like elsewhere in the age of imperialism, represented a tool of empire by which Western authorities sought to exert and legitimize their social hegemony over non-white, other-worldly peoples. Moreover, an examination of Yi Chong-jun’s use of Hansen’s Disease in *Your Paradise* to critique authority reveals the continuation of utilizing the various sociocultural connotations surrounding leprosy into the postcolonial period. This perhaps reflects an entrenchment of the “leper” within modern Korea’s postcolonial intellectual discourse, suggesting that the Western missionary did indeed succeed in transplanting their perceptions of leprosy onto the Korean.
CHAPTER II: TUBERCULOSIS, A DISEASE OF “MODERNITY” IN COLONIAL KOREA

Kang Kyong-ae’s *Ingan Munje*: The Korean Factory Girl as a Tubercular Heroine

He trembled violently. His line of vision was fixed on Sonbi’s terrifying corpse as it gradually transformed into a dark mass that swept before his eyes.

The dark mass! Slowly expanding in size, blackening out everything before him, indeed everything in the path of all human beings. If this wasn’t the very essence of all human problems, what else could be?1

Within the history of modern Korean literature, Kang Kyong-ae’s (1906-1944) 1934 social realist novel, *Ingan Munje* (인간 문제; transliterated as “The Human Problem”), stands out for a number of reasons.2 Written during the height of the colonial era, towards the tail end of the *Bunka Seiji* (文化政治; Cultural Rule) period of the Japanese occupation,3 *Ingan Munje* weaves a wide variety of themes concerning Marxism, women’s rights, and colonialism to depict a realistic narrative of rural and urban life among ordinary Koreans during the 1930s. Written through the viewpoints of a variety of disparate characters, who occupy different rungs in the colonial hierarchy, Kang’s novel centers mainly on the story of Sonbi, a young Korean peasant girl who becomes the victim of feudal and bourgeois forces that seek to exploit her body.

At the beginning of the novel, Sonbi is forced to become the servant of a wealthy pro-Japanese Korean landlord, Tokho. He sexually abuses her and tries to convince her to become his concubine and to bear him a son. By the middle of the story, Sonbi escapes Tokho’s clutches by running away to the port city of Inchon, where she becomes a factory worker at a Japanese-

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2 Kang, XIII. The English title of Kang’s *Ingan Munje*, refers to a pond in Sonbi’s home village in Hwanghae Province. According to local villagers in the story, the pond was created long ago from the tears of the family members of peasants who were executed for rising up against the local landlord.
3 The Cultural Rule period of the Japanese occupation lasted from the direct aftermath of the March 1st 1919 Independence movement to the early 1930s with the Japanese Empire’s growing militarism. Governor General Saito allowed Koreans a certain amount of cultural autonomy, permitting the publication of Korean language newspapers, novels, and radio broadcasts. By the end of the 1930s, however, the Japanese government reversed its policy, endorsing a heavily assimilationist model of governance for its Korean citizens, requiring them to adopt Japanese names and to worship at Shinto shrines.
run textile mill. Though she is at first emancipated from sexual exploitation through factory labor, Sonbi nonetheless finds herself abused once again at the hands of the mill’s foremen who demand constant labor, and sexual favors, from their female proletariats. Eventually, Sonbi becomes the leader of her factory’s Communist cell, being entrusted to organize her fellow female comrades by Kannan, a close friend who escapes the mill, presumably to the Korean Communist Party headquarters. However, by the novel’s end, Sonbi is curtailed by a mysterious illness that begins to severely debilitate her. She develops severe chills and shivers, and her close confidantes begin to note her increasingly pale appearance, along with a persistent, worsening cough. Over the course of a few months, Sonbi begins to notice other strange symptoms, such as the blood she coughs up, described poetically by Kang as “the little red threads of it mixed in her phlegm,” that point to a chronic illness in the process of destroying her lungs.

Sonbi’s ultimate demise is depicted succinctly on the last two pages of the novel. Kannan notifies Ch’otchae, an old childhood friend of Sonbi who works as a shipyard laborer in Inchon, of the declining health of his romantic interest. Responding to the news, Kang describes his peculiar reaction, comparing the industrial smoke of the textile mill with the state of Sonbi’s lungs:

Ch’otchae was looking out into the distance at the smoke-stack of the Taedong Spinning Mill [where Sonbi had worked], visible just beyond a grove of trees. It kept spewing out puffs of jet-black smoke. “Could Sonbi have caught a disease like that too?” he wondered.

Ultimately, they rush back to Kannan’s abode where they find that Sonbi has succumbed to her ailment. Ch’otchae grabs Sonbi’s lifeless body and commiserates over the fact that his childhood love has been reduced to a lifeless, pale corpse after years of oppression. Kang ends the story

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4 Kang, 265.
5 Kang, 268.
CHAPTER II: TUBERCULOSIS, A DISEASE OF “MODERNITY” IN COLONIAL KOREA

with a rallying cry for Korea’s proletariats, suffering like Sonbi and Ch’otchae under the thumb of Korean feudalism and Japanese capitalism, exclaiming:

These Ingan Munje [human problems]! More than anything we need to find a solution to them. People have fought for hundreds and thousands of years in an effort to solve them. But still no one has come up with a solution! And if that’s the case, just which human beings will actually solve these problems in the future? Just who?6

At the end of the novel, Sonbi’s tubercular corpse thus becomes a tool of martyrdom that Kang uses to unite Korea’s working classes under the banner of revolution against the peninsula’s Japanese and Korean ruling classes. Her body, thin and pale from the ravages of consumption, comes to exemplify the titular “human problems” that everyday Koreans face while being ruthlessly exploited by pro-Japanese landowners and the Japanese bourgeoisie. Interestingly, although it is never explicitly stated that Sonbi specifically contracts pulmonary tuberculosis, all the stereotypical symptoms—paleness, excessive fatigue, coughing up blood, and pain in the lungs—point to the fact that Kang intended her literary creation to die a consumptive heroine. Moreover, Sonbi’s occupation as a factory worker—a class of individuals especially at risk for contracting tuberculosis in the early 20th century—points to the seemingly undeniable conclusion that she dies from the ravages of TB. Sonbi’s consumptive corpse becomes a revolutionary symbol upon which Kang metaphorizes the moral bankruptcy of the modern Japanese colonial state, forcing young Korean maidens to become disposable cogs in the empire’s industrial enterprise.

Kang, a Korean feminist and Marxist writer, continues a familiar trope within social literature—much like Yi’s use of leprosy in Your Paradise—in utilizing tuberculosis as an important plot and thematic device in her second novel. The daughter of a well-off farmer in Hwanghae Province (now in North Korea), Kang was among the first generation of Korean

6 Kang, From Wonso Pond, 269.
women to be educated in Western style institutions. Noted for her talented story-telling and reading skills early on in her childhood, Kang’s family sent her to Pyeongyang to be educated at a Catholic boarding school. Later on, she enrolled at Tongdok Women’s College in Seoul, before dropping out to work as a teacher in northern Korea and Manchuria in the mid 1920s. From the serial publication of her first novel, Mothers and Daughters (1931) onwards, Kang embarked upon a career as the foremost female writer of the colonial era, earning the ire of Japanese censors who tried to temper the heavily anti-Japanese, pro-socialist rhetoric of her work.

As someone well read in literature—Korean, Japanese, and Western—Kang would have been familiar with the role of tuberculosis in the many noteworthy Western cultural works of the era. Figures like the perpetually coughing Katerina Ivanovna in Fyodor Dostoyevsky’s Crime and Punishment, the gracefully ill French courtesan Marguerite Gautier in Alexander Dumas Jr.’s La Dame aux Camélias, the innocently incapacitated Little Eva in Harriet Beecher Stowe’s Uncle Tom’s Cabin, are just a few of the many characters who have bared the symptoms of tuberculosis for some greater literary purpose. Kang’s Sonbi becomes just one of many among the great tubercular heroes in the pantheon of diseased literary figures marked for greatness through their blood-spotted coughs.

Kang’s use of tuberculosis in Ingan Munje, to signify the seemingly inescapable misery Koreans must endure under colonial rule suggests that the literary and social significance of the disease was well understood among Western-educated Korean intellectuals during the Japanese occupation. By the early 1930s, Korean writers, having come of age under the shadow of imperial Japan, had developed a modern literature, basing their new literary creations on

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7 Kang, From Wonso Pond, X.
CHAPTER II: TUBERCULOSIS, A DISEASE OF “MODERNITY” IN COLONIAL KOREA

contemporary Western and Japanese literary models. Written at a time when Korea was quickly industrializing under the umbrella of Japanese imperialism, Sonbi’s death by tuberculosis signifies an increasingly common “human problem” that ordinary Koreans, toiling away in Japanese-run factories, faced in their daily labor. Touted as a “disease of civilization,” by which the processes of industrialization exasperated the conditions and mortality rates of the dreaded consumption, tuberculosis typically was associated with problems inherent in modern society: overcrowding in urban tenements, poor living conditions among factory workers, and poor sanitation in cities.

As I argue in this section of my thesis, Western missionaries, as they did with leprosy, attached specific meanings to tuberculosis and tubercular Koreans in their various descriptions of the disease in *The Korea Mission Field*. In particular, I describe three concerns missionaries identified in their various perceptions of tuberculosis in colonial Korea: the tensions between leprosy control and tuberculosis control; the archetype of the sick, tubercular Korean student; and tuberculosis as a manifestation of Korea’s supposedly unhygienic living standards. As I also argue, these tropes align with a number of commonly held perceptions of the disease as it existed within the Western social and political consciousness at the time, suggesting a process in which missionaries imposed specific cultural constructs of disease onto the Korean. Tuberculosis, just like with leprosy, represented a public health concern that was interpreted through a specific

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8 Sunyoung Park, ed., *On the Eve of the Uprising and Other Stories from Colonial Korea* (Ithaca: East Asia Program at Cornell University, 2010), XII. Park specifically states that “Despite unresolved over its origins, we may positively say the modern Korean literature was shaped primarily under Western, and more immediately, Japanese influences.”

9 William Johnson, *The Modern Epidemic: A History of Tuberculosis in Japan* (Cambridge: Harvard University Asia Center: 1995), 100. As Johnston notes, scholars like Brian Inglis in his *The Diseases of Civilization*, have labeled tuberculosis as “the disease of civilization,” in which the living conditions precipitated by the industrial revolution have been especially favorable to increased mortality rates from the disease. Johnston is more specific in his characterization, labeling tuberculosis an “epidemic of civilization,” arguing that tuberculosis has existed for millennia before the rise of industrialization in the late 18th and early 19th centuries.
system of knowledge (in the manner of Foucault) that perceived Korea and Koreans as victims of modernity through the microscopic *Mycobacterium Tuberculosis*.

**Contrasting Consumptions: Tuberculosis as a “Modern Disease”**

As with leprosy, tuberculosis has left an indelible mark throughout the span of human history and pre-history. Similar to leprosy’s all-encompassing relationship with certain skin disorders, the world possesses an extensive social history of tuberculosis in which various coughing and “wasting” ailments were diagnosed under vague yet understandable terms of “consumption” and “phthisis” before the advent of germ theory. Researchers believe that *mycobacterium tuberculosis* was first prevalent among pre-domesticated cattle species, and that with the Neolithic revolution around 12,000 years ago, the disease through zoonosis transmitted itself to humans.\(^\text{10}\) Interestingly, *mycobacterium tuberculosis* and *mycobacterium leprae* (the causative agent of leprosy) both belong to the same genus, and supposedly appear indistinguishable under the microscope.\(^\text{11}\)

Fittingly, before the microscopic biomedical identities of both diseases were finally revealed (just a decade apart) in the late 19\(^\text{th}\) century, the consumptive and the leper have each cast unique shapes onto the historical record throughout various cultures. Bio-archaeologists have noted signs on bones of humans dating back to 5800 B.C.E that imply the existence of a disease like skeletal tuberculosis, wreaking havoc on the bone structures of their human hosts.\(^\text{12}\) Ancient Greek physicians termed the phrase phthisis (literally “wasting”) to describe an illness with symptoms that included coughing blood, excessive fatigue, and paleness—all the hallmarks

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of modern pulmonary tuberculosis.\textsuperscript{13} During the late Middle Ages and the Renaissance, monarchs ceremoniously touched the swollen lymph nodes of their consumptive subjects in order to demonstrate their supposedly divine powers to both heal and rule over their sickly mortal subjects.\textsuperscript{14}

Even before the industrial revolution of the late 18\textsuperscript{th} and early 19\textsuperscript{th} centuries, “consumption” and “phthisis” were on the rise in proto-industrial societies like Britain. Brought on by increasing overcrowding in Britain’s cities, exasperated by the agricultural revolution and the surplus of unneeded farm labor in the countryside, it is estimated that nearly 20 percent of all deaths in London were caused by “phthisis” in the late 17\textsuperscript{th} century.\textsuperscript{15} With the onset of industrialization in the late 18\textsuperscript{th} century, this figure rose to 26 percent by 1800, before mortality rates from tuberculosis finally began declining in industrial Britain around 1850.\textsuperscript{16} Along the lines of the British model, the trajectory of tuberculosis has typically followed the processes associated with industrialization throughout various national contexts. In the United States, deaths from tuberculosis peaked at around 200 per 100,000 in 1900 (the height of the country’s post-Civil War economic expansion) before dropping to 6.1 mid-century.\textsuperscript{17} Likewise, in Japan, the tuberculosis epidemic peaked around the 1930s—during the country’s rapid militaristic industrial expansion under the Showa government—before bottoming out during the American occupation (1945-1952).\textsuperscript{18}

\begin{footnotesize}
\begin{enumerate}
\item Dormandy, \textit{The White Death}, 2.
\item Bynum, \textit{Spitting Blood}, 37.
\item Bryder, \textit{Below the Magic Mountain}, 16.
\item Theodore C. Doege, “Tuberculosis Mortality in the United States, 1900 to 1960,” \textit{JAMA} Vol. 192, No. 12 (June 1965), 103.
\item Johnston, \textit{The Modern Epidemic}, 40.
\end{enumerate}
\end{footnotesize}
CHAPTER II: TUBERCULOSIS, A DISEASE OF “MODERNITY” IN COLONIAL KOREA

As mentioned previously, because of tuberculosis’s correlation with industrialization, it was typically viewed as a “disease of civilization.” Although industrialization in the 19th and 20th centuries had brought the benefits of speedier transportation, communication, and a higher standard of living (for certain classes of people), there was also an acknowledgement of its increasingly deleterious effects on certain sections of mankind. Overcrowding in tenements, squalid factory conditions, and poor nutrition among the salaried proletariat class represented conditions that exasperated the spread of tuberculosis in urbanized environments. Johnston notes that the typical Meiji-era (1867-1912) textile mill often required its predominantly female employees to work exhaustive 14-hour work days, to sleep in squalid, crowded factory-run dormitories, and to subsist on nothing more than polished rice with picked vegetables. Unsurprisingly, the tuberculosis epidemic in Japan was especially acute among textile workers.

When in 1882, the German medical researcher Robert Koch famously identified the biomedical cause of tuberculosis as originating from the eponymous class of *mycobacterium*, the “disease of civilization” finally had a definitive culprit. With the rise of organized and centralized public health systems towards the end of the 19th century, governments and private institutions in the West began a fervent crusade to eliminate tuberculosis, along with its negative effects on economic productivity, from their respective populations. In Britain, the government introduced compulsory notification of all tuberculosis cases in 1913, and funded the creation of public sanatoria for the rehabilitation (and isolation) of working class tuberculosis patients. In the United States, organizations like the National Tuberculosis Association, founded in 1892,

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advocated government-mandated registration and quarantine of all tuberculosis patients, especially among urban immigrant groups who were seen as definitive carriers of TB.  

Unlike leprosy, which was seen primarily as a disease of primitivism, an ailment of the premodern age now relegated to “tropical” peoples, tuberculosis was firmly integrated into the biomedical rhetoric of the developed West as a “disease of modernity.” In describing tuberculosis as a public health concern in industrial Europe, scholars and contemporary observers made explicit comparisons with leprosy, highlighting the negative social connotations surrounding each respective ailment. For instance, Dr. Lawrence Flick, one of the founders of the National Tuberculosis Association in the United States, contrasted the abundant biomedical knowledge surrounding the etiology of tuberculosis with “the crusade against leprosy” during the Middle Ages. Specifically, he argued that the fight against leprosy was “accompanied by many hardships” as a result of a poor understanding of contagion and germ theory. Rod Edmond, likewise, characterizes the tuberculosis sanitarium of the early 20th century to be the modern analogue to a leprosarium, arguing that leprosy had by then been replaced by TB as the most serious of all chronic diseases in the West. Physicians in British tuberculosis sanitarium observed that their patients seemed to develop a “leper complex,” in which their personal identities became remade by the all-encompassing negative stigma surrounding TB. Importantly, both diseases represented chronic, stigmatized illnesses that remained mostly incurable (to some degree) until the mid 20th century when biomedical advances in the form of antibiotics brought relief to sufferers and governments worldwide.

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23 Lawrence Flick, “The Essentials in the Crusade Against Tuberculosis,” in Public Health Papers and Reports, ed. Charles O. Probst (Columbus, Ohio: American Public Health Association), 135.
24 Flick, 128.
25 Flick, 128.
26 Edmond, 208.
Moreover, as with leprosy, the various stigmas surrounding tuberculosis also became racialized as a mark of inferiority. Nativist scholar E.A Ross in the early 1900s characterized tuberculosis as a “Jewish disease” in the context of New York City, depicting the unhygienic cultural practices of the city’s Jewry and the supposedly slight build of the Hebrew race as being especially susceptible to the mycobacterium.\textsuperscript{28} Similarly, Seale Harris, a white Alabama public health official, characterized the especially high mortality rates of TB among urban black workers as definitive proof that the “Negro race” could not adapt itself to a disciplined industrial society.\textsuperscript{29} The existence of tuberculosis within a specific population was judged in relation to how they were resilient or susceptible to “the disease of modernity,” much like how other contemporary observers judged the “civility” of a population through the existence of endemic leprosy, a disease of tropical primitivism.

Consequently, by the beginning of the 20\textsuperscript{th} century, an abundant discourse surrounding tuberculosis as a “disease of modernity”—a negative side-effect of industrialization and urbanization—had developed in the West. Lurking in crowded urban slums, streetcars, and factories, the \textit{mycobacterium tuberculosis} represented a decidedly modern public health hazard that threatened to debilitate millions of young working-class individuals (and to a lesser extent the middle and ruling classes) in London, New York, and Tokyo. Interestingly, alongside this narrative of tuberculosis as a decidedly modern public health problem, there existed another abundant discourse in Western culture that seemingly belied the terror and stigma associated with the ravages of consumption.

Alongside the narrative of tuberculosis as a “disease of modernity” that wreaked havoc on the industrial classes, the disease simultaneously also occupied a peculiar place within Western culture as a disease of intellectuals, starving artists, and female gentility. Susan Sontag in *Illness as Metaphor* famously explored this unusual preoccupation with tuberculosis among Western authors of the 19th and early 20th centuries, describing how the illness allowed writers and their literary creations to experience “romantic agony” in an aesthetically pleasing manner. Perpetually coughing, wasting away at the height of their youthful talents, tuberculosis served to imbue figures like Franz Kafka, Frederic Chopin, John Keats, D.H Lawrence, and Anton Chekhov an aura of intellectual wistfulness, a bohemian urgency to accomplish something before consumption would silence their pens forever. Similarly, tuberculosis allowed authors the ability to reward their typically middle class, female characters with graceful suffering without sacrificing their beauty (for the most part). Famous examples include Helen Burns in Charlotte Bronte’s *Jane Eyre*, Patricia Hollman in Erich Maria Remarque’s *Three Comrades*, and Ingrid Bergman’s Sister Mary Benedict character in *The Bells of Saint Mary’s*. This bourgeois consumptive ideal also fit well within the fashion trends of the Victorian era; excessive paleness, lack of appetite, a “delicate” body composition, and immobility—all hallmark symptoms of tuberculosis—were praised as tell-tale signs of a middle-class female standard of domesticity.

Scholars note that by the end of the 19th century, the discourse of tuberculosis as a supposedly “intellectual” and “romantic” disease began to disappear in response to the growing acknowledgement of TB as an infectious public health hazard widespread among the lower classes. In particular, Katherine Ott observes that by 1890, the peculiar consumptive ideals of

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32 Bryder, *Below the Magic Mountain*, 199.
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the middle class—of immobility, inactivity in dimly lit Victorian parlors, and delicate physical appearances—became replaced by a more fashionably active lifestyle, as exemplified by the Gibson Girl.33 The cultural discourse around consumption and phthisis apparently reoriented toward perceiving the mycobacterium bacterium as more of a dangerous public health threat associated with low class hygiene rather than a semi-acceptable condition for the bourgeoisie. Nonetheless, the intellectual fascination among the middle class with tuberculosis continued to play a part in Western literature. Thomas Mann’s 1924 magnum opus, The Magic Mountain, famously takes place in a high-end tuberculosis sanitarium nestled in the Swiss Alps. Even in late Meiji Japan, tuberculosis continued to be constructed as a disease of upper-class, chaste Confucian wives in works like Kenjiro Tokutomi’s Hototogisu (1899).34

The existence of both narratives surrounding tuberculosis in Western culture—a disease of industrial modernity and of bourgeois intellectual sensibilities—seems to belie each other. After all, although tuberculosis did kill off a number of important intellectual figures of the era, its effects were most acutely felt among the lower classes outside the boundaries of the cultural elite.35 A seemingly “unbridgeable gulf” (in the words of Thomas Dormandy) seems to separate the image of Victorian sweatshop workers, coughing away their health in dimly lit urban basements, with that of John Keats, channeling his consumptive spirit into timeless sonnets and odes beside the beauty of the Roman countryside.36 Yet, human societies can attach multiple metaphors to the same disease, even if such constructed ailments may appear at direct odds with each other. Leprosy, after all, could simultaneously represent both a physical manifestation of

33 Ott, Fevered Lives, 70.
35 Dormandy, The White Death, 73. Dormandy sums up that “Tuberculosis picked out and killed a few Princes and it carried off more than one bejeweled, tender-hearted courtesan; but it slaughtered the poor by a million.”
original sin, and a marker for those predestined by God to be saved. Depending on the context, tuberculosis could be both a signifier of highbrow intellectualism and bourgeois ideals, or a symbol of wretched urban poverty brought on by the industrial revolution.

Importantly, the existence of firmly entrenched narratives in the physical spaces associated with Western culture—in the factories of Birmingham, the garrets of Montmartre, sanitaria in the Swiss Alps—exemplify tuberculosis’ status as a “modern” disease acceptable (to a certain degree) within the developed regions of the Occident. Whereas the existence of endemic leprosy served to mark certain tropical peoples as “inferior”—a disease that had all been but banished from European civilization—tuberculosis represented a public health problem inherent in industrial, modern societies. The presence of a leper, walking the streets of New York, would have seemed out of place to a typical Western observer from the early 20th century. Yet, a tubercular factory worker coughing up blood inside a subway car would have scarcely caused concern (relatively speaking). As I argue later in this chapter, in constructing the narrative of tuberculosis in colonial Korea, missionaries were heavily influenced by these various, conflicting social constructs surrounding TB as a “modern disease.”

The Historical Trajectory of Tuberculosis in Korea:

Like with most other endemic diseases, scholars believe that tuberculosis has existed in Korea for thousands of years, first appearing in about the 1st century B.C.E. Classical Korean medicine texts such as the *Donguibogam* (동의보감; 東醫寶鑑) refer to diseases known as “nochae” (노채) and “junshi” (준시) that most likely refer to various types of tuberculosis. As

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38 Choi, “Tuberculosis in Korea during the Japanese Occupation in World War II,” 197.
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with leprosy, Western missionaries coming to the peninsula in the early 20th century “discovered” instances of tuberculosis among Korean inhabitants. Notably, the first article on tuberculosis-related mission work appeared in the July 1922 edition of The Korea Mission Field. Nonetheless, for most of the first three decades of the 20th century, it appears that the general attention of the missionary establishment in Korea was directed towards other health issues, such as leprosy and hygiene education. Importantly, led by Methodist medical missionary Dr. Sherwood Hall, the first tuberculosis sanatorium was established in Haiju (in Hwanghae Province in what is now modern-day North Korea) in 1928.

The Japanese state began to become heavily involved in tuberculosis control in Korea around the mid-1930s. Although the Government-General of Korea instituted a number of measures related to tuberculosis control, such as the 1918 “Ordinance of Prevention of Tuberculosis,” they were not as rigidly enforced due to the limited public health budget.

Beginning in the late 1920s, however, the Japanese government embarked upon a heavy industrial expansion on the Korean peninsula, building up mines, hydroelectric plants, factories, and railroads, mostly in the mineral-rich northern parts of the colony. An increasing number of formerly agrarian Koreans, much like Sonbi in Inga Munje, began flocking to new industrial centers, such as Keijo (modern-day Seoul), Pusan, Hamhung, Pyeongyang, Wonsan, and Kaesong to eke out a living as urban proletariats in Japanese-run enterprises. Korea’s urban population exploded from 3.2 percent of the total population in 1920 to 16 percent in 1940.

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42 Bruce Cumings, Korea’s Place in the Sun: A Modern History (New York: W.W Norton & Company, 1997), 175.
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This, of course, led to a corresponding increase in TB’s mortality rate in Korea; official records indicate that death-rates from tuberculosis skyrocketed from 18.5 per 100,000 annually in 1926 to 71.1 per 100,000 by 1942.\textsuperscript{44}

Consequently, the increasing industrialization of the Korean peninsula, and the constant movement of populations required by wartime mobilization, caused the Japanese government to focus more of its attention on tuberculosis control. In 1936, under the leadership of the Governor-General, the Association to Prevent Tuberculosis in Chōsen was formed to organize and enact national tuberculosis control measures for the benefit of the empire.\textsuperscript{45} Throughout the last decade of the colonial period, the Association organized educational initiatives, mandatory x-ray examinations in government schools, and created a system of government-run tuberculosis sanitaria.\textsuperscript{46} However, Korean scholars like Eun Kyung Choi have characterized these initiatives as mostly ineffective due to limited funding, and the preoccupation of the Japanese government with seemingly more important matters during the Pacific War.\textsuperscript{47}

After the end of the Japanese occupation in 1945, tuberculosis continued to represent a pressing public health problem in the newly independent Republic of Korea. After the Korean War (1950-1953), it was estimated that 1.3 million of the nation’s 20 million citizens had active TB, with the annual death rate ranging from 300 to 400 per 100,000.\textsuperscript{48} Since the 1960s, however, the South Korean government has instituted a number of measures, including a nationwide BCG vaccination campaign, a national health insurance plan, and the widespread distribution of

\textsuperscript{44} Ji Han Kim and Jae-Joon Yim, “Achievements in and Challenges of Tuberculosis Control in South Korea” \textit{Emerging Infectious Diseases} Vol. 21, No. 11 (November 2015): 1913-1914.
\textsuperscript{45} Choi, “Tuberculosis in Korea during the Japanese Occupation in World War II,” 199.
\textsuperscript{46} Choi, Tuberculosis in Korea during the Japanese Occupation in World War II,” 200-201.
\textsuperscript{48} Kim and Yim, “Achievements in and Challenges of Tuberculosis Control in South Korea,” 1914.
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subsidized anti-TB medication that have contributed to a drastic decrease in TB rates.\(^9\) Along with a rapid rise in the standard of living precipitated by the postwar economic boom, the prevalence of active TB among the population decreased from 5168 per 100,000 in 1965 to 767 per 100,000 in 1995.\(^0\) Nonetheless, Korea still maintains a relatively high incidence of TB at 108 cases per 100,000, which is nearly 7 times higher than the average of other OECD nations.\(^1\)

As with most other modern nation-states with histories dating back to the early 20th century, tuberculosis has forged a clear path within Korean history. Following the general trajectory of tuberculosis in the context of industrialization (in the manner of “the disease of modernity”) mortality rates from TB increased dramatically throughout Korea’s rapid industrialization during the latter period of the Japanese occupation in the 1930s and 1940s. Following the Korean War, mortality rates peaked at around 300-400 deaths per 100,000, before bottoming out dramatically with increased attention devoted by the government and a higher standard of living enjoyed by the general population as a result of the postwar economic boom.

In this next section of the chapter, I examine three specific perceptions of tuberculosis among Koreans through the eyes of Western missionaries in *The Korea Mission Field* and other primary accounts: tensions between leprosy control and tuberculosis control, the archetype of the sick tubercular Korean student, and tuberculosis as a physical manifestation of unhygienic traditional customs. As one of the first groups during the colonial period to focus their attention on tuberculosis control in Korea, their insights into tuberculosis represent a valuable source by which to dissect how the disease was perceived at the time. Moreover, as Western educated

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\(^1\) Kim and Yim, “Achievements in and Challenges of Tuberculosis Control in South Korea,” 1916.
elites, indoctrinated into the various cultural connotations surrounding tuberculosis as a “disease of modernity,” missionaries’ perceptions of tuberculosis among the general Korean population had clear antecedents in Western cultural traditions surrounding the disease.

Leprosy versus Tuberculosis:

As chronic, debilitating ailments believed to be endemic among the Korean population, both leprosy and tuberculosis represented urgent public health concerns in the eyes of many missionaries, both medical and otherwise. Commenting on the positive contributions of the mission establishment in 1929, Nam Suk Paik specifically singles out the fact that missionaries are now running “well-equipped hospitals for lepers and tuberculosis cases.”52 In numerous accounts and articles, many missionaries actively advocated for better institutional support of tuberculosis control in Korea, specifically referencing the urgency of TB on the peninsula in relation to the other great public health problem being combated at the time, leprosy. These accounts reveal a level of frustration by medical missionaries on the ground in Korea who objectively saw tuberculosis as the greater public health threat compared to leprosy, which at the time benefited from significant institutional support both by missions and the Japanese.

Writing in November 1919 to Reverend George Alexander, pastor of the First Presbyterian Church in New York, O.R Avison, head of Severance Union Medical College in Seoul, explains his enthusiasm for tackling the growing tuberculosis problem in Korea.53 Although Avison sympathizes with potential plans by The Mission to Lepers to fund a department of leprology at Severance, he concedes that in Korea, “compared with the ravages of

52 Nam Suk Paik, “The Influence of Christianity on Every-day Thought and Life,” The Korea Mission Field (September 1929): 194.
53 Letter from Dr. O.R Avison to Reverend George Alexander, 14 November 1919, Folder 29, Box 10, United Presbyterian Church is the U.S.A Commission on Ecumenical Mission and Relations Secretaries’ Files: Korea Mission, Presbyterian Historical Society, Philadelphia, Pennsylvania.
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Tuberculosis, those of Leprosy are small.” Avison continues his letter by asking for support on the part of the home Presbyterian church to “attack the Tuberculosis problem in an effective way,” noting that better medical equipment and training will assist medical missionaries in properly diagnosing TB. Avison’s letter indicates tension between the concerns of the general mission establishment, seemingly preoccupied with leprosy relief efforts, with that of medical missionaries who were concerned with other, more pressing public health problems among the Korean population. Although lepers, disfigured and shunned by their ailment, represented a population in dire need of relief by the mission establishment, their relatively small numbers (according to rough estimates by missionaries about 20,000 throughout Korea)\(^5^4\) paled in comparison to those of tubercular Koreans. In 1930, Dr. Norman Found of Severance Union Medical College in Seoul estimated that tuberculosis resulted in 50,000 deaths annually among a population of 20 million.\(^5^5\) Even in 1919, nearly a decade before Japan’s rapid industrialization of the peninsula later on during the colonial period, Dr. Avison judged tuberculosis to be a public health problem that clearly superseded leprosy in terms of urgency.

Likewise, in the first article dedicated to tuberculosis in *The Korea Mission Field*, Dr. T.D Mansfield, another medical missionary stationed at Severance, emphasizes the more pressing nature of tuberculosis among Koreans compared to leprosy.\(^5^6\) He writes that although “Leprosy looms large in the minds of all…as a menace to public health, the progress and economic efficiency of the Korean people….leprosy is not to be mentioned in the same breath with this arch enemy of health and happiness of mankind [tuberculosis].” Mansfield goes on to characterize the prevalent nature of the tuberculosis pathogen throughout Korea, warning that

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\(^{55}\) Found, 94.

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“Not a home in this land, foreign or native but is menaced by this insidious foe. It enters our homes in a hundred unseen ways.” Whereas the dangers of Hansen’s Disease could be easily quarantined off through the sight of hideous, disfigured lepers, the mycobacterium tuberculosis threatened to infect both unsuspecting Koreans and foreigners regardless of race. Leprosy, being a “tropical” disease that marked certain races as inferior, posed less of a threat to white people working among the natives. Yet, tuberculosis, as a disease of modernity, threatened to attack both the missionary and the Korean (not withstanding obvious differences in living standards).

Moreover, like Avison, Mansfield bemoans the lack of institutional support given to tuberculosis treatment in Korea, lamenting that “[i]n Korea, no definite beginning has been made to counteract the disease either by ourselves or by the authorities [the Japanese].” Mansfield also notes that the prevalence of TB among urban Koreans seems to be a direct result of their low living standards, explaining that “low wages, long hours of labor and a narrow margin of subsistence” have mired them into a “foul-smelling economic cesspool.”

In fact, Mansfield directly faults the missionaries for contributing to poor Korean living conditions, arguing “We [the missionaries] take advantage of the disorganized and helpless condition of labor [in Korea] to impose upon the laborers and hold them at our mercy.”

Ironically, rather than seeing himself and other missionaries as benevolent contributors to modernization, in direct contrast to the supposedly more exploitative Japanese, Mansfield blames missions for contributing to the economic oppression of ordinary Koreans through passively allowing for low wages and poor working conditions that contribute to high TB rates. Although scholars still hotly debate the overall effect of the colonial period on the living standards of the general Korean population, certain socioeconomic measures, such as caloric intake and land

57 Mansfield, 145.
58 Mansfield, 145.
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ownership decreased significantly. Similar to the processes of industrialization and capitalization under colonization in other parts of the world—of which missionaries themselves were part of directly and indirectly—these conditions ironically contributed to the increasing spread of what some missionaries termed as Korea’s “greatest curse,” i.e. tuberculosis. In contrast with leprosy, a relic of the primitive past relegated to less developed peoples, the very processes of modernization that missionaries were helping to facilitate assisted in making Koreans susceptible to another ailment of greater danger, in the manner of the “disease of modernity.”

The comparisons between leprosy and tuberculosis could also take on a geospatial analogy, as evident in the autobiography of the medical missionary Dr. Sherwood Hall, With Stethoscope in Asia: Korea. He specifically writes of an incident in which he, in the transitory role of the Haiju Boys’ School principal, is about to fire Korean teacher over his numerous absences. The teacher, however, reveals to Dr. Hall that his son is stricken with tuberculosis, which has disrupted his work at the school. Explaining why he hid the fact from Dr. Hall, the Korean teacher explains:

Quochang (Principal), you know we Koreans in the North are ashamed of having tuberculosis, just the way the Koreans in the South (where the incidence of leprosy is high) are ashamed of leprosy. We are thus reluctant to admit anyone that there is tuberculosis in the home.  

Excerpted from Hall’s autobiography, this specific episode itself cannot be factually verified. However, Hall’s memory of the teacher’s analogy, likening tuberculosis as “the leprosy of the north,” reveals a popular imagining of certain diseases as being somehow inherently

60 S.A Martin, “Tuberculosis in Korea,” The Korea Mission Field (December 1928): 270.
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environmentally-linked, a concept best illustrated by the “tropicalization” of certain ailments in the popular consciousness. In contrast, tuberculosis, as a disease believed to be more contagious under cold weather conditions, is perceived by the Korean teacher as being endemic to the northern regions (a dubious dichotomy at best).

By the late 1920s, there seemed to be agreement among missionaries in Korea that tuberculosis represented a pressing public health problem among Koreans that would require immense institutional resources to tackle. According to some estimates by local medical missionaries, by this time, one in five deaths in Korea were from tuberculosis, with an annual mortality rate of 262 per 100,000 (nearly three times that of the United States). In response to these growing concerns, under the leadership of the aforementioned Dr. Sherwood Hall, the Methodist Episcopal mission set up Korea’s first tuberculosis sanitarium in Haiju. Tuberculosis wards were also set up in major mission-run hospitals like Severance in Seoul and in Pyeongyang, equipped with chest x-rays and lung-collapse treatments. Nonetheless, some missionaries continued to be dissatisfied with the pace of tuberculosis control, especially in relation to leprosy. Writing in The Korea Mission Field in 1933, Dr. S.H Martin, professor of medicine at Severance Medical College, complains that he is “anxious that the very important problem of Tuberculosis be not neglected by exclusively focusing the eye of the public on the problem of leprosy.” Martin even calls on the Japanese government—similar to its collaboration with missionaries in leprosy relief efforts—to help with tuberculosis relief in Korea by setting up public sanitaria and increasing the number of beds in government hospitals for

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63 Norman Found, “Interesting Facts from Papers on Tuberculosis,” 94.
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tubercular patients.\textsuperscript{66} Echoing the sentiments of other more objective medical missionaries before him, Martin emphasizes the more crucial public health matter of combating tuberculosis in Korea rather than leprosy.

In treating tuberculosis among the general Korean population, missionaries also took note of the immense financial costs required in treating a chronic, mostly incurable disease that wreaked havoc on an individual’s productivity, even in relation to leprosy. Writing in 1940, Dr. R.M Wilson, the ever-present superintendent of the Kwangju Leprosarium, even describes that “While the Korean looks upon leprosy as the greatest of all diseases,” ironically, the patients of his leprosarium “look upon tuberculosis…as the greatest of all diseases.”\textsuperscript{67} Whereas Wilson describes TB patients as requiring long periods of rest and inactivity, he praises the ability of lepers to remain active and keep busy through various tasks like farm-work in the leper colony. Consequently, he concedes that “we throw up our hands when a case arrives in the general hospital with TB, for it is not only difficult to train him to isolate him properly, but very few have the necessary funds to provide the long period of rest and proper food necessary for a cure.”\textsuperscript{68} Like in Western industrialized societies, where tubercular factory workers could scarcely afford the time and financial resources to devote themselves to respite, few Koreans could afford to do so given their often-times precarious existences as tenant farmers and factory workers. In a society where any pause in productivity could mean further poverty and destitution, tuberculosis, more so than leprosy, most likely represented something akin to a death sentence.

In describing the problem of tuberculosis during the colonial period, various missionaries often compared TB in the context of Korea to leprosy, which enjoyed considerable institutional

\textsuperscript{66} Martin, 258.
\textsuperscript{67} R.M Wilson, “Leprosy and Tuberculosis,” \textit{The Korea Mission Field} (October 1940): 159.
\textsuperscript{68} R.M Wilson, “Leprosy and Tuberculosis,” 159.
support from the mission establishment. Their comparisons reveal a certain level of tension between the attention leprosy control seemed to enjoy among missions and the seeming neglect of tuberculosis control, which some regarded (through objective measures) as the more pressing public health issue. These comparisons extended beyond the tensions between the two diseases in the missionary consciousness, but also to a geospatial and economic imagining of leprosy and TB as being inherently different. However, their constant reference in relation to one another reveals that both diseases, perhaps partly as a result of their deep cultural connotations in Western society, occupied a significant presence in the minds of missionaries in Korea.

 Saved for Service: Tuberculosis, a Disease of Students?

As mentioned earlier, within Western culture, tuberculosis has also been characterized as a disease of intellectuals. This characterization, of frail young poets and suffering artists, belies the reality that the disease took its greatest toll on the working classes who were unable to afford the long periods of rest associated with tubercular cures before the advent of antibiotics. Similarly, in describing tuberculosis in the context of Korea, missionaries frequently described the disease as being prevalent among students and the educated classes. The emphasis placed by missionaries on depicting tuberculosis in Korea as a disease of students exemplifies how certain preconceived narratives of illness—in this case Western bourgeois notions of intellectual productivity associated with TB—can shape perceptions of disease in the place of reality.

A prime example of how missionaries in Korea stereotyped tuberculosis as a disease among students can be found in the aforementioned 1933 article in *The Korea Mission Field* by Dr. S.H Martin of Severance Union Medical College in Seoul. Martin characterizes the socioeconomic differences between leprosy cases verses tuberculosis cases, noting that “the

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majority of our tubercular cases come from the educated and student classes while on the other hand the majority of lepers are from the uneducated and poorest classes.” He goes on to mention specific Korean tubercular cases treated in Severance last month—a law student, a Kyoto University student, and an Ewha Women’s College student—who would have perished without the intervention of missionary doctors at the institution. Ruminating over the potential loss in intelligentsia these deaths would have represented to Korean society, he questions the reader, “From a purely economic standpoint is it not just as important to save, for Korea and Japan, university graduates as people of the beggar class [i.e. lepers]?”

The dichotomy that Martin introduces—of leprosy being a disease associated with the lower classes in Korea and tuberculosis with the educated classes—is a dubious distinction at best. Far from killing off hordes of intellectuals, artists, and members of the educated classes, tuberculosis’s effects were most acutely felt among the lower classes throughout human history. However, because treatment for tuberculosis during this era often entailed long periods of rest in sanitoria and tubercular wards—an expensive proposition for most Koreans—it is somewhat justifiable that Martin mainly perceived TB as a disease of the educated classes in Korea. By their own admission, missionaries involved with tuberculosis work noted that “only a small number [of Koreans] have the means to pay for [tuberculosis] treatment and must, therefore be taken care of as charity cases.”70 In contrast, admission into a mission-run leprosarium, somewhat akin to a Western-style workhouse, in Korea did not require expensive fees on the part of admitted patients and these institutions could thus be frequented by Koreans regardless of social class. Among missionaries, in perceiving leprosy and tuberculosis, both of which were chronic infectious diseases that most acutely affected people of lower socioeconomic status, the

nature and method of treatment could dictate the specific social connotations associated with each illness.

Martin’s unstated assumption, that tubercular Korean students, by virtue of their educated status, are intrinsically worth saving more than lepers who supposedly comprise the beggar class, suggests another common archetype used by missionaries in Korea involved in tuberculosis work. Korean tubercular cases, typically stereotyped as students, pastors, and other mission-educated individuals in the flower of their youth, were often depicted in missionary accounts as either wasting their productive potential or “saved to serve” depending on the outcome of the disease. In commemorating the opening of the Haiju Sanitarium in 1928, Reverend B.W Billings of the Methodist Episcopal Mission laments how “Time and time again we have labored to train a promising student only to have him sicken [from TB] and die either before graduation or soon after he had completed his studies.”71 Dr. T.D Mansfield echoes similar sentiments, complaining that he “could go on at great length telling of school principals who have come to our clinics bringing their right-hand helpers, impaired in health [with TB]” and boldly concludes that “there is not a missionary in Korea whose work has not suffered by the encroachments of tuberculosis among his active workers.”72

Tubercular Korean students and mission assistants, whether or not they actually were representative of the majority of TB cases in Korea, were considered a drain on the educational investments and by extension the productivity of the mission establishment. Educating young Koreans as future physicians, pastors, and teachers to continue the proselytizing of their respective missions undoubtedly represented years of mentorship on the part of missionaries.

Tuberculosis, by gradually debilitating its learned victims, threatened to ruin such valuable educational investments.

Consequently, curing and preventing tuberculosis cases among students in Korea took on special importance among missionaries who saw the disease as wreaking havoc on the productivity of missions. In Dr. S.H Martin’s appropriately titled 1929 article on cured tuberculosis cases in Severance, “Saved for Service,” he specifically details the outcomes of cured, educated patients who have gone on to assist the mission establishment in carrying out Christian work. He writes of a young consumptive mission school student, cured to some degree by Severance physicians, who has gone on to become a Sunday school teacher in the countryside, and of a young, formerly tubercular medical student who has now dedicated himself to treating tuberculosis cases. Dr. T.D Mansfield, likewise notes that when one of his highly skilled Korean nurses was diagnosed with pulmonary tuberculosis, they endeavored to check its

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progress as best as possible, “not only for her sake but for ours, in order to keep the services of a valued worker.”

Deaths from tuberculosis among mission-educated Koreans were depicted as wasted efforts on the part of missionaries in Christianizing the peninsula, and something to be avoided given the precarious state of Christianity in Korea.

In her lengthy account detailing the founding of the Haiju Sanitarium in *The Korea Mission Field*, Dr. Marian B. Hall (the wife of Dr. Sherwood Hall) recalls the tragic death of Dr. Esther Park, the first Korean woman physician trained in Western medicine, from tuberculosis in 1910. She laments at the fact that not only had TB taken a dear old friend from them, but also “at the waste of a highly trained woman” who could have cured more of her fellow Korean compatriots had she not succumbed to the disease at the young age of thirty-three. The death of Dr. Park at such a young age is even depicted by Dr. Marian Hall as one of the major impetuses for her husband’s motivation in building Korea’s first tuberculosis sanitarium, labeling it a “God-given” dream he has possessed ever since his youth as a missionary.

As with missionaries’ characterization of tuberculosis as being associated with bourgeois intellectuals, the representation of TB as a disease of students among missionaries in Korea belies the reality of the disease’s overwhelming impact on individuals of lower socioeconomic status. In distinguishing tuberculosis as a disease of students, missionaries in Korea were most likely guided by the perception that tubercular cases among mission-educated Koreans represented a drain on the investments and spiritual goals of the church in Christianizing the peninsula. Curing and preventing tubercular cases among the educated class meant “saving” them for future service in the name of the church, while incurable cases and deaths from

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76 Marian B. Hall, 115.
tuberculosis represented wasted efforts on the part of missionaries in educating a specific class of Koreans to carry on their work. Their focus on tuberculosis as a disease of the educated, and thus worth the attention of the missionaries, however, is not representative of the disease’s real effects on the vast majority of Koreans.

**Snake Soup: Exposure to Tuberculosis as a Symptom of Backwardness**

Being a disease that was viewed to be endemic both to the West, as well as to less civilized regions of the world like Korea, tuberculosis did not carry so much a connotation of tropical primitivism, unlike leprosy. However, this did not prevent missionaries from pathologizing certain Korean cultural practices and traditions as conducive to the spread of tuberculosis, as they did with leprosy. Although the danger posed by tuberculosis, as a disease of modernity, seemingly threatened civilized and less-civilized peoples alike, missionaries often resorted to blaming what they perceived as unhygienic, barbaric traditional practices of non-Christianized Koreans as being particularly favorable to the spread and exposure to TB.

Similar to many of their other perceptions of the natives, the missionaries’ critiques of Korean living conditions did not cut across social class. In attributing the high rates of tuberculosis among students in Seoul, Dr. S.H Martin claimed that the cause most likely was “due to the lack of proper sanitation, crowded rooms, over-study, and the lack of financial support to provide adequate clothing and food.” Martin does not criticize the students directly for exposing themselves to conditions conducive to tuberculosis. Rather, he acknowledges the existence of structural, economic obstacles that make it difficult for Korean students to maintain a healthy standard of living. As an educated class working to better themselves on meager stipends, they could perhaps be forgiven in succumbing to the ravages of tuberculosis.

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Dr. Martin is more pointed in his criticism concerning tuberculosis “[a]mongst other people” outside this educated class who build their thatched cottages on “unsanitary and low-lying ground, where walls and closed windows prevent the circulation of air.” Likewise, Dr. S.H Hong, a mission-educated Korean physician associated with Severance condemns “[t]he dangers arising from the poor ventilation, overcrowding and unhygienic conditions of the old-fashioned Korean house.” Dark, dingy, overcrowded, stagnant and overheated, traditional Korean homes were pathologized as breeding grounds of TB where the *mycobacterium tuberculosis* could have a free range in infecting scores of unsuspecting Koreans. The supposedly insalubrious lifestyle of ordinary Koreans who possessed an “absolute lack of understanding of hygiene and sanitation” was also pointed out by missionaries as an etiological root behind high rates of tuberculosis. Missionaries even singled out seemingly irrelevant customs such as the Korean *jeogori* (a traditional blouse worn by females), and the tradition of sitting down on the floor of one’s home as practices that contributed to the susceptibility of TB, arguing that they interfered with proper lung expansion.

Beyond attributing high rates of tuberculosis among the general population to the apparently harmful traditional Korean way of living, missionaries also exoticized certain traditional Korean healing practices and their ineffectiveness in curing TB. In his autobiography, Dr. Sherwood Hall references an incident involving one of his tubercular patients, Hyung, a student at the Methodist Paichai School in Seoul. He describes an altercation that Hyung had with his family over the “strange” treatments administered to him at the Haiju Sanitorium:

“Did they give you snake soup or the blood from a live deer?” demanded Hyung’s grandmother.

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78 Martin, 270.
80 Hong, 92.
CHAPTER II: TUBERCULOSIS, A DISEASE OF “MODERNITY” IN COLONIAL KOREA

“No. I had special treatments of air into my chest to give it rest while to get better. I had rest and sunshine and even learned to drink the milk of a cow.”
“I knew it!” His grandmother turned triumphantly to his father, “You had better call the mudong [Korean shaman] at once to give him needle punctures to let out the evil spirits he must now have inside him from being in that place run by foreign devils.”

Like with most personal anecdotes in Hall’s autobiography, this episode cannot be factually verified. However, Sherwood’s intent in including the scene is clear: to juxtapose the effectiveness of Western tubercular treatments with strange, alien Korean healing practices. Hyung’s grandmother, depicted as xenophobic and hostile to Western medicine, pushes upon her mission-educated grandson seemingly bizarre cures like snake soup, and attributes his illness to the existence of evil spirits inside his body. Hall even includes in his autobiography an anthropological photograph of two hanbok-clad peasants in the process of making this “snake soup” elixir, further highlighting the exotic ineffectiveness of traditional Korean healing practices:

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Figure 2. “Snake Soup.” Excerpted from Sherwood Hall’s With Stethoscope in Asia: Korea, page 403.

Figure 3. “Pneumothorax in Severance,” Excerpted The Korea Mission Field, October 1940, page 145.

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82 Hall, With Stethoscope in Asia: Korea, 402.
CHAPTER II: TUBERCULOSIS, A DISEASE OF “MODERNITY” IN COLONIAL KOREA

In a parallel to Sherwood’s anecdote, an article from the October 1940 edition of The Korea Mission Field recounts how a tubercular Korean physician once asked a medical missionary to “obtain the bones of a fox and cook them for medicine”83 in order to cure his tuberculosis. The author commiserates over how the episode illustrates the “appalling ignorance of very many Koreans as to the real remedies for tuberculosis” and recommends a mass education campaign to indoctrinate Koreans into Western tuberculosis prevention and cures. In both accounts, seemingly bizarre Oriental cures—fox bones and snake soup—serve as exotic, ineffective foils to the efficacy of Western germ theory and tuberculosis treatments.

Although as a disease of modernity, tuberculosis threatened both Western and less-developed peoples within the general cultural discourse, missionaries still partly ascribed the particularly high rates of tuberculosis among the Korean population to seemingly backward, traditional indigenous practices. In particular, missionaries criticized traditional Korean homes, clothing, and hygienic practices as facilitating exposure to tuberculosis, while also singling out adherence to traditional cures—encapsulated in descriptions of snake soup and fox bones—as futile efforts in checking the ravages of TB among the Korean populace.

Conclusion:

Throughout much of the modern era in Western history, tuberculosis has occupied a prominent place within cultural and medical discourse. As a disease associated both with the processes of industrialization and bourgeois intellectual ideals, tuberculosis earned a reputation as a “modern” affliction in direct contrast with leprosy, which was associated with tropical primitivism. As I have argued, missionaries built onto this discourse to construct various

83 Editorial, The Korea Mission Field (October 1940): 145.
connotations surrounding tuberculosis in the context of Korea during the colonial period.

Specifically, missionaries compared the dangers posed by tuberculosis in relation to leprosy, perceived tuberculosis as a disease of students, and pathologized certain traditional Korean practices as conducive to the spread and harm caused by TB. Moreover, as I have suggested throughout this chapter, such perceptions were guided by pre-conceived cultural constructs surrounding tuberculosis in Western culture, separate from the realm of biomedical reality, that attached onto the Korean populace specific and unique definitions of TB.
CHAPTER III: THE INFLUENZA OF 1918, THE “FORGOTTEN” KOREAN PLAGUE

Introduction: Historical Amnesia in the time of Revolution and Influenza

The snow had continued through the night and was now over ten inches deep. The rickshaw man was pulling with all his might, but the wheels turned with difficulty. The winds sweeping down from Mount Pugak [north of Seoul] needled my toes and the end of my nose. My eyes were teary and my glasses fogged up. The streets were empty except for the occasional [porters], most likely servants from various taverns. With their hands tucked under their arms and their overcoats as black as a chimney sweeper’s black shirt, they hurried down toward the Namdaemun market…..Lanterns shone from eavesdrops with a tired, misty light. The rickshaw man continued to breathe heavily, the rickshaw rattling on the well-trodden snow.¹

Peering out from his snow-covered rickshaw, Yi Inhwa, the intellectual protagonist of “On the Eve of Uprising” (1924), assesses the late-night scene while traveling through downtown Seoul. At the onset of the novella, Yi, who narrates the story in the present in a confessional format (typical of early modern Korean and Japanese literature), is a middle-class Korean student studying literature in Tokyo. He receives word that his wife, who has just given birth to their son, is bedridden with illness and that he must return to Seoul immediately. Most of the story centers around his journey as he travels by boat, train, and rickshaw to his family home in Seoul. Yi’s description of his surrounding environment as he makes his way up to Seoul is rich in commenting on the complexities everyday Koreans must face as a colonized people. Ever the colonial intellectual, Yi, from the safety of his train-seat and rickshaw, comments on episodes like the plight of Korean tenant farmers under Japanese landlords, the eviction of Korean homeowners in Japanese-dominated cities, and the draconian treatment of Korean criminals by the Japanese police. Finally, just before arriving at his family home, he witnesses the aforementioned scene of Korean plebeians hard at work in the colonial capital, shuffling the streets as they brave the cold winter air, and presumably, its microscopic pathogens.

¹ Sunyoung Park, ed., On the Eve of the Uprising and other stories from colonial Korea (Ithaca: Cornell East Asia Series, 2010), 87.
Specifically, Yom Sang Seop’s semi-autobiographical 1924 short story, “On the Eve of the Uprising,” is set during the cold winter of 1918-1919, just before the eponymous March 1st 1919 Independence movement. Widely considered to be one of the defining events in modern Korean history, the March 1st 1919 movement was a mass civil demonstration against the unpopular Japanese government’s military regime over the colonial populace. Inspired both by Woodrow Wilson’s Fourteen Points that stressed the right of ethnic self-determination, as well as the death of the former Korean king, a group of Korean intellectuals gathered in Seoul to sign a Korean Declaration of Independence on March 1, 1919.  

By April, millions of Koreans throughout the peninsula were participating in the mass civil movement against the Japanese colonial regime. Although the “uprising” was brutally suppressed by the Japanese government, the event helped to usher in a new era of nationalist consciousness as well as cultural and political resistance against Japanese rule among intellectuals like Yom. Even in the present, the event has become enshrined within the political mythos of the South Korean state, with some scholars even backdating the founding of the modern democratic Korean state to the Korean Provisional Government that resulted immediately after the movement.

Months before the outbreak of the movement, by the end of the story, Yi becomes so incensed with the plight of ordinary Koreans that he decides to abandon his family and leave for the great unknown. It is presumed that he leaves to join other nationalists around the March 1st Independence movement, given the title of the story and Yi’s exile from Korea, which he references throughout the story. Writing a final letter to Shizuko, his mistress in Tokyo, he

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ruminates on the metaphorical social landscape of Korea and his restless middle-class life under Japanese rule:

All around me, it’s like a public cemetery. How can I dream of “Beautiful Seoul,” buried as I am in this grave swarming with ghosts—all so many lifeless Koreans. Nothing I see or hear soothes or delights me. In such a situation I’ll suffocate before long, not like a bee intoxicated by the pungent odor, but like a maggot fossilized in an airless grave.4

Interestingly, Yi’s observation does not refer literally to the physical dead bodies that have perished under Japanese rule, but rather the social environment in which ordinary Koreans have silently accepted their oppression and where middle-class Koreans have become complicit in the moral bankruptcy of the Japanese regime. Only by throwing away his pen as a student (and by extension, his formal education to be trained as a colonial bureaucrat) and adopting a heavily nationalist stance, does Yi see a chance for his rebirth and that of millions of other Koreans in resisting the Japanese occupation.

Interestingly, completely absent from Yi’s (and by extension Yom’s) description of colonial Korea during the winter before the March 1st uprising is one of the greatest demographical calamities of 20th century Korea: the influenza of 1918-1919. A global pandemic that may have killed upwards to 100 million people, the great influenza in Korea killed anywhere between 140,000-300,000 individuals.5 Specifically, the influenza of 1918-19 ranks as the third greatest demographical disaster of 20th century Korea in terms of overall deaths after the Korean War (1950-1953)6 and the North Korean famine of the 1990’s.7

5 김택중 [Kim Taek-joong], “1918 년 독감과 조선총독부 방역정책 [The 1918 Influenza Pandemic and Japanese Government-General of Korea’s Preventive Measures against Epidemics],” 인문논총 제 74 권, 제 1 호 (2017.2.28): 184. Like with most scholars, Kim Taek-jung generally accepts that the “official” death toll from the influenza most likely represents a significant underestimate.
6 Buzo, The Making of Modern Korea, 82. About 2 million Koreans (including North Koreans and South Koreans as well as military and civilians) perished during the Korean War.
Despite the influenza’s significant impact upon Korean society—documented closely in
Korean newspapers and obliquely in missionary reports, as explored later in this chapter—there
exists a relative dearth of scholarship and cultural recognition of the pandemic within Korean
history. There does not exist any full-length academic monograph dedicated to the 1918-1919
influenza in the context of colonial Korea—in comparison to the relative scholarship on the
influenza in other regions such as the United States and Japan.\textsuperscript{8} Korean language histories on the
early colonial period either ignore the event altogether or mention the 1918-1919 influenza very
briefly. A history on the colonial period by Kang Jun Man, a leading South Korean intellectual,
for instance, spends about a page discussing influenza and its demographical impacts under the
heading, “Influenza Victims: 139,128?”\textsuperscript{9} Placing influenza on the margins of Korean history,
Kang ends this section by qualifying that “a far more menacing experience than the influenza
existed in the exploitative policies of the colonial government” before going on to carefully
detail the outbreak of the March 1\textsuperscript{st} movement.\textsuperscript{10}

Similarly, within the literary record of the period, Yom Sang Seop’s failure to explicitly
mention the influenza in his revolutionary short story does not seem to represent a cultural
anomaly. Suh Hae Won, a scholar on Korean literature, has noted that very few cultural
references to the influenza seem to exist within extant literature published during this period
despite the pandemic’s great demographical impact.\textsuperscript{11} In the very few works that do reference the

\textsuperscript{8} Even with the assistance of Miree Ku, the Korean Studies librarian at Duke, I could not identify a single
monograph or book-length Korean language study on the topic.
\textsuperscript{9} 강준만 [Kang Jun Man], 한국 근대사 산책 6 : 사진신부에서 민족개조론까지 [Walking through modern
\textsuperscript{10} 강준만, 81.
\textsuperscript{11} 서희원 [Suh Hae Won], “1918 년 인플루엔자의 대재양과 문학” [The Catastrophic Disaster from 1918
event, like Kim Dong-in “Weak-Minded You” (1919) and Jeon Yeong-Taek’s “The Spring of Life” (1920), Suh notes that the pandemic plays an extremely marginal role in relation to the politically-charged plots of both stories. Ultimately, Suh calculates that in general, Korean middle-class intellectuals placed significantly greater importance on depicting the tense political climate both leading up to and after the March 1st movement rather than a disease that probably disproportionately killed off lower-class Korean peasants and workers. While in the background millions of illiterate Koreans recovered from the debilitating social, cultural, and economic effects of the influenza, intellectuals like Yom may have decided to concern themselves more with issues they deemed of greater political importance.

Moreover, this historical amnesia associated with the 1918-1920 influenza pandemic is not only limited to Korea. Scholars of the influenza, perhaps most famously Alfred Crosby, have labeled the episode the so-called “forgotten” pandemic given the amnesia surrounding the deadly outbreak within general historical memory. As suggested by historians, the influenza, coming at the tail end of a series of already cataclysmic geopolitical events, most notably World War I, seems to have been relegated to footnote status in relation to the chaos of the Great War and its immediate legacy. In examining the events of the chaotic 1910s—the blood-bathed trenches of the Somme, political revolutions, civil wars, genocides, the collapse of ancient monarchies, and finally, the deadly influenza—it is perhaps easy to discount the latter as being relatively insignificant. As in many other regions of the world, comparatively little research has been accomplished in examining the regional impact of the flu within colonial Korea. In China, which during this era faced an internal civil war between dozens of warlord factions, scholarship on the

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12 Suh, 81.
13 Suh, 81.
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pandemic has been mostly limited to speculative articles, partly because of the limited extant archive of public health records—the result of the region’s war-torn history for much of the early 20th century.\(^\text{15}\)

Yet, by the outbreak’s “official” end in 1920,\(^\text{16}\) influenza had claimed between 21 million to 100 million lives, outranking even the lowest estimates of total battlefield deaths in World War I. It is considered to be the deadliest global pandemic since the Black Death of the mid 14th century.\(^\text{17}\) In the U.S. alone—despite its high standard of living and comparatively developed public health system—it is estimated that the flu infected over a quarter of the population of 100 million, and “officially” killed 675,000—greatly outranking total American deaths in World War I (116,516).\(^\text{18}\)

A theme oft-repeated throughout the history of disease and medicine, the demographical impact of a disease outbreak does not alone determine the social and historical response to such pathogens, especially in relation to historical memory. As seen with leprosy and tuberculosis in the context of colonial Korea, diseases must be understood in relation to the various historical, political, and cultural factors that determine to what degree these pathogens occupy the minds of those who study and experience them. Generally, missionaries in Korea perceived leprosy both as a physical manifestation of tropical primitivism among less developed peoples, and a divine indication of original sin that they could heal through prayer and isolation from pagan society. Tuberculosis, a disease endemic both to Western and non-Western societies, became interpreted

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\(^\text{16}\) Like with most official facts and statistics concerning the Great Flu Pandemic, the actual end date of the pandemic continues to be debated scholarly. For the purposes of my thesis, the “official” end will be represented as the end of the 1919 year.

\(^\text{17}\) John M. Barry, “How the Horrific 1918 Flu Spread Across America,” _Smithsonian Magazine_, November 2017. Recent scholarship has tended to revise official estimates of the number of deaths upwards, considering issues of under-reporting and the inconsistency of official mortality statistics.

\(^\text{18}\) Crosby, _America’s Forgotten Pandemic_, 207.
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by missionaries in the context of colonial Koreans as a “modern” affliction that threatened the stability of the Korea mission by disproportionately infecting native students and helpers. Similarly, diseases, depending on such factors, can be relegated to the status of pathological “background noise” (to borrow the language of historian William McNeil) against the backdrop of seemingly more pressing issues within the current social discourse.

Specifically, in this chapter, I will examine the trajectory of the influenza outbreak in Japan and colonial Korea during the late 1910s through secondary literature and contemporary reports as published in the Maeil Shinbo, the most prominent Korean-language newspaper in circulation at the time. Moreover, I will also analyze the responses of various Western missionaries to the outbreak, relying mostly on contemporary mission reports published during the 1918-19 year. The muted response by missionaries is in direct contrast to the epidemiological effects of the influenza upon Korean society, which may have resulted in over 300,000 deaths while infecting over a third of the region’s population. In comparison to leprosy and tuberculosis—diseases which dominated the discourse of Western missionaries throughout the colonial era—the influenza pandemic of 1918-1919 interestingly did not register a significant impact upon the minds of the mission establishment.

Moreover, influenza stands out as an acute, highly infectious disease that affected millions of Koreans, in comparison to leprosy and tuberculosis, which represented chronic, less infectious diseases that affected a decidedly smaller portion of Koreans throughout the late 19th and early 20th centuries. In the tradition of demoting the relevance of the 1918-1919 influenza and “forgetting” the influenza’s impact, this disinterest can be explained by a variety of historical

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reasons unique to colonial Korea, particularly the aforementioned political impact of the March 1st movement. Other factors that may have affected missionary perceptions of the influenza include religious views on epidemics as being tied to divine intervention, as well as the heavily middle-class character of the mission establishment.

The Trajectory of the Influenza in Japan and Colonial Korea

Amidst a great industrial boom precipitated by World War I, influenza arrived in Japan most likely in the spring of 1918. Reports of sailors falling ill with severe, flu like symptoms began appearing in May, and the incapacitation of a number of prominent sumo wrestlers due to influenza resulted in newspapers labeling the outbreak “sumo flu.” Geoffrey W. Rice and Edwina Palmer have attributed the low number of deaths from this period of the pandemic in Japan to be representative of the mild, first wave of influenza, matching the global trend. Likewise, in keeping with the global pattern of the pandemic, a more severe, fatal strain of influenza began afflicting the region starting in August with particularly high numbers of cases and deaths in the urban areas of Tokyo and Osaka. The mortality and the number of cases peaked from October to the spring of next year, during which an estimated more than one third of the entire population was infected alongside an “official” record of 140,527 deaths. A less severe outbreak followed toward the latter part of 1919, and in total the Sanitary Bureau of the Home Ministry estimated an official total of 23,580,495 cases and 385,029 deaths within Japan proper over the course of the Great Flu Pandemic.

23 Rice & Palmer, 395.
25 Akira, 108.
Like with the official statistics of cases and deaths elsewhere in the world, scholars have questioned the reliability of official case and mortality rates of the influenza in Japan. Rice & Palmer have noted that compared to official mortality rates of other comparatively developed nations, Japan’s official death rate of 4.5 out of 1000 from the flu is relatively low (contrasted with the U.S’s 5.2 and Italy’s 10.6). However, as Akira notes, Japan’s official death toll is suspect given the extreme subjectivity involved on the part of overworked, overstretched physicians and public health officials in diagnosing causes of deaths among a large, infected population. Siddharth Chandra, through mathematical modeling based on prefectural data as opposed to the official figures of the Sanitary Bureau, even suggests a revised, much higher mortality rate of 36.2-37.1 out of 1000—putting the death toll at around a shocking 2 million.

As elsewhere around the world, the sheer scale of the influenza outbreak catalyzed local authorities and the national government in Japan to respond through concentrated public health efforts. Limited by the sheer number of cases flooding a strained public health system where there existed only about 1,237 registered Western-style hospitals, prefectural officials mostly relied upon communicating preventive measures, such as personal hygiene, the wearing of gauze masks, and inoculation to combat the pandemic. Despite the limited efficacy of surgical gauze masks in preventing transmission, scenes of face-masked schoolgirls, policemen, and trolley riders soon became a common sight throughout urban areas into early 1919 as ordinary Japanese struggled to carry on with their lives alongside the influenza. Given the limited availability of Western biomedicines, many Japanese came to rely on traditional *kanpo* remedies in combating

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26 Rice & Palmer, “Pandemic Influenza in Japan,” 411.
the flu. As Rice & Palmer suggest, the fluid-heavy nature of such traditional treatments may have actually helped many Japanese flu patients.\(^{30}\)

As with its metropole nation, Korea also experienced an outbreak of the flu in the spring of 1918 that was comparatively weak and did not result in a high mortality.\(^{31}\) Likewise, Korea also seems to have experienced a same trend in which the mutated, deadlier H1N1 strain swept the country from October to December, followed by a weaker, but still deadly, outbreak throughout 1919. Scholars are unsure of whether this strain entered Korea from Japan through the southern port cities, or through the north via the South Manchurian railway,\(^{32}\) but by November of 1918, the influenza had become prevalent throughout the entire peninsula.

Chaisung Lim estimates that over 40 percent of the colonial population became stricken with the disease\(^{33}\) and Akira suggests a revised total of about 230,000 (a little more than one percent of the total population) cumulative deaths over the course of the pandemic.\(^{34}\)

Likewise, Kim Taek-joong notes that although demographic data from the Japanese Government-General of Korea shows an estimated 140,527 deaths from influenza in 1918-19, the death toll may be closer to 300,000 due to under-reporting on the part of colonial officials.\(^{35}\) Korean newspapers such as the *Maeil Shinbo* reported on the social breakdown precipitated by the disease, akin to its outcome in Japan and elsewhere around the world. Articles depict entire

\(^{30}\) Rice & Palmer, 408.

\(^{31}\) Lim, “The Pandemic of the Spanish Influenza in Colonial Korea,” 64.

\(^{32}\) Kim “The 1918 Influenza Pandemic and Japanese Government-General of Korea’s Preventive Measures against Epidemics,” 173. Kim Taek-joong suggests that the late 1918 H1N1 strain most likely arrived via Manchuria and Siberia through the South Manchurian Railway, infecting northern cities first before bringing the pathogen to the southern provinces.


\(^{34}\) Akira, *The Influenza Pandemic in Japan*, 193.

\(^{35}\) Kim, “The 1918 Influenza Pandemic and Japanese Government-General of Korea’s Preventive Measures against Epidemics,” 184.
school systems closing down in the southern provinces and piles of mail going undelivered in the post offices of Pyeongyang.\(^{36}\)

A cursory search through the digital *Maeil Shinbo* archives of the Korean term for the influenza provides a glimpse into the deeply felt social impacts of the disease as it spread throughout Korea in the early winter of 1918. Interestingly, in most contemporary Korean newspaper accounts of the influenza pandemic, the disease is rendered in Chinese characters as “毒感” (transliterated into Korean hangul as “독감”), which roughly translates to “poison feeling” in English. The popular definition of the pandemic as a “poison” reflects a theoretical concept in traditional Chinese and Korean medicine of certain illnesses as originating from an accumulation of toxic substances, which can be purged out through heat therapy and purgative concoctions.\(^ {37}\) On November 9, the newspaper reported that there were ten thousand less students in attendance in Wonsan, a city on the northeast coast of Korea, as a result of the pandemic while on the same date it was reported that in Pyeongan Province (surrounding Pyeongyang) there was reportedly “no place where the influenza was not severe.”\(^ {38}\) Beyond the obvious demographical impacts, the newspaper also reported on the influenza’s tragic social impact, running stories of a flu patient conned by a shaman who claimed to be able to cure him\(^ {39}\) and of a man who reportedly went crazy after his entire family died from the disease.\(^ {40}\) As in Japan, the *Maeil Shinbo* also posted notices reminding Koreans to wash their hands, avoid public spaces, and to wear gauze masks to avoid catching and spreading the disease.\(^ {41}\)

\(^{36}\) Lim, “The Pandemic of the Spanish Influenza in Colonial Korea,” 186-187.


\(^{38}\) *Maeil Shinbo*, November 9, 1918.

\(^{39}\) *Maeil Shinbo*, November 22, 1918.

\(^{40}\) *Maeil Shinbo*, December 12, 1918.

\(^{41}\) *Maeil Shinbo*, November 11, 1918.
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The public health response by the office of the Governor-General, like in Japan and elsewhere around the world, was similarly characterized by preventative measures. However, unlike in Japan, the colonial sanitation police seemed much more draconian in enforcing measures like banning public assemblies, and requiring Koreans to obtain a physician’s certification in order to return to work.\(^{42}\) In comparing the stringent public health measures in place in Korea that prevented large gatherings of people, the head of Tokyo’s Metropolitan Public Health Bureau is said to have remarked “We can’t do this in Japan.”\(^{43}\) His remarks imply a different political strategy at play within the public health administration of Korea, which seemingly could afford to enforce more stringent provisions at the expense of the personal freedoms of a colonized, “less civilized” people.

Reflecting a culturally condescending view of their colonial subjects, the Japanese public health administration also singled out the so called “unhygienic” customs of traditional Korean rural life—e.g. superstitious herbal remedies and cramped thatched homes of the countryside—as incubators of the pandemic.\(^{44}\) Lim suggests that this less flattering view of the Korean populace may have been rooted in fact; traditional Korean medicine at the time mandated “heating” out a fever rather than cooling down, shamanistic rituals to exorcise the sickness, as well as superstitious medicines to pass out disease from the body.\(^{45}\) However, as Jeong-ran Kim notes, the criticisms of the sanitary police division of the Governor-General often did not address the poor socioeconomic living conditions of ordinary Koreans—the vast majority of whom were eking out a living as subsistence tenant farmers under Japanese landlords.\(^{46}\)

\(^{42}\) Lim, “The Pandemic of the Spanish Influenza in Colonial Korea,” 73.
\(^{43}\) Palmer & Rice, “Pandemic Influenza in Japan,” 402.
\(^{44}\) Lim, “The Pandemic of Spanish Influenza in Colonial Korea,” 74.
\(^{45}\) Lim, 74.
\(^{46}\) Kim, “Malaria and Colonialism in Korea,” 373.
Moreover, despite the “civilizing” mission of the colonial government, in which the Japanese legitimized their rule over Korea through the ideology of modernization, the colonial public health system was ill-suited to handle the pandemic’s effects over the Korean populace. In 1914, there existed only about 0.047 Western-trained medical practitioners for every 1000, and even as late as 1940 that number rose only rose to 0.159 (amounting to a total of about 3,400 physicians, over a quarter of whom were Japanese in a colony where Koreans made up 97 percent of the population). Thus, in many cases, rural Koreans afflicted with influenza often had little choice but to rely on traditional remedies, given the lack of adequate biomedical services provided by the colonial state.

Outside of a public health and biomedical perspective, scholars have also noticed a confluence of the Global Flu Pandemic of the late 1910s with the political events of the March 1st 1919 Korean Independence Movement. As mentioned previously, the March 1st movement was a mass civil demonstration in which an estimated two million Koreans took part in protesting against Japanese rule. The movement, unsurprisingly, ended in a harsh crackdown by the colonial government, resulting in the official deaths and arrests of 7,500 and 45,000 Koreans respectively. Widely considered to be one of the most defining moments within modern Korean history, the uprising helped to usher in a new era of nationalist consciousness among Korean intellectuals and a less draconian Japanese colonial policy of bunka seiji (Cultural Rule) in administering the peninsula over the next twenty or so years.

48 Lim, “The Pandemic of the Spanish Influenza in Japan,” 78.
50 Cumings, 156.
In particular, Lim suggests that the popularity of the March 1st uprising among ordinary Koreans may be partly attributed to the socioeconomic effects of the flu pandemic, which were especially evident in the cost of living.\textsuperscript{51} The convergence of the pandemic’s peak in 1918—around October and November—with the harvesting season resulted in poor rice yields, and as a result in higher debt loads for many tenant farmers. Coupled with the costs of funerals in a Confucian culture where ancestral rituals are paramount, the cost of living of many ordinary Koreans had increased dramatically by late 1918 and early 1919. Given such conditions, it can be suggested that popular discontent against the colonial state was perhaps particularly more vehement during the period of the influenza pandemic, which may have contributed to the flames of the popular uprising that manifested itself in early 1919.

By early 1919, the worst of the influenza outbreak seemingly had passed over the peninsula. Although incidences of influenza were reported throughout Korea in late 1919 and 1920, as elsewhere around the world, this strain was much weaker than the 1918 H1N1 and did not cause as many deaths.\textsuperscript{52} Despite the uncertainty of statistics in counting the exact cases and deaths from the influenza in colonial Korea, just as in many parts of the world, the great influenza pandemic of the late 1910s had a clear disruptive effect upon Korean society. Nonetheless, the influenza of 1918, despite its demographic toll, did not seem to have registered a significant impact, neither on the Korean intelligentsia nor Western missionaries. Extant sources written by Western missionaries from the late 1910s bear minimal references to the pandemic, treating the influenza as a footnote to greater political and social events of the era such as the March 1st Independence movement.

\textsuperscript{51} Lim, “The Pandemic of Spanish Influenza in Colonial Korea,” 83.
\textsuperscript{52} Kim, “The 1918 Influenza Pandemic and Japanese Government-General of Korea’s Preventive Measures against Epidemics,” 203.
“Flu and Independence”: Pandemic and Politics

In general, the influenza of late 1918 did not seem to register a significant reaction on the part of the missionary establishment in Korea. The annual reports for both the Methodist Episcopal Church and the Presbyterian Church in Korea for 1918-1919 do not specifically mention the influenza at all despite its clear demographical and social effects on the region. The sub-report by the medical committee of the Presbyterian Church for 1918-19, for instance, concerns itself with thirty different agenda items such as budget appropriations for sterilizers and medical equipment, but includes no explicit mention of influenza’s effects on medical mission work during the year.53

Especially prevalent in the annual report of the Methodist Episcopal Church, however, are references to the March 1st movement and its impact on mission work throughout Korea. G.M. Burdick, the district superintendent for Pyongan province, specifically labels 1918-19 a “year of calamity” for his region, citing the March 1st political uprising, a drought, caterpillar pests, a cholera epidemic, and heavy rains as disruptive obstacles to mission work that year.54 Again, absent from this list of “calamities” is the influenza, which seems somewhat peculiar, given the pandemic’s seemingly acute effects in the Pyongan region where about half the population contracted the disease.55 Moreover, this seeming absence is not just limited to the annual reports for both the Methodist and Presbyterian missions, but extends to The Korea Mission Field, the interdenominational publication that has provided much of the primary source material base for previous chapters. Like in the annual reports, among the hundreds of articles

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53 Presbyterian Church in Korea, Minutes and Reports of the Thirty-Fifth Annual Meeting of the Chosen Mission of the Presbyterian Church in the U.S.A (Seoul: YMCA Press, 1919), 68.
54 Methodist Episcopal Church in Korea, Minutes of the Korea Annual Conference of the Methodist Episcopal Church (Seoul: YMCA Press, 1919), 144.
55 Akira, The Influenza Pandemic in Japan, 185.
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published monthly during the years 1918 and 1919 within The Korea Mission Field, there does not exist any explicit reference to the influenza.

For examples of concrete missionary reactions to the influenza, one has to dig deeper into the archives and examine individual station reports by specific missionaries published during the 1918-1919 year. The Presbyterian Historical Society, as the archival repository for missionaries affiliated with the Presbyterian Church in the United States, houses these individual station reports, many of which do provide some mention of the influenza as well as its impact upon mission work and Korean society. However, these oftentimes tangential, terse, and in some cases insensitive descriptions of the influenza and its effects on mission work seem to belie the significant impact the pandemic had on greater Korean society.

Of the specific mission stations and institutions that do explicitly mention the influenza in their annual reports, the weight that they place upon its impact upon the evangelical work relative to their specific region varies. The annual report of the Syenchun station (in northern Pyongan province), for instance, describes the “outstanding events” of the 1918-19 year in their congregation as having been “the General Assembly [of the Korean Presbyterian Church held in September 1918], the influenza epidemic, and the independence movement.” After describing the relative success of the General Assembly, the report spends about half a page reporting on the disruption caused by “the [influenza] epidemic, which was sweeping the world” upon general mission activities in Syenchun. According to the report, an estimated 80 percent of the region’s population became afflicted with the influenza, with entire Korean households succumbing to the

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disease, and half of all students at the boys’ academy in Syenchun falling ill. The report ends by describing the event as “the worst epidemic in point of numbers in the history of the station,” but nonetheless still “overshadowed this year only by the amazing political events of the spring months [the March 1st movement].”

Consequently, despite describing the clearly devastating impact of the disease in Syenchun, the report relegates the influenza to a status of lesser importance in relation to the March 1st movement. The missionaries of Syenchun proceed to spend four pages within their fifteen-page report describing the bloodshed, church burnings, and massacres committed by the Japanese police against the Korean community, both Christian and non-Christian, as a result of the civil uprising. Drawing religious parallels between the Exodus and the current oppressed state of Korean Christians, the report end with a messianic assurance that “The same Jehovah who led the children of Israel from the land of Egypt…..will yet again lead them [the Koreans] out into full freedom to worship Him in peace and joy.”

Nonetheless, the extent to which the missionaries of the Syenchun station documented the effects of the influenza upon their mission in their annual report seems to represent an anomaly compared to the contents of other reports. The annual six-page review of the Chunju station (near the center of what is now modern-day South Korea) makes a terse, vague reference to the effects of the influenza towards the beginning of the report, describing how “In the Fall the influenza epidemic swept our section.” Later in the report, influenza reappears again, specifically in the context of the Sunday schools in the region where “average attendance was

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reduced by the influenza epidemic.”\textsuperscript{59} The annual report of the Pyeongyang Union Academy provides an even less explicit, singular parenthetical reference to influenza, stating in the context of its enrollment numbers that “Of those who dropped out during the year one died, ten dropped out because of their own health or of some member of the family (mostly the results of “flue”).\textsuperscript{60}

Other mission stations and institutions do not even provide the minimum, auxiliary reference to the influenza, completely ignoring the event in the context of the 1918-1919 year. The eleven page station report of the Seoul station, located at the heart of the March 1\textsuperscript{st} movement, does not include any mention of the influenza, but does dedicate a multi-page discussion toward the aforementioned demonstrations and its disruptive effects on mission work.\textsuperscript{61} Likewise, the report of the Pyeongyang station, also located inside a focal point of the March uprising, repeats the silence of the Seoul report, while spending four out of eight pages discussing the independence movement, the Japanese backlash, and the negative impact on evangelical activities.\textsuperscript{62}

In the context of the 1918-1919 year, it is quite possible, as with the influenza in other regions of the world, that missionaries simply “forgot” or deemphasized the pandemic in relation to other, seemingly more pressing events like the March 1\textsuperscript{st} movement. As implied earlier, a large portion of the March 1\textsuperscript{st} 1919 movement’s participants consisted of Korean Christians who were partly inspired by the egalitarian, pacifist ideology of American missionary Protestantism

\textsuperscript{59} Report of the Chunju Station.
to resist the Japanese occupation. Over half of the thirty-three signees onto the Korean Declaration of Independence were Christian, and according to some estimates, nearly a fifth of the 46,000 Koreans charged and arrested during the uprising identified as Christian, despite only making up 1 percent of the total population at the time. In response, colonial authorities specifically targeted Korean Christian communities with missionaries reporting on Japanese-led pogroms against churches in their districts. Perhaps most notoriously, on April 15, 1919, Japanese police troops purposely set ablaze a Korean Methodist Church in Suwon (just south of Seoul), burning every “suspected” independence activist alive.

Consequently, given the very “Christian” character of the uprising, the March 1st movement sent the mission establishment into a crisis. As referenced throughout this thesis, although the relationship between the mission establishment and the Japanese government could be tense at times, for much of the occupation, missionaries favored a benign coexistence within the political status quo of colonial Korea. The foremost aim of the missions in Korea was not political activism nor the political liberation of Koreans in the present, but rather the supposed eternal salvation of millions of non-Christianized Koreans through mission-led evangelical work.

The official response of the Western mission establishment castigated the Japanese government for their harsh persecution of independence activists and Korean Christians, but remained neutral on the topic of Korean independence itself. The Korea Situation, a report of the March 1st movement published by the Federal Council of the Churches of Christ in America, provides an example of this moderate political sentiment. Specifically, the American Protestant establishment in the report condemns the “brutality, torture, inhumane treatment, religious

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64 Kim, *History of Christianity in Korea*, 306.
persecution, and massacres” in Korea, but explicitly notes that “Whether or not Korea should be granted political independence is not a question upon which it is called to express judgement.”

Rather than outright political independence for the Koreans, the report later explains its great optimism for the “liberal and progressive” reforms of the new Japanese government under Prime Minister Hara Kei and Governor-General Saito Makato in establishing “civil liberty and popular rights for every section of the population [in the Japanese Empire].”

Nonetheless, individual missionaries themselves at times expressed divergent opinions regarding the relationship between their mission and the independence movement. The annual report of the Pyeongyang station closely echoes the aforementioned sentiments of The Korea Situation report, emphasizing that despite the involvement of individual Korean Christians in the demonstrations, “The Church has in no way whatsoever had a part in the movement.” Other missionaries were less neutral in their criticisms against either the demonstrating Korean populace or the Japanese police. John Fairman Preston, a Sunchun-based missionary in the southeast of Korea, wrote to his father on the March protests and strongly conveyed his disapproval, likening the demonstrators to “a child crying for a wasp” and admonishing, “one wonders what the Koreans would do with if they had it [independence]!”

In contrast, Anna S. Dorris of the Pyeongyang mission expressed a more sympathetic view towards the Korean demonstrators. In describing the dismal conditions of the prison where her Korean parishioners were being held, she declares angrily that “if what the Koreans are doing...

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67 The Korean Situation, 7.

68 Report of the Pyeongyang station.

69 Letter from John Fairman Preston to father, 17 March 17 1919, RG 441, Box 4, “Personal Correspondence,” John Fairman Preston Papers, Presbyterian Historical Society, Philadelphia, Pennsylvania.
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is lawless, well I am for lawlessness!” She later describes a confrontation with the Japanese police official in charge of the prison, warning him that “We would all go before God for trial some day” in response to his harsh treatment of the arrested Koreans.

Despite these varied responses to the March 1st movement, the event nonetheless seems to have significantly occupied the minds of almost every missionary in reflecting upon the events of the 1918-1919 year. As best summarized in the report of the Taiku station (in the southeast of Korea):

The internal disturbances in Chosen [the Japanese name for Korea] have covered only the past three months but have been the months, which have, in the past, largely determined the nature of the report of the year. The conditions inevitably reflect their coloring back over the entire year.

Given the confluence of both the influenza pandemic and the March 1st movement within the relative short time frame of the 1918-1919 mission year, it is quite possible that missionaries simply “forgot” about the influenza or relegated it to the status of a pathological “background noise” in their first-hand accounts.

Historians of medicine have long elaborated upon William McNeil’s concept of certain diseases, often epidemics of acute infectious and endemic diseases, as so-called “background noise” within human societies. William Johnston, for instance, notes that despite the high mortalities of sporadic diphtheria, typhoid, and scarlet fever epidemics in the United States during the 19th century, these events that were “greeted with more apathy than concern.”

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Influenza, as a traditionally endemic, acute infectious disease, fits McNeil’s concept of “background noise” and may have existed in the minds of missionaries as such despite the widespread understanding that this particular H1N1 strain was a far more dangerous pathogen during the 1918-19 pandemic. Missionaries certainly were no stranger to outbreaks of endemic infectious diseases in colonial Korea. Sporadic epidemics of cholera were prevalent during the early colonial era in Korean history, with an epidemic lasting from 1919 to 1920 “officially” killing off over 25,000 Koreans. The cholera epidemic, unsurprisingly, was almost wholly ignored in the annual mission reports, except in a few cases like the aforementioned 1919 Methodist Episcopal Church report. Given the state of endemic disease in colonial Korea and the perspective of many missionaries in perceiving the region as a diseased, unhygienic entity, the influenza of 1918-19 could have simply been relegated to the status of “background noise” against the greater mission narrative that year.

The absence and marginalization of the influenza as a major event of the 1918-19 year in missionary accounts seems perplexing given the historical importance of the pandemic as one of the deadliest in human history, as well as the attention of the missionary establishment in keeping detailed records on major occurrences in Korea. However, this gap in the historical record on the part of missionaries can possibly be explained by the preeminence of the March 1st movement in relation to Korean Christians and the “background noise” sporadic outbreaks of acute infectious diseases represented to the mission establishment.

Influenza and divine intervention

As with leprosy and tuberculosis, missionaries, in their scant references to the 1918-19 pandemic, often attached religious explanations to the deadly influenza outbreak as it spread throughout Korea. The report of the Sin Myung School, near Daegu in the southeastern part of the country, notes that although “Hundreds of people died of the disease in the city….the Angel of the Lord did not afflict us in that way this time.”\(^74\) Similarly, the Syenchun report boldly claims that although deaths from influenza were high in the region, “Christian communities suffered much fewer deaths than the non-Christian,”\(^75\) and according to Walter Erdman of the Daegu Bible Institute, “Christians lost relatively few [lives]” during the pandemic.\(^76\) This explanation, connecting influenza seemingly discriminating mortality upon the Korean populace as an act of God, is in line with a long-held religious trope of identifying death from infectious disease epidemics as an act of divine intervention. Whether or not their observations actually reflected the epidemiological facts on the ground, missionaries claimed that the influenza, as an act of divine reckoning, seemed to affect the Korean Christian community less so than the non-converted who seemingly did not enjoy the divine protection of a Christian god. Such accounts, in the tradition of metaphorizing illness, could even take on the characteristics of a religious parable.

In particular, in a 1920 autobiography of her twelve years as a missionary in Korea, Anabel Major Nisbet of the Mokpo station, located towards the southwestern part of the


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peninsula, recounts an incident during the pandemic involving a Korean Christian, Mr. U. As she describes, the “strange epidemic, called the “Flu,” which swept the world,” visited Mr. U’s home, immobilizing his entire family. His “heathen neighbors” offered to help under the condition that he “first make a sacrifice to the evil spirit that was thus afflicting his family.” However, in the tradition of Christian martyrdom, Mr. U refuses, knowing that “he had been bought with the precious blood of Christ and was free from the power of Satan.” Afterwards, unsurprisingly, although “many of his heathen neighbors died, he [Mr. U] and his entire family came unscathed through the scourge,” and they thus continue their lives as hard-working, devout Presbyterians.

As with many first-hand missionary accounts, this episode cannot be factually verified. Nisbet’s inclusion of this event, much like other narratives of Korean Christians miraculously being healed through prayer and Western medicine, serves to highlight the success of mission activity in converting large numbers of the indigenous population into steadfast, Westernized Christians. Mr. U and his family, by refusing to apostatize in the face of death and ostracization, are eventually rewarded with a speedy recovery while their pagan neighbors succumb to the influenza and eternal damnation. The tale also serves a proselytizing goal as Nisbet ends with the observation that Mr. U’s surviving neighbors now “look at him and wonder if after all the demons are as powerful as they believed to be.” Implicit within this “happy ending” to Mr. U’s battle with the influenza is the suggestion that having witnessed the power of Christian healing

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77 Anabel Major Nisbet, *Day in and Day out in Korea: Being Some Account of the Mission Work that has been Carried on in Korea since 1892 by the Presbyterian Church in the United States* (Richmond: Presbyterian Committee of Publication, 1920), 147.
78 Nisbet, 147.
79 Nisbet, 147.
and the defeat of a traditional Korean shamanism, the pagan villagers will now come to accept Protestant missionary Christianity and thus be saved.

In depicting the effects of influenza on the Korean populace, missionaries, within their scant references to the pandemic, repeated past religious tropes and depicted the influenza as an act of divine intervention that protected those who had accepted the faith. The assertion made by many within the mission establishment that a lower proportion of Korean Christians succumbed to the influenza compared to non-Christians is questionable given the indiscriminating nature of disease pathogens. However, this assertion also reflects the socioeconomic realities that underlined the mission and Christian communities in the context of colonial Korea.

**Middle Class Missionaries and a Lower-class Disease?**

Scholars of missionary work in East Asia have long commented on the very middle-class character of missionaries and the native Christian communities they helped to foster. Nearly every American missionary who arrived in Korea during the late 19th and early 20th centuries was college-educated and hailed predominantly from Midwestern and Southern middle-class backgrounds, often themselves children of Protestant clergymen.80 As in other regions of the missionary empire,81 these missionaries set up comfortable homes that replicated the domestic characteristics of a very bourgeois lifestyle, complete with native servants, imported china and furniture, and ample quantities of Western foods like sugar and flour.82 It has been suggested by Dae Young Ryu that missionaries, as physical and metaphorical representatives of such Western

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bourgeois values, were instrumental in indoctrinating onto Korean Christians a “capitalist spirit” in the manner of Weber’s thesis on the Protestant work ethic. \(^{83}\)

Conversely, scholars have also commented on the very middle-class character of the Korean Christians (who made up only about 1 percent of the colonial population at the time) who flocked to Protestant missionaries and their institutions during the colonial era. Despite the efforts of missionaries to proselytize and evangelize in the countryside, Korean Christianity throughout the colonial period continued to represent a very urban, middle-class phenomenon, given the limited socioeconomic resources of many ordinary Koreans during the occupation. \(^{84}\) Attending mission-run educational institutions, hospitals, and churches required a level of socioeconomic stability on the part of Korean participants who had to possess the financial resources, time, and education to take part in the Korean Christian community. Even in 1930, over ten years after the tumultuous ending to the 1910s, census data by the Japanese Governor-General found that only 22 percent of Koreans were literate in either Korean or Japanese compared to over 80 percent of the colony’s Japanese residents. \(^{85}\) The same census found that 77.5 percent of all total households in Korea consisted of tenant farmers laboring under wealthy Korean and Japanese landowners. \(^{86}\) Thus, for many missionaries, the Koreans who they closely interacted on a daily basis represented a very small, privileged class within the colonial hierarchy.

Traditionally, historians of medicine have regarded the influenza pandemic of the late 1910’s as a “socially neutral” disease that attacked individuals regardless of socioeconomic

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\(^{83}\) Ryu, “Understanding Early American Missionaries in Korea,” 18.


class.  

Fred R. Van Hartesveldt, for instance, describes the pandemic as paying “little regard to wealth, climate or other factors” in killing off millions of its victims. Given the pervasiveness of the influenza throughout Western society, its patients filling up hospitals and leading to coffin shortages, some historians have suggested that the sheer scale of the pandemic led many observers and scholars to gloss over the disease’s nuance in relation to socioeconomic class.

More recent literature on the influenza has focused on the differences in mortality from the disease while controlling for socioeconomic status (SES). Sven-Erik Mamelund, for instance, found in analyzing total parish deaths in Oslo, Norway during the 1918-1919 year that mortality from the influenza was nearly 25 percent lower among individuals who lived in wealthier parishes and larger apartments. Kyra H. Grantz and colleagues, likewise, using census data from 1918-19 Chicago, found that with every 10 percent increase in the illiteracy rate (typically associated with lower SES) associated with a specific district, deaths from influenza and pneumonia also increased by 32.2 percent.

In the context of colonial Korea, I have found no study examining the relationship between socioeconomic status and mortality from the influenza. This may be partly because government census records from the early colonial era are somewhat limited, failing to provide monthly figures of deaths and births in comparison to census records in metropole Japan.

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87 Crosby, *The Forgotten Pandemic*, 21. In general, older historians of the 1918-1919 influenza like Crosby have focused more on the fact that the pandemic victims tended to be between the ages of 20-40 in contrast to other strains of H1N1 in which the greatest mortality came from the very young and the elderly. Exploring mortality across SES seems to have been an afterthought.


90 Mamelund, “A socially neutral disease?”, 931.


92 Akira, *The Influenza Pandemic in Japan*, 188.
Nonetheless, it can be speculated that because acute infectious diseases tend to affect individuals of lower SES disproportionately, more Koreans hailing from the lower classes—i.e. tenant farmers and industrial laborers who made up the bulk of the population—suffered and died as a result of the influenza in comparison to middle class Koreans, who were more represented in missionary literature.

Personal missionary accounts from the 1918-19 year do not seem to indicate a high mortality rate from the influenza amongst their constituent populations despite the high rate of infection. The annual report of the Louise Chaise Institute for Women in Syenchun notes that though “every teacher and every student fell victim to the disease [influenza] and some were seriously ill but fortunately there were no deaths.” In fact, the author(s) of the report seem to be more concerned with the fact that the influenza disrupted production within the school’s work department, which was thus “financially unable to pay wages for the time lost on account of illness.” Likewise, the annual report of the boys’ academy in Syenchun notes that although the influenza infected nearly two hundred out of the two hundred and ten students, only one case was actually fatal. In some cases, as with the Women’s Academy in Seoul, entire mission institutions became transformed into hospital wards to take care of students and missionaries who had fallen ill. The report of the Seoul Women’s Academy does not seem to indicate any deaths from the influenza, as it “praise(s) the Heavenly Father….in bringing all back to health again.”

Presumably, given the resources middle class Korean Christians involved in missionary institutions possessed in fighting influenza, I argue that such missionary accounts are not actually representative of the real mortality among the general, predominantly rural and agrarian Korean population. The majority of Koreans who existed outside such missions would have had restricted access to Western medicines and treatments, been less knowledgeable about hygiene, prone to malnutrition, and could scarcely have afforded rest during the fall harvest season when the influenza was at its peak. All these factors could easily have resulted in a higher mortality rate among this population in contrast to more privileged Koreans who closely interacted with missionaries.

Consequently, it is quite possible that the heavily middle-class character of missionaries and their Korean constituents resulted in them experiencing the pandemic as “background noise” that did not so much represent a public health crisis where hundreds of thousands perished but rather a temporary nuisance to missionaries and their daily lives. A letter exchange by John Fairman Preston, the aforementioned Suncheon-based reverend, with his parents in Virginia provides an interesting example of a somewhat obtuse missionary reaction to the influenza. In a letter dated November 20, 1918 to his mother, Preston noted that because all of their native Korean servants have taken sick with the flu, his wife and daughter have started to do their own cooking, “much to our enjoyment and convenience of the tyro cooks.”

Another letter to Preston’s father dated February 1, 1919 mentions that they were unable to send Christmas cards because of the disruptions in the mail as a result of the influenza pandemic.

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96 Letter by John Fairman Preston to mother, 29 November 1918, RG 441, Box 4, “Personal Correspondence,” John Fairman Preston Papers, Presbyterian Historical Society, Philadelphia, Pennsylvania.
97 Letter by John Fairman Preston to father, 1 February 1919, RG 441, Box 4, “Personal Correspondence,” John Fairman Preston Papers, Presbyterian Historical Society, Philadelphia, Pennsylvania.
Preston’s treatment of the influenza is somewhat lighthearted despite the significant demographical toll of the disease among colonial Koreans. The influenza in this exchange is not treated as a deadly global pandemic that is directly affecting the reverend’s family, but is instead depicted as an obstacle that hinders of the daily lives of the Preston family as they proceed to cook their own food and do without Christmas cards for the year. During the 1918-19 year, the main obstacle for the Prestons, it seems, involved trying their best to maintain their very middle-class way of life in spite of the mass deaths happening around them.

Missionaries and their institutions during the colonial era took on a very middle-class character for the various actors involved in Korean Protestantism. Given this middle-class quality, I argue that missionaries simply sidelined the seriousness of the influenza and its impacts on Korean society because they existed within a class bubble that prevented them from perceiving the sheer scale of the pandemic upon Korean society. Moreover, although there has not been a study hitherto on the relationship between SES and mortality from the 1918-19 influenza in the context of colonial Korea, it is possible that the disease disproportionately killed off Koreans of lower SES in contrast to middle class Koreans who were representative of the mission establishment. The specific social context missionaries existed as middle-class representatives within the colonial hierarchy could have impacted their perception of the influenza as they wrote down their sparse accounts of the disease.

Conclusion:

Despite the lack of attention that historians, Korean intellectuals, and missionaries have paid toward the event, the influenza pandemic of 1918-19 clearly had a definitive impact on colonial Korea, as it killed off about one percent of the total population and represented one of the deadliest diseases in modern Korean history. Missionaries, in particular, despite championing
themselves as agents of Western medicine and healing, either “forgot” or simply sidelined the event in their annual reports for the 1918-19 year. As I have argued, this disinterest is explained by the preeminence of the March 1st movement, the status of acute infectious epidemics as “background noise,” the religious connection between epidemic disease and divine judgement, and the middle-class character of missions, all of which may have colored the experiences of missionaries in recounting the disease’s effects. The influenza, as a short-term infectious epidemic that infected millions and killed off hundreds of thousands of Koreans, failed to register a lasting impact on the mission establishment as well as among Korean intellectuals. This is in direct contrast with tuberculosis and leprosy, which dominated missionary discourse through the colonial era as the two great scourges of Korea against which the “background noise” of epidemics like cholera and influenza fought for relevance.
Conclusion: Postwar Missionaries and Perceptions of Disease Today

This thesis has examined the discourse in colonial Korea around three diseases through the lens of Western missionaries active in the region. In perceiving and subsequently writing about certain diseases among colonial Koreans, missionaries were heavily guided by a variety of preconceived social, political, and cultural factors that helped to shape their conceptions of normally microscopic pathogens. Moreover, these perceptions were not just limited to missionaries, but also can be identified in various stories written by colonial and postcolonial Korean intellectuals, suggesting a link between them and Western discourses around disease.

Generally, the mission establishment focused on leprosy and tuberculosis, diseases that were chronic and not so infectious, as the main illnesses affecting the Korean populace during the time period. Specifically, missionaries often viewed leprosy in the context of colonial Korea through a Judeo-Christian framework that emphasized the theological importance of “curing the leper.” In perceiving leprosy among the Korean population, missionaries were also guided by concepts in imperialist tropical medicine by which the disease was regarded as a physical manifestation of tropical primitivism, a pathogenic relic of the past that affected less developed peoples. Consequently, for much of its pre-World War II existence, the mission establishment devoted much of its attention toward leprosy relief work, which was generally judged to be the most pressing public health problem in the context of colonial Korea.

In contrast, missionaries categorized tuberculosis in Korea around a prefabricated discourse prevalent in the West that perceived TB as a disease of modernity, endemic to both the Occident and Orient. Mainly, missionaries writing on tuberculosis constructed images of the Korean tubercular patient as a dying student (and thus unable to contribute to the missionary enterprise), a casualty of modernity, and a victim of unsanitary tradition. Despite tensions
between missionaries who favored tuberculosis relief verses leprosy relief and vice versa, toward the end the colonial period the mission establishment eventually did begin to pay more attention to combating tuberculosis in Korea. Typical of medical patterns in other societies, as mortality rates from tuberculosis grew with Korea’s colonial industrialization in the 1920s and 1930s, both the Japanese government and Western missionaries began to recognize the disease as a “modern” public health threat that threatened their Korean wards.

Finally, the influenza pandemic of 1918-19 stands out in contrast to leprosy and tuberculosis in that it represented a life-threatening, acute infectious epidemic that affected millions of Koreans and most likely killed off over 1 percent of the total population. Despite the disease’s wide-reaching demographical effects globally and within Korea, the influenza failed to attract the attention of missionaries during the 1918-19 year. Most likely, the confluence of the March 1st political movement, along with the middle-class character of Korean Christianity helped to contribute to the influenza’s status as “background noise” within extant missionary accounts.

Over seventy years removed from missionaries in colonial Korea, diseases continue to be perceived by the general public in ways that are dependent on specific historically-constructed factors. In particular, the rise of emerging infectious diseases over the last fifty years has helped to shape new, ethno-centered responses to specific pathogens. During the SARS outbreak in 2003, Western media outlets like Newsweek exoticized the “primitive farms” of Guangdong, China as representing culturally taboo originators of an “Asian” disease.¹ Likewise, during the 2014 Ebola outbreak that was centered in West Africa, news outlets highlighted “exotic” cultural

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practices as potential sources of a dangerous, deadly African virus.\textsuperscript{2} Far-fetched, marginal hypotheses such as the assertion that smuggled African bushmeat, undocumented immigrants, and ISIS could potentially bring Ebola into the United States were widely circulated by American media outlets.\textsuperscript{3} In the early 20\textsuperscript{th} century, leprosy served to mark non-white peoples outside the West as carriers of primitive pathogens, ready to spread their contagions outside the tropical zone. In the 21\textsuperscript{st} century, emerging infectious diseases like Ebola, SARS, and MERS continue to do the same, striking fear within developed nations of potentially contracting deadly pathogens thousands of miles away from the third world.

South Korea, once viewed as part of the developing world, faced its own disease-related paranoia when in 2015 an outbreak of the Middle East respiratory syndrome related coronavirus (MERS) reached the country from southwest Asia. Despite only infecting less than two hundred Koreans and killing a reported thirty-six, the outbreak resulted in mass school closures, the quarantine of thousands, and a general economic downturn during the peak summer months.\textsuperscript{4} Moreover, Korean business leaders feared that the MERS outbreak would tarnish the country’s reputation as a prosperous Asian powerhouse, devolving the region in the eyes of the West as just another petri-dish of disease and pathological otherness.\textsuperscript{5}

Beyond the complex epidemiology and biology that comes with studying diseases throughout the course of human history, how individuals have interacted with otherwise microscopic pathogens on a social level represents an important area of research in medical


\textsuperscript{5} Editorial Board, “Where is the Leadership in This MERS Crisis?” Chosun Ilbo, June 3, 2015, http://english.chosun.com/site/data/html_dir/2015/06/03/2015060302025.html.
history. In responding to leprosy, tuberculosis, and influenza in the context of colonial Korea, missionaries acknowledged the etiological threats posed by such pathogens in unique ways, forming specific discourses on endemic diseases from previous cultural and social constructs. As the first major, substantive population of Westerners to interact with Korea on a long-term basis during the modern era, their views on diseases among Koreans during the Japanese occupation shed light on a liminal stage in Korea’s social history. More than just evangelizing, teaching, and healing their Korean constituents, these missionaries, through their writings, were involved in a process of qualifying the region through Western-centric notions of understanding disease onto a colonized people.

For missionaries stationed in Korea, the end of the 1930s marked further tensions with the Japanese imperial state. After a continuous presence on the Korean peninsula for over fifty years, American missionaries of all four main Protestant denominations had mostly left by early 1942. In particular, the late 1930s marked a decisive turn in Tokyo’s policy toward its colonial Korean populace. Previously, the colonial government maintained a policy of cultural autonomy, in which Koreans and missionaries were allowed freedom of speech (to a certain degree) and religion. In the late 1930s, however, as the Tokyo war machine prepared its war of conquest in the Pacific, the Japanese state demanded greater control over both the bodies and minds of its Korean subjects, who were gradually coerced in assimilating into the greater Yamato race. Relations between the Japanese government and missionaries once again became inflamed when in 1935, the Government-General ordered mandatory attendance of all Korean students at designated Shinto shrines.\(^6\) Despite the insistence by the Japanese government that such a ritual

only constituted a “patriotic” pledge divorced from religion, many missionaries refused to comply with the order, going as far as to close mission-run schools to avoid such shrine visits.7

Seeing the writing on the wall, the U.S. State Department in late 1940 began advising all American citizens residing in the Japanese empire to leave the region.8 The Korea Mission Field ended publication abruptly in November of 1941, after over thirty-six years in circulation.9 By April 1942, the last twenty-one Presbyterian missionaries left Korea.10 Under the supervision of the Japanese, all Protestant churches in Korea became fused under a united “Japan Christian Chosun Domination” complete with censored bibles and heavily regulated worship led by pro-Japanese pastors.11 With the missionaries gone, Korean Christianity became yet another tool to support Japanese imperialism and the assimilation of everyday Koreans into the aims of creating a Pacific empire.

After Japan’s defeat in 1945, and Korea’s subsequent liberation after forty years of colonial rule, some missionaries did return to the region. Dr. R.K Smith, long-time Presbyterian medical missionary in Korea, returned in 1945 to serve as a medical advisor for the American military government in newly liberated Korea.12 Likewise, Dr. R.M Wilson, long-time superintendent of the Kwangju Leprosarium, returned to Korea, specifically to work as a leprosy specialist for the military government.13 However, the loss of the northern half of the country, where most Korean Christians lived, to the Communist-backed Democratic People’s Republic of

9 Lee Duk Ju, The Korea Mission Field index, 262.
10 Yoo, American Missionaries, Korean Protestants, and the Changing Shape of World Christianity, 1884-1965, 68.
11 Kim, History of Christianity in Korea, 419.
13 Jane Kim, “Leprosy in Korea,” 188.
Korea, truncated missionary activities to the U.S-sponsored Republic of Korea in the south. Moreover, the establishment of the American military presence in Korea somewhat diminished the clout of missionaries as the primary intermediaries between the Korean populace and the “West.” For much of the postwar history of the South Korean state, the tens of thousands of American soldiers stationed in the country came to represent the United States’ significant influence over the everyday lives of millions of Koreans. From black market goods like Spam and Coca Cola funneled from American military bases, to the creation of an entire service-industry (including prostitution) to cater to stationed American troops, Uncle Sam seemed omnipresent throughout a junta-led Republic of Korea.¹⁴

Nonetheless, Christianity in South Korea enjoyed huge successes in evangelization throughout the postwar period. Although Christians had only made up about 2 percent of the total Korean population by the end of the colonial period,¹⁵ millions of Koreans converted to various Christian sects during the latter half of the 20th century. By the early 21st century, nearly a third of all Koreans identified as Christians, with over 20 percent of the population specifically aligning with Western Protestant sects.¹⁶ Looking upon the present religious landscape of Korea, the missionaries of the colonial period would have nodded in approval at the site of thousands of red crosses dotting the skyline of Seoul. Institutions like the Presbyterian-founded Yonsei University and its affiliated Severance Hospital, and the Methodist-sponsored Ewha Woman’s University, dominate the elite educational landscape of the nation; their leaders, however, now are fully Korean. Fittingly, in a reversal of roles, Korea provides a disproportionate number of missionaries involved in the global evangelical project, with nearly 30,000 Korean Christians

¹⁴ Bruce Cumings, Korea’s Place in the Sun: A Modern History (New York: W.W. Norton & Company, 1997), 304.
¹⁵ Cumings, Korea’s Place in the Sun, 230.
serving in 170 countries in 2018 alone. Just as their Protestant predecessors did a hundred years earlier, no doubt these Korean missionaries perceive disease and illness among their native parishioners in historically and culturally constructed ways that go beyond biological etiologies.

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