Cleanliness and Civilization: Public Health and the Making of Modern Japan and Korea, 1868-1910

By

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Abstract

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In the late nineteenth century, a global revolution in the practice of health impinged upon Korea and Japan. New understandings about the causes and spread of disease played a formative role in the modernization of both countries. Through the medium of public health—the science and practice of disease prevention and prolonging life—the Japanese and Korean governments sought to harness and manipulate a host of new technologies so as to engender fealty to the nation and mobilize populations on behalf of the state. For Japan, public health also became the foremost means of perpetuating and justifying imperial expansion. For Korea, public health functioned as a vehicle for preserving territorial sovereignty. And for both countries, the discipline became a barometer whereby Korean and Japanese leaders measured levels of national "progress" against the world and each other.

Drawing from archival materials housed in three countries, this dissertation uses public health in order to critically reexamine the making of modern state-society relations in Japan and Korea, and the relationship between these two countries. I argue that public health functioned as a way of internally strengthening somatic control over populations while externally broadcasting the nation's achievement of a higher level of civilization.

In the 1870s and 1880s, medically-minded intellectuals and bureaucrats in Korea and Japan held similar visions of "hygienic modernity," or the condition whereby the health of populations connoted national strength and civilizational advancement. Implementing and showcasing the adoption of supposedly universal and normative standards of clean behavior would, it was thought, convince Western imperial powers that Japan and Korea were their equal. In an effort to "heal the nation," these elites issued laws, penned editorials and delivered popular lectures designed to reform everyday health praxis. Oftentimes for these reformers, the ability to exhibit improvements in health—whether through urban beautification programs, reforming bodily comportment, or the construction of grand medical facilities—mattered more than the elimination or prevention of disease. I refer to this act of displaying hygiene as *cleanliness*, or a

condition whereby the home, the body, and the state all transformed so as to convince foreign and domestic audiences of the nation's teleological progress.

By taking an integrative and comparative approach to the history of Korea and Japan, this project also attempts to broaden the analytical frames through which these two histories have traditionally been examined. My study calls attention to the relationship between anti-disease measures, struggles over sovereignty, and how health reforms helped shape notions of national belonging. Most fundamentally, my project helps re-integrate the modern histories of Korea and Japan—two fields frequently conceived in exclusively national terms—into both a broader regional context as well as into the larger history of the early twentieth century world.

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Introduction

In 1868, the adolescent Meiji emperor was shepherded from Kyoto to Edo. Like the "restoration" of his authority in general, his journey was designed to unite a disparate polity under a powerful center. By 1912, when the deceased emperor's body was carted back to the old capital along the same highway it traveled decades before, devotion to the domain had been replaced with fidelity to the nation. Although the extent of this revolutionary transformation continues to be debated, no historian would deny the significance of the 43-year Meiji reign itself, an interval of massive change that ushered in Japan's modernity.

In Korea, no date from the nineteenth century carries the same import as 1868 in Japan. Nevertheless, scholarly consensus now recognizes that the decades spanning the gradual eclipse of the Chosŏn dynasty (1392-1897) and the beginning of the colonial period (1910-1945) were similarly revolutionary. Indeed, if someone living under the centuries-long Chosŏn rule fell asleep in the 1880s and awoke thirty years later, he or she could only have been dumbstruck—streetcars crisscrossed urban landscapes, foreigners lived in Korean cities, and the only remaining emperor in Northeast Asia ruled from Tokyo, not Beijing or Seoul.

This study uses the medium of public health policy and its practices to reexamine this formative period of change in Japan and Korea. In doing so, it attempts to demonstrate how the modernization of both countries was informed by their interactions with each other. Public health affords a unique means of exploring this transformation. As many scholars have shown, the global developments in disease prevention that took place during the long nineteenth century also helped engender fealty to the political center, and they facilitated the state's mobilization of populations on its own behalf.[1] New technologies of public health, which ranged from vaccination drives to the construction of sewage systems, afforded unprecedented authority over the individual body as well as the larger body politic.

The discourses and practices of public health also undergirded two intimately related yet oppositional movements: the expansion of empire and the delimiting of sovereign and self-determined nation states. In the global context of the late nineteenth century, judging and displaying "hygienic modernity"—the condition whereby state and political power were measured through indices of collective health—not only abetted the imperialist acquisition of

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[1] Occasionally defined broadly as "the history of collective action in relation to the health of populations," public health more frequently connotes the state's assertion of authority over the physical wellbeing of a national collective. For this reason, public health, sometimes used interchangeably with "hygiene" in both this study and in general, has come to signify not only an undeniable element but also a crucial index of modernity. For a general outline, see Dorothy Porter, *Health, Civilization and the State: A History of Public Health from Ancient to Modern Times* (New York: Routledge, 2005), 4.

territory but it also served as a means of protecting national sovereignty against the forces of empire.[2] In India, as David Arnold's influential work has shown, British "medical colonization" functioned as arguably a more far-reaching and "tolerable" weapon of imperialism than brute force because it was justified by a liberal "civilizing mission." Intervention in the name of medicine facilitated Britain's hegemony over the subcontinent, affording British imperialism an authority that was vastly incongruous with the size of its governing apparatus. But the colonial government's introduction of public health also "gave grounds for criticism of British rule and its wanton neglect of the Indian people" when Indian elites appropriated the language of imperialist hygiene to show that the benefits of Western medicine accrued only to Westerners. Once such language became intertwined with the "phraseology of Indian self-expression," it helped formulate a "new nationalist order" in opposition to empire.[3]

Just as imperial powers justified their colonial takeover in the language of supposedly universal standards of health, populations under the threat of colonization employed a similar lexicon of hygiene in order to maintain independence. To be sure, this endeavor was a near-impossibility in the context of late-nineteenth century imperialism because the very levels of hygiene that might qualify a nation as "civilized," and therefore sovereign, were dictated and determined by those powers most intent upon locating civilizational backwardness in the colonial or indigenous Other. In order to fend off the foreign threat, governments initiated broad health reforms designed to show that their populations had acceded to the supposedly universal and standard levels of health that were dictated by the West. On the one hand, this demanded a synchronic display of how nations assimilated the new, ostensibly shared international norms of hygiene. At the same time, it also required the diachronic construction of the nation's hygienic past: in order to stave off imperial takeover, states needed to demonstrate that the kernel of modern public health policies had always existed somewhere in the nation's deep history.[4] Japanese bathing practices, Korean "national" medicine (*hanŭi*), pickled plums, kimchi, and other cultural markers of the collectivity became reified as evidence of a primordial health culture. And simultaneously, medical schools, statistics on declining disease rates, universal vaccination programs, and the improvement of roads, sewers and ditches conveyed that Korea and Japan were capable of managing their own public health and, by extension, their own internal affairs. This duality between public health as an instrument of empire, and public health as an element of nationhood represents the focal point of this study.

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[2] Ruth Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China* (Berkeley: University of California Press, 2004), esp. 14-19.

[3] David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993), 241. Historians have traced similar phenomenon in the expansion of white settlers into the American West and in US health policy towards Cuba. See, for example, Mariola Espinosa, *Epidemic Invasions: Yellow Fever and the Limits of Cuban Independence, 1878-1930* (Chicago: University of Chicago Press, 2009). For a general outline, see the editors' introduction to Andrew Cunningham and Bridie Andrews, eds., *Western Medicine as Contested Knowledge* (Manchester, UK and New York: Manchester University Press/St. Martin's Press, 1997).

[4] Here, then, is a clear example of what Eric Hobsbawm and Terence Ranger articulated in *The Invention of Tradition* (Cambridge: Cambridge University Press, 1983).

Public Health in History: Beyond the Gaze

Any investigation into public health almost axiomatically precipitates discussion of Michel Foucault's optic of biopower, the disciplining of the body in order to mobilize and direct thought and labor. According to Foucault's conceptualization, the natural sciences legitimate this disciplinary power by justifying authority through "a certain regime of rationality."[5] The academic disciplines that emerged following the late-seventeenth century diversification of scientific inquiry into subfields such as anatomy, biology, and bacteriology all function to discipline the human body by asserting hegemony over knowledge itself. Once this regulatory authority over the individual body was inflated to envelop the entire body politic, power became self-reproducing, able to govern populations by the same rules and justifications that undergirded the medical regime's initial disciplining of the individual body rooted in the modern doctor-patient relationship.[6]

Just as Foucault describes the all-seeing power of this "clinical gaze," so too has his own panoptic view of history engulfed studies of public health in East Asia. To be sure, the Foucauldian lens is both convenient and convincing.[7] Many of the historical actors examined in this study, for example, conceived of society as an organic body, and public health as a means of growing, regulating and directing that living being through vaccination programs, quarantines, the mapping of birth rates, control over pharmaceuticals, diet and so on. Yet while acknowledging the cogency and, indeed, all-encompassing power of Foucault's conceptualization of public health, I also attempt to take a modest step beyond the reach of his panopticon in two ways.

First, this study pays significant attention to disease as a historical actor. The ambitious public health policies initiated by the Japanese and Korean governments were almost immediately torn apart by the very epidemics such measures were designed to thwart. No number of disciplining technologies could combat the swiftness and devastation of cholera; tuberculosis and plague spread faster and wider than the state's clinical gaze could reach; smallpox remained a greater constant of rural life than any state authority. The devastation wrought by disease undermined top-down efforts in social control, engendering confusion, misunderstanding, and further mayhem. When theoretical ideas of hygiene and fostering "self-discipline" became refracted through actual policy implementation such as anti-disease campaigns and vaccination initiatives, those responsible for asserting state authority frequently used their power for private purposes. Government-licensed medics in Korea found that they could take advantage of their authority for economic gain by exploiting vaccination fees and cooking the books in order to receive larger commissions. In the early Meiji period, the Japanese

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[5] Michel Foucault, "Questions of method" in G. Burchell, C. Gordon, and P. Miller, eds., *The Foucault Effect: Studies in Governmentality* (Chicago: University of Chicago Press, 1991), 79.

[6] Such ideas are fleshed out in Foucault's series of writings on the genealogies of power: *The Order of Things: An Archaeology of the Human Sciences* (New York: Pantheon Books, 1971); *Discipline and Punish: The Birth of the Prison*, 2nd Vintage Books ed. (New York: Vintage Books, 1995); *The Birth of the Clinic: An Archaeology of Medical Perception* (New York: Vintage Books, 1994).

[7] See, for example, Sabine Frühstück's informative and decidedly Foucauldian analysis of the relationship between sexual knowledge and power, *Colonizing Sex: Sexology and Social Control in Modern Japan* (Berkeley: University of California Press, 2003).

bureaucratic middlemen who were charged with identifying and quarantining sick patients abused their power by vilifying personal enemies, isolating members of historically-marginalized status groups and using disease prevention as a pretext for the confiscation of property and land. Tracing what happened when abstract and amorphous discourses of hygiene and state power became tangible through actual public health policy initiatives reveals how persistent outbreaks challenged government authority.

In addition, I use the history of public health to emphasize not only the dominance but also the fragility of state power. Doing so enables us to move away from teleological assumptions about the eclipse of individual consciousness in the face of overwhelming governmental authority. To be sure, Japan has frequently served as a historical paradigm for the successful dissemination of state power—a "mobilizing spirit" injected from the top and centered upon transcendent myths of a monoethnic nation allowed for "molding Japanese minds" to the needs of the state.[8] Recent studies of Korea also highlight continuous patterns of state making across the pre- and post-colonial divide in order to show that the state, in all its forms, always claimed suzerainty over the health of the Korean people.[9] My analysis largely concurs with (and relies heavily upon) these studies. But I depart in my attempt to read state projections of power as manifestations of that authority's deep insecurity. The thinkers, bureaucrats, and administrators—what I call medical modernizers—who came of age during this transformative period not only coerced Koreans and Japanese to accede to the demands of the state, but they also incessantly displayed any apparent improvements in health to outside observers and to the population writ large. Frequently trained in medicine and schooled in late-nineteenth century geopolitics and ideas of social development, medical modernizers understood that parading national and cosmetic improvements in health oftentimes mattered much more than actual disease prevention. I label this display "cleanliness," or the attempt by nations to stage their salubriousness in an effort to cloak the incompleteness of their own public health projects.

I argue that cleanliness was deeply intertwined with the act of building national sovereignty because it facilitated the external projection of state autonomy that was necessary to convince the world of what might be called nation-ality, or the quality of nation-ness. Perhaps because this staging of healthiness did not directly involve the government's assertion of authority over the individual body, or because cleanliness was not exclusively an *internal* method of solidifying the imagined community, most scholarship has ignored these more performative aspects of public health.[10] In contrast, this study attempts to shed light on how the discourse of health extended beyond anti-disease measures to include the more discursive realms of dress,

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[8] Sheldon Garon, *Molding Japanese Minds: The State in Everyday Life* (Princeton, N.J: Princeton University Press, 1997).

[9] Kyung Moon Hwang, *Rationalizing Korea: The Rise of the Modern State, 1894-1945* (Oakland, California: University of California Press, 2016).

[10] In Benedict Anderson's classic formulation, the imagined community came into being through the construction of fictive ties between individuals in order to achieve a sense of "horizontal comradeship." Common language, print media, foundation myths, and collective acts of remembrance all augment this process. When citing Anderson, scholars often overlook the simple fact that the greatest historical determinant of a given group's status as a nation was mutual recognition by other self-asserting nations. Benedict Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism* (London and New York: Verso, 2006).

hairstyle and bodily comportment so as to convince the West that Korea and Japan had acquired the knowledge and practices of supposedly civilized nations.[11]

If public health connotes the state's efforts to keep populations alive so that they will work on its behalf, the historian must then deal with the vexing problem of hygiene's ubiquity. Indeed, if we might posit that the health of a population served as a prerequisite for modernization itself: all of the familiar yet discursive markers of modernity, from mass education to railroads to expansive bureaucracies, required large numbers of healthy individuals working towards these ends.[12] In choosing to focus my study on two countries instead of one, and on popular responses to illness rather than on a single disease, this dissertation necessarily elides many of the disciplines and fields that might be commonly associated with modern public health policy. Most conspicuously, I do not discuss in detail the role of public health in the creation of a modern conscript army in Japan, and I do not explore the relationship between health policy and the regulation of sex work in either Japan or Korea. The decision to leave out these significant aspects of health regulation extends from a belief that they deserve their own independent studies. The excuse is perhaps a poor one, but it at least opens the possibility of further scholarship.

The Historiography of Japan-Korea Scholarship in Three Acts

Until the 1990s, writing Korea into the history of modern Japan was something of a rogue undertaking. Whether due to the well-documented fact that Japan Studies in the US was forged in the context of Cold War politics, or perhaps stemming from concerns that examining Japan and Korea together would only exacerbate an "outside" or non-specialist essentializing of East Asia, scholars tended to focus on the emergence of Japan's modernity solely within the physical space of the archipelago. Despite the similar domination of modernization theory over the historiography of Korea, history writing within and about the peninsula could not willfully disregard the colonial Leviathan, even as it might seek to challenge or erode its powerful legacy. Much of the post-liberation debate in Korean historiography centered around the degree to which Japanese rule inspired or stimulated Korea's modernization. Arguing against colonial-era Japanese accounts, scholars traced Korea's postwar development back to either Christian missionaries, to the "sprouts" (*maenga*) of capitalism within the Chosŏn elite, or to a latent and suppressed industriousness of the people (*minjung*).[13] The paradigm of "colonial modernity" provided an additional critique of positivistic historiographical trends by upending assumptions about Japan's "favorable" influence on Korea. Its authors demonstrated that Japanese rule and its cultural influences, from telegraphs to the "I-novel," could be both simultaneously modern

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[11] My analysis thus extends Alexis Dudden's focus on the use of international law and its supposedly normative language in order to justify the acquisition of empire. Alexis Dudden, *Japan's Colonization of Korea: Discourse and Power* (Honolulu: University of Hawai'i Press, 2005).

[12] This fact is best summarized by the evil Count Rugen from *The Princess Bride* (1987): "if you haven't got your health, you haven't got anything."

[13] My typology here collapses what is a much greater historiographical plurality. For a monographic study on how Korean historians represented Korea's past, see Henry Em, *The Great Enterprise: Sovereignty and Historiography in Modern Korea* (Durham: Duke University Press, 2013).

and politically repressive or, put differently, potently repressive precisely because they were modern.[14]

Once postcolonial approaches freed history writing on East Asia from the confines of the nation state, scholars re-approached (and reproached) past analyses of Japanese imperialism. Japan's empire was not peripheral but "total," impacting the metropole as much as the colonies. Whereas prior characterizations of empire maintained that "imperialism never became a very important part of the national consciousness" in Japan, studies from the 1990s treated the construction of the colonies and the puppet state of Manchukuo as serious projects of empire building, not merely haphazard accidents that stemmed from Japan's mimicry of Western expansionism.[15] But the extensive focus on the empire still did not extensively examine those who populated it: the disaggregation of colonial archives failed to address what Andre Schmid labeled the "'Korea Problem' in the historiography of modern Japan."[16] As another scholar politely states, the omission of the colonized from "total" studies of Japanese imperialism remains "somewhat understandable, however regrettable."[17] In the Anglophone world, Japan-centric approaches to its imperial past have not only excluded non-Japanese sources, but also non-Japanese historiography. In order to write a complete account of the empire, one would seemingly need to know both what the sources say, as well as what other scholars are saying about them.

Within the last decade a number of studies have hopped linguistic hurdles, shedding light on the "complex zones of experience" that existed between the Japanese state and the Korean colonial population.[18] Whether illuminating the unique positionality of Japanese settlers in the peninsula, examining how new vocabularies of gender disrupted traditional family relations, or reassessing colonial assimilation policy, millennium scholarship has augmented our picture of Japan's empire as "total" by eschewing that very totality for the complex, liminal or particular.[19]

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[14] Gi-Wook Shin and Michael Edson Robinson, eds., *Colonial Modernity in Korea*, Harvard East Asian Monographs 184 (Cambridge: Harvard University Asia Center: Distributed by Harvard University Press, 1999).

[15] The quote is from Marius Jansen, "Japanese Imperialism: Late Meiji Perspectives" in Ramon H. Myers and Mark R. Peattie, eds., *The Japanese colonial empire, 1895-1945* (Princeton: Princeton University Press, 1984), 76. The foundational study on total empire remains Louise Young, *Japan's Total Empire: Manchuria and the Culture of Wartime Imperialism* (Berkeley: University of California Press, 1998). On Manchuria, see Prasenjit Duara, *Sovereignty and Authenticity: Manchukuo and the East Asian Modern* (Lanham: Rowman & Littlefield, 2003). On how empire impacted collective consciousness within the metropole see, for example, Miriam Silverberg, *Erotic Grotesque Nonsense: The Mass Culture of Japanese Modern Times* (Berkeley: University of California Press, 2006).

[16] Andre Schmid, "Colonialism and the 'Korea Problem' in the Historiography of Modern Japan: a Review Article" *The Journal of Asian Studies* 59, no.1 (November 2000): 951-76.

[17] Hwang, *Rationalizing Korea*, 11.

[18] Jun Uchida, *Brokers of Empire: Japanese Settler Colonialism in Korea,1876-1945* (Cambridge, Mass: Harvard University Asia Center, 2011), 16.

[19] Studies include Uchida, *Brokers of Empire*, Mark Caprio, *Japanese Assimilation Policies in Colonial Korea, 1910-1945* (Seattle: University of Washington Press, 2009), Jun Yoo, *The Politics of Gender in Colonial Korea: Education, Labor, and Health, 1910-1945* (Berkeley: University of California Press, 2008), Hwansoo Imlee Kim, *Empire of Dharma: Korean and Japanese Buddhism, 1877-1912* (Cambridge, MA: Harvard East Asia Center, Harvard East Asian Monographs, 344, 2012), Yumi Moon, *Populist Collaborators: The Ilchinhoe and the Japanese Colonization of Korea, 1896-1910* (Ithaca and London: Cornell University Press, 2013).

Interestingly, the breaking down of empire allowed for the building up of a trans-Pacific scholarly consensus, especially in the fields of public health and medical history. Studies in Japanese and Korean have further complicated notions of a domineering colonial state that exclusively suppressed or galvanized the medical modernization of the peninsula.[20] While these works have not been entirely free of value-laden descriptions of Japan's influence on Korea—whether "good" or "bad"—they have provided more nuanced accounts of both the pre-colonial and colonial periods.

Such approaches have also taken root in English-language scholarship. Much of this work is ultra new in historiographical time, having only appeared within the last five years. Collectively, it attempts a broader understanding of Japanese rule in Korea by demonstrating how colonial governance built upon the momentum of the Korean state's own rationalizing and centralizing efforts of the late nineteenth century. In a pioneering 2015 study, for example, Kyung Moon Hwang argues that "many of the major measures that are now commonly recognized as core projects of the colonial state—household registration reform, land reform, infrastructural projects, disease control measures, etc.—had forerunners in the precolonial and pre-protectorate period."[21] To be sure, studies published in the 1990s also noted how Japanese colonial rule stepped upon the back of late-Chosŏn foundations, and a school of Korean history writing has long argued that Korea's incipient modernization began before the turn of the century.[22] Where Hwang departs, however, is in his detailed focus on several pre-colonial elements of the modern state that became enveloped within the colonial apparatus. In doing so, he debunks the Japan-centric idea that Korea was mired in backwardness prior to 1910, or that Japan singlehandedly modernized Korea. At the same time, he refutes a nationalistic and persistently modernist trend in Korean historiography that reads the onslaught of colonial rule as "premodern," or wholly suppressive of Korea's political and economic development.

In the historiography of modern Japan, previous scholarship on empire can be separated into two camps: that which focuses on actors in the empire, and another vector that analyzes the impact of the imperial periphery on the metropole. A few recent studies have combined these two currents into a single stream by tracing the laws, practices, and epistemes of Japanese

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[20] In Japanese, see Matsumoto Takenori, *Shokuminchi kenryoku to chōsen nōmin* (Tokyo: Shakai hyōron sha, 1998) and Iijima Wataru and Wakimura Kohei, eds., *Shippei, Kaihatsu, teikoku iryō: ajia ni okeru byōki to iryō no rekishigaku* (Tokyo: Tokyo daigaku shuppankai, 2001). In Korean, see Pak Yun-jae, *Han'guk kŭndae ŭihak ŭi kiwŏn* (Seoul: Hyean, 2005).

[21] Hwang, *Rationalizing Korea*, 10-11.

[22] In 1994, for example, Edwin Gragert argued that "colonial Japan did not need to implant alien institutions to control Korean agriculture; they simply had to dominate and manipulate preexisting institutions." See Edwin Gragert, *Landownership Under Colonial Rule: Korea's Japanese Experience, 1900-1935* (Honolulu: University of Hawaii Press, 1994), 2. In his study of the colonial government's implementation of a water works system, Matsumoto Takenori also contends that the Governor General's infrastructural projects built upon Chosŏn-era systems. Matsumoto Takenori, *Shokuminchiki Chōsen no suiri kumiai jigyō* (Tokyo: Miraisha, 1991). For an outline of historiographical debates between Korean and Japanese scholars, including the rise of more "nationalist" historiography of medicine in response to Japanese colonial-era literature, see Yeo In-sok [Yŏ In-sŏk], "Ilsan Kim Tongju sŏnsaengŭi saengaewa hangmun," *Korean Journal of Medical History* (*Ŭisahak*) 7, no. 1 (1999): 1-12. In a slightly different interpretation, Sin Dong-wŏn has characterized the late-Chosŏn medical reforms as half-modern (*bankŭndaechŏk*). Sin Tong-wŏn, *Hanguk kŭndae pogon ŭiryo sa* (Seoul: Hanul, 1997), 456.

imperialism to Japan's own process of nation building.[23] Paying attention to the dialectic between homeland and colony, or what Sayaka Chatani translates as "nation-empire" (*kokumin teikoku* 国民帝国), underscores the salient but frequently overlooked fact that empire building and nation building were coeval processes in Japan.[24] Despite the obvious temporal juncture between Japan's unification as a modern "state" (*kokka* 国家) in 1868 and its expansion into an empire (*teikoku* 帝国) soon thereafter, examining the near-simultaneity of this transformation allows for a broader retelling of the story. The (pre)colonial symbols, language, pageantry, legal systems, methods land management, militarization and—most of all—public health that Japan implemented in its colonies had their genesis in a laboratory of domestic state making during the Meiji era.

Periodization and Contribution

Through a comparative examination of public health, this study attempts to integrate these two approaches to the history of modern Korea and the history of modern Japan. My objective is not to collapse the distinctions between the two countries in order to construct a type of universal or ubiquitous "modernity," or argue that there is a singular and uniform process of modernization that took place in East Asia. Rather, I attempt to show how both countries struggled to implement hygienic reforms and then convey such changes to the world and to each other so as to affect their successful achievement of an *assumed* universal modernity. Even as they believed in the particularity of the nation or ethnos (*minzoku/minjok*), medical modernizers coevally held a linear view of history, one whereby smaller, late industrializers could reach a level of parity with the world's forerunners.

The decades between the 1868 Restoration in Japan and the annexation of Korea in 1910 were the most crucial time for this process. This was a period when the Japanese state's authority over its borders, its people, and also the Korean peninsula was delicate and far from assured; when Japanese leaders struggled to extricate Japan from unequal treaties with the West even as they simultaneously imposed their own upon Korea; when the character of the modern state remained a fleeting entity, caught between "freedom and people's rights" and the family state. Only 120 miles away in Korea, medical modernizers experimented with more egalitarian forms of politics, Western missionaries competed with Japanese, German, and Russian actors for influence, and the Korean royal house sought to renew its authority through the rectification of traditions that never existed in the first place. Finally, the era between 1868 and 1910 was also a period when the centuries-long informal connections, cultural flows, and trade between Korea

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[23] Two recent examples are Sayaka Chatani, "Nation-Empire: Rural Youth Mobilization Japan, Taiwan, and Korea 1895-1945" (PhD diss., Columbia University, 2014) as well as Chatani, *Nation-Empire*, forthcoming; Colin Jones, "Living Law in Japan: Social Jurisprudence in the Interwar Period" (PhD diss., Columbia University, 2017). See also Takashi Fujitani's study of Korean soldiers in the Imperial Japanese Army: *Race for Empire: Koreans as Japanese and Japanese as Americans during World War II* (Berkeley: University of California Press, 2011) and Robert Eskildsen, *Transforming Empire in Japan and East Asia: The Taiwan Expedition and the Birth of Japanese Imperialism* (New York: Palgrave Macmillan, 2019).

[24] See Chatani, "Nation-Empire," as well as Yamamuro Shin'ichi, "Kokumin teikoku ron no shatei," in Yamamoto Yūzō, ed., *Teikoku no kenkyū: genri, ruikei, kankei* (Nagoya: Nagoya daigaku shuppankai, 2003), 88-125.

and Japan became enveloped in the lexicon of international "norms" based on Western-notions of sovereignty, nationalism and capitalist exchange. Paying attention to the relationship between Korea and Japan prior to the formality and finality associated with 1910 allows us to see how both countries conceived and negotiated the requirements of nation-states in the twentieth century world.

Echoing Andre Schmid's argument that "Korean self-knowledge in this period cannot be separated from the Japanese production of knowledge about Korea," I show how Korean medical modernizers combatted Japanese descriptions of their backwardness by employing the language and methods of hygienic modernization that they gleaned from Japan and then re-appropriated to contest Japan's territorial aggrandizement.[25] Yet at the same time, I also attempt to shift Schmid's analytical lens back onto Japan itself: one of my main contentions is that in order to better understand how Japanese imperialism worked in Korea, we must also understand how Japanese imperialism was forged in the process of Meiji state building, or how Japanese expansionism derived from a desire to remake the colony in Japan's own image.

Sanitized Sources or Digging Up Archival Dirt

A short medical dispatch from Seoul to Tokyo in 1907 claimed that a Korean government-built slaughterhouse outside of Seoul's Eastern Gate (Dongdaemun) had been poorly maintained: "dirty and unregulated," the author stated. The protectorate government had already contacted an individual named Takano ("a Japanese native," the dispatch took time to point out), who managed a slaughterhouse in Inch'ŏn, in order to set up a better Japanese-run facility.[26] This little document reflects the big problem with using turn-of-the-century Japanese materials on Korea. Teleology pervades the sources: the Korean government's noble but ineffectual reforms are corrected by Japanese expertise and intervention. A similar trend characterizes public health statistics, policy assessments, and medical journals written about the Japanese population itself: disease rates consistently fall, sicknesses are cured, research progresses.[27] One might consequently assume that mining Korean-language archives from the same period would produce the same general narrative of progress as that found in Japanese sources—a balanced Korean "corrective" to Japanese (pre)colonial discourses. Yet many of the Korean-language documents examined in this study reveal elitist condescension toward the backwardness and unsanitary behavior of the Korean masses, the state's lethargy and corruption, and the sluggishness of reform. In particular, precolonial vernacular newspapers, frequently cast by historians as the most vehement boosters of a Korean national consciousness, consistently lamented that Korean commoners were ignorant and unenlightened. That nearly all of these Korean writers were either educated in Japan or schooled in turn-of-the-century ideas of "civilization and enlightenment" (*munmyong kaehwa* 文明開化) is no coincidence. The elite

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[25] Schmid, *Korea Between Empires, 1895-1919* (New York: Columbia University Press, 2002), 13.

[26] Quoted in *Dai Nippon Shiritsu Eiseikai Zasshi*, vol. 276 (1907): 367.

[27] This was also a common approach for Japanese historiography on public health until the 1900s. As an example, see the monumental study by Shimizu Katsuyoshi, *Nihon kōshū eiseishi: shōwa zenkihen* (Tokyo: Fujishuppan, 1989) .

internalization of external characterizations of Korea's backwardness meant that these elites also "formed part of a repository of colonial knowledge."[28] How, then, might we approach such documents without reproducing the language of imperialism or colonialism?

While following calls to read archives against the grain—not only for what is there, but for what is not there—I also attempt to place my sources within the global context of the late nineteenth and early twentieth century. Henry Em observes, by way of Rey Chow, that the vocabulary of this temporal juncture required the construction of national elements such as language and place that would demonstrate the uniqueness, and therefore authenticity, of the nation state. Yet such acts of invention were never themselves free of the context into which they were born. This is what Em calls "the lack of autonomy of nationalist discourse" or, in the case of this study, the idea that public health was always measured by externally-derived standards, no matter how the meanings and practices of hygiene were changed or "domesticated" as they entered Korea and Japan.[29] Keeping this "global" context in mind allows for a more mindful, albeit imperfect, consideration of the historical record.

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[28] Todd Henry, *Assimilating Seoul: Japanese Rule and the Politics of Public Space in Colonial Korea, 1910-1945* (Berkeley, California: University of California Press, 2014), 14.

[29] Em, *The Great Enterprise*, 70.

Chapter One
The Birth of Hygienic Self-Governance in Japan

On Christmas Eve 1871, thirty-three-year-old Nagayo Sensai (1838-1902), charged by Japan's new government with creating a modern medical system for his country, sat in Salt Lake City waiting to depart on a train that was two weeks late. The snow had begun falling a fortnight before and, despite the pacifying calm of the white-painted Rocky Mountains and the sylvan charm of the Salt Lake valley, the storm had stalled an urgent mission with much at stake. Like the majority of his colleagues dispatched on the 1871 Iwakura international fact-finding embassy, Nagayo's task was to select the best practices of Western state making for replanting in Japan. Salt Lake City, which sat far from the centers of American political power, seemed an unlikely place for gathering such information. Yet as he sat waiting out the storm, Nagayo unexpectedly witnessed a remarkable display of medical and hygienic self-sufficiency that bore no relationship to the American government at all. As Nagayo himself knew, many of Utah's residents arrived in Salt Lake as part of a caravan fleeing the reaches of state authority, searching for a semi-autonomous religious utopia west of the Mississippi River. Nagayo also noted, however, that the bucolic lifestyle of Salt Lake City's inhabitants did not demand their sequestration from an expanding national economy. In the years since Brigham Young's party first stopped below the protective peaks of the Wasatch Range, the city had inserted itself along a growing network of zigzags that connected America's towns and cities to the transcontinental railroad, whose last spike had been driven down only two years before, sixty six miles to the north at Promontory Summit. Since their arrival in the valley, Salt Lake's 15,000 residents had dug wells, laid a well-developed grid for urban development, prepared plans for a sewage system, and constructed schools, hospitals, a theater and a hotel. Perhaps most alluring for the Japanese sojourner, the Rockies' geothermal waters fed hot springs where residents and visitors alike warmed away the labors of the day. The gleaming Mormon temple sat at the city's center, its granite foundation anchoring the work of the burgeoning municipality. The image, as Nagayo would write in his memoirs, was outstanding (*sugoburu* 凄ぶる).[1]

Deeply impressed by Salt Lake's deliberative and self-regulating public health system, Nagayo hoped to implement a similar one in Japan. He predicted that Japan's newly-labeled imperial subjects (*shinmin* 臣民) would also embrace and implement a health regimen that, while beholden to the state, would not require large investments of capital or the constant supervisory presence of the state itself in order to maintain it. He lamented, however, that the absence of something akin to Mormonism's overriding and unifying principle precluded instituting a similar arrangement in his own country. Instead, in order to enact a self-sufficient health system, the Meiji state would have to play an intermediary role by imbuing Japanese subjects with a proper

[1] Nagayo Sensai, *Shōkō shishi* in Ogawa Teizō and Sakai Shizu, eds., *Matsumoto Jun jiden, Nagayo Sensai jiden* (Tokyo: Heibonsha, 1980), 129-130.

hygienic mindset. After touring the US, Nagayo sailed to Europe, where he located an example of state-run public health that he thought could be combined with Mormonism's more decentralized hygienic practice. Traveling through London, Paris and Berlin, Nagayo took note of the continent's intricate networks of "state medical supervision" (Dutch: *geneeskundig staatstoezicht*) that employed police, municipal hygiene officials and a strong state bureaucracy to cultivate a sense of hygienic normativity.[2]

Self-Governance in the Early Meiji Period

Nagayo amalgamated the seemingly disparate examples of Utah's autonomous health practice with the state-led nature of the European system into a phenomenon he termed *eisei jichi* (衛生自治) or "hygienic self-governance." This important phrase, which undergirded the Japanese state's public health policy during the first decade of the Meiji period, combined two post-Restoration terms that perfectly capture the paradox of a governing authority that hoped to instill Japanese subjects with a mentality of self-rule while simultaneously denying them autonomy over their own rights. *Eisei*, typically translated into English as "hygiene," although also frequently glossed by Japanese and Western analysts as "sanitation" and "health," combined an ideograph meaning "to police" or "to protect" (衛) with that of "life" (生) forming a compound rendered by Ruth Rogaski as "to police life," though others cite her translation of *eisei* as "hygienic modernity."[3] In Rogaski's interpretation, *eisei* and its Chinese transliteration *weisheng* "suggested both the government management of the people's health and the creation of hygienically disciplined citizens [sic]."[4]

Jichi (自治) might be described as an ideal type of provincial, self-automated rule that would enact, and even sometimes independently anticipate, centrally-dictated policy without the need for the state's heavy infringement into communities. The absence of the state would derive less from its inability or unwillingness to penetrate the local and more from its cultivation of a cycle of self-supervision that would remain "depoliticized" and, as such, unthreatening. In a somewhat ambiguous description, Carol Gluck has glossed *jichi* as the "*kokutai* of local government" or "the public sign of the countryside" that demanded a "selfless kind of self-governance."[5] Gluck's lack of specificity reveals *jichi*'s slipperiness. Indeed, Meiji dictionaries are similarly obtuse, defining the term as either a type of provincial (*chihō* 地方) self-generating

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[2] Nagayo, *Shōkō shishi*, 135.

[3] Nagayo's discusses his "invention" of *eisei* in his memoirs. See ibid., 135. Despite Nagayo's claim that he created the term himself, scholars have shown that *eisei* was present in the Japanese lexicon prior to Nagayo's alleged creation. See Ruth Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty Port China* (Berkeley and Los Angeles: University of California Press, 2004), 145-147.

[4] Ibid., 16. Rogaski makes an error here as imperial subjects in both Japan and its empire were never, to my knowledge, referred to as "citizens" (*shimin* 市民) by individuals in government but rather "subjects" (*shinmin* 臣民).

[5] Carol Gluck, *Japan's Modern Myths: Ideology in the Late Meiji Period* (Princeton: Princeton University Press, 1985), 192-7.

governance that operated entirely separate from the state, or as a means of strictly funneling and implementing state policy, albeit without central oversight.[6]

Eisei jichi itself bespoke the paradoxical nature of a constantly-changing mode of superintended self-rule that structured the relationship between center and periphery and government and individual. Used interchangeably in order to describe a type of public health system as well as an overall mode of consciousness, the four-character neologism became a buzzword among a fraternity of elite, medically-trained Meiji statesmen who worked tirelessly for its implementation. Led by Nagayo, this powerful clique of Restoration-era leaders included figures such as army surgeon general Ishiguro Tadanori (1845-1941), the founder of the Japanese Red Cross, Sano Tsunetami (1822-1902), and the famed doctor Miyake Hiizu (1848-1938), among others.[7] This first generation of medical bureaucrats reshaped the character of health in Japan by attempting to inculcate subjects with a new sense of proper hygienic behavior.

Yet although the Japanese social body was profoundly transformed by these elites' efforts to actualize *eisei jichi*, there simultaneously existed a constant tension between the medical establishment's grand visions for hygienic self-sufficiency and the contestation and manipulation of such designs by those who sat as the targets of such campaigns. As William Johnston notes, a "considerable gap [existed] between the concept of hygiene or sanitation in the government's use of the word *eisei* and the concept of individual health preservation in its popular use."[8] Devastating and frequent epidemics periodically exposed such fissures in the relationship between state and subject. This was made especially clear when cholera swept through Japan in the late 1870s and early 1880s. The epidemics laid bare serious flaws in the nation's public health system, resulting in riots, attacks on doctors and medics, and accusations of poisoning, murder and contamination. The violence also revealed the incompleteness of *eisei jichi* as Japanese subjects began to engage in the very "uncivilized" acts of discrimination, violence and lawlessness that the Meiji medical elite believed it had conquered during its early campaigns of hygienic enlightenment.

In order to remedy such problems, an elite clique of doctor-cum-bureaucrats began to re-articulate hygienic policy in the familiar, cooperative and easily malleable language of shared "culture" and an immutable national history. Though the preponderance of the state might have dominated the political character of Meiji Japan, the people, whether as objects of moral suasion, local implementors of policy, or antagonistic resistors to change, remained at the center of state

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[6] Compare, for example, the contrasting entries for *jichi* provided in Fujii Otō and Kusano Kiyotami, *Teikoku daijiten*, Meiji kokugo jisho taikei, vol. 10 (Tokyo: Ōzorasha, 1896 (1999)), 772, which defines the term as economic administration distinct from central control (中央政府の力に藉らず地方縣會などが自ら経済を治る) versus a definition from the end of the Meiji period that focuses much more upon delegation or the independent implementation of centrally-authored policy. This definition also omits the emphasis on local government structures in favor of simple "groups" (*dantai* 團體) (團體ガ国家カラノ委任ヲ受ケ、ソノ團體特定ノ事務ヲ自力デ處理スルコト). From Yamada Bimyō, ed., *Daijiten* (Tokyo: Sūzandō, 1912), 1969.

[7] These men would later train such figures as Kitasato Shibasaburō and Gotō Shimpei (who entered the bureaucracy as Nagayo's subordinate), whose impacts on Japan's medical modernization are well known and are discussed later in this dissertation.

[8] William Johnston, *The Modern Epidemic: A History of Tuberculosis in Japan* (Cambridge, MA: Council on East Asian Studies, Harvard University, 1995), 180.

concerns even if the people themselves were granted little say in the process. In order to make hygiene self-sufficient, medical bureaucrats were forced to consistently reform the parameters of *eisei jichi* in order to meet changing national objectives, adjust to competition within the bureaucracy, and sway the collective mindset of a skeptical population. Beginning in the early 1880s, they thus turned to more discursive methods of moral suasion in order to pursue the larger program of hygienic indoctrination by different means. Through the activities of regional "private" hygiene associations, elites constructed a culturally-specific type of public health system which, they argued, derived not from the West, but rather from a long tradition that had undergirded Japanese health practice for millennia.

Epitomized by the many transformations in Nagayo's own ideas of the relationship between the state and health during the first three decades of the Meiji period, *eisei jichi* existed simultaneously as a social ideal and a major policy goal, deeply tied to both the immediate task of combating the numerous disease outbreaks that threatened to derail the national economy and the longterm objective of making Japanese willing players in a grander project of rapid moral, physical and psychological advancement.

Public Health and the Early Thought of Nagayo Sensai

Though the institutionalization of Meiji health system was certainly a collaborative achievement, it is astonishing how much authority over the laws, regulations and industry of medicine was entrusted to a single man. This is perhaps why Nagayo Sensai is venerably remembered in contemporary historiography as "the father of public health in the early Meiji period" or the "ancestor of [Japanese] medical welfare."[9] Born into a family of samurai-doctors in Ōmura-han (present-day Nagasaki prefecture), Nagayo grew up observing the shifting medical terrain engendered by the rising influence of so-called "Dutch medicine" (*ranpō* 蘭方) in the middle of the nineteenth century.[10] He began formal studies at the Tekijuku, Ogata Kōan's (1810-1863) famous Western-learning academy in Osaka. During this time, Nagayo seems to have been simultaneously enlightened by the possibilities of science and frustrated with the desultory pace of Japanese medical scholarship as well as by the persistence of benighted "Chinese medicine" (*kanpō* 漢方).[11] An advocate of rapid medical modernization, Nagayo found common cause with the speeding avalanche of discontent that propelled the overthrow of the Tokugawa regime. It was likely at the Tekijuku where Nagayo first met Fukuzawa Yukichi (1835-1901), who shared Nagayo's sense of urgency regarding the acquisition of Western learning, and who would later reunite with Nagayo to initiate the mid-Meiji overhaul in Japanese

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[9] Alexander Bay, *Beriberi in Modern Japan: the Making of a National Disease* (Rochester, NY: University of Rochester Press, 2012), 24 and Toyama Fukio, *Iryō fukushi to Nagayo Sensai* (Tokyo: Shibunkaku, 2002).

[10] For a short English-language biography of Nagayo's early life, which is largely just a summation of Nagayo's own memoir, see Ann Bowman Jannetta, "From Physician to Bureaucrat: the Case of Nagayo Sensai" in Helen Hardacre and Adam Kern, eds., *New Directions in the Study of Meiji Japan* (Leiden: Brill, 1997), 151-160.

[11] In his memoirs, Nagayo wrote of the fierce competition between students as the Tekijuku, the lack of freedom (*fujiyū* 不自由) that stemmed from the school's dearth of medical resources, and the intensity of the anatomy courses. Nagayo Sensai, *Shōkō shishi* 109-110. For a closer biographical sketch of Nagayo's early medical training at this institution, see Ban Tadayasu, *Tekijuku to Nagayo Sensai: eisei to shōkō shishi* (Ōsaka: Sōgensha, 1987).

public health practice described below. Advancing from the Tekijuku to study under a number of foreign doctors in Nagasaki, Nagayo was eventually appointed head of the city's Seitokukan, a rare Western-styled and bakufu-sponsored hospital. By 1868 Nagayo had acquired the skills necessary to answer the Charter Oath's call to "seek knowledge throughout the world" (*chishiki wo sekai ni motome* 智識ヲ世界二求メ), and he was selected to join the famed 1871 Iwakura embassy. As noted, Nagayo was deeply impressed by the efficiency of rural public health in the American West and municipal health management in Europe, both of which he amalgamated into his optic *eisei jichi.* Yet his first trip abroad also generated a sense of cultural backwardness and embarrassment. He described how people in San Francisco derisively laughed (*bari chōshō* 罵詈嘲笑) at the "yellow-skinned" Japanese contingent, and he found his guides in Washington condescending, as if they were "speaking to a child."[12] The experience convinced Nagayo that Japan needed to completely transform by not only modernizing its medical infrastructure through building research facilities, erecting hospitals and regulating pharmaceuticals, but also by revolutionizing its everyday practices of health.

When Nagayo returned to Japan in order to head the Home Ministry's Hygiene Bureau (*eisei kyoku* 衛生局), he thus possessed an inchoate idea for actualizing his goal of hygienic self-governance. An enlightened bureaucracy, which would hold some practical experience in medicine, and who would adhere to the highest standards of conduct, should travel throughout Japan in order to implement national medical policy. A new type of hygienic behavior would be modeled by this elite class of cultured men who would serve as paragons of how to duplicate "proper" (Western) modes of hygiene and model them for Japan's lower classes. Because common Japanese could not be expected to embrace these new hygienic norms immediately, this vanguard would initially require the assistance of "hygiene police" (*eisei keisatsu* 衛生警察), who would enforce health laws with fines and by temporarily quarantining sick patients. Unlike some of his contemporaries, however, Nagayo confidently believed that a stratum of self-styled upperclass doctors and officials would possess more suasive power than any municipal task force.[13] Just as Nagayo himself was inspired by the efficiency of Western hygienic systems, he expected that educated upperclass men of a similar mind would actively adopt and introduce new hygienic norms. While the movement toward a higher level of civilization through the modernization of the public health system would thus require work, Nagayo argued that it was also constituent of a natural progression and, as such, would not necessitate the prolonged involvement of heavy law enforcement.

Nagayo initially thought that the overwhelming power and prospect of medical modernization would inspire local elites and Meiji "men of influence" (*meibōka* 名望家) into instantly seeking out, acquiring and disseminating the new knowledge of public health to their communities. As long as the national government and Hygiene Bureau provided the proper moral and judicial guidelines, the labor of building a public health infrastructure could be

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[12] Nagayo Sensai, *Shōkō shishi*, 129.

[13] Kasahara Hidehiko and Kojima Kazutaka, *Meijiki iryō eisei gyōsei no kenkyū: Nagayo Sensai kara Gotō Shimpei he* (Kyoto: Minerva Shobō, 2011), 3.

delegated to a dispersed community of centrally-trained and highly-motivated regional administrators. This system would, in turn, foster a sense of commonality that would help facilitate the social construction of the modern nation state. In other words, Nagayo believed that his health administration could serve as a medium for patriotically uniting the Japanese population under a banner of disease prevention. Health thus became another weapon in the Meiji state's armory of nation-building tools, used alongside pageants and promulgations in "molding" civic action to benefit the state.[14] More than just a means of forcefully disciplining or coercing individuals into conforming with the health standards set by the new Meiji regime, Nagayo imagined public health as a vehicle for socializing the people of post-Restoration Japan into a unified body of Meiji subjects who would not only emulate new standards of "civilization and enlightenment" but also willingly reproduce, disseminate and actively perform them.

Nagayo began the process of uniting Japan through health by proclaiming the state's authority over it. The 1874 promulgation of the medical system (*isei* 医制) formally placed control over all medical policies in the hands of the government.[15] This document ambitiously declared that the Hygiene Bureau would now regulate pharmaceuticals, standardize medical education and build and oversee public hospitals (*kōritsu byōin* 公立病院). Perhaps more unexpected, yet ultimately in line with Nagayo's plan for a nationally-diffused health network, is the document's devolution of authority to a number of local medical bureaucrats (*imu gakari no ri'in* 医務掛の吏員) who would operate in the provinces and report on medical matters to the central government.

The general content of the Hygiene Bureau's first ordinances on the centralization of medical authority paradoxically bespeak a state power eager to assert control over the organs and apparatuses of health practice, yet also willing to divest responsibility for policy implementation to unfamiliar actors at the prefectural, town and village level. Though it is clear that Nagayo imagined that the *isei* would eventually help to train and dispatch a new class of medical civil servants to local communities, the document remains silent on who might initially serve in these posts, stating only that local administrators (*chihō kanri* 地方官吏) could simultaneously hold the title of health director in conjunction with other bureaucratic offices. While Nagayo perhaps hoped that many local leaders would be inspired to adopt the ethos of *eisei jichi* by readily taking it upon themselves to reform local health administration, many early hygiene "experts" consisted of townsmen, landlords, policemen or former healers in the Chinese tradition who held temporary positions as doctors in provisional hospitals (*kari byōin* 仮病院) and possessed little knowledge of what constituted government health policy. In other cases, local public servants in

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[14] A number of famous studies explore these different mechanisms of socialization. Two standouts remain Takashi Fujitani, *Splendid Monarchy: Power and Pageantry in Modern Japan* (Berkeley: University of California Press, 1996) and Sheldon Garon, *Molding Japanese Minds: the State in Everyday Life* (Princeton: Princeton University Press, 1997).

[15] The text of the document is summarized in the *Isei hyakunen shi*, 14-17. The text is quoted in full in the *Isei hyaku nen shi shiryōhen* (Tokyo: Kōseishō imukyoku, 1976), 37-45. The document was first proclaimed in Tokyo on August 18 and then in Osaka and Kyoto the following month. The first clause states "all matters of medical administration shall be supervised by the Ministry of Education" (全国ノ医政ハ之ヲ文部省二統フ).

disparate offices were randomly given the title of "hygiene official" despite having no training in medicine or health management. This caused general frustration on both the national level, which bemoaned the persistent ignorance of its regional administrators, and the local level, which complained of being overburdened by the government's abstruse health reforms and declarations.[16] Even Nagayo admitted that the number of experts required to actualize his plans for a centrally-controlled and regionally-administered medical system was utterly lacking (*toboshi* 乏シ).[17]

Problems with Nagayo's plans for a nationwide public health system in the early 1870s stemmed from the fact that the center-periphery structure of his proposed administration could not function without a large number of well-trained hygiene officials who did not yet exist. Much of Nagayo's initial frustration during the years immediately following the promulgation of the 1874 regulations reflected a larger anxiety about whether or not Japanese subjects might readily take on the project of national health reform. Though the Meiji government approached the project of nation building with robust urgency and extolled the virtues of what Kyu Hyun Kim has called "public deliberation" (*kōgi yoron* 公議輿論), it also retained a deep mistrust towards the very subjects upon whose backs the modern state would be raised.[18] Lamenting that the collective ideal of maintaining a type of national health (*kokumin kenkō no hogo* 国民健康の保護) did not easily enter the minds of "high and low" (*jyōge no kokoro ni hairigataku* 上下の心に入りがたく), Nagayo again traveled abroad in search of a public health paradigm that might help inspire local actors to heed government health directives and foster cooperation between capital and *chihō*.[19]

On a second trip to the United States in 1876, Nagayo received both better accommodation and better guidance than during his first visit to the West. Touring a number of US metropolises, he observed what he thought to be efficient systems of popular hygiene in Boston, New York, Chicago and Washington D.C., stating his admiration (*kanpuku* 感服) at the generous freedom (*jiyū kankō* 自由寛洪) granted to local and regional authorities in their implementation of public health policy. He noted that the enforcement of municipal health laws

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[16] This system of holding dual offices (*kenmu* 兼務 or *kennin* 兼任) was first outlined in the *isei*. Many of these offices were held by local village administrators (*kochō* 戸長 or *buchō* 部長), whose own roles gradually shifted in the 1870s from being more attuned to the needs of village communities to that of merely disseminating government directives. See the short discussion in James Baxter, *The Meiji Unification through the Lens of Ishikawa Prefecture* (Cambridge, MA: Harvard University Asia Center, Harvard University Press, 1995), 105-6. As Kasahara Hidehiko and Kojima Kazutaka discuss, the general lack of hygienic knowledge at the local level led the Hygiene Bureau to conduct regular lectures and to hold question and answer sessions (*shimonkai* 諮問会) in order to clarify government policy for local administrators. This was one precursor to the Great Japan Private Hygiene Association discussed below. Kasahara and Kojima, *Meijiki iryō eisei gyōsei no kenkyū*, 215.

[17] Quoted in Kasahara and Kojima, *Meijiki iryō eisei gyōsei no kenkyū*, 6.

[18] Kyu Hyun Kim, *The Age of Visions and Arguments: Parliamentarianism and the National Public Sphere in Early Meiji Japan* (Cambridge, MA: Harvard University Asia Center, 2007).

[19] Ibid., 137.

in the United States never needed to resort to "rigorous" (*gensei* 厳正) tactics because "all Americans implicitly understand the larger principles of hygienic self-governance (*eisei jichi no taigi* 衛生自治の大義)."[20]

Upon returning from this second sojourn abroad, Nagayo doubled down on his initial outline for a public health bureaucracy. Still convinced that a locally-grounded but centrally-controlled health system represented the most efficacious means for instilling both hygienic self-governance and a sense of nation, he continued to advocate for a gradualist approach to health reform. Yet Nagayo was also aware of the need to demonstrate measurable achievement in his policies. During an era when topknots where flipped easily into top hats, the pressure to convince one's superiors of immediate progress was immense. In a critically important, albeit little explored, October 1877 correspondence to Home Minister Ōkubo Toshimichi titled "An Opinion on Hygiene" (*eisei no iken* 衛生の意見) Nagayo outlined his plans on how to balance the short and medium term objectives for his public health system.[21] He called for a bifurcated approach to health policy, one that separated health measures that could be promptly enacted at the local level by non-certified officials from the grander and more time-consuming project of constructing a legal and physical public health infrastructure that would train and dispatch a nationwide network of health administrators to all corners of the nation.

Nagayo began his treatise to Ōkubo by outlining what he termed the "mediative hygienic method" (*kaitatsu eiseihō* 介達衛生法).[22] This concerned the structural elements necessary for educating and training a large professional class of medical administrators who, like Nagayo himself, would connect health with the greater aim of national strength and economic prosperity. Nagayo wrote that every advanced Western nation possessed an echelon of technocratic medics educated in both the science of medicine and the nuances of politics. Training a similar class of doctor-functionaries in Japan would thus help the young Hygiene Bureau disseminate directives and educate the masses on the proper implementation of public health policy. As the conveyers of medical laws and practices between the town and Tokyo, they would also help oversee regional hospitals, pharmaceuticals as well as compile, analyze, and report health-related statistics to the central government. Unfortunately, Nagayo stated, such a class did not yet exist in Japan, where 79 of one hundred doctors knew little of Western medicine, and where most medics stubbornly clung to anachronistic hierarchies of master-disciple instruction that emanated from the premodern Chinese medical tradition (*korai shinaryū no igaku* 古来支那流ノ醫學). Educating a new stratum of professionals who would "mediate" the space between the Hygiene Bureau and the provinces thus represented the government's most urgent task. Research institutes and universities, working in close connection with the state, would also help cultivate (*ikusei* 育成) this bureaucratic elite. The four remaining aspects of Nagayo's mediative hygienic

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[20] Nagayo, *Shōkō shishi*, 168.

[21] One of the only studies to explore this work in detail remains Kasahara and Kojima, *Meijiki iryō eisei gyōsei no kenkyū*, esp. 1-18; 34-39.

[22] Nagayo Sensai to Ōkubo Toshimichi, "Eisei no iken" in *Ōkubo Toshimichi Monjo* 327, Kensei shiryōshitsu [Modern Japanese Political History Materials Room], National Diet Library, Tokyo.

method—the inspection of drugs, the establishment of regional pharmaceutical stores, a licensing system for dispensing medicines, and a standardized certification test for every medical practitioner—all emanated from this essential first step of educating a new class of technocratic healers.

The second course of action, which Nagayo labeled the "direct method" of delivering hygiene (*jikitatsu eiseihō* 直達衛生法), concerned aspects of public health reform that could be implemented during the unspecified interim required to train the mid-level medical executives needed to enact his mediative hygienic method. It outlined six elements of disease prevention that required minimal oversight and only nominal medical training. These included smallpox vaccinations, charitable aid to the poor, opening of local pharmacies for immediate drug dispensation, recording mortality rates, quarantine, and routine inspections for food toxins (*shōdoku* 症毒). Such measures would provisionally account for any unexpected outbreaks until the more totalizing modern medical system could be put into place. A local hygiene director would serve as a liaison between the community and a larger national administration, though a strict understanding of medicine would be less important than merely grasping the "gist" (*shushi* 主旨) of central directives on disease prevention.[23]

Nagayo's vision was largely shared by the coalition of medical bureaucrats whose infrequent disagreements about the precise details of public health were overwhelmingly trumped by a spirit of conformity and collegiality that spurred the invention of Japan's modern medical system. For example, Gotō Shimpei (1857-1929), who began his ascent to the highest reaches of the imperial bureaucracy under Nagayo's sponsorship (see Chapter Five), independently initiated a local medical organization in Aichi that called on doctors to be social actors whose duties extended beyond medical care to education and policy.[24] Gotō's use of medicine as a technology of imperial governance can be traced to his experiences working under Nagayo in the Hygiene Bureau.[25] Great-man biographies of Meiji founders recall their enormous contributions to the advancement of medical knowledge in Japan—their names remain etched in memorials above hospitals today, and they are frequently evoked in contemporary political

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[23] Ibid.

[24] Takizawa Toshiyuki, "DaiNippon shiritsu eiseikai no minzoku eiseikan" *Minzoku Eisei* 57, no. 5 (1991), 203. For more on the early relationship between Nagayo and Gotō, including an overview of Gotō's work in Aichi, see Kasahara Hidehiko, "Eisei keisatsu to jichi eisei no sōkoku: eisei gyōsei no mosaku to tenkan" in Kasahara Hidehiko and Tamai Kiyoshi, eds. *Nihon seiji no kōzō to tenkai* (Tokyo: Keiōgijuku Daigaku Shuppankai, 1998), 94-5 and Chapter Five of this dissertation.

[25] This argument is also highlighted by Iijima Wataru, who sheds light upon the broad network of imperial medical officials that emerged from the close association between Tokyo Imperial University, the Hygiene Bureau and the birth of the Japanese empire. Iijima Wataru, *Mararia to teikoku: shokuminchi igaku to higashi ajia no kōiki chitsujo* (Tokyo: Tokyo daigaku shuppankai, 2005), esp. 113-115.

stump speeches.[26] Yet such narratives also deceivingly, albeit unsurprisingly, elide the messier aspects of public health reform that challenged Nagayo's conceptualization of hygienic self-governance. Though his objective of instituting a self-reflexive public health system never wavered, Nagayo did not fully account for the setbacks that were inevitably wrought by the injurious side effects of modernization.

Cholera and Crisis within the Early-Meiji Public Health System

The year 1877 is conspicuous in Japan's historical record for the subjugation of Saigō Takamori's failed revolt by a conscripted "peasant army," bringing symbolic end to the last vestiges of samurai rule. Less remembered, however, is the devastating pandemic that emerged in the wake of the government's victory. Perhaps no moment more revealed the fragility of the early Meiji state than that of the 1877-1878 cholera outbreak. The mid-Meiji eruption of cholera delayed and transformed the medical bureaucracy's lofty ambitions to instill a government-imposed and self-reproducing public health system in Japan, and it altered both the theories and implementation of public health in the country. Cholera, which swept through Japan with spectacular speed in the last decades of the nineteenth century, epitomized how unceremoniously Japan's highly-connected domestic economy was thrust open to a highly-connected international one. As a disease that infiltrated Kyushu's ports on cargo ships and was subsequently circulated by Japan's modern army, the epidemic was a clear product of the very commercial and military system that it threatened to destroy. Introduced through newly-opened shipping ports, cholera moved along domestic trade routes and entered the bowels of soldiers fresh off their victory over Saigō's holdouts; the conscript army then carried the disease back to rural communities where they promptly excreted it into the local water supply. The initial cholera wave from 1877 to 1878 claimed approximately 105,000 lives with as many as 162,000 infected. Subsequent outbreaks in 1882 and 1886 infected another 207,000 people causing an estimated 142,000 deaths.[27] In sum, likely over 260,000 people died of cholera between 1878 and 1895 with explosions of the disease occurring roughly every five years.[28] It was not until the 1920s that the constant threat of a cholera outbreak seemed to recede from the collective imagination of the Japanese people, and even then the preponderance of cholera deaths in the empire continued to be a problem of outstanding worry and outstanding vexation for Japan's medical bureaucracy.

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[26] See the press conference delivered by former Prime Minister Kan Naoto following the March 11, 2011 tsunami that hit northern Japan http://japan.kantei.go.jp/kan/statement/201104/01kaiken_e.html or the policy speech given by Tokyo governor Koike Yuriko at the Tokyo Metropolitan Assembly: http://www.metro.tokyo.jp/ENGLISH//GOVERNOR/SPEECHES/2016/1003/contents05.htm. Both reference Gotō as a type of visionary who provided both moral and medical guidance. Great man accounts of Gotō abound. The most iconic might be Tsurumi Yūsuke's multi-volume *Gotō Shimpei*, 2nd. ed., vols. 1-4 (Tokyo: Keisō Shobō, 1965-67).

[27] Assembled from Kobayashi, *Kindai Nihon to kōshū eisei*, 22, Kasahara and Kojima, *Meijiki iryō eisei gyōsei no kenkyū*, 59 and *Isei hyakunen shi*, 29 and Johnston, *The Modern Epidemic*, 62. The authors base these figures on information from the yearly reports of the hygiene bureau (Eiseikyoku nenpō 衛生局年報), which we know to only be somewhat accurate due to likely inconsistencies local records.

[28] See the numbers provided by Yamamoto Shun'ichi, *Nihon korera shi* (Tokyo: Tokyo daigaku shuppankai, 1982) on 27, 67, 96, 106, 116 and 134. Based on Yamamoto's statistics, a subsequent outbreak in 1902 claimed 8,012 lives and another in 1916 claimed 7,482 lives. Following the conclusion to the 1894-1895 Sino-Japanese War, cholera again infected 55,144 people and killed 40,154.

My objective here is not to provide a complete history of the so-called "three-day killer" (*mikka korori* 三日ころり), but rather to demonstrate how the eruption of cholera complicated the early-Meiji vision of local hygienic self-governance.[29] Although the disease was well-known in Japan by the mid nineteenth century, including an 1858-1859 outbreak that killed hundreds of thousands and undeniably further eroded the bakufu's waning authority, it was not fully breached as a *national* problem until after the Restoration. By this I mean that when the 1874 *isei* wrested medical practice from the family or village and placed disease prevention within the realm of the state, perils such as cholera were designed to undergo a transformation in public perception, viewed as threats to an expanded and united territory of national subjects who were putatively assumed to now be aligned in a common history and a shared purpose, both of which emanated from imperial authority.[30] Though the disease might be controlled or combated locally, it was to be understood broadly and uniformly. This change is most apparent in a series of woodblock prints that appeared throughout the 1880s which depict the Japanese imperial army fighting against metaphorical diseases. An 1886 *Nichi Nichi Shimbun* illustration, for example, shows cholera, zoomorphically depicted by a menacing tiger, squaring off against a "hygiene corps" (*eiseitai* 衛生隊) of commoner soldiers wielding canons of phenol and brandishing flags of smelling salts (*hōtan* 宝丹). The tiger, discharging the opaque and milky diarrhea symptomatic of cholera, has abducted several women who lie hapless beneath the cloud of excretion. The accompanying text advocates eating pickled plums as a form of palliative care, though the most emphatic caution is certainly provided by the image itself, whose metaphorical representation of sickness instantly affirms multivalent aspects of the modern Japanese nation: an intimate relationship between the army and industry as depicted by the pharmaceutically-engineered smelling salts; the collective enterprise of fighting a "foreign" disease; and the indelicate gendered portrayal of the cholera tiger's attack on women, whose household items lie strewn about underneath the beast's claws.

Such illustrations epitomized Japan's continuing fears that a lack of sovereignty over its domestic ports would allow for a torrent of foreign bacilli to enter the country (see Chapter Four). Even prior to the Restoration, Japanese authorities believed that individual quarantine and the suspension of internal trade were the most efficacious means for thwarting cholera, whose vaccine was not developed until 1892.[31] In 1871, Ishiguro Tadanori, the future army surgeon general, published a short treatise on the origins and prevention of cholera that recommended closing ports, isolating affected areas and quarantining foreign ships in harbor for several days.[32] By 1877, however, such measures were impractical. Japanese authorities hesitated, and then struggled, to forcibly segregate cholera-stricken portions of an increasingly economically

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[29] For an exhaustive nine-hundred page study on the history of cholera in Japan, see Yamamoto, *Nihon korera shi*.

[30] Suzuki Akihito also notes how maladies such as smallpox took on a new meaning as breakouts evolved from sporadic and local "mosaic-like patterns" into widespread epidemics throughout all of Japan. Suzuki Akihito, "Smallpox and the Epidemiological Heritage of Modern Japan: Towards a Total History," *Medical History* 55, no 3. (July 2011): 313-18.

[31] Johnston, *The Modern Epidemic*, 165.

[32] Ishiguro Tadanori, *Korera ron* (Tokyo: Daigaku tōkō kanpan, 1871), 28.



Figure 1. The Conquest of Cholera *(korera taiji*). *Isei hyakunen shi*.

interwoven nation, and unequal treaties hindered attempts to superintend the movement and inspection of foreign ships to and from Japanese ports.[33] In August, the Home Ministry issued a cholera prevention manual (*korera yobō kokoroesho* 虎列剌防心得書) explicating the precise measures recommended by the government for combating the epidemic. Based partially on Ishiguro's earlier work, the document listed twenty four items to be implemented by an appointed committee of local doctors, police, and administrators tasked with isolating the afflicted and containing the spread of new cases. The source itself is remarkable not only for its presumptive attitude about the organizational capacity of regional authorities to immediately limit travel, commerce, and social interaction in the name of disease prevention, but also in its sweeping declaration of the state's authority over the individual body. Items one through four concern the inspection and holding of domestic ships in harbor, and the removal of any suspected cholera patients to isolation hospitals (*hibyōin* 避病院), where their clothes and possessions

[33] *Isei hyakunen shi*, 137. Although many foreign governments previously agreed to cholera inspections in principle, some resisted the actual implementation of the inspections when Japanese officials attempted to survey ships. See Chapter Four.

could be confiscated, doused with phenol or simply burned.[34] Item four further stipulates that isolation wards should be demarcated by a letter "Q" printed in black ink upon a yellow cloth, and displayed outside the quarantined area. Items six and twenty two declared that local hygiene officials, not families, should determine funerary procedures for those who succumbed to the disease. Item fourteen stated that local leaders should cancel festivals and ban any large gatherings in infected areas. Item eighteen allowed for the purchase, disposal or burning of implements and goods (*kigu* 器具) deemed excessively dirty or liable to spread infection (*kiwamete yogoretaru mono* 極メテ汚レタルモノ), and that a placard stating "cholera here" (*korera byō ari* 虎列剌病アリ) should be posted outside the homes of infected patients in order to notify passersby of the infection. Lastly, item thirteen states that relatives and those providing care to the sick should refrain from interacting with others, and that such individuals should avoid schools for a period of ten days following either the patient's recovery or death.[35]

The manual was thus an authoritative document in a time of relative uncertainty: Saigō's insurgency would not be completely subdued until a month later, and Nagayo's models of hygienic self-governance had only recently been forwarded to the Home Ministry. Yet, regardless of whether or not its regulations could actually be enforced by the fledgling hygiene bureaucracy, the document was unequivocal in imbuing the cholera crisis with national urgency.

Whereas Edo-period palliative methods focused on the family as the nexus of healing, the cholera prevention manual made clear that sickness was now the business of the state. Funerary customs, festivals and commerce could all be suspended if they hazarded the risk of cholera, and property could be confiscated as a precaution against infection. Disease thus became a national problem to be combated locally but administered centrally, and the more nefarious prevention measures of forced isolation, seizure of property and the disposal of corpses revealed a governmental authority panicked by how sickness might imperil the young polity, yet nevertheless confident in its ability to legislate and enforce new methods of surveillance and quarantine.

The Hygiene Bureau and Home Ministry followed the cholera prevention manual with a slew of organizational and judicial measures that attempted to maintain, somewhat haphazardly, Nagayo's initial two-step method for fostering a type of public health consciousness in Japan. In 1879 the Hygiene Bureau established the Central Hygiene Association (*chūō eiseikai* 中央衛生会), which consisted of a number of top medical officials, including the army and navy surgeon generals, the famed German doctor to the imperial court, Erwin Bälz (1849-1913), as well as the bright medical visionary Miyake Hiizu. The government then promulgated its first blanket legislation concerning the administrative structure of the nationwide public health system. The 1880 Regulations on Communicative Disease Prevention (*densenbyō yobō kisoku* 傳染病豫防規則) concerned the so-called "six diseases" (*rokubyō* 六病) of cholera, typhus, dysentery,

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[34] According to Kojima Kazutaka, these procedures used phenol (*sekitansan* 石炭酸) or sulfuric acid (*ryūsan* 硫酸), themselves corrosive agents that proved hazardous if applied incorrectly, as disinfectant agents. Kojima Kazutaka, "Korera yobō no 'kokoroesho' to Nagayo Sensai" *Hōgakukenkyū: hōritsu, seiji, shakai* 82, no. 2 (2009): 282.

[35] "Korerabyō yobō kisoku" *Isei hyakunen shi shiryō hen*, 239-241.

diphtheria, smallpox and abdominal typhus (typhoid fever). In line with Nagayo's blueprint of a central-periphery public health network, the rules called for streamlined communication between the police, local hygiene officials, and regional administrative offices (*chihōchō* 地方廳). Doctors were required to report any signs of the six diseases to local authorities, who would then decide upon quarantine and isolation procedures as well as communicate such information to the central government.[36] Also of importance was the establishment of regional and local hygiene associations (*chihō eiseikai* 地方衛生会) comprised of policeman, the heads of the regional hospitals and pharmacies, and a number of locally elected doctors. Largely mirroring the extant rural hygiene associations, but more inclined to rely on police force for policy implementation, these associations were mandated with implementing centrally-dictated treatment and preventative healthcare laws. Their immediate task was thus to expunge cholera from their districts following the dictates of the 1880 Regulations.[37]

Despite the catastrophic numbers of those who succumbed to the disease in the years after Saigō's rebellion, the government response to the initial cholera outbreak thus appeared expeditious and determined. William Johnston states that by 1896 over 160,000 people belonged to local hygiene associations, and an explosion of health literature, manuals, statistical analyses and reports accompanied the new infrastructure of public health administration.[38] The slow dispatch of better-trained doctors and medics along with the opening of communicative channels between police, rural leaders and government officials helped integrate local, regional and national bureaucracies, providing the managerial unity that Nagayo identified as the main benefit of an extensive public health apparatus.[39]

Writing in his memoirs, Nagayo cast the early Meiji experience of cholera as formative in the evolution of Japan's hygienic self-governance. In a somewhat self-congratulatory tone, he stated that although the initial tactics of involuntary segregation and stigmatizing patients through "sick labels" were perhaps harsh, they nevertheless provided the powerful lesson that the best methods for disease prevention derived from government-backed science and the quick adaptation of its hygienic policies. These changes meant that there would be less need for militaristic brute force (*budan wanryoku* 武断腕力) in the future as people gained more knowledge about the benefits of the technologies of public health.[40]

Yet ample evidence of resistance, skepticism and open rebellion against the government's directives belies Nagayo's depiction of the people's quick enlightenment to the merits of health reform during the years of cholera. Instances of what historians have called "cholera

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[36] "Densenbyō yobō kisoku," *Isei hyakunen shi shiryō hen*, 250-252.

[37] "Chihō eisei kisoku," *Iseihyakunen shi shiryōhen*, 10.

[38] Johnston, *The Modern Epidemic*, 177.

[39] Many of these men matriculated from what came to be called "the three great houses" (*gosanke* 御三家, a play on the Tokugawa period honorific for the shogun's Owari, Kii and Mito branch lineages). These consisted of the Jikei University School of Medicine, Keiō University School of Medicine and Nippon Medical School (formerly Saisei Gakusha 済生学舎).

[40] Nagayo, *Shōkō shishi*, 172.

demonstrations" or "cholera riots" (*korera ikki* コレラ一揆; *korera sōdō* コレラ騒動) against local implementations of the national health laws demonstrate that residents of towns and villages frequently approached the shift to state control of medicine as a dislocating and untrustworthy transformation that bequeathed little reward to those it was purported to benefit.[41] Between 1877 and 1879, violent protests broke out against doctors, police and government figures in Chiba, Saitama, Kyoto, Niigata, Fukushima, Fukui and Aichi.[42] Incited by rumor and inflamed by a general lack of governmental transparency about the operation of quarantine stations, the riots targeted administrators from prefectural offices and doctors dispatched from urban hospitals. In Chiba, speculation that doctors were cutting out the livers of patients in isolation wards and selling them to the United States led to the murder of a doctor by a group of townsmen in November 1877.[43] Such rumors took on new life two years later following a visit to Japan by former President Ulysses Grant, who was thought to be touring the East in order to harvest and export the internal organs of cholera patients locked in isolation wards.[44] In both Niigata and Kyoto, the closing of roads and highways and a ban on the selling of fish, fruits and vegetables led to uprisings by local merchants who could fill neither their coffers nor their stomachs when mandatory quarantines strangled local economies. As one Niigata resident reminisced years later, "Within the town, you thought that every third or fourth house was infected. No business could be done, and phenol was sprayed [everywhere] out of fear…We could only eat rice porridge with miso or pickled plums."[45] Further, the bodies of many patients who died in quarantine were discreetly disposed of by the police, denying families the performance of funerary rites and leading to increased speculation that quarantine hospitals functioned merely as centers for slaughter and gross experimentation.

The anxieties that fueled the cholera demonstrations stemmed from disturbances in the everyday lives and customs of the shop owner, the porter, the fisherman and the farmer. Historians continue to debate the underlying factors that led to the sporadic, albeit nearly simultaneous, occurrence of the cholera riots, and a complete explication of such events is beyond the scope of this study. Suffice to say that the intrusion of a highly-contagious disease during a time of drastic change and volatility galvanized general social unrest that became

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[41] In his encyclopedic study of cholera, Yamamoto Shun'ichi devotes only two pages to a single cholera riot, stating that the tragic murder of a doctor in Chiba in 1877 resulted from an angry group of villagers who did not understand the fundamentals of cholera prevention. Yamamoto, *Nihon korera shi*, 400-401. During the late 1970s and early 1980s, most cholera uprisings were framed by *minshūshi* scholars as evidence of the nascent political activism of the poor agrarian class. This assessment would change in the following decade and a half as authors questioned to what extent the cholera uprisings could be said to be the harbingers of an agrarian-based, horizontal political subjectivity. For a good summarization of such literature, see Kobayashi, *Kindai Nihon to kōshū eisei*, 65-69. For a short historiography of the immediate postwar literature on the topic, see Ōbinata Sumio, "'Korera sōdō' wo meguru minshū to kokka: Niigata-ken wo jirei toshite" in *Minshūshi no kadai to hōkō* (Tokyo: San'ichi shobō, 1978), 235-6.

[42] See the table compiled by Ōbinata in ibid., 236.

[43] Yamamoto, *Nihon korera shi*, 400-401.

[44] Kasahara Hidehiko, "Eisei keisatsu to jichi eisei no sōkoku: eisei gyōsei no mosaku to tenkan" in Kasahara Hidehiko and Tamai Kiyoshi, eds. *Nihon seiji no kōzō to tenkai* (Tokyo: Keiōgijuku Daigaku Shuppankai, 1998), 106-7.

[45] Quoted in Ōbinata, "'Korera sōdō' wo meguru minshū to kokka," 237.

manifest in attacks on the leaders of the Meiji hygienic enlightenment. When Nagayo's plans for *eisei jichi* thus filtered down through the ranks of the young medical bureaucracy and impinged upon the increasingly trepidatious and irate residents of towns and villages, the "cholera rioters" sought explanation as well as the reintroduction of familiar forms of order, leading to violent resistance against the imposition of a new one.

The village headmen, doctors and police who were tapped to serve as the key elements of Nagayo's hygienic vanguard frequently exacerbated perceptions of health reform as a threat to local interest. These were the local actors described in Nagayo's "direct method" of hygienic intervention who, despite their lack of medical training, were supposed to help bridge the intervening "gap" between the promulgation of medical regulations and the time required to educate a more skilled regiment of trained bureaucratic physicians. Vested with the authority to impose the rules of a still inchoate public health administration, the local hygiene associations began campaigns of disease eradication that blended personal grievance and prejudice with the righteousness of a nationally mandated duty to clean up Japan. Though many of the laws and pronouncements on disease prevention from the 1870s and 1880s emphasized the importance of charitable medical treatment (*seryō* 施療) and relief for those in poverty (*hinkon kyūsai* 貧困救済), anti-cholera measures became convenient contrivances for reenforcing class and social distinctions in a post-Restoration world that had ostensibly dissolved them. In his in-depth study of Kyoto's quarantine practices, Kobayashi Takehiro notes that neighborhoods of Tokugawa-era outcasts (*eta*/*hinin* 穢多/非人) came under particular scrutiny from cholera inspections. Though the major epicenter of the cholera outbreak was far from Kyoto's traditional *buraku* districts, police, local volunteers and appointed hygiene officials entered such areas under pretenses of protecting communal health and carrying out sanitation measures.[46] In other parts of Japan, the requirement to label infected households with disease placards served as a front for meting out discriminatory politics. In areas of Tōhoku, the new Meiji practice of "sick marking"—the act of labeling the homes of infected patients described above—was merely grafted onto extant folk beliefs that certain family lineages were hereditarily diseased and, as such, should be ostracized from village communities.[47] In addition to the vilification wrought by disease placards placed in front of the home, police and local hygiene associations often publicly carried out disinfection measures by requiring residents to stand in the street and watch while their goods were sprayed with phenol and the bodies of their kin were removed from the house in order to be cremated. In some areas, members of certain stigmatized households were required to procure a certificate from police attesting to the fact that they were no longer infected and could reenter their own homes and communities.[48]

As I discuss in Chapter Three, both disease and the collective effort towards its elimination galvanized city and rural planners caught up in the incipient trend of "reform" (*kairyō* 改良) that dominated government language from mid-Meiji well into the

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[46] Kobayashi, *Kindai Nihon to kōshū eisei*, 54-55, 151, 181-6.

[47] Namihara Emiko, *Byōki to chiryō no bunka jinrui gaku* (Tokyo: Kaimeisha, 1984), 107.

[48] Kasahara Hidehiko, "Eisei keisatsu to jichi eisei no sōkoku: eisei gyōsei no mosaku to tenkan," 102.

Shōwa period.[49] Public health campaigns unleashed the possibility of remodeling portions of cities and towns viewed as either dirty or degenerative. Given the license to infiltrate any portion of a hamlet or village in the name of rooting out disease, hygiene associations drafted plans for revamping communities by inspecting, isolating and sometimes uprooting homes, structures and people who might sully or impede the establishment of a new hygienic normativity. "Reform" enabled hygiene officials to bring traditionally segregated and isolated people under the auspices of local authorities while simultaneously ensuring that such groups would continue to be stigmatized as households or areas characterized by disease, pollution and crime. An 1888 statement issued by the Kyoto Regional Hygiene Association on its police-supported inspection (*junshi* 巡視) of the city's *buraku* districts demonstrates how public health justified the removal of individuals who remained beyond the pale of the local authorities:

> The areas [around] the Kyoto Daibutsu, Ikkan-machi and Sanjō, etc., are meeting spots for the poor and the thugs (*buraito* 無頼徒). If these [environments] exist in perpetuity, they will, firstly, stain Kyoto's top-ranking prestige (*daiichi Kyōto no taimen* 第一京都の体 面) and they will also be a matter of concern regarding hygiene—one to be handled by the police.[50]

Combating illness grafted onto long-standing desires to lift the metaphorical "stains" of already-maligned groups from the city's facade. In a society that had formally legislated away Tokugawa-era social divisions, disease prevention enabled the continuity of discriminatory practices under the new banner of civilization and reform.

Such prosecutorial politics formed one element of a more general distrust toward commoners' ability to understand and implement *eisei jichi*. These suspicions might be the axiomatic result of any top-down process of "enlightenment": the very act of "civilizing" assumes a guided transformation from backwardness to a higher level of progress. Hence, many of the early setbacks in public health measures were blamed on the stubbornness or insipidness of the "people," broadly defined, whose supposed failure to embrace public health reforms during the cholera outbreaks confounded local inspectors and the police. Nowhere was this consternation more apparent than in the frequent deprecations against "patient hiding" (*kanja inpei* 患者隠蔽), a social sin deemed worse than rioting because it denied authorities the capacity to observe and control the spread of cholera. Unlike stigmatized *buraku* neighborhoods or poorer communities, patient hiding was an offense committed across classes, providing many social commentators with evidence of the obduracy of outmoded and "unscientific" forms of treatment. An article headlined "The Corrupt Practice of Patient Hiding" (*kanja inpei no akuhei*

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[49] In his study of Shōwa-era rural improvement campaigns, Shimizu Katsuyoshi shows how the government continued to be concerned with various elements of rural hygiene, including the memorable example of incessantly introducing new "reformed toilets" (*kairyō benjo* 改良便所). Shimizu Katsuyoshi, *Nihon kōshū eiseishi: shōwa zenkihen* (Tokyo: Fujishuppan, 1989), 190. Also see Garon's study for an analysis of how "reform" pervaded many aspects of Japanese life well into the postwar period. Garon, *Molding Japanese Minds.*

[50] Quoted in Kobayashi, *Kindai Nihon to kōshū eisei*, 52.

患者隠蔽の悪弊) from the April 28, 1886 *Osaka Asahi Shimbun* stated that cases of concealing sicknesses from police, or smuggling and burning corpses without official approval remained rampant despite authorities' expectation that such vices would disappear with a general "advancement of knowledge" (*jinchi wo susumu* 人智を進む). The problem was not the lower class, whose "narrow and easily enterable" houses allowed police to quickly stamp out any premonitions of hiding sick family members. Rather, middle and upper classes frequently frustrated inspectors with their failure to report symptoms of cholera or consult with officials about proper means of disposing waste and dead bodies. The article reminded readers that people must work for the well being of popular society (*shakai kōshū* 社会公衆) by refraining from immoral acts or the pursuit of private interest.[51] Despite the sensational tone of the *Asahi* editorial, it is difficult to discern the extent to which patient hiding seriously hindered disease prevention efforts in reality. Indeed, many academics and doctors dismissed the act as merely an aberration (稀有 *keu*), albeit one that occasionally hindered local anti-cholera measures.[52] Yet whether rampant or rare, the problem was cited well into the 1940s as one of the most persistent causes of skewed government data on disease rates and the inability of the national public health program to fully ensure the wellbeing of the populace.[53]

Patient hiding thus helped to explain away the inconsistencies and shortcomings of the early public health system while affirming the necessity of continuing to foster and propagate *eisei jichi*. Although the Meiji medical bureaucracy consistently underscored that Japan had joined the inevitable march towards cleanliness and civilization, they also worried that the practice of stowing away patients and the rise of cholera riots might signal the failure of their enlightenment project. The outbreak of 1878, and its calamitous resurgence in 1882, exposed the Hygiene Bureau's lack of preparation for the nation's introduction into a global environment of disease. To make matters worse, the initial agents of Japan's medical modernization—the local officials assigned with implementing quarantine and inspection—often merely co-opted public health measures in order to mete out their own private prejudices. Observing the return of conscripts from the battle with Saigō's forces in 1878, Ishiguro lamented that people showed no understanding of modern hygiene and medicine and that they ran away from soldiers as if they were cholera "beasts" (*korō* 虎狼). Even Nagayo admitted that the bureaucracy had failed to

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[51] *Osaka Asahi Shimbun*, *chōkan* May 28, 1886. The article details two cases where patients had either attempted to conceal disease or improperly followed regulations in reporting of cholera symptoms and deaths, leading to a number of infections.

[52] *Dai Nippon shiritsu eiseikai zasshi* 147 (August 1896), 766-767.

[53] For example, in 1937 the Hygiene Bureau's director of disease prevention, Katsumata Minoru, stated that patient hiding remained one of the most significant problems in stopping epidemics. Quoted in Shimizu, *Nihon kōshū eiseishi*, 2.

cooperate with the people in order to fight the disease effectively, throwing the country into chaos and panic (*sōkōrōbai* 倉皇狼狽).[54]

Rattled by the sudden outbreak of cholera, the public health system that took shape during the first fifteen years of Meiji held little resemblance to Nagayo's early visions of Japan's gradual ascent to a self-responsive and self-regulating hygienic order. The epidemic had exposed a wide disjuncture between the government's blueprints for a reflexive, centrally-administered and locally-coordinated public health system. For elites such as Nagayo, lower class resistance to the new technologies of health was perhaps expected—he predicted that the processes of rationalization, bureaucratization, medical reform and changes to palliative care were likely to engender opposition from the "unenlightened." Less anticipated, however, was the cooption and misrepresentation of hygiene by the local elites who were most crucial for carrying out the initial stages of the government's medical modernization program. Backed by the police, the "extremely severe and strong arm tactics" (*kiwamete genjyū kyōkō no shudan* きわめて厳重強硬の手段) employed by the first local hygiene commissions amplified skepticism towards the government, and they paradoxically affirmed Nagayo's preexisting suspicion that Japanese subjects remained unprepared and unable to manage their own health, and also inflamed the very "premodern" prejudices that the medical bureaucracy worked to expunge.[55] When anti-disease tactics became embroiled in discriminatory acts, cholera riots, or the practice of patient hiding, authorities in the Hygiene Bureau responded with incredulity that hygienic self-governance had taken such unexpected turns towards particularism. Lastly, although the cholera epidemic began to slow by 1885, the Hygiene Bureau's own statistical surveys suggested that much of its initial legislation had failed to yield any significant reductions in cases of other communicable diseases. For example, despite what was thought to be strict enforcement of an 1876 smallpox vaccination law, the Hygiene Bureau reported an average of 10,000 annual cases of the disease as late as 1895, including over 73,000 cases in 1886 alone.[56]

Faced with these multiple problems, the fraternity of medical modernizers gathered in order to establish softer, quasi-governmental institutions for propagating the benefits of "hygienic self-governance." These associations would serve as tutelary organs of the state by presenting the allure of a sanitized, modern lifestyle to subjects that effectively imbued "hygiene" with the qualities of the civilized middle-class. Having imported ideas of hygiene from abroad and then molded them into policies designed to fit the particulars of Japan, the Meiji medical elite now began the long process of didactic instruction required for the nation's transition to hygienic modernity.

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[54] Ishiguro's use of the term "beasts" (*kōro* 虎狼) in order to describe how commoners (*shōmin* 小民) regarded the returning soldiers was likely a play on early renditions of cholera (*korori* 虎狼痢) from the Tokugawa period. Both he and Nagayo are quoted in "Korera yobō no 'kokoroesho' to Nagayo Sensai," 283.

[55] Nagayo, *Shōkō shishi*, 178.

[56] Shimizu Katsuyoshi, *Nihon kōshū eiseishi: shōwa zenkihen*, 34.

The Japan Sanitary Society and mid-Meiji Public Health Reform

On May 27, 1883 approximately 1,250 doctors, bureaucrats and statesmen gathered in the Meiji Kaidō, the capital's grand newly-renovated lecture hall, for the first meeting of the *Dai Nippon shiritsu eiseikai* 大日本私立衛生會, which took the English monicker Japanese Sanitary Society. The first meeting's attendee list boasted the names of the powerful men who shaped Meiji public health policy from seats atop the medical bureaucracy. Nagayo Sensai, Gotō Shimpei, Sano Tsunetami, Miyake Hiizu, and Ishiguro Tadanori all made speeches at the opening assembly. Those in audience arrived from high positions in prefectural offices and public hospitals to hear about the urgent task of reconstituting the Japanese body politic through public health by rolling back the excesses that characterized early post-Restoration anti-disease policies.

The men discussed how to make state-led public health resonate with a populace still in the throes of massive social flux and, as we have seen, uncertain about the meanings of *eisei*—a word that, despite its prevalence by the 1880s, still retained an amount of neologistic ambiguity. Cholera riots and the antagonistic policies of forced isolation and quarantine had stalled the blueprints for a self-reflexive, utopian public health system. The association represented a renewed effort to mend the fractures between popular and official iterations of hygiene during the disease-filled years of early Meiji. In doing so, the association positioned itself as a non-governmental institution full of government bureaucrats, one that might bridge the gap between state and society, though its general objectives remained much more aligned with a top-down exhortative model of government instruction. Its charter stated that the association's fundamental goal was to present research and discuss policies related to the popularization of general hygienic knowledge (*eisei jyō no chishiki wo fukyū* 衛生上の知識を普及). The elite forum was to enable the funneling of information about sanitation and hygiene from universities and public research centers to an prefectural administrators. These regional actors, which included doctors, bureaucrats and public officials, were to establish their own local hygiene associations that would receive information and instruction materials from the central branch.

At first glance, the association thus seemed strikingly similar to Nagayo's initial plans for an axial relationship between peripheral hygiene offices and the central Hygiene Bureau. And Nagayo certainly held fast to his vision of a top-down public health system that would gradually move toward one of *eisei jichi*. But because the new association remained "private" in name, it arrogated to itself a type of discursive power of much more consequence than that of the government-run regional hygiene bureaus. The association and its many branch offices (*shikai* 支会) became vehicles for not only scientific and policy studies of disease prevention, medicine and pharmacology, but also for the production of what might be called a Japanese modern hygienic comportment, one that bled into collective notions of national identity and history. Through such forums, the Japanese medical elite expanded state health policy and reinforced Nagayo's initial conceptualization of hygienic self-governance, albeit by different means. The Sanitary Society extended the laws and regulations emanating from the Home Ministry to encompass a new, decidedly modern and upper-class health lifestyle. Although medical experts and the public elite maintained an overarching concern with the West, they now presented hygiene as a phenomenon rooted deeply in Japan's past, one immemorially entrenched in the nation's collective subconscious.

The association's establishment took place during a time of bureaucratic and political change in Japan, where the ambitious projects of early Meiji were reigned in by increased government oversight and austerity. During the mid-1880s, Nagayo and many of his hand-picked apprentices such as Kitasato and Gotō began to chafe under the more weighty administration of their new superiors in the Home Ministry. Following the assassination of Ōkubo Toshimichi in 1878 and the departure abroad of the younger Itō Hirobumi to prepare the constitution, leadership of the Home Ministry passed to Matsukata Masayoshi and then Yamagata Aritomo. Both Matsukata and Yamagata clashed with Nagayo, who believed that neither understood the importance of *eisei jichi*. Although Yamagata posited that a healthy population was needed for war, which helped spare the Hygiene Bureau from the guillotine of 1880's deflationist measures, his ascendency signaled a departure from the more cooperative relationship that existed between Nagayo's Hygiene Bureau and Ōkubo's office in the 1870s.[57] Yamagata opened doors for a new clique of medical bureaucrats to enter the medical bureaucracy. Loyal to the powerful Home Minister and in favor of permanently extending the forceful and coercive measures of early Meiji health policy, these men frequently quarreled with alumni of the Nagayo-Ōkubo bureaucratic school who continued to support a gradual push towards *eisei jichi*. According to Nagayo's two-step plans for implementing hygienic self-governance, the militaristic elements of police enforcement instituted during the early cholera outbreaks were to be only supplementary and temporary. In what Nagayo later called the "1886 setback" (*tonza* 頓挫), Yamagata legislated that the policies of eviction and involuntary quarantine should be prolonged indefinitely.[58] As part of his effort to centralize power over the prefectures through dispatched patrols (*chihō junshi* 地方巡視), Yamagata also placed full responsibility for implementing hygiene laws with the police and discontinued local "elections" for representatives of hygiene committees.[59] For Nagayo, this amounted to an effective coup against his decade-long march towards a self-regulating public health system. Using a somewhat curious metaphor, he likened the transfer of authority over hygienic policies to the police to a home without women (*josei naki otoko setai* 女性なき男世帯), stating that while such a situation "might seem gratifying at first, [it would] ultimately result in the corruption of

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[57] Kasahara and Kojima, *Meijiki iryō eisei gyōsei no kenkyū*, 217. Indeed, funding for the establishment of local hygiene bureaus more than doubled from 15,430 to 32,476 yen between 1879 and 1880 as the government profited from increased taxes on the nascent pharmaceutical industry. See Ibid., 135 and 138-9.

[58] Later discussing the "1886 setback," Nagayo complained that police "impatience" (*shōsō* 焦躁) would prevent the cultivation of hygienic self-governance in the provinces. Gotō would later write that the decision to entrust hygienic matters to the police served as the "dagger" (*futokoro gatana* 懐刀) that severed Nagayo's relationship with the Home Ministry. As Kasahara and Kojima argue, however, there were many continuities in the pre- and post-1886 elements of Meiji public health policy, and Nagayo himself seemed to assume that police were still necessary to the implementation of hygienic policy. Kasahara and Kojima, *Meijiki iryō eisei gyōsei no kenkyū*, 141-2 and 182; Nagayo, *Shōkō shishi*, 175.

[59] As noted above, it is difficult to determine to what extent local hygiene representatives were picked by some type of village or town level populist "election" and to what extent they were merely appointed through informal selection by local leaders and bureaucrats. Regardless, it is clear that Nagayo considered such changes a major betrayal of his mandate to construct a public health system.

continuous harmony (*enkatsu naru waki* 円滑なる和気) and it will not bequeath family fortunes for perpetuity."[60] Believing that Yamagata's extension of the early-Meiji health regulations would permanently scar the already-wounded relationship between government and people, many of the originators of Japan's modern public health policy began to look beyond the state to semi-official institutions of moral suasion that would continue the work of the Hygiene Bureau, albeit outside of the government's sphere.[61]

The incompleteness of Nagayo's vision of hygienic self-governance, the perceived need to recapture the discourse and practice of *eisei* from misinterpretation and chaotic implementation, and a growing disillusionment with changes in the medical bureaucracy thus undergirded the establishment of the Japan Sanitary Society. (Re)emphasizing public health as a harmonious national project also demanded reasserting the synecdoche of "Japan" itself as a singular corporeal being comprised of congruous parts. In his inaugural presidential address, Sano Tsunetami stressed this relationship between individual health and the longevity of Japan: "a collection of households comprises one state (*ikkoku* 一国); a collection of individuals comprises one household. [Therefore] each person's individual health is related to the prosperity or depravity of our nation."[62] Subsequent speeches echoed these sentiments by dipping into the grandiloquent language of metaphor: there was an urgent need to "foster the spirit of hygiene" (*eisei no genki* 衛生の元気) or "let the flower of hygiene bloom."[63]

The association thus continued to frame hygiene as a shared national ideal while also turning attention toward the more aesthetic and subtler aspects of a modern, middle-class way of clean living.[64] Unlike early-Meiji public health policy, the association supplemented analyses of law and regulations with topics that stretched beyond the sphere of government. At monthly meetings that often extended long into the evening, members expounded upon subjects such as road conditions, toilets, eyeglasses, genetics, the health benefits of Japanese sweets (*Nihon gashi* 日本菓子), architecture and interior design, watering canisters, types of brooms, laundry, and the tallest man and woman in the world.[65] The presentations were copied into the official association journal, which was shipped across the country to branch organizations, hospitals and doctors' offices for instruction and perusal. At least twice a year, an employee from the Hygiene Bureau gave a general report on Japan's overall health, and each meeting included a question and

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[60] Quoted in Kasahara and Kojima, *Meijiki iryō eisei gyōsei no kenkyū*, 182.

[61] And, indeed, many of these bureaucrats would either initiate their own "private" projects—the most representative of which is Kitasato's establishment of his own research institute in Tokyo—or they eventually traveled abroad to work alongside figures such as Gotō in either Taiwan or Manchuria. To see how this imperial research network developed, see Iijima, *Mararia to teikoku*.

[62] Sano Tsunetami, "Norito," *Dai Nippon shiritsu eisei kai zasshi*, 1 (May 1883): 4.

[63] Matsuyama Tōan, "Hatsukai norito," *Dai Nippon shiritsu eisei kai zasshi*, 1 (May 1883): 14.

[64] Jordan Sand, *House and Home in Modern Japan: Architecture, Domestic Space, and Bourgeois Culture, 1880-1930* (Cambridge: Harvard University Asia Center, 2003), 63-71.

[65] Takizawa Toshiyuki states that some meetings ran until 11 pm. Takizawa Toshiyuki, *Kenkō bunka ron* (Tokyo: Taishūkan shoten, 1998), 50.

answer session (*shimonkai* 諮問會) with a founding member—frequently Gotō or Nagayo—who responded to specific concerns from prefectural administrators about how local doctors and regional bureaucrats could help propagate the new hygienic ideal.

The Society thus at once expanded the discourse of *eisei* by stretching its parameters to hygienic analyses of everything from kimonos to *geta* while simultaneously ensuring that the field of participants remained within a narrow patriarchal community of doctor-administrators whose local bureaucracies and private hygiene associations mirrored the central administrative model. An 1892 branch manual from Hiroshima demonstrates how regional iterations of the central association duplicated its structure and reproduced information penned by the main branch. The handbook outlines how to set up, organize and administer a local chapter and includes instructions on how to better involve and cooperate with law enforcement and village heads (*kochō* 戸長) in the implementation of anti-disease measures.[66] The Hiroshima branch was composed of the prefectural governor who personally selected three doctors, one chemist, one veterinarian and four local men of repute to serve in honorary posts (*meiyoshoku* 名誉職). Epitomized by the position of the governor himself, these men straddled the increasingly blurry line between "public" and "private" that facilitated easy slippage from laws and regulations to the more expansive arena of quotidian health practice. Though technically a non-governmental entity, the local Hiroshima branch meticulously duplicated all of the pre-1886 government Hygiene Bureau disease prevention ordinances in each of its local reports. These were combined with various remonstrations by association members that encouraged readers to remind their patients, neighbors and families to remove garbage from the home, help maintain clean public spaces, and form hygiene cooperatives for mutually surveilling town and ward residents for symptoms of sickness. All of this reflects a gradual transition from the more stern, early-Meiji orders on quarantine and isolation to the discursiveness of hygienic daily rituals. Though one should be skeptical of a source produced by the very audience it was intended to inform, the document nevertheless evinces the makings of a public health system that now included not just mass vaccination, disease prevention and statistical reports, but also bearings on conduct and custom.

This process of both the localization and expansion of hygiene came during a time when the early Meiji ethos of "civilization and enlightenment" was increasingly called into question as the impacts of strenuous modernization exposed Japan to disease, environmental degradation and, as many moralists pointed out, corruption and greed. The earlier adulation of Western public health systems began to gradually give way to a stronger nativist sentiment that redefined hygiene less as a recent import and more as a latent primordial entity within Japan's past. Rather than detail the many advances of Western public health, officials began to scour the nation's deep history for the seeds of Japan's own hygienic awakening. In speeches to the Sanitary Society, speakers such as Nagayo and the famed thinker Fukuzawa Yukichi (1835-1901) detailed the many benefits of a culturally-specific "Japanese" public health. Addressing the inaugural gathering of dignitaries after Ishiguro's opening remarks, Nagayo adopted a drastically different tone from his earlier memos to Ōkubo Toshimichi that exalted the efficiency of Western health

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[66] Hiroshima-ken Naimubu, "Dai Nippon shiritsu eiseikai shikai hen" (Satamoto Katsu shuppanjo, 1892).

practices. In ominous language, Nagayo stated that the sudden and oftentimes reckless push towards modernity created an environment of disease in Japan. The "so-called enterprises of enlightenment" (*kaimei no jigyō to shō suru mono* 開明ノ事業ト稱スルモノ), which included open ports, international commerce, and rampant urbanization, had only spawned pestilence. Factories polluted air and water, yet their managers remained more concerned with profit than the plights of neighborhood residents. The only way to combat the pernicious impacts of "enlightenment" (*kaimei* 開明), a word that Nagayo now used pejoratively, was the "counterweight" (*fundō* 分銅) of public health. Without swift action against the ravages caused by capitalism and industry, Nagayo argued, the Meiji social experiment would only lead to the nation's depravity (*kokka hinjyaku* 国家貧弱).[67]

Nagayo further lamented that hygiene itself had morphed into a hollow slogan, bereft of substantive meaning by the unbridled stampede towards modernity. In a subsequent speech to the Association titled "Misunderstandings of Hygiene" (*eisei gokai* 衛生誤解), Nagayo stated that since the establishment of the Hygiene Bureau, the weathering of cholera disasters in the 1870s and early 1880s, and the creation of national, prefectural and village sanitary cooperatives, hygiene had become unmoored from its original definition, diluted and corrupted so much that "the word 'hygiene' itself has become an epidemic (*ryūkōbutsu* 流行物)":

> I even hear rural provincials, women and children (田夫野人婦女童幼 *tenpuyajin fujo dōyō*) talk about detriments to their health and how to maintain hygiene. One might be elated that the word has spread to such an extent. Yet upon closer investigation, one sees that the very people walking around shouting 'hygiene, hygiene!' are in fact promoting unhygienic practices and harming their health.[68]

As noted, Nagayo blamed the middle class and elite men of Meiji society for spreading such ignorance and failing in their roles as the "intermediary" arbiters of progress and civilization. Their naive dissemination of non-scientific information on health counterproductively worsened conditions in local communities. Nagayo stated that association members must now recall and reclaim "the meaning of true hygiene" (*shinsei eisei no shui* 真成衛生ノ主意) in order to curtail the rampant misuse of the word by Japan's lower classes.

Yet it remained decidedly unclear precisely what Nagayo meant when he advocated restoring a type of "authentic" public health. Although Nagayo continued to admire and study the systems of cities such as Berlin and Paris, his attitude toward the West, like that of the Meiji medical bureaucracy in general, changed in the 1880s. No longer constantly bedeviled by attaining a level of parity with "civilized" nations, and noticing the devastating health impacts spawned by rapid modernization, Nagayo's veneration of Euroamerican models began to wane. Having turned away from the West, and also having denounced the roughshod implementation of

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[67] Nagayo Sensai, "Hatsukai norito," *Dai Nippon shiritsu eisei kai zasshi*, 1 (May 1883): 9-10.

[68] Nagayo Sensai, "Eisei gokai no ban," *Dai Nippon shiritsu eisei kai zasshi*, 2 (June 1883): 27-28.

hygiene in early Meiji, how did Nagayo redefine public health so as not to further imperil his designs for hygienic self-governance?

Here the Meiji statesman recuperated a conveniently broad and recognizable concept that helped familiarize and historicize hygiene by fusing the phenomenon with Japanese tradition. In the same speech, Nagayo stated that the root of the Japanese public health system was not in the West but rather in the Japanese process of *yōjō* 養生 or "nurturing life." Lifted from a sprawling corpus of Tokugawa-era texts on maintaining a "sick-free long-life" (*mubyō chōju* 無病長寿), the term presented Nagayo with a convenient and conceptually pliable alternative to Western-sourced modes of disease prevention, allowing him to ground modern hygiene within the Japanese past. Many scholars have shown how *yōjō* did, indeed, constitute a rich Tokugawa discourse that blended health practices such as diet, exercise and sex with moral, "Confucian" dictates on behavior and daily conduct.[69] Nagayo's interest in the term, however, seems to have derived less from a desire to resuscitate or preserve the Edo-period practice and more from the perceived exigency of implanting modern public health in Japanese history. As noted, Nagayo held little respect for pre-modern, non-biomedical forms of therapy, palliative care or nutrition. On many occasions, he denounced "Chinese" *kanpō* practitioners as mere profiteers who disdained Western things (*seiyō no jibutsu* 西洋の事物) and clung to their practices like "stubborn followers of a religion." He repeatedly held up the promulgation of the *isei* as both the symbolic and political triumph of science and rationality over Tokugawa-era medical superstition.[70] Hence, whether Nagayo was either willfully ignorant or blissfully unaware of the paradox that his connection between *eisei* and *yōjō* repeated the very rhetorical manipulations of hygiene that he denounced, the ultimate effect was a nativization of hygiene that sought to obfuscate its unfamiliar and alien aspects by linking them to certain precedents within Japanese tradition. Japan, in other words, had always been hygienic, even if the Japanese themselves were unaware of it.

Fukuzawa expanded upon Nagayo's efforts to blend hygiene with an infinite Japanese past. Although he attended meetings only infrequently, Fukuzawa's outsized reputation by the 1880s made his patronage of the Society especially meaningful for the group of Restoration-era dignitaries struggling to maintain early Meiji ideas of *eisei jichi* in the face of Yamagata's ascendancy and generational change in the bureaucracy. A middle-aged Fukuzawa opened his speech to the Association with the wit, flattery and humor of a seasoned orator chummily addressing a crowd of familiar faces: "There's no one here today who doesn't understand the meaning of hygiene. Nor is there anyone here who doesn't comprehend the reasons for such academic pursuits (*sono gakumonjyō no dōri* 其学問上ノ道理)…This guy here Fukuzawa is no

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[69] See, for example, Susan Burns, "Nanayama Jundō at Work: A Village Doctor and Medical Knowledge in Nineteenth Century Japan," *East Asian Science, Technology and Medicine* 29 (2008): 62-83; Angelika Koch, "Sexual Healing: Regulating Male Sexuality in Edo Books on Nurturing Life," *International Journal of Asian Studies* 10, no. 2 (2013): 143-170; Takizawa Toshiyuki, *Kenkō bunka ron* (Tokyo: Taishūkan shoten, 1998) and William Evan Young, "Family Matters: Managing Illness in Late Tokugawa Japan, 1750-1868" (PhD Dissertation, Princeton University, 2015).

[70] Nagayo Sensai. *Shōkō shishi*, 137, 145.

doctor. When it comes to academic theories on hygiene (*eiseijyō no gakuri* 衛生上ノ学理), such a dope as myself (*ukatsu naru mono* 迂闊ナル者) shouldn't be speaking to this crowd."[71]

Fukuzawa stated that his only license for addressing the audience derived from his many years of hardship (*kurō* 苦労) devoted to the study of Western civilization. And like the association members who worked tirelessly to expunge false beliefs and fear from the masses of the lower class (*kakyū no bonzoku* 下級ノ凡俗), Fukuzawa also sought to educate common people about both the benefits of attaining a higher level of civilization. Yet his time spent learning from the West exposed him not only to its meritocratic education systems and its parliamentary forms of government, but also to its unabashed cultural arrogance and its many censures against Japan's unhygienic folk practices. He admitted that, at a younger age, he had internalized these critiques of his country's uncleanliness and medical backwardness, leading him to mistakenly advocate for the complete overthrow (*tenpuku* 顛覆) of several Japanese traditions in the name of progress.[72] Fukuzawa argued that Westerners, and increasingly many Japanese caught up in the more harmful trends of Westernization, lacked appreciation for Japan's own hygienic customs. Western critics, for example, might frequently deride the scalding temperatures of Japanese baths as unhealthy, yet they paid no mind to stewing themselves in the turbid, lukewarm water they used to scrub off their daily accumulation of sweat and grime.[73] Travelers to the countryside denounced the smells wafting from Japan's flooded rice paddies, but generations of Japanese farmers had lived amidst the stench and had avoided plague and sickness.[74] Lastly, Fuzuzawa devoted several minutes to a comparative anthropological analysis of Japanese and Western modes of defecation and effluvial management. He argued that whereas Westerners merely dumped all of their solid waste—from food scraps to fish guts—into one giant drainage system where it festered before being flushed out into rivers and the sea, Japanese presciently separated their detritus so as not to clog their sophisticated setup of above-ground ducts and open-air ditches. When necessary, Japanese simply placed their more fetid refuse outside to be dried by the sun, where it decomposed naturally. After maundering through these disparate examples, Fukuzawa finally arrived at his thesis: Japanese hygiene must develop separately from the West, and those pushing the benefits of allegedly "modern" public health were in fact ignoring the very principles of learning (*gakumon no dōri* 学問ノ道理) that would enable the nation maintain its own autochthonous health system. Such ignorance deepened the fissures between Japan's lower and upper classes:

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[71] Here, Fukuzawa omitted his medical training at the Tekijuku under Ogata Kōan.

[72] Speaking in the intimate third person, Fukuzawa remarked that "Yukichi had committed such an offense, causing [me] to be red in the face [with embarrassment]." See Chapter 4 of this dissertation for an elaboration about the internalization of external discourses of national "sickness" in East Asia and its relationship to state power.

[73] It is not immediately clear who Fukuzawa had in mind here. Indeed, many Western ethnographic accounts of Japan praised cultural bathing practices even if they might decry other hygienic customs as backward.

[74] To be sure, there is much to be said about the efficiency of the Edo-Tokyo nightsoil trade system. See, for example, Mizoiri Shigeru's interesting treatise on Meiji waste management. *Meiji Nihon no gomi taisaku: osenbutsu sōjihō ha donoyouni shite seiritsu shita ka* (Tokyo: Recycle Bunkasha, 2007).

> [Those who say] reduce the temperatures of the baths, those who threaten (*odoshi* 嚇シ) that erecting houses between stench-ridden fields will invite sickness, and those emphasizing that waste disposal is best managed by installing [Western-styled] underground pipes will ultimately lose the sympathies of the masses (*bonzoku no ninjō wo yaburu* 凡俗ノ人情ヲ傷ル). Their reckless methods [of policy implementation] merely invite animosity.

Like Nagayo, Fukuzawa remained unspecific on how association members might reform the process of hygienic cultivation so as not to incite a popular backlash. His humble disavowal of any knowledge of health or medicine also enabled Fukuzawa to elide any mention of what might comprise Japan's new hygienic method (*eiseihō* 衛生法). Instead, he emphasized that public health policy must accommodate that which came before, taking into account old habits and customs (*kozoku shūkan* 古俗習慣) so as to inure Japanese subjects to the benefits of hygiene without the masses "ever becoming aware of it" (*shirazu shirazu* 不知不識). Fukuzawa concluded his speech by likening Japanese commoners to children who might initially refuse to take medicine but, if distracted by a decorated cup (*garōgu no choko* 玩弄具ノ猪口), would forget its bitterness and swallow it down. Japan's old habits and customs, argued Fukuzawa, could similarly serve as a type of playful vessel whereby all subjects would naturally, however unsuspectingly, "ingest" the knowledge of public health and thus come to understand a modern, Japanese-styled hygienic way of living.[75]

Fukuzawa's conclusion stands out not only for its paternalism, but also because, unlike Nagayo's strained efforts to resuscitate Tokugawa-era tropes of *yōjō*, the author barefacedly admitted the utilitarian purpose of linking public health to Japan's "old habits and customs" as a means of molding Japanese into proper and responsible subjects. In doing so, Fukuzawa differed from many other elite authors of the nation's "invented traditions" because he made no attempt to obfuscate the constructed nature of the connection between early-modern health practices and contemporary hygienic policy.[76] To be sure, many of Fukuzawa's examples, especially that of the Japanese bath, possessed cultural antecedents in the Tokugawa period and certainly played a role in quotidian rituals of health practice before the nineteenth century. But grafting these discursive hygienic customs onto an elite-led, top-down and uniform public health system was entirely new, and Fukuzawa's brazenness in telling association members to actively manipulate old ways so that the "bitterness" of hygienic enlightenment might be disguised by the "decorated cup" of tradition bordered on the comical.

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[75] Fukuzawa Yukichi, "Eiseihō jisshi jyō no chūi," *Dai Nippon shiritsu eisei kai zasshi* 9 (February, 1884): 12.

[76] For example, we might contrast Fukuzawa's narrative with Itō Hirobumi's characterization of Japan as a "vast village community" forever "homogenous in race, language and religion" and united, presumably, by an intangible cultural ethos. Itō Hirobumi, "Some Reminiscences of the Grant of the New Constitution," in Ōkuma Shigenobu, ed. *Fifty Years of New Japan* (New York: Dutton, 1909), 122-32.

Such humor, however, seems to have been lost on association members and hygiene officials who continued to affirm and (re)discover the historically transcendent relationship between modern public health and a deep Japanese past. Writing nearly thirty years later in an introduction to an edited multi-volume series on *yōjō*, Miyake Hiizu echoed the mid-Meiji sentiment that Japan possessed a unique and immutable public health tradition: "the hygienic methods put forth by Western scholars are well-ordered and scientific, and should be respected as a discipline (*gakumon* 学問). Though certainly inferior in terms of its organization, the hygienic method developed by our [Japanese] ancestors is nevertheless both practical and instructive (*kyōkunteki* 教訓的). While it might not deserve praise as a scientific discipline, it is that which fits the Japanese best."[77] Like both Nagayo and Fukuzawa, Miyake did not expand upon the exact character of the system itself. Rather, annotated texts by authors such as the *rangaku* scholar Sugita Genpaku served as self-evident reminders of Japan's native traditions that, while perhaps lacking in scientific rigor, comprised an intangible quality of Japanese-ness that was assumed to be nationally shared and metaphysically understood. The point was to evoke and sharpen this sense of a distinct and communal, though somewhat dubious, hygienic past among the book's intended audience of doctors, medical officials, police and bureaucrats who, Miyake stated, should all know something of *yōjō* in order to help their own clientele recall the character of a transcendent Japanese health culture.

Conclusion

By the end of the Meiji period, many of elements of the hygiene regime had transformed since their adaptation into the Japanese lexicon in the early 1870s. Gone, or at least deemphasized, was the emphatic veneration of Western health systems, including the admiration of Europe's clean streets and the self-sufficiency of America's rural communities. Cholera riots and the politics of quarantine and isolation also lessened the initial post-Restoration confidence that provincial authorities, the educated rural elite, the police and regional doctors could be trusted to inspire and properly indoctrinate lower classes on the dictates of modern public health. Yet the ultimate goal of didactically imposing a public health system based on self-governance, and the Restoration idea that public health might be used as a medium for making "high and low of one mind" (*jyōge kokoro wo hitotsu ni shite* 上下心を一つにして), remained the same. The medical elite now described the strengthening of a nationwide health culture not as an epochal shift, but rather as a gradual cultivation of an allegedly inherent medical knowledge. This involved the construction of an elaborate historical imaginary, sufficiently abstruse and easily manipulable, that allowed for a temporal continuity that made change comfortable and indoctrination imperceptible.

Like all modern constructs, however, maintaining the paradoxical idea of Japan as forever hygienically modern required constant affirmations that inevitably betrayed an underlying insecurity that the nation remained behind both the West as well as behind its own goals for instituting a broad and unified health culture. Epitomized by Fukuzawa's assertion that Japan's technologies of managing excrement outranked the West, and by Miyake Hiizu's

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[77] Miyake Hiizu and Ōzawa Kenji, eds., *Nihon eisei bunko* (Tokyo: Kyōiku Shinchō Kenkyūkai, 1917-1918), 2.

admission that Japanese public health was scientifically inferior yet spiritually appropriate to the Japanese body, members of the Japanese elite cultivated their own sense of nostalgia that recuperated parts of the past that they had only recently disavowed.

Chapter Two
Early Formulations of Modern Public Health in Korea, 1876-1897

This chapter examines the effort to construct a modern public health regime in Korea by combining foreign health practices with the extant medical traditions of the Chosŏn period (1392-1897). Like the chapter that precedes it, the analysis shows how hygiene was deeply intertwined with the process of state building, used as a medium for nationalizing and socializing subjects under the auspices of the center. One of the chief claims of this chapter is that such efforts persisted across the tenuous political climate of late nineteenth-century Korea, even as different claimants to political power competed and battled with each other, vanishing and reappearing like players on a stage. I argue that, despite the fraught nature of politics during the last decades of the century, the exigencies of hygiene, and hygienic mobilization, remained constant.

Yet this chapter also shows how the impetus towards centralization under the late-Chosŏn state was predicated upon an increasingly vulnerable claim to authority by the throne. This claim was thrown into stark relief when ideas about hygiene and their concomitant policy initiatives failed, sometimes spectacularly, when they were put into action. The chapter demonstrates that the contingencies introduced by disease during the 1870s dictated the implementation and effectiveness of public health policies much more than the efforts of Korea's health modernizers, as the state's ambitious programs for public health exploded in the face of rampant epidemics. Against this background, health and hygiene functioned less as vehicles for the expansion of the state's medical gaze and more as reactionary or counter initiatives to simply alleviate outbreaks before they corrupted the power of the center itself.

I begin with a historiographical overview of secondary literature in English, Japanese, and Korean on the genealogy of public health in Korea. Such a survey of the historiography is necessary because one does not exist in English. Many scholars of Korea's public health history correctly cite Sabine Frühstück's *Colonizing Sex* and Ruth Rogaski's *Hygienic Modernity* for their contributions to the history of health in modern East Asia, but these works should, quite obviously, not be used as substitute indices for the Korean experience. While my own framework remains comparative, the literature review contextualizes Korean historiography within Korean history while also providing background for my own interventions, which are interwoven into the narrative that follows. The chapter then traces the intellectual and institutional history of hygiene in the peninsula, concentrating on the tensions between theory and praxis. It frames hygiene as a concept that enabled not only control over subjects, but also the legitimization of power. After Chosŏn-era medical systems weakened with the general attenuation of the state's authority in the late-nineteenth century, the government attempted to reform nationwide health practices by delegating significant medical power to missionaries and

the police in an attempt to reassert power over the political anatomy of the state and the physical anatomy of the individual. I focus on two state enterprises: the Chosŏn regime's universal vaccination initiative and its patronage of the missionary-run Chejungwŏn hospital. The vaccination campaign sought to expand the medical authority of the state, while the Chejungwŏn was designed to centralize medical practice in the capital. As I argue, however, these gestures toward centralization and control were frequently corrupted and sabotaged by disease itself when the state proved ineffective in safeguarding the health of a population over which it claimed paternal authority.

Writing Public Health into Korean History

The historiography of public health in Korea parallels the larger arc of debate that has structured the field of Korean history, particularly along the lines of the unceasing controversies over the genesis of Korea's modernity. Beginning in the 1960s, scholars of Korean medical and disease history began publishing primary source compendiums and massive tomes that served as foundations for later works that both built upon and chiseled away at this initial bedrock of scholarship.[1] Miki Sakae's *History of Medicine and Disease in Korea* (*Chōsen igakushi oyobi shippeishi* 朝鮮医学史及疾病史, 1962) underscored the cleavages between premodern, Sino-centric and shamanistic conceptualizations of the body prior to 1910, and the introduction of biomedicine and hygiene by the West and the Japanese colonial state. Though a significant contribution, Miki's view of Korea's medical history was conditioned by colonial-era methods of periodization that presumed an ancient and unvarying pharmacological tradition thrown only occasionally out of its inertia by foreign stimulus.[2] Korean scholars responded to this portrayal of a massive rupture between a stagnant Chosŏn medical system and Japanese-induced medical modernity by producing their own studies on *hanŭihak* as a uniquely Korean genre of medicine, one which embodied traits of the imagined community that transcended the colonial period and was deeply tied to the development of Korea's national identity.[3] Kim Tu-jong's *History of Korean Medicine* (*Han'guk ŭihaksa* 韓國醫學史) characterized the years from roughly 1905 to 1945 as a period of "passive suffering" (*sunan'gi* 受難期) whereby any scientific developments

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[1] A major nexus of debate during this period, which persists even today, concerned the nature of Korean medicine (*hanbang*, *hanŭihak* 韓方, 韓醫學) as a singularly "Korean" form of treatment and practice independent of other continental traditions, and whether it represented either a productively alternative or a hopelessly anachronistic form of healing.

[2] Miki divided Korea's medical history into ancient, medieval, and premodern periods (*jōsei*, *chūsei*, *kinsei* 上世, 中世, 近世). Though Miki went into great detail on the internal dynamism of these eras, especially that of the Yi dynasty, which he labeled the "premodern" era of Korea's medical history, he always found the causative factors for transitions between these eras externally, whether through interaction with China, Japan or the West. Miki Sakae, *Chōsen igakushi oyobi shippeishi* (Osaka: Miki Sakae, 1962). Yeo In-sok also points out Miki's problematic citation of Japanese-language sources, such as the *Nihon shoki*, as authoritative texts on ancient Korea. Yeo states that this reflects a persistent colonialist perspective. Yeo In-sok [Yŏ In-sŏk], "Ilsan Kim Du-jong sŏnsaengŭi saengaewa hangmun," *Korean Journal of Medical History* (*Ŭisahak*) 7, no. 1 (1999): 6-7.

[3] So Young Suh provides a nice overview of this scholarship in her dissertation. See So Young Suh, "Korean Medicine between the Local and the Universal: 1600-1945" (PhD Dissertation, University of California, Los Angeles, 2006), 1-6.

in indigenous medicine came under the oppression of colonial hegemony. Although Kim acknowledged the influence of foreign powers upon the growth of public health in Korea, his argument emphasized the discontinuity between late-Chosŏn medical scholarship and the colonial period. For Kim, it was only after 1945, when Korea's dormant capacity for initiating its own modern medical regime (medical schools, state-funded research centers, biomedical hospitals) became "liberated" (*tongnip* 獨立) from outside influence.[4]

Miki and Kim's books formed the early canon of post-1945 historiography. Despite clear differences in periodization, they nevertheless shared a conceptualization of medicine and public health as indices for measuring rates of "progress" towards a biomedical modernity that frequently took the West as its example. For these two modernists, the introduction of surgical technologies, the construction of medical schools and hospitals, declining rates of infectious disease, and the institutionalization and regulation of medicine by government bureaus evidenced Korea's temporal position in an assumed universal stream of development. Although differing contexts inflected these authors' passionate disagreements about who initiated public health in Korea, this type of scholarship shared the assumption of a singular modernity that could be empirically proven through the signposts of vaccination rates, the tonnage of underground sewage pipes, or the numbers of patients served at hospitals.

Beginning in the 1990s, the positive valuation of modernity was broken by the recognition of variations in patterns of modernization and the powerful thesis of colonial modernity, which characterized modernization as imposed rather than developed, and accompanied by violence, both epistemic and bloody.[5] In this context, scholars tended to juxtapose different strands of modernity by analytically separating the public health systems introduced by the Japanese, US missionaries and the late-Chosŏn or Taehan governments, oftentimes imbuing the contrasting modernization initiatives of these three parties with disparate value judgements whereby Japanese medical modernity served as a negative example against that of Christian or indigenous practices.[6]

In particular, many works portrayed missionary-introduced medical reforms as a type of sieve through which Korea passed on its way to modernity. Whether written in English or Korean, this genre almost always spotlights the well-known drama of the 1884 Kapsin coup, when the doctor to the American legation in Korea, Horace Allen (1858-1932), allegedly pushed aside the Korean court's traditional healers and resuscitated the imperial prince Min Yong-ik

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[4] Kim Du-jong, *Han'guk ŭihaksa*, 2nd ed. (Seoul: Tamgudang, 1981), 539, 547. For a biographical sketch of Kim's life that situates his scholarship in the context of the nationalist "discovery" of Korean medicine vis-a-vis Miki Sakae's work, see Yeo In-sok, "Ilsan Kim Tongju sŏnsaengŭi saengaewa hangmun."

[5] See Tani Barlow, ed., *Formations of Colonial Modernity in East Asia* (Durham: Duke University Press, 1997) and Gi-Wook Shin and Michael Robinson, eds., *Colonial Modernity in Korea* (Cambridge, MA: Harvard University Press, 1999).

[6] For example, Yi Man-yŏl's thousand-page opus on the history of Christian medical work in Korea shifted the *historical* focus from the competing Japanese and Korean governments, and the *historiographical* focus from the competing Japanese and Korean interpretations to non-state missionary actors. Yi's analysis characterized missionary health programs and their administration of biomedical hospitals as altruistic manifestations of "Christian love" (*kidokkyo chokin sarang*). Yi Man-yŏl, *Han'guk kidokkyo ŭiryosa* (Seoul: Ak'aned, 2003), esp. 71-4 for the differences Yi draws between the contrasting motivations for the medical initiatives managed by Christians, the Chosŏn government and the Japanese.

(1860-1914) as he lay slashed, bloodied and dying in the imperial palace.[7] According to these accounts, Allen's unexpected savior of the queen's nephew ingratiated him with the royal court, leading king Kojong (1852-1919) and the Min clan to sponsor Allen's establishment of Korea's first biomedical hospital and the government's approval of the missionary field's expansion into Korea. Allen's story was allegorized as a type of stage for the triumphant influx of Western biomedical training and Christianity into Korea as Allen's science "healed" not only the prince, but also the moribund Chosŏn state. This type of scholarship contributed to a global history of the Christian evangelist movement, but it had little to say about Koreans themselves. The narrative bifurcated the Korean and American experiences, making it less about the interactions between Western missionaries and Koreans, and more about writing a history of missionaries in the space of Korea.[8]

Such depictions have been both augmented and complicated not only by recent transnational approaches to the history of Christianity in Korea, which situates the introduction of the religion within the larger geopolitical context of competing imperialisms, but also by a critical reexamination of the period between the 1876 Kanghwa Treaty and the start of Japanese rule in 1910.[9] This trend has also inspired a scholarly reexamination of Kojong's centralizing reforms by characterizing the Taehan period (1897-1910) as "modern in nature" rather than a transitory juncture during which Chosŏn imperial authority doddered between rival colonial powers.[10]

In terms of disease prevention and hygiene, Sin Dong-won's meticulous mapping of Korea's inception of a public health system after 1876 has become a touchstone for nearly all English language scholarship on the history of health in the peninsula, including this dissertation. Sin argues that the state forced a public health system upon a population that was simultaneously desirous of its modernizing potential yet also skeptical of its coercive power. Although he identifies some continuities across the tumultuous political spectrum of *fin de siècle* Korea into

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[7] For a representative account, see Chan Uk-byun, "Korean Responses to Foreign Missionaries in Early Modern Korea" in Donald Clark, ed., *Missionary Photography in Korea: Encountering the West through Christianity* (New York: The Korea Society, 2009), 32-34. An earlier and more sensationalized, yet wholly entertaining, version can be found in Fred Harvey Harrington, *God, Mammon and the Japanese: Dr. Horace N. Allen and Korean-American Relations, 1884-1905* (Madison, WI: University of Wisconsin Press, 1944), 24-5.

[8] While its title might lead one to think otherwise, Donald Clark's *Living Dangerously in Korea: The Western Experience, 1900-1950* (Norwalk, CT: Eastbridge, 2003) is a more critical treatment of the Western experience in Korea. On the dearth of English-language scholarship on Korea's medical history, see Sonja Kim, "In the Margins: Writing on Medicine in Korea after 1876" *Korean Journal of Medical History* (*Uisahak*) 19, no. 2 (December 2010): 255-298.

[9] For example, Hyaewol Choi, *Gender and Mission Encounters in Korea: New Women, Old Ways* (Berkeley: University of California Press, 2009) and Kenneth Wells, *New God, New Nation: Protestants and Self-Reconstruction Nationalism in Korea, 1896-1937* (Honolulu: University of Hawaii Press, 1990).

[10] See the articles in Kim Dong-no and John Duncan, eds., *Reform and Modernity in the Taehan Empire* (Seoul: Jimoondang, 2006), 40. The quote is from Kim Dong-no's introduction to the volume. In English-language literature, such scholarship is something of a rejoinder to the long-held argument by James Palais, who characterized Kojong as having "inborn timidity, indecisiveness, and diffidence," which made him an "easy mark for the power seekers around the throne." Palais goes on to state that "what [Kojong's] father built in ten years, he undid in three." Harsh! See James Palais, *Politics and Policy in Traditional Korea* (Cambridge: Harvard University Press, 1975 (1991), 23-4.

the protectorate period, Sin makes a hard distinction between the post-1884 interregnum of so-called Eastern ethics, Western science (*tongdosŏgi* 東道西器) and the resurrection of imperial authority under Kojong's rule under the Taehan empire. He posits that the state in the mid-1880s endeavored to salvage an increasingly unsustainable medical administration through selective adoption of Western practices, whereas the post-Kabo government initiated an expansive and militaristic (*mudanjŏk*) public health system, albeit in the form of a decidedly un-modern effort to rehabilitate monarchical authority. In contrast to Ruth Rogaski's denotation of hygienic modernity, Sin implies that because precolonial health policy was, like Japan's, always couched in terms of the throne's "Confucian" bestowal of charity and imperial benevolence, it retained premodern elements that invariably contradicted a truly modern public health system. Setting aside the question of whether or not we might consider rationalization in the form of imperial restoration "modern," Sin's framing allows for characterization of the Taehan state as at least modernistic or "semi-modern" (*bankŭndae*) due to its vision of a healthy and independent body politic. For Sin, this tendency toward a mass health system was ultimately suppressed by the leviathan of the Resident-General, especially after 1907 when Japan's involvement in the peninsula moved decisively towards annexation.[11]

Perhaps in order to circumvent the problem of Korea's eclipsed or inhibited (hygienic) modernity, scholars have begun to investigate alternative avenues of popular health practices. Echoing Pransenjit Duara's critique of the Hegelian concept of the nation as an autonomous subject moving through time, as well as Duara's exploration of non-linear instantiations of national community un-inscribed by a hegemonic center, historians have started investigating forms of public health that existed independently from the state, both Korean and colonial.[12] These include, for example, analyses of nineteenth-century Tonghak/Ch'ŏntokyo (東学/天道教) methods of sanitation as "indigenous" modes of disease prevention divorced from the government, which both preceded and transcended Chosŏn government and Japanese efforts to erect an expansive hygiene regime.[13] Yet most of this scholarship still delimits the end of any "indigenous" gesture towards medical modernization in 1910.[14] Just as Duara's prioritization of alternative histories nevertheless concludes with the triumph of a hegemonic narrative of the nation state, the search for a latent Korean health practice that contained the possibility of

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[11] Although Sin notes that the desire to legitimize Kojong's rule perhaps informed later self-strengthening movements, he places much more emphasis on Japan's assumption of authority over hospitals and semi-government medical organizations from roughly 1907 to 1910. Sin Tong-wŏn, *Hanguk kŭndae pogon ŭiryo sa* (Seoul: Hanul, 1997) 439-40. In a recent work, Jun Yoo has extended Park's analysis in his foundational study on the history of mental illness in Korea, arguing that contemporary skepticism towards positivistic and institutionalized forms of mental health treatment derives from the legacy of harsh colonial rule and the institutionalization of modern treatment under a foreign power. Theodore Jun Yoo, *It's Madness: the Politics of Mental Health in Colonial Korea* (Berkeley: University of California Press, 2016), esp. 142-154.

[12] Prasenjit Duara, *Rescuing History from the Nation: Questioning Narratives of Modern China* (Chicago: University of Chicago Press, 1995).

[13] Shin Dongwon [Sin Tong-wŏn], "Hygiene, Medicine, and Modernity in Korea, 1876-1910" *East Asian Science, Technology and Society: an International Journal* 3 (2009): 5-26.

[14] An important exception is Yumi Moon, *Populist Collaborators: The Ilchinhoe and the Japanese Colonization of Korea, 1896-1910* (Ithaca: Cornell University Press, 2013).

developing into a popular or mass system always ends with the movement's eclipse by Japanese imperial power. At worst, such scholarship recalls the frustratingly persistent debate about the "sprouts" (*maenga*) theory of Korean industrialization in the late-Chosŏn period, which occasionally lapses into the counterfactual assumption that the Korean nation would have industrialized or modernized "on its own" if it had not been infringed upon by outside forces.

In his recent work exploring state power across both the late-Chosŏn and colonial periods, Kyung Moon Hwang provides an intellectually productive method for working through these problems of periodization. Recognizing that the "modern state emerged in Korea through processes of rationalization that were fluid and often absorbed extralegal, informal, 'traditional,' and indeed seemingly irrational impulses," Hwang demonstrates how many of the post-1895 reforms were subsumed or appropriated—but not eclipsed—by the colonial state.[15] The distinction here is subtle, but the implication critical. As I have outlined, previous histories of public health in Korea emphasize a massive disjuncture between the Chosŏn regime, whether moribund or modernizing, and the powerful imposition of modernity under the yoke of Japanese imperialism. Hwang's formulation allows us to trace different lineages of Korea's past, many of them discordant and perhaps even "seemingly irrational," throughout and beyond the precolonial period without assuming the inevitable obliteration of these diverse impulses in 1910 or, indeed, even in 1945. This recognition not only helps incorporate several of the "alternative" tendencies towards modernity that some historians believe existed in late nineteenth-century Korea, but it also reveals how many of Chosŏn's modernizing initiatives provided the foundation for Japanese imperial rule, even as Japan hailed its takeover of Korea as the introduction of an entirely new, rationalized and scientific political order (see Chapter Five).

By adopting a wider temporal frame that extends from 1894 to liberation in 1945, Hwang incisively demonstrates how the precolonial state and the Resident-General conceived of public health as a means of legitimization and control that were similar in their processes of state making. Yet, because Hwang's concern is to explore consistencies in the processes of *state* rationalization spanning the late-Chosŏn and colonial periods, his analysis somewhat effaces the significant role of missionaries, and it downplays the important function of non-state methods of health practice that remained the primary method of disease prevention and treatment until at least 1910, and even well after.[16]

Missionaries and practitioners of "traditional" medicine were crucial in shaping the trajectory of biomedical practice in Korea. At different points, missionaries allied with the state, helping to legitimize a government confronting existential threats and internal challenges. This alliance came at the expense of traditional healers, whose stigmatization as vestiges of an outmoded past led to their banishment to the hinterlands of power. Once the late-Chosŏn state recognized the legitimizing potential of patronizing a "national" Korean medicine, however, some of these practitioners were rehabilitated as long as they subscribed to the dictates of the state. Against this background, it seems imperative to reexamine the history of public health in precolonial Korea by incorporating Hwang's interesting refiguring of modern Korea's

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[15] Kyung Moon Hwang, *Rationalizing Korea: The Rise of the Modern State: 1894-1945* (Berkeley: University of California Press, 2015), 3.

[16] Yoo, *It's Madness*, 142-54.

periodization across a wider temporal spectrum while also narrowing the focus in order to more closely examine the elusive boundaries and tense relationships between the Korean government, in all its multivalent forms between 1876 and 1895, and those groups operating along the frequently indistinct boundary between state and people.

The decline of the *samŭisa* system

The year 1876 offers a convenient though misleading heuristic for tracing the beginnings of modern public health in Korea. Just as the transition from samurai power in Japan to a "restored" imperial authority did not occur immediately after the appearance of American steamers in Uraga Bay, the signing of the 1876 Kanghwa Treaty did not automatically induce the collapse of Chosŏn governing authority, nor did it precipitate the many contests to state power that took place during the late nineteenth century. Even before Japan paradoxically imposed Korea's "independence" from China and the Sino-centric tributary system, the Chosŏn regime struggled to shore up fractures in its major organs of state, which had become increasingly fragile during its last century of rule. Internal rebellion and dereliction of responsibility at the local level are oft-cited causes for this attenuation of state power.[17]

Although often overlooked, disease, and the inability of the state to prevent it, also played critical roles in exacerbating these underlying problems, and they also engendered a number of new ones. Smallpox, typhus and cholera swept through the countryside throughout the 1800s, exhausting a rural community already taxed by local government malfeasance and repeated natural disasters. As many as 100,000 people perished in an 1831 cholera epidemic alone and, as I elaborate below, intermittent though rapacious outbreaks continued throughout the century.[18]

These early nineteenth-century blights also helped unmask a crisis of legitimacy in the Chosŏn regime. Since the early days of the dynasty, and perhaps even prior to the Koryŏ-Chosŏn transition in the late fourteenth century, the state administered a medical system that typified "Confucian" forms of benevolent governance, grounded as they were in a belief that moral leadership and the maintenance of proper relationships between subject and ruler bequeathed prosperity and social harmony.[19] Known as the *samŭisa* (三醫司) system, the Chosŏn medical regime encapsulated this moralistic framework of the social order through a

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[17] In addition to the Tonghak rebellion, the state was beset by a host of problems including the 1811-1812 insurrection led by Hong Kyŏng-rae [Hong Gyeong-rae 1780-1812] in the northwest, continued venality by local government officials and an anti-Catholic persecution in 1866. An Pyŏng-uk has also discussed the possibility of new social groupings in the nineteenth century that challenged the Chosŏn social order by creating horizontal alliances based on the locale, which further undermined hierarchical Chosŏn authority. An Pyŏng-uk, "The Growth of Popular Consciousness and Popular Movement in the 19th Century: Focus on the Hyanghoe and Millan (民乱)" *Korea Journal* 28, no.4 (April 1988): 4-19.

[18] Shin Dong-won, "Chosŏnmarŭi k'ollera yuhaeng, 1821-1910" *The Korean Journal for the History of Science* [*Han'guk kwahaksa hak'oeji*] 11, no. 1 (1989): 56-7. The strain of cholera that entered Korea in 1831, and the violent symptoms it induced were also previously unknown in the peninsula, unleashing uncanny devastation upon a population with no prior exposure to the cholera variety.

[19] On the (re)establishment of these offices following the change in dynastic rule, see Kim Dujong, *Han'guk ŭihaksa*, 196-9.

three-tiered, concentric and hierarchically structured network of clinical and administrative bureaus. Each of these offices differed both in clientele and in function. At the center sat the Naeŭiwŏn (内醫院), charged with administering royal treatment (*suga* 隨駕) to high-ranking officials and members of the imperial family. This was complemented by a second intermediate sphere of clinical offices known as the Hyeminsŏ (恵民署), which provided care for residents inside the capital's walls, and a more informal grouping of smaller facilities called the Hwarinsŏ (活人署), which operated along Seoul's (Hanyang's) periphery and served the city's poorest residents. The Hwarinsŏ also functioned during disease outbreaks as semi-official, ad hoc quarantine stations. During times of crisis, the Hwarinsŏ also dispatched medics to provinces where they occasionally collaborated with Buddhist institutions and local shamans in order to administer treatment and, at minimum, isolate infected patients from town and village centers. Medical personnel for the highest institutions trained at the Chŏnŭigam (典醫監), the last bureau comprising the Chosŏn medical trifurcate. This office also studied and manufactured pharmaceuticals for distribution to the outlying Hyeminsŏ and Hwarinsŏ. Depending on historiographical interpretation, the three bureaus represented either the preeminent power of the Chosŏn moral state—symbols of its bureaucratic rule through the provision of charitable treatment (*siryo* 施療) and free medical dispensation—or they were more emblematic of an aristocratic paranoia that diseased commoners could potentially infiltrate and infect the capital and the central court.[20] Both interpretations hold a degree of plausibility since the Hyeminsŏ and Hwarinsŏ served the dual purposes of quarantine and rehabilitative treatment, homologous but non-identical forms of medical supervision that simultaneously brought in, but also kept away, sick people from the city center.

Regardless, there is an overall consensus that the ability of the *samŭisa* system to protect or heal the royal household and its subjects had grown fragile by the mid-nineteenth century. The deaths of several young kings due to disease or poison first exposed problems in the Chosŏn medical system. Certainly the premature burial of royal family members, induced both by sickness and subterfuge, was not uncommon in the royal lineage.[21] But the monopolization of positions within the Naeŭiwŏn by a handful of families, and increasing ossification of access to certain bureaucratic occupations in the Chŏnŭigam excluded outside talent from entering the medical bureaucracy, giving an impression of intellectual inertia and technological lag. Under the facade of a regimented and ritualistic court there flowed an increasing stream of resentment that Naeŭiwŏn physicians, the highest ranking medical authorities in the regime, could not maintain the health of the royal family. This also led to a broader perception that lower-ranking

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[20] Kim Dujong, for example, takes the most widely held interpretation of the *samŭisa* system as a medium of social welfare (*sahoe pokchi* 社會福祉) that incorporated popular, oftentimes Buddhist, methods of treatment. Ibid., 423. Donald Baker provides a different interpretation, stating that the institutions were designed, at least partly, to "keep possible carriers of disease from entering the capital," which would seem to better explain the hierarchical structure of the system itself. Don Baker, "Oriental Medicine in Korea" in *Medicine Across Cultures: History and Practice of Medicine in Non-Western Cultures*, ed. Helen Selin (London: Kluwer Academic Publishers, 2003), 139.

[21] The suspicious circumstances surrounding the death of King Ch'ŏljong (1831-1864) and the deaths of eleven of his twelve children are the most telling examples.

medics were unable to guarantee the health of the general populace. A decline in the number of exams proffered by the government added to the burgeoning opinion that the meritocratic state testing system functioned in name only.

This perceived stagnation provided a convenient context for the sensational story of Horace Allen's revival of Min Yong-ik and the introduction of biomedicine in the 1890s. More importantly, limited access to government positions gave rise to a population of failed exam takers and unlicensed peddlers of *materia medica* who gradually became the foremost providers of treatment for non-aristocratic lineages, especially for Koreans outside of the capital. Many of these entrepreneurs and care givers derived from the mid-level hereditary status group (*chungin* 中人) whose increasing demands for greater career and professional opportunity would galvanize the modernizing reforms described later in this chapter.[22] Confronted with other financial and personnel exigencies, Chosŏn rulers decreased the state's patronage of the medical system, eroding the rigorousness of its training programs, which led to the dispatch of less-experienced medics and healers to Hwarinsŏ-administered clinics.

The growing ineffectiveness of the Hyeminsŏ and Hwarinsŏ in the face of waves of communicable diseases during the nineteenth century led to criticism of the two offices. The latter was derided in popular parlance not as the Hwarinsŏ (活人署, "Bureau for the Living") but rather as the Salinsŏ (殺人署, "Bureau for Killing").[23] In the wake of the 1882 Imo Soldiers' Mutiny, government austerity resulted in the closure of both the Hyeminsŏ and Hwarinsŏ, effectively bringing an end to the *samŭisa* system in its late-Chosŏn iteration, though it would make a brief symbolic resurgence, albeit in different form, during the latter half of the decade as part of wider symbolic efforts to affirm Kojong's suzerainty (see below).

The weakening of the *samŭisa* system symbolized the multifarious epistemological challenges to the Chosŏn orthodoxy. Though a discussion of these problems is far beyond the scope of this dissertation, we might briefly note the rise of the populist millenarian Tonghak movement in the 1860s, especially its alternative forms of palliative care and disease prevention, as evidence of popular alienation from Chosŏn medical authority. The syncretic teachings of the Tonghak leader, Ch'oe Cheu (1824-1864), and his ritualistic acts of healing garnered the movement a wide base of followers.[24] Seeking to alleviate the misfortunes of Korea's rural community, Ch'oe made sickness prevention a central tenet of Tonghak spiritual practice. This is shown in later Tonghak exhortations that fused strands of hygienic knowledge with daily acts of spirituality, such as creeds to "offer prayer to god (*hanulnim kke shimko* 心告) before each meal

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[22] Kyung Moon Hwang, *Beyond Birth: Social Status in the Emergence of Modern Korea* (Harvard East Asia Center, Harvard University Press, 2004), chapter 3.

[23] Sin, *Hanguk kŭndae pogon ŭiryo sa*, 40 and 74. Sin argues that by the time of the imposition of the treaty port system, the *samŭisa* institutions functioned "only in name" (*yumyŏngmushil*).

[24] George Kallander, *Salvation Through Dissent: Tonghak Heterodoxy and Early Modern Korea* (Honolulu: University of Hawaii Press, 2013), 86. Kallander notes that after Ch'oe's execution in 1862, some devotees would claim, under the duress of state interrogation, that their devoutness was merely a shroud for the basic utilitarian purpose of curing popular ailments. Kallander questions the sincerity of these confessions as their lives depended on this testimony and their repudiation of the movement.

[and] only draw clean water and eat clean food" or "do not spit and blow your nose recklessly about…On the chance that this occurs, bury it thoroughly. By doing this, god (*hanulnim*) will answer (*kamŭng* 感應) one's prayers."[25]

The rise of the Tonghak healing-based ontology bespoke increasing dissatisfaction with existing state doctrines and the *samŭisa* system overall, both of which struggled to meet the challenges introduced and perpetuated by disease during the mid-nineteenth century. In particular, the fact that Ch'oe Cheu's teachings included a popular medical and a ceremonial function reveals how Chosŏn state power had weakened precisely on these two legitimizing fronts. Though the government derived its authority from its self-characterization as a moral agent of the people, its decreasing ability to affirm that status through local oversight was manifest in the Tonghak challenge, especially when rampant disease led subjects to seek other epistemologies that involved ritualistic practices of healing.[26]

Weakening state institutions, a discontented and intellectually-motivated stratum of unofficial doctors, and indigenous challenges such as the Tonghak movement provided the context for the reformist movements that erupted at the end of the nineteenth century. Certainly the tumultuousness of the period allows one to draw an easy line between the crises of the late Chosŏn state and the imposition of foreign authority, as others have done before. But glossing over the disruptions of the late-Chosŏn period also obfuscates the discourses produced by political crisis. Indeed, the weakening Chosŏn medical system proved a wellspring of possibilities from which two different political streams of thought emerged. One strand advocated a wholesale replacement of the medical infrastructure in the name of the nascent formula of "civilization and enlightenment" (*munmyŏng kaehwa* 文明開化), while the other sought to restore Chosŏn power through a discerning incorporation of Western technologies (the aforementioned *tongdosŏgi* 東道西器). Though these two intellectual vectors were in contest (and also sometimes in tenuous alliance), they nevertheless possessed similar conceptualizations of public health or hygiene, blurring the hard distinction that has traditionally been placed between them.[27] Indeed, both sought to use hygiene as a medium for mapping, surveilling and also uniting Korea's population under a single national rubric.

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[25] Yi Tonhwa, ed., *Ch'ŏndogyo ch'anggŏn sa*, vol. 2 (Seoul: Ch'ŏndogyo Ch'onbonbu, 1933), 40-1. Though I use the umbrella term "Tonghak" here in order to reference the basic continuities from Ch'oe's teachings, the movement was officially renamed Ch'ŏndokyo in the 1880s.

[26] For a summary of Chosŏn ideology and its authority as a moral state, see Hwang, *Rationalizing Korea*, 88-89. Though I've focused on Tonghak ritual prescriptions for disease here, one could discuss other aspects of medical change in the nineteenth century. Donald Baker notes the popularization of abridged versions of *A Treasury of Eastern Medicine* (*Tongŭi pogam* 東醫寶鑑, 1613) and other more "practical" learning texts on *materia medica* that began to emerge during the period. Baker, "Oriental Medicine in Korea," 146.

[27] See, for example, Peter Duus' characterization of this confrontation between "radical" and "conservative" elements. Duus, *The Abacus and the Sword: the Japanese Penetration of Korea, 1895-1910* (Berkeley: University of California Press, 1995), 53-55.

Nationalism through public health: early conceptualizations of hygiene

The October 31, 1883 edition of the *Hansŏng sunbo* devoted several pages to an abridged version of Kim Ok-kyun's *Short Treatise on Governance* (*Ch'idoyangnon* 治道略論). First published in December 1882 as a policy appeal to the throne, the document ambitiously laid out a broad platform for political reform based upon the author's study of foreign governments and his time spent as an exchange student in Japan at Keiō Gijuku (later Keiō Daigaku) under the sponsorship of Fukuzawa Yukichi.[28] Kim wrote his proposal against the background of his country's confrontation with an increasingly stark choice between two geopolitical paradigms. The contest pitted a Sino-centric conceptualization of tributary relations against a Western/ Japanese-modeled system of sovereign nation-states. The debate over which mode of international relations Korea should follow engendered a cacophony of opinions, with some reactionary factions, to Kim's mortification, even demanding a rejection of both options in favor national isolation.[29] Kim, it seems, had adopted Fukuzawa's understanding of time whereby all societies existed within a universal stream towards civilization, and the temporal lag of any singular nation could be overcome through its people's collective diligence and the government's provision of proper institutions that would help identify and foster talent. For both Fukuzawa and Kim, despite the inherent equality of nations, structural factors had created gaps between powerful states and those struggling to catch up. In a telling passage, Fukuzawa described Korea as the "Japan of thirty years ago," and he tutored reformists such as Kim in securing Korea's "independence" from a China-centered diplomacy, which Fukuzawa believed handcuffed Korea's development.[30] Kim began to formulate his political consciousness and his propensity for activism during his time in Japan. He once famously appealed to the Meiji government for military and financial backing for the coup attempt of 1884. Yet Kim's 1882 *Treatise* was much more of a gradualist text. Rather than advancing the "radical" agenda and the complete overthrow of government for which he is now remembered, Kim advocated for a careful importation of Western statecraft and ideas that would enable Korea's self-strengthening in the short term.

Foremost among these reforms was hygiene (*wisaeng*). Drawing upon the vocabulary of a late-Chosŏn intellectual trends that emphasized a more practical application of neo-Confucianism by "seeking the truth from facts" (*silsagusi* 實事求是), Kim framed hygiene as a categorical imperative for national survival. Unlike the building of armies or the fostering of national wealth, hygiene reforms could be actualized immediately no matter Korea's relative temporal position compared to other states. He wrote that although "countries have developed steamships and vessels that can cross the ocean, strung lines that carry electricity, mine for gold, silver and iron, and developed new devices (*kigye* 器械) that make people's livelihoods

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[28] On Kim's time in Japan, see Kŭm Pyŏng-dong, *Kin gyokukin to nihon: sono tainichi no kiseki* (Tokyo: Ryoku in shobō, 1991).

[29] *Hansŏng sunbo*, 31 October 1883. For a good outline of Korea's position between these two systems of international relations, see Em, *The Great Enterprise*, 29-31.

[30] Quoted in Duus, *Abacus and the Sword*, 53. For a broader analysis of Fukuzawa's changing conceptualization of time and the influence of stage theory upon Fukuzawa's thought, see Albert Craig, *Civilization and Enlightenment: the Early Thought of Fukuzawa Yukichi* (Cambridge: Harvard University Press, 2009), especially ch. 5.

(*minsaeng* 民生) much more convenient" Korea as yet lacked the material conditions for the implementation or manufacture of such technologies. The nation could, however, institute a system of public health that would not only help combat frequent outbreaks of disease and extend the average lifespan, but also demonstrate Korea's adoption of international norms of hygiene, ensuring the protection of its sovereignty. Every powerful nation, Kim argued, boasted a system of public health based upon that country's own internal realities. The imposition of such a system was the first step in stimulating Korea's latent potential, lessening the civilizational gap between Korea and the foreign powers. Kim stated that hygiene should be the first step of a three-part schema for reform that would enable longer lifespans and eliminate sickness, allowing the state to mobilize a greater supply of manual labor for the improvement of transportation infrastructure and agricultural productivity.

In Kim's somewhat simplistic formula—health, highways, horticulture—improvement in one sphere would inevitably advance the other two. He pointed out that sickness deprived the countryside of its workforce, and argued that widening roads eased the transportation of goods from farms to markets. Broadening streets would also eliminate the accumulation of waste in roadside ditches, which would flush urban centers of the smells and miasmatic vapors that were thought to incite epidemics.

Kim illustrated this connection by proposing a subsidized night soil trade designed to remove excrement from Seoul's city center to its outlying countryside. A government bureau (*ch'idoguk* 治道局) would employ a team of feces wholesalers charged with selling human compost to farmers at a discounted price. The self-contained system epitomized Kim's conceptualization of hygienic efficiency: wielding shovels and buckets, the night soil carriers would purge Seoul of poop; spacious streets would facilitate the merchants' transportation of their product to the countryside; harvest yields would increase due to the importation of better fertilizer distributed from the bowels the capital's residents.[31] Hygiene, in other words, was an end in itself, a near-organismic mechanism of interconnected parts headed by the state that, at an abstracted level, abetted the maintenance of a national community.

The same government bureau would also oversee other hygienic matters such as quarantine and water supply management. Kim afforded this department significant authority, granting it the responsibility of monitoring hygienic matters on a relatively minute scale of inspection. A bureau employee would be in charge of overseeing a set of fifty households, levying fines or imprisoning violators of various new ordinances on keeping roads swept and the facades of homes clean. The government would also enact new prohibitions against dumping in rivers or streams, and it would manage the construction and upkeep of public restrooms. Kim further argued that, in order to instill a sense of responsibility and encourage popular participation in the reform program, people should be responsible for maintaining the section of road immediately in front of their dwelling.

Kim, along with like-minded reformers including Hong Yŏng-sik (1856-1884) and Pak Yŏng-ho (1861-1939)—who made a failed attempt to implement many of Kim's proposals during his tenure as mayor of Seoul—comprised part of the so-called Enlightenment faction

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[31] These recommendations can be found in the *Hansŏng sunbo*, 3 July 1884.

(*gaehwapa* 開化派) that has typically been portrayed as a vanguard of more "progressive" policies on altering the social order and mitigating the influence of Qing China in court politics. Mentored by the famous *chungin* Buddhist medical practitioner Yu Hong-gi (Yu Taech'i 1831-?) and having studied in Japan or in the West, these advocates of "Enlightenment thought" (*gaehwa sasang* 開化思想) are frequently contrasted with recalcitrant members of the royal Min lineage, which held control over bureaucratic appointment during the early 1880s.[32] Though considered important forerunners of the later reforms made under the Taehan government, the Enlightenment clique's initial proposals are frequently characterized as well intentioned but premature endeavors, or even as flagrant imitations of the Meiji Restoration that were inapplicable in Korea.[33] Pak Yun-jae points out that the Enlightenment faction's reforms stemmed from their excited naiveté, which derived from the group's experiences observing Western governments and the transformations of Meiji Japan. He argues that, although Kim and Pak Yŏng-ho expressed an accurate concern that the external threat of the West and an encroaching Japan could not be countered without drastic internal change, their policies shunned fiscal reality and quixotically presumed that comparatively minor and superficial adjustments to public health (a night soil system, wider roads, public toilets, cleaner home exteriors, separation of livestock from living quarters) would dramatically increase agricultural production and quickly bring about the country's industrialization. Pak further points out that the reformers lacked enough political influence as well as an established tax base for realizing their proposals.[34]

To be sure, the Enlightenment faction's agenda, as well as many of its members' lives, ended with the abortive 1884 Kapsin coup attempt. Indeed, the aftermath of the failed coup was a display of irony: when Kim attempted to bump off his political enemies in order to accelerate "Western" health reforms, Horace Allen helped revive members of the Min family using the very "Western" biomedical surgery that Kim championed.[35] The ensuing period after the Enlightenment Faction's failure, referred to in general histories of Korea as the "Chinese decade," witnessed of a resurgence in Qing influence under the sagacious leadership of Yuan Shikai (1859-1916, Qing Imperial Resident in Korea: 1885-1894) and an awkward seating arrangement between the many uninvited guests who had strolled through Korea's open door after 1876: China, Russia, Japan, and the US all now competed for political influence,

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[32] See, for example, Yi Ki-baek, *A New History of Korea*, trans. Edward Wagner (Cambridge: Harvard University Press, 1984), 275-6.

[33] Donghyun Huh, "The Korean Courtiers' Observation Mission's Views on Meiji Japan and Projects of Modern State Building [sic]," trans. Vladimir Tikhonov *Korean Studies* 29 (2005): 30-54. Huh states that, unlike the policy proposals produced by the 1871 Iwakura mission, the 1881 Korean foreign embassy was less interested in importing foreign systems of nation-building that might unite all subjects under the aegis of a single nation-state. Instead, they focused more on technological borrowing rather than introducing Western forms of governance to Korea.

[34] Pak Yun-jae, *Han'guk kŭndae ŭihak ŭi kiwŏn*, 37.

[35] Hong died in the chaos of the fighting. Though Kim escaped to Japan, he was assassinated in Shanghai in 1894. Pak returned to Japan in 1907 as an administrator and became a prominent figure in the colonial government. As punishment for their organization of the coup, many of these figures' family members were ordered to commit suicide, or they were murdered or executed in the aftermath. See Ch'oe Yŏng-ho, "The Kapsin Coup of 1884: A Reassessment" *Korean Studies*, 6 (1982): 105-124.

infrastructural contracts and trade rights in the interval before the Sino-Japanese War.[36] Certainly such developments allow for characterization of the Enlightenment health ethos as a modernizing but unfortunately inopportune and idealistic venture, one that, despite its modest calls for a night soil system and broader avenues, nevertheless either overreached it its ambition or failed to actualize any of its hygienic policies. The presence of many competing foreign players, each keen to provide the Korean government their own self-serving advice on health and population management, as well as internecine competition within the government, encourages this picture of frustrated reformers constantly embattled by outside forces and internal conservatism.

Yet in many ways the period from 1884 to 1895 was also one of intense efforts of state building that incorporated, rather than rejected, the hygienic proposals of the Enlightenment faction. Although the leaders of the Kapsin revolt found themselves scattered across the globe, their ideas remained in Korea, written down and stored in the royal library (*Chibokjae* 集玉齋) and used by Kojong to reinforce his authority during a precarious time of imperialist aggrandizement.[37] Even prior to 1884, Kojong was informed of Japanese and Western public health systems and their methods of regulating the population. The pages of the *Hansŏng sunbo* reveal that the government was well aware of Nagayo Sensai's establishment of the Japanese Hygiene Bureau (*eiseikyoku* 衛生局), its affiliated Hygiene Laboratory (*eiseishikenjo* 衛生試驗所), and the implementation of Meiji public health laws.[38] In addition, an article from the May 5, 1884 issue contained the headline "International Hygiene Exhibition" ("Manguk wisaenghoe" 萬國衛生會) and related how general findings in bacteriology and disease prevention were presented at a "global" (European and American) health conference. Significantly, the article also detailed how the government should regulate individual health, and it explained that the state should oversee the management of health systems, including drinking water and sewage, waste removal, vaccination, pharmaceuticals, hospitals, quarantine and the inspection of foreign goods imported through treaty ports. The article's summation of the government's role in hygiene represented an extension of Kim Ok-kyun's conceptualization of how the state should facilitate medical treatment for the purposes of national strength. Further, though it made no mention of any type of self-regulating hygienic consciousness, the emphasis on an expansive health bureaucracy reflected an international consensus on the meaning of hygiene by stating that "in general, hygiene refers to disease prevention and, in conjunction with medical treatment

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[36] Kirk Larsen, *Tradition, Treaties, and Trade: Qing Imperialism and Chosŏn Korea, 1850-1910* (Cambridge, MA: Harvard University Asia Center, 2008). The textbook quoted is Michael Seth, *Concise History of Modern Korea* (Lantham, MD: Rowman and Littlefield, 2009), 19. Ch'oe Yŏng-ho offers perhaps the most damning assessment of the Kapsin coup for dealing "a mortal blow to Korea's attempt to reform and modernize." Ch'oe, "The Kapsin Coup of 1884: A Reassessment," 108.

[37] Huh Donghyun argues that these documents "were presented to Kojong and higher officials as reference materials in the process of decision-making [sic] but hardly exerted any influence in the larger community." Though it's unclear what Huh means by "larger community," I argue below that Kojong was clearly interested in these proposals precisely for their legitimizing potential and their capacity for maintaining Korea's sovereignty. Huh, "The Korean Courtiers' Observation Mission's Views on Meiji Japan and Projects of Modern State Building," 48.

[38] Though ultimately rejected by the throne, Kim Ok-kyun had even advocated inviting several of Japan's hygiene experts to advise the Korean government on health matters. *Hansŏng sunbo*, 7 July 1884.

(*ŭiryo* 醫療), works to improve people's individual health and provide relief from any type of sickness." In a transparent suggestion to the throne, the article pointed out that each civilized nation in Europe boasted its own hygiene bureau (just as Kim's proposal had done), staffed by a talented medical elite, and responsible for crafting and implementing anti-disease policy.[39]

Kojong, thirty two at the time of the Enlightenment faction's failed power grab and likely cognizant of the floundering *samŭisa* system, also possessed an understandable interest in the Japanese and European state health apparatuses. Though he perhaps vacillated between the competing Enlightenment faction and their more "moderate" counterparts, his overarching objective was to bypass Korea's entrenched medical elite, establish a broader base of support, and secure his station.[40] Through direct proposals and newspaper editorials, the Enlightenment faction made bare the exigencies of political reform, which they sought to introduce through increased imperial power. Kojong endeavored to capitalize on these new, imported methods of statecraft while also maintaining or reviving certain rituals of legitimacy that might augment his own power. Contrary to what both missionary sources and even most current historiography maintains, it was this context, not Horace Allen's resuscitation of Min Yong-ik in the aftermath of 1884 coup attempt, that undergirded the court's interest in biomedicine and Western forms of public health. Regardless of the political upheavals caused by factionalism, the interest in state hygiene remained constant from 1880 to 1890 as the state sought to use public health as a vehicle for mitigating a persistent crisis of legitimacy.

Chejungwŏn as a joint venture hospital

The previously mentioned four-character phrase "Eastern ethics, Western science" (*tongdo sŏgi* 東道西器) was used by contemporaries, and continues to be used by contemporary historians, to capture the political milieu of Korea prior to the Sino-Japanese War. Though perhaps useful for describing the attempted amalgamation of two ostensibly antithetical modes of learning, the slogan nevertheless makes too easy a distinction between the overlapping and muddy politics of selective incorporation and hybridization that occurred throughout the latter half of the century. As one example of this intermixing, we might reference the diary of the talented Yun Ch'i-ho (1864-1945), who traveled to Japan, China and the US in the 1880s and converted to Christianity sometime in 1885. An individual embodiment of both the transnationality of open-port Korea and the nation's intellectual shift from a Sino-centric worldview, Yun began writing his journal in classical Chinese characters, only to change to Korean vernacular script (hangul), and finally to English. Composing in the latter, Yun located a distinct subjectivity whereby he could criticize Korea as an "outsider," deriding the "filthy places [of] the so-called towns and cities of Corea," but yet also lament the fate of the country as an "inside" member of the national community. Writing from the United States, Yun described the "condition of imbecility, oppression, cruelty and tyranny on the part of the [Korean] government; the condition of ignorance, superstition, poverty and misery on the part of the people; the

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[39] "Manguk wisaenghoe," *Hansŏng sunbo* 5 May 1884.

[40] Em, *The Great Enterprise*, 38 and 181 fn 66.

condition of shame, ignominy and lingering death on the part of the nation."[41] His consciousness was thus forged by an indistinct positionality, informed by his physical and intellectual presence outside of Korea, whereby he paradoxically used the "foreign" English language for the actualization and expression of his identity as a Korean national.

Certainly the predicaments facing the Korean government contrasted with the narrative of self-exploration offered in Yun's prose. But the example is indicative of the existential crisis engendered by the sudden appearance of ostensibly superior Western technologies, including methods of medical treatment and health administration. "Eastern ethics, Western science" provided a useful rallying call, but absorbing and implementing a comprehensive hygienic policy without undermining Chosŏn orthodoxy—the source of state legitimacy—gave rise to a host of questions. Should the government retain or revive the weakened *samŭisa* system, which was based upon a decidedly hierarchical structure of care and, as such, contradicted the (Korean) Enlightenment ethos of equality? How might the state implement portions foreign public health systems without appearing to Korean subjects as a parody of outside example or a puppet of imperial influence?

As Sonja Kim observes, the language through which hygiene was rendered into Korean derived from a lexical tradition based upon a related but different etiological knowledge system.[42] Unlike the polyglot Yun Ch'iho, other members of the Enlightenment faction could not translate nor explain the extent of "hygiene," especially its connotations of the state's vast health oversight, without drawing from the familiar diction of Confucian precepts on protecting the body, improving circulation, or the practice of *yangseng* ("fostering life" 養生). This act of "translingual practice" involved couching hygiene in an approximate vocabulary that grafted new cultural idioms on to old meanings, but also mobilized those same meanings for their explanatory power.[43] For example, the *Hansŏng sunbo* employed *yangseng* outside the typical framework of health discourse by using the term as a didactic medium for galvanizing people's industriousness. One article denounced what the newspaper described as "popular indolence." In classical prose, the authors stated that spending time in excessive comfort (*anil* 安逸) went against the way (*do* 道) of *yangseng*, or the individual process of fostering life.[44] In doing so, the article re-appropriated a long-established and sufficiently malleable concept, *yangseng*, sourced

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[41] Yun Ch'i-ho, *Yun Ch'i-ho ilgi*, vol. 2 (Seoul: Kuksa P'yŏnch'an Wiwŏnhoe, 1973), 37 and 59. As Henry Em notes, "In [Yun's] switch to English, his diary became a self-defining story, and Yun a self-determining author who could write about his own subjectivity from externalized and internal points of view, constituting himself as both subject and object." Em, *The Great Enterprise*, 63.

[42] Sonja Kim, "The Search for Health: Translating *Wisaeng* and Medicine during the Taehan Empire" in Kim Dong-no and John Duncan, eds., *Reform and Modernity in the Taehan Empire* (Seoul: Jimoondang, 2006).

[43] Lydia Liu, *Translingual Practice: Literature, National Culture, and Translated Modernity—China, 1900-1937* (Stanford: Stanford University Press, 1995).

[44] "Manguk wisaenghoe," *Hansŏng sunbo* 5 May 1884. The full text reads *kwaŏ annil su pi yangsaeng ido* 過于安逸殊非養生之道. The text further cautions against excessive work, advocating balance between industriousness and leisure. The point was a centering of bodily exertion that would encourage labor and productivity but also allow for periods of rejuvenation.

from canonical medical jargon in an effort to communicate and elaborate upon the neologistic "hygiene."[45]

We might further note the functional similarities between Kim Ok-kyun's proposed recruitment and dispatch of government employees (*kamsu kwalli* 監守官吏) to monitor cleanliness and manage quarantines with the Chosŏn hereditary-based bureaucratic middlemen responsible for tax collection and the provision of charitable relief.[46] Or the basic continuities that could easily be drawn between the defunct Hwarinsŏ and Kim's proposal for creating a new office of medical oversight and charitable treatment of the poor. These acts of semantic and functional grounding, where the meanings of new words found explanation through the old, were cast as logical extensions of preexisting government positions. They helped introduce hygiene as a state system through a body of nomenclature and titles that were easily recognized even as they were gradually being uprooted from their received meanings.

Such acts of translation were also, of course, political. The state's sponsorship of the Chejungwŏn missionary-run hospital demonstrates how the Korean government endeavored to affirm its precarious legitimacy by, somewhat paradoxically, granting a concession of land and property to Horace Allen, then serving under the title of doctor to the American legation.[47] The facility officially opened in April 1885 without many supplies. Upon opening, the total staff of the modern "hospital" consisted of Allen and two assistants.[48] Allen's formal request to the throne for permission to establish the clinic was scratched out on a piece of note paper, and a photograph from the time shows a smiling Allen in front of the new facility, sitting on a donkey led by his Korean chef.[49] The building, standing tall in the background, appears empty.

Nevertheless, Allen worked hard to model the facility on a Western hospital, dividing the building into rooms for different types of treatment and performing several surgeries each day. He believed that the facility would appeal to wealthier Koreans, especially those affiliated with the imperial household, due to the small celebrity that resulted from his savior of Min Yong-ik. In fact, many of Chejungwŏn's initial patients were Chinese soldiers wounded during the

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[45] Kim Du-jong notes how, despite a vibrant discussion on *yangseng* throughout the Chosŏn period, medical discourse relied upon certain philological practices that returned to specific foundational texts and manuals such as *A Treasury of Eastern Medicine.* Kim Du-jong, *Han'guk ŭihaksa*, 383-4.

[46] Hwang persuasively argues that the mid-level status groups (*chungin*) filtered into such positions with the gradual opening up of the bureaucracy in the latter part of the nineteenth century. Hwang, *Beyond Birth*, 158-160.

[47] Though restrictions on evangelism would slacken after Allen's arrival, missionary activities were officially banned by the government until the 1890s. Therefore, although Allen's medical mission was sponsored by the Northern Presbyterian Church, he traveled to Korea under the title of "Doctor to the American Legation." The distinction is important as it reveals how deeply imbricated US foreign policy remained with evangelical missions abroad. See Horace Allen, *Allen ŭi ilgi: ku hanmal kyŏktonggi pisa*, ed. Kim Wŏn-mo (Seoul: Tan'guk Taehakkyo Ch'ulp'anbu, 1991 (2008)), 395.

[48] The original regulations for the hospital stipulated that the government would appoint gatekeepers, assistants, medical students and custodial staff to assist Allen, but it seems few of these employees were present at the hospital's opening. The medical students, at least, would not join the hospital staff until over a year later. See Ibid., 400 and Sin, *Hanguk kŭndae pogon ŭiryo sa*, 103-5. According to Sin, following Allen's temporary return to the US in 1887, the medical school functioned less for training in the sciences, and more as an institution for English language acquisition.

[49] Thank you to the staff at Severance Hospital of the Yonsei Medical System for allowing me to view this source.

intermittent scuffles that took place throughout the late 1880s between the Qing and Japanese armies. Further, despite a long work schedule during which Allen examined as many as seventy patients per day, the initial facility could handle and effectively treat only those sufferers whose ailments or injuries fell within Allen's field of surgical expertise (amputation, bone fixation, sutures, wound dressing), and little could be done for patients with acute or terminal diseases for which the Chejungwŏn possessed no medicine nor cure. Allen also remarked that some of his patients refused surgery or amputation, undermining the reach and effectiveness of his services.[50]

Hence, at least until its expansion to a larger facility more than a year later, and likely long afterward, Chejungwŏn held more of a symbolic than practical function.[51] The land and property that the imperial house granted for the facility were previously owned by the aforementioned Hong Yŏng-sik, Korea's first postmaster general and a deposed member of the Enlightenment faction. Hong was a main player in the Kapsin coup—a banquet attended by the court's rank and file celebrating the inauguration of Korea's postal service provided the occasion for the failed attempt to liquidate the Min court faction. Unlike other members of the reformist party, Hong did not escape into exile and he was beheaded along with several of his family members. According to some accounts, the punishment was possibly carried out at Hong's own residence: the home where Hong lost his head would thus become the same spot where Allen would stitch bodies back together.[52] In an act of "benevolence," Kojong granted Hong's former property to Allen, and provided funds to purchase Chejungwŏn its original equipment, allotting somewhere between $600 to $1000 for initial expenses.[53] He also issued regulations on hospital fees and administration, insisting upon a sliding payment scale for patients, and he stated that payment should only be rendered upon the patient's recovery. His last stipulation was that Seoul's poorest visitors receive free treatment.[54]

As noted in the literature review above, different analytical lenses have provided competing perspectives on the introduction of biomedicine in Korea, with much of the focus on Allen's stunning "rescue" of Min Yong-ik, his development of surgical techniques, and his opening of a medical school at the Chejungwŏn. Missionary histories concentrate on the valuable inroads made by Allen, his ingratiation with the king, his religiously-inspired altruism

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[50] Allen, *Allen ŭi ilgi*, 462; Yi Man-yŏl, *Han'guk kidokkyo ŭiryosa*, 40. A later article from the missionary-run *Korean Repository* remarked that "it cannot be denied that there is but little faith on the part of the natives in our foreign physic. This is probably due to the fact that the foreign doctor is powerless before a continued fever, which must run its course no less than it does in the presence of the *mutang* [shaman] who dance about the patient beating their tom-toms the while, conjuring the spirit of disease to leave him. This does not apply to surgery however." "The Beginnings of Medical Work in Korea," *The Korean Repository*, 1 (December 1892; reprint New York: Paragon Books Reprint Corporation, 1964): 357.

[51] On the processes of expansion and of choosing a site for the hospital, see Sin Kyu-hwan and Park Yun-jae (Pak Yun-jae), *Chejungwŏn Sebŭransŭ iyagi*, 31-7.

[52] This according to one subsequent missionary account, though the precise location is uncertain. It is also possible that members of Hong's family committed suicide in the residence after the coup's failure. An article in *The Korean Repository* remarked that blood stains could still be seen when Allen first moved into the facility. "The Beginnings of Medical Work in Korea," 354.

[53] Sin, *Hanguk kŭndae pogon ŭiryo sa*, 82.

[54] *Allen ŭi ilgi*,, 460-61.

(Allen took no salary for his services), and the awesomeness of Western medical science. What might be called Korea-centered accounts emphasize Kojong's deft incorporation of Western technology into a Confucian worldview by arguing that the Chejungwŏn was, as its English name delineated, the throne's "Royal Government Hospital." They point to Allen's own recognition of this title as proof that the actor foremost responsible for the hospital was the monarch, not the missionary.[55]

In actuality, the hospital was an institution of mutual benefit. For Kojong, Chejungwŏn gestured to the throne's concerted but controlled reform without engendering possible challenges to his dynasty's centuries-long rule. Though the throne took on the financial burdens of sponsorship—a move that soon proved too costly to maintain for a government with limited tax revenue—the Chejungwŏn presented little risk and much legitimizing potential. The throne ensconced the new facility as an organ of the newly-established Office of Extraordinary Affairs or Foreign Office (*T'ongni kimu amun* 統理機務衙門), although de-facto administrative responsibilities rested with Allen and his missionary successors. The building's location, beside the Foreign Office and between the Kyŏngbokkung (Gyeongbokgung) and Ch'angdŏkkung palace complexes allowed the government to easily monitor Allen's activities while also providing a spatial connection to the imperial compounds. Kojong's gift of the former home of a dispatched traitor demonstrated Kojong's authority during a time of political uncertainty. Drawing on rituals of statecraft long held to be normative in Chosŏn modes of governance, the king bequeathed land and cash to the hospital in a cautious delegation of medical responsibility disguised as a grand gesture of benevolence. Sin Dong-wŏn even characterizes the Chejungwŏn as a "new Hyeminsŏ," viewing the institution as Kojong's sincere attempt to revitalize the *samŭisa* system.[56]

For Allen and other missionaries who arrived on his coattails, Chejungwŏn functioned as a theatre for displaying the benign character of Christianity and Westerners' medical interventions. Christians suffered harsh persecution in Korea as late as the 1860s, and the faith remained formally outlawed even after Allen's arrival in 1884.[57] Medicine and education were to alleviate anti-Christian sentiment by introducing the benefits of science and the sacrament without, it was said, altering or threatening the extant political order.[58] For these missionaries, medicine was to act as an initial salve that would smooth Christianity's introduction. As one account remarked, "…there can be no better opportunity to offer the precious balm that cures the sickness of the soul than when relieving the pains of the body."[59] In another telling passage from later in the century, J. Hunter Wells (1866-1938), who spent fifteen years in Korea and set up a

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[55] For a representative example, see Yi T'ae-jin's reinterpretation of Kojong's legacy in *Kojong sidae ŭi chae chomyŏng* (Seoul: T'aehaksa, 2000).

[56] Sin, *Hanguk kŭndae pogon ŭiryo sa*, 75.

[57] This is why Allen arrived under the official title of Doctor to the American Legation.

[58] Wells states that most missionaries remained hesitant to proselytize even after an informal relaxing of these restrictions. Wells, *New God, New Nation*, 28.

[59] "Missions in Korea" *The Korean Repository*, 1 (December 1892; reprint New York: Paragon Books Reprint Corporation, 1964): 287.

clinic in Pyongyang, made clear that hospitals were evangelistic spaces whereby medicine functioned as a vehicle for introducing the Gospel:

> We are not here so much as medical missionaries as we are missionaries medical. The system followed in my dispensary and in the hospital more so, of course, is that no patient comes but that he or she gets a religious pamphlet and is spoken to as to the reason we are here. For it is first and above all for the sake of the glorious gospel which we represent.[60]

Perhaps in reaction to the popular "Allen myth," and the overall brash publicization of the missionary contribution to the nation's modernization that is readily apparent in Korea today, many historians draw upon these sentiments in order to frame missionary health work as a false pretext for proselytization. They argue that surgery and science, first performed by Allen at Chejungwŏn, provided the US Presbyterian Church with a foothold in peninsula, and that medicine was always mediated by an overt evangelizing purpose.[61]

This is probably true. But merely debunking missionary methodologies or "exposing" the pretenses of missionary intentions seems conceptually narrow, and it loses sight of the complex negotiations and dual objectives that informed the establishment of Korea's "first" biomedical hospital. Indeed, as Robert Oppenheim points out, Allen's role as a physician, missionary, US government representative, hospital administrator and, later, trade broker and lay anthropologist meant his role in Korea was multifaceted and occasionally contradictory. His overlapping professional identities make it difficult to parse his motivations or to discern his "true" purpose as either a friend of Kojong and Korea, or as an opportunistic, albeit devout, marauder. This is why, for example, Allen could fight vociferously against Japan's violation of Korean sovereignty on the one hand, while also brazenly pillaging Korea of valuable ceramic wares for his own profit on the other.[62] Allen himself seemed to harbor no moral qualms about such acts: he could adopt multiple professional roles simultaneously, or shift between them when it suited his politics, his religion, or his bank account.

The point, which I introduced above, is that Allen's partnership with Kojong to create the Chejungwŏn, whether borne from sincere comradeship or mutual exploitation, provided both men the opportunity for personal aggrandizement that was critical in securing their respective legitimacies and, more importantly, in shaping the trajectory of public health and biomedicine in Korea. Kojong used the Chejungwŏn as a manifestation of Confucian benevolent rule, as a medium for an attempted symbolic revival of a defunct medical system, and as a means of deputizing medical treatment to learned foreigners under the front of a strong throne during a

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[60] J. Hunter Wells, "Medical Impressions" *The Korean Repository*, 5 (June 1896; reprint New York: Paragon Books Reprint Corporation, 1964): 240.

[61] Sin Tong-wŏn, "Western Medicine, Korean Government, Imperialism in Late Nineteenth-Century Korea: The Cases of the Chosŏn Government Hospital and Smallpox Vaccination" *Historia Scientiarum* 13, no. 3 (2004): 164-175.

[62] Robert Oppenheim, *An Asian Frontier: American Anthropology and Korea, 1882-1945* (Lincoln: University of Nebraska Press, 2016), esp ch 2, pgs 63-91.

period of relative state weakness. For Allen, the hospital symbolized an enormous accomplishment, one that not only demonstrated his capture of royal approbation, but also established precedent for relations between missionaries and the throne, leading to the building of Protestant-led hospitals, clinics and schools throughout the countryside.[63] Allen also became the United States' chief diplomatic authority in Korea and an advisor to the king, providing Kojong information on things Western and introducing his own government to "Things Korean"—the title of Allen's published travel diary.[64] After the Enlightenment faction's attempt to sever the tributary relationship with China ended with Kim Ok-kyun, Pak Yŏng-ho and Hong Yŏng-sik all exiled or dead, Allen was even more liberated to cast himself as Korea's only liberator. In a statement that depicts the many hats that Allen donned during his time in Korea, particularly his dual role as a missionary and as an American foreign representative, he immodestly declared in his diary that "I was the chief instrument in securing [Korea's] independence" from China.[65]

Hence, different objectives led Allen to characterize himself as the deliverer of Korea's liberation from the Sino-centric sphere, and led Kojong to position himself as the stalwart custodian of a long Chosŏn tradition.[66] Due to their disparate constituencies, however, Kojong and Allen's apparently contradictory narratives could still live side by side in a conceptual duplex, with one facing outward and the other looking in. The Kojong-Allen relationship, symbolized and affirmed in the establishment of Korea's Confucian-biomedical hospital, reveals how the king entrusted outsiders to introduce medical technologies and implement public health programs. It also shows how foreigners like Allen became important intermediaries who, in many cases, then capitalized on biomedical technique, Kojong's crisis of legitimacy, and the effective absence of a national medical system to introduce Christianity, commercialism and, as I explore in the following chapter, new discourses of hygienic propriety to the Korean populace.

Public health in crisis: early vaccinations campaigns

Chejungwŏn perhaps provided a measure of ceremonial authenticity to Kojong's rule, but the hospital's clientele was limited to soldiers, the rich, and the extreme poor, and it operated only in the capital. The late-Chosŏn state also made its own concerted efforts towards erecting an expansive public health regime independent of missionary medical work and beyond Seoul's city limits. This was most apparent from 1885 to 1890, when the government attempted to enact

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[63] Yi Manyŏl, *Hanguk kidokkyo ŭiryosa*, 75. These clinics, which included stations in Sŏnch'ŏn, Chŏnju and Mok'po, were typically run by a single doctor with a few Korean employees.

[64] Allen, *Things Korean: A Collection of Sketches and Anecdotes, Missionary and Diplomatic* (New York: F.H. Revell Company, 1908). In 1887, Allen was given the title of "advisor" (*ch'amch'an'gwan* 參贊官) by Kojong himself.

[65] Allen, *Allen ŭi ilgi*, 395.

[66] Jang Sukman has even argued that Kojong continued to think of himself as the inheritor of a Sino-centric (*chunghwa* 中華) Mandate of Heaven which, unlike the Meiji Emperor's claims to suzerainty, could be revoked by popular will. Jang implies that this made Kojong's displays of legitimacy doubly urgent. Jang Sukman, "The Politics of Haircutting in Korea: A Symbol of Modernity and the 'Righteous Army Movement' (1895-1896)" *Review of Korean Studies* 1 (September 1998): 47-8.

universal smallpox vaccination. Like the historiographical debate over whether Kojong or Allen first brought biomedicine to Korea, another mini scholarly tiff surrounds the heritage of vaccination in the peninsula, especially regarding which actor(s) first learned the technique, and through what avenues they acquired that knowledge.[67] Once again the scholarship has divided nationally, with Japanese scholars mostly pointing towards vaccination programs in treaty ports as the first instances of vaccination in Korea, while Korean authors tend to emphasize indigenous developments of inoculation. Questions of national origin notwithstanding, the search for precedent seems of less importance than examining how the post-Kapsin drive for universal smallpox vaccination portended the establishment of the public health system under the Taehan Empire and later under the Japanese colonial regime (see Chapter Five).

What is clear is that the Korean government understood vaccination as a crucial component of hygiene, one that could quickly and effectively display the nation's transition from supposedly superstitious medical practices to contemporary modes of disease prevention. In 1884, the *Hansŏng sunbo*, the Enlightenment faction gazette, mentioned smallpox vaccination as part of a long itemization of the qualities of civilized nations.[68] In 1881, Pak Chŏngyang (1841-1904), an Enlightenment supporter dispatched on the king's fact-finding "gentlemen's embassy" (Sinsa yuramdan 紳士遊覽團) reported to Kojong that the Japanese had introduced a widespread vaccination system following the 1868 Meiji Restoration. In yet another policy proposal veiled as an observatory report on foreign governments, Pak noted that Japan boasted a training facility for prospective vaccinators and, in 1876, the Meiji emperor had promulgated a set of regulations on preventing the spread of smallpox (J: *shutōikisoku* 種痘医規則). Pak also recorded how Japanese commoners initially doubted the effectiveness of inoculation, but both imperial sanction and the persistence of trained vaccination specialists overcame this mistrust, leading to a considerable number of successful cases of vaccination and a reduction in smallpox deaths.[69]

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[67] See Sin Tong-wŏn, "Western Medicine, Korean Government, Imperialism in Late Nineteenth-Century Korea," esp. 164-5 and the contrasting portrayal offered by Chang Duk Kee [Ki Ch'angdŏk], "Sŏyang ŭihak kyoyuk ŭi hyosi" *Korean Journal of Medical History* (*Ŭisahak*) 1, no. 1 (1992): 3-12.

[68] "Manguk wisaenghoe," *Hansŏng sunbo* 5 May 1884.

[69] Quoted in Sin, *Hanguk kŭndae pogon ŭiryo sa*, 62.

Chi Sŏk-yŏng (1855-1935), another famous Enlightenment sympathizer, also helped introduce Jennerian vaccination to Korea in the early 1880s.[70] Perhaps more important than Chi's importation of the vaccine itself, though he apparently brought fifty bottles back from Japan in 1880, was his in-depth study of the Japanese vaccination network and his learning in the methodologies of inoculation.[71] Chi's comparatively longer tenure in Japan as a medical scholar and his familiarity with the inner workings of Meiji hygiene policy arguably placed him in a better position to advise Kojong on public health matters than colleagues such as Kim Ok-kyun. Like Kim, Chi stated that hygiene should be the foremost policy of the state, but he viewed the concept as a longterm investment that necessitated more than cosmetic reforms such as Kim's proposals on a night soil system and the broadening of streets. Rather, Chi adopted a generational approach similar to the one implemented in Japan. He argued that the state should first recruit foreign doctors to educate a wide stratum of young professional clinicians, who would then implement and administer the state's health agenda over several decades. The establishment of a medical school as well as the founding of smaller vocational centers for teaching vaccination techniques, he believed, represented the government's most pressing tasks.[72]

As a disease with a deep epidemiological history, smallpox was a familiar killer by the nineteenth century. It offered a relatively predictable period of incubation, mortality rate (approximately 25%), and period of infection: a child or adolescent who survived a fortnight of fever and blisters would typically acquire immunity and a number of scars, indicating a certain rite of passage.[73] Unlike cholera, nicknamed "the strange affliction" (*koejil* 怪疾) due to its incurability and its potential to kill patients within a day, the nearly overdetermined contraction of smallpox during childhood or adolescence became bound with certain spiritual observances

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[70] Edward Jenner's "discovery" and development of the smallpox vaccine in 1796 began widespread inoculation in Europe throughout the nineteenth century. Though the idea that Jenner independently manufactured the anti-smallpox serum has been called into question, he did make two significant contributions to the development of the vaccine that speeded its global dissemination. First, Jenner hypothesized that injecting humans with a milder strain of cowpox would prevent the development of the more virulent smallpox in humans. This breakthrough gradually eliminated the riskier practice of variolation--immunization through the grinding up and snorting of smallpox scabs from a surviving patient (practiced in parts of China) or the subcutaneous injection of cowpox into patients' bodies. Second, Jenner demonstrated that the vaccine could be passed between individuals rather than solely from cows to humans. Doctors could thus preserve the vaccine in the bodies of inoculated patients. Indeed, many missionary doctors in the early nineteenth century transported the vaccine across borders by harboring it in the bodies of small children. See Donald Hopkins, *Princes and Peasants: Smallpox in History* (Chicago: University of Chicago Press, 1983) and Ann Jannetta, *The Vaccinators: Smallpox, Medical Knowledge, and the "Opening" of Japan* (Stanford: Stanford University Press, 2007), 25-53. For an account of different inoculation methods in Korea, see Miki, *Chōsen igakushi oyobi shippeishi*, 44-5.

[71] Sin, *Hanguk kŭndae pogon ŭiryo sa*, 60 and Chang, "Sŏyang ŭihak kyoyugŭi hyosi," 3-12, esp. 7. Chang notes that Chi observed Jennerian vaccination—the immunization of a human from a cowpox sample—while studying in Japan.

[72] See Chi's proposals to the throne, quoted in Park Yun-jae [Pak Yun-jae], *Han'guk kŭndae ŭihak ŭi kiwŏn*, 120.

[73] On regional variations in the ritualistic practices involved with smallpox, see Suzuki, "Smallpox and the Epidemiological Heritage of Modern Japan," 313-18; Gareth Williams, *Angel of Death: The Story of Smallpox* (London: Palgrave Macmillan: 2010); Miki, *Chōsen igakushi oyobi shippeishi*, 44.

and common lay traditions, including ceremonial exhortations (*yŏje* 厲祭) performed by shamans (*mudang*) for releasing the body from possession by smallpox gods.[74]

Based around Chi Sŏk-yŏng's recommendations, the state sought entrance into this arena of highly localized and ritualistic palliative care by issuing an 1885 provision on universal cowpox vaccination (*udujŏlmok* 牛痘節目). This document opened with sympathetic descriptions of smallpox's barbarity, "which leaves six or seven of every ten people maimed, and has claimed the lives of the country's youth." The provision related how a Western physician (*sŏngsa* 西士) had invented and introduced a new form of inoculation to Europe, leading to the gradual elimination of the disease throughout the continent. The document stated that, although many in the West initially harbored skepticism towards the method, a slow embrace of Enlightenment-based empiricism led to popular understanding of vaccination as a preventative measure—baring one's arm for a vaccinator's needle was emblematic of greater sophistication and greater knowledge. The order concluded by casting the universal vaccination act as a government deed "popularizing beneficence for the multitudes" (*poje chungsaeng* 普濟眾生), that had eased the lives of the people and made the country prosperous.[75]

As with the phenomenon of hygiene in general, the government smallpox vaccination project was conveyed as an entirely novel product of modern thought that could also be imparted through Confucian modes of benevolent governance. Politically, the government was setting itself up for a win: the vaccination program would accomplish the dual purposes of bringing subjects under the gaze of a modernizing state by sending out trained vaccinators to towns and villages, while also garnering the respect of the masses through the elimination of a despised affliction. In the decree, an Occidentalized "West" was allegorized as rational, modern and well-informed in order to didactically convey the idea of vaccination as a normative procedure carried out in every "advanced" country. By also stating that Westerners initially rejected inoculation, but then were gradually enlightened to its benefits, the provision anticipated Koreans' own popular resistance to the decree while also characterizing vaccination as a universal practice carried out in every civilized country.

Yet, despite government prescience and the throne's optimism, the vaccination program largely failed. Problems stemmed from a fiscally weak government and the effective abandonment of the *samŭisa* system, which deprived the state of a regional or provincial medical infrastructure for launching its inoculation campaign. To be sure, the new Foreign Office succeeded in establishing several cowpox vaccination stations (*udubun'guk* 牛痘分局) in outlying provinces, including posts in northern Hamgyŏng and on Jeju (Cheju) island. These stations were staffed by trained medics who were directed to teach vaccination procedures to other locally-recruited students. Yet rather than engage or employ regional shamans or lay practitioners, as would be done in the following decade, the state bypassed traditional healers in favor of its own medical novices, requiring that all vaccinators first register and receive

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[74] Sin Dong-won, *Hanguk kŭndae pogon ŭiryo sa*, 23.

[75] "Udujŏlmok" 牛痘節目 1885, document 21389, Kyujanggak Institute for Korean Studies Archive, Seoul National University.

instruction exclusively in state-directed biomedicine and Jennerian immunization techniques. This placed the state vaccination campaign in economic competition with the existing local ritualistic smallpox healers, drawing the ire not only of shamans, but also of town and village populations, which suddenly found their healing practices uprooted or even outlawed in the name of needle-based vaccination. More significantly, the new state medics were also supported by regional police bureaus—already unpopular due to general perceptions of venality—and were understaffed and ill-equipped to enforce vaccination requirements.[76] Further, the government stipulated that all immunized patients, with the exception of widows and former slaves (*nomyŏng* 奴名), partially remunerate the cost of their own vaccinations through an onerous cash payment.[77] Vaccinators' salaries were tied to this remittance system (and thus not fully guaranteed by the state), leading to graft, false reporting, arrests and cases of patient hiding as well as forced and multiple immunizations in order to raise the vaccinators' own levels of compensation.[78] Because immunization, by definition, involves injecting patients with less-virulent strands of cowpox virus, many subjects fell ill immediately following vaccination, leading to speculation that the vaccination had the opposite effect of making patients more susceptible. Further, complete vaccination was evidenced by the appearance of a pox lesion on the arm, suggesting to patients that they had in fact been injected with the disease. Against this background, rumors circulated that the government-dispatched vaccinators were in fact spreading (rather than stemming) the disease as well as murdering children for their own consumption.[79]

Attuned to the campaign's unpopularity and ineffectiveness, and fiscally unable to sustain the manufacture or import of a vaccine supply, the government abruptly abandoned the smallpox immunization program in the spring of 1890 when the state curiously rescinded its formal recognition of the licensed vaccinators who were, paradoxically, trained and certified by the state.[80] The act came during a time of financial duress and political retrenchment whereby renewed suspicions of an Enlightenment-led insurrection led to the shuttering of the *Hansŏng sunbo* in 1885 as well as the *Hansŏng Chubo*, its weekly offshoot, three years later. Chi Sŏk-yŏng was domestically exiled in 1887 and, even as Kojong continued to express interest in

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[76] Each provincial vaccination station was manned by one doctor and two assistants, though it is not clear whether or not these assistants also performed vaccinations. The arrangement meant that from one to three vaccinators would be responsible for inoculating the population of an entire province, which required the three individuals to somehow carry and maintain the vaccine supply between villages. Sin, *Hanguk kŭndae pogon ŭiryo sa*, 109.

[77] This amounted to 5 *nyang*, equivalent in the nineteenth century to approximately the price of one *sŏm* of grain (between 89 and 119 liters). The figure is derived from Sun Joo Kim and Jungwon Kim, eds., *Wrongful Deaths: Select Inquest Records from Nineteenth-century Korea* (Seattle: University of Washington Press, 2014), xiii.

[78] Sin comes down hard on the government in this regard, blaming the failure of the initial vaccination campaign not on the "greediness" of the inoculators, but on the structure of the state-led system. Sin, *Hanguk kŭndae pogon ŭiryo sa*, 115. The argument is accurate, but perhaps a bit unfair. As I've suggested throughout the chapter, the state remained financially weak due to internal rebellion and an inability to enforce taxation. The anti-smallpox effort was designed to achieve universal vaccination while placing minimal fiscal burden upon the government. Such burdens were then shifted to the populace, making vaccination unpopular.

[79] Ibid., 114.

[80] Ibid.,115.

foreign forms of state making, internecine conflict and the naked augmentation of Chinese and Japanese troop numbers on Korean soil undercut the king's efforts to assert monarchical authority.

All of this undermined the universal immunization program. Yet, despite the shortcomings of the initial vaccination campaign, a general hiatus in public health policy in the early 1890s, and the imperial struggle between China and Japan that precipitated war in 1894, an overarching concern with hygiene and state efforts to regulate individual health persisted across the decade. Though the degree of Kojong's actual power at the time is dubious (he would soon be forced to humiliatingly flee the palace grounds and take refuge in the Russian legation), the impetus towards statism and a locally-grounded, centrally-controlled public health program formed the basis of the political agenda of the government and court throughout.

Cholera and the Hygiene Bureau

The triumphant repatriation of early reformist figures such as Chi, Yun Chi-ho, Pak Yŏng-ho and the American-trained doctor Sŏ Chae-p'il (1864-1951) during the brief Kabo reform period (1894-1896) marked a resurgence in the implementation of Japanese and Western influenced hygienic policy. Viewed largely as a well-intentioned, though truncated, propulsion towards greater political egalitarianism, the reforms were in fact implemented by a Military Assembly (Kun'gukkimujo 軍國機務處) that held dictatorial powers during a stunning eighteen-month attempt to entirely restructure government and society.[81] Legislating away the Confucian exam system as well as the remaining remnants of the *samŭisa* network, the reform government trumpeted a complete break with Chosŏn antecedents and, in effect, the termination of the Eastern ethics Western science ethos. Yet, despite the many overtures towards the manufacturing of a new political order, including limitations on Kojong's own power in favor of the Military Assembly, the Kabo government did less to invent, but rather largely resumed the processes of medical centralization already begun during the 1880s.

The 1894 charter establishing the Hygiene Bureau (*Wisaengguk* 衛生局), for example, reiterated that government would hold an expansive role over pharmaceutical regulation, vaccination, food inspection, metropolitan beautification programs, and sewage and waste systems.[82] Yu Kil-chun (1856-1914), one of the Bureau's first directors and perhaps Korea's foremost imaginer of state-led hygienic policy, worked to extend this authority by allying the medical bureaucracy with the police. Yu argued that an organized police force (*sunch'al* 巡察) was a symbol of every modern society because its maintenance of public order served to check tendencies towards backward and reactionary customs of "profligacy and

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[81] Hwang renders the Kun'gukkimujo 軍國機務處 as "Deliberative Assembly" likely due to its role in reorganizing and centralizing political offices under the auspices of the Kabo reformers. Such a translation gets to the point, but it also somewhat overlooks the ethos of "rich country, strong army" (*puguk kangbyŏng* 富國強兵) that pervaded the Kabo reform period. Hwang, *Rationalizing Korea*, 29.

[82] Pak, *Han'guk kŭndae ŭihak ŭi kiwŏn*, 78-9.

licentiousness" (*pangt'ang* 放蕩, *ŭmil* 淫佚).[83] Yu famously called for strict enforcement of public health regulations, presciently noting that the devastation wrought by communicable diseases superseded even the destruction left by war. By early 1895, Yu's Hygiene Bureau had quickly set in place a rudimentary national health infrastructure. This system relied upon local government networks to report incidents of disease to police bureaus and the central authorities. Drawing directly from Yu's blueprints for hygienic modernity, the Bureau further asserted the right to inspect ships in harbor and it placed the police in charge of disinfection, livestock inspections, patient removal and quarantine.[84]

Yu's program was an ambitious if hasty effort to both centralize and expand upon the public health infrastructure first envisioned by Kim Ok-kyun and Pak Yŏng-ho, and briefly initiated during the smallpox vaccination campaign. It assumed the presence of a large local bureaucracy with sufficient medical training that could immediately implement hygienic policy. As we have seen, however, popular resistance to police-supported vaccinations, insufficient capital, and the lack of a detailed plan for execution undermined the government's previous smallpox inoculation campaign. Despite Yu's familiarity with Western and Japanese health systems, it was not clear how the Hygiene Bureau intended to rectify the problems that plagued the pre-Kabo government.

To make matters worse, Yu's reforms took place on the eve of an 1895 cholera outbreak incited and spread by Japanese troops traveling between Korea and the front lines in Manchuria. Sin Dong-won states that tens of thousands died as a result of the disease, while Yi Man-yol concludes that around 5,000 perished, though any estimation of the actual fatalities during this time of war and political transition remains murky.[85] The incongruity of the statistical record is perhaps more telling than any solid figure itself: the inadequacy of information bespeaks a Hygiene Bureau in its infancy, understaffed and unable to effectively map cholera's devastation. The slew of regulations issued by the Hygiene Bureau at the height of the epidemic does, however, attest to expeditious government action. The Bureau immediately outlined disinfection procedures and asserted its right to quarantine and inspect ships in port. It further widened the responsibilities of the police, who now possessed the authority to investigate any perceived symptoms of cholera, and who could remove anyone suspected of infection from their homes.[86] Building upon Kojong's initial sponsorship of the Chejungwŏn and the Enlightenment faction's emulation of the Meiji state, the Hygiene Bureau also sought the counsel of foreign expertise. The Canadian medical missionary O.R. Avison (1860-1956), who headed the Chejungwŏn after Allen's departure, received funding and staff from the government in order to set up a quarantine and treatment facility outside Seoul's Eastern Gate. Avison was also provided a police troupe for

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[83] Yu Kil-chun, *Sŏyu kyŏnmun* (Seoul: Pagijŏng, 2000), 293-4.

[84] Pak, *Han'guk kŭndae ŭihak ŭi kiwŏn,* 82.

[85] Yi Manyŏl, *Hanguk kidokkyo ŭiryosa*, 85; Sin, *Hanguk kŭndae pogon ŭiryo sa*, 165.

[86] See "Hoyŏlchayebanggyuch'ik" in Song Pyŏng-gi, Pak Yong-ok and Pak Han-sŏl, eds., *Hanmal kŭndae pŏmnyŏng charyojip* (Seoul: Taehan Min'guk Kukhoe Tosŏgwan, 1970), 441-444.

forming a type of medical plenipotentiary, which went house to house in order to investigate for hidden patients and dead bodies.[87]

The prompt government response, which offered foreign doctors heretofore unprecedented mobility around Seoul and into the country's interior, perhaps helped limit the scale of the crisis while also bringing together Japanese, missionary and Korean interests in a cooperative effort against a common foe.[88] Yet much anecdotal evidence suggests that nationalist tensions permeated the anti-cholera crusade, and that the parties viewed cholera's eradication less as a collaborative enterprise and more as an opportunity for the advancement of particularistic interest. Lillias Underwood (1851-1921), whose long tenure in Korea will be addressed in the following chapter, railed against the Hygiene Bureau's prevention measures, vividly noting that little had been done to alleviate the contamination of the city's waterways:

> All sewage runs into filthy, narrow ditches, which are frequently stopped up with refuse, so as to overflow into the streets, green slimy pools of water lie undisturbed in courtyards and along the side of the road, wells are polluted with drainage from soiled apparel stashed close by, quantities of decaying vegetable matter are thrown out and left to rot on the thoroughfares and under the windows of the houses. Every imaginable practice which comes under the definition of unhygienic or unsanitary is common.[89]

Underwood denounced the pace of anti-disease implementation and the condition of the government-provisioned quarantine facilities, which she stated lacked bedding and proper ventilation. She further highlighted corruption, superstition, and popular obstinance as impediments to expunging the contagion from Seoul. Echoing Allen's Americentrism, Underwood stated that the Europeans and the Japanese were making only cursory efforts to battle the epidemic, and that their foremost concern was protecting their own legations from infection. In a statement that brilliantly illustrates the irony of how the universal enterprise of anti-disease crusades could be broken down into nationalist terms, Underwood concluded that, despite some financial backing from the Korean government, "in the end, the Americans only were left to face the foe."[90]

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[87] O.R. Avison, "Cholera in Seoul" *The Korean Repository* 2 (Jan-Dec 1895): 339-44. Avison stated that he, along with another unnamed Japanese doctor, received $20,000 from the government in order to set up quarantine stations.

[88] Hwang, *Rationalizing Korea*, 225-6. Hwang reads Sin's analysis as one of progress, whereby the government acted swiftly and made "significant strides" against cholera, making it so that the public health regime "matured quickly." Indeed, Sin argues that the 1895 epidemic resulted in the first somewhat effective nation-wide anti-disease program. The problem, however, is that it remains exceedingly difficult to determine if government anti-disease measures (as opposed to diverse environmental factors) were the primary reason that the disease abated.
As I explore in Chapter 5, Japan's involvement in the anti-cholera efforts resulted in the stationing of more troops on Korean soil. In 1895, the Korean government called upon Japan to help with disease prevention. The Japanese army even received commendation from the Korean government due to its speedy establishment of quarantine stations in northern parts of the country. Sin, *Hanguk kŭndae pogon ŭiryo sa*, 161, 165-6.

[89] Lilias Horton Underwood, *Fifteen Years Among the Top-knots, or Life in Korea* (1904; repr., Korea Branch of the Royal Asiatic Society, Kyung-in Publishing, 1977) 133-4.

[90] Ibid., 137.

While Underwood and Avison remarked how missionaries' increased visibility in the city garnered Koreans' "growing confidence in the integrity and good judgement of the missionaries," the North American Protestant punctiliousness did little to tamper the flames of a temperamental and an immedicable disease.[91] Unlike Allen's savior of Min Yong-ik, biomedicine could not excise cholera through surgery. Rather, the missionary cholera treatment consisted of concocting a simple diarrhetic from local plant extracts, including a paste made from mint (*pak'a*), red pepper powder (*gochutgaru/koch'utkaru*) and small doses of opium.[92] Avison lamented that the mortality rate of patients who entered the temporary Eastern Gate hospital hovered around seventy five percent, and that little could be done for those who arrived having already entered an advanced stage of progression.[93] Further, though Underwood's many colorful pontifications on Korea's dirtiness are well known, her complaints about government torpidity nevertheless betray a strained and fragile government operation even as the state attempted to further the momentum of the Kabo reformist zeitgeist through its anti-cholera directives. Underwood's criticisms of the Hygiene Bureau's inability to fully actualize its preventative policies are corroborated by later newspaper editorials, which commented upon the government's dilatory public health program and expressed incessant worry about another flareup.[94]

Hence, variances in the historical record regarding the number of actual cholera deaths, an inchoate and weak health bureaucracy, and the fact that missionary doctors could do little but comfort and isolate patients from the non-afflicted suggests that the anti-cholera measures of 1895 were perhaps less robust than the extant secondary literature portrays. More fundamentally, it is difficult to assess the degree of government effectiveness with so many diverse etiological factors at play: war, political transition, and the remnants of an 1894 Tonghak resurgence all complicate the somewhat counterfactual problematic of whether the epidemic "could have been worse."[95] Regardless, the experience of cholera shook the state, itself a vulnerable and fugitive entity in 1895, out of a quixotic pursuit of public health incrementalism, and made plain the need to assimilate and implement Yu Kil-chun's treatises on public health quickly. The Kabo reformers came to recognize that a gradualist approach—the widening of

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[91] Avison, "Cholera in Seoul," 334.

[92] Yi Man-yŏl, *Han'guk kidokkyo ŭiryosa*, 63. James Hunter Wells furthered this point by noting that medical missionaries in Korea frequently just recommended rinsing one's eyes or gargling with salt water for disease prevention. J Hunter Wells, "Medical Impressions," *The Korean Repository* vol. 3 (1896): 39.

[93] Avison, "Cholera in Seoul," 341, though Avison notes that the mortality rate was substantially lower in the better-off western half of Seoul.

[94] See *The Independent*, English edition, 27 June 1896 and 30 June 1896, which enjoined the government to "take proper steps to look into the sanitary matters of the city" and "beg the Chiefs of the Police and the Sanitary Departments to take some vigorous action" so that people will not again "die off like flies" as they did during the previous summer.

[95] Sin compares one estimation that tens of thousands died in the 1895 outbreak with the exponentially larger figure of over 100,000 who perished in the 1821-1822 outbreak. He further acknowledges that the comparatively smaller number of deaths in 1895 was likely not due to government policy alone. Nevertheless, he asserts that government expansion of quarantines and prevention measures in various provinces helped mitigate the scale of the disaster. How can we prove this type of ahistorical claim? Sin, *Hanguk kŭndae pogon ŭiryo sa*, 166.

roads, the select sponsorship of missionary-run hospitals, a self-sufficient vaccination program—would fail to elevate Korea to the already unachievable, equally quixotic and, indeed, imperialistic standards of hygiene and sanitation invented and propagated by Japan and the West, which demanded dramatic reforms that would almost inevitably undercut the legitimacy of Chosŏn rule. The Kabo establishment of the Hygiene Bureau, and its expansion and continuation under the Taehan regime, signaled the government's recognition of Korea's temporal and physical position in relation to a ideal of cleanliness as well as an ambitious effort to engineer Korea's attainment and assimilation of that very ideal. Yet at the same time, the Kabo endeavor towards parity with "advanced" nations or, above all, the preservation of Korean sovereignty through improvements in public health occurred during a period when outside deprecations against Korea's unhygienic backwardness constantly undercut the very programs and health measures the same outsiders deemed necessary for the country's maintenance of its already-contested independence (see Chapter Four).

Conclusion: Japan and Korea in context

Considering the striking similarities in the social history of disease and public health in Japan and Korea, it is perhaps helpful to comment upon variations in the importation and experience of hygiene in each country. A methodological attempt to foreground the agency of disease, or how disease itself acted as a historical force that ultimately sabotaged the very anti-disease measures designed to thwart it, has led me to focus in these initial chapters upon cholera. In both Korea and Japan, cholera undermined grand projects for the centralization of health policy and practice, and the hygienic socialization of people into national subjects. Such projects were designed and instituted by what I have called both medical bureaucrats and medical modernizers—state actors and visionaries who attempted to implement an expansive health program that would bring subjects under government purview.

These statesmen also shared an understanding of hygiene as a wholly modern concept, one ultimately derived from the West but seen as universal—a necessary prerequisite for the maintenance of sovereignty and for entrance into the rarefied club of civilized countries. Nevertheless, they also believed the concept needed to be wrapped in the packaging of easily recognizable diction and a nationally shared experience. Subjects were told that Japan and Korea possessed long histories of hygiene, even as reformers barefacedly acknowledged that hygiene was an imported concept. In Japan, the recapitulation of ideas on "fostering life" and the establishment of public health societies for the diffusion of hygienic knowledge historicized modern health practices in order to correct misunderstandings of the government's health program. In Korea, hygiene was presented as an extension of Chosŏn-era benevolent rule in order to legitimize fragile and contested power. Even during the brief Kabo interregnum, when the state relinquished or downplayed such Confucianist claims, the government still attempted to introduce public health policy through a bureaucratic network that bore close resemblance to its predecessor.

Even though they shared a similar impetus towards hygienic modernity, Japan and Korea differed in terms of the fiscal capacity of the state to enforce public health policy. Despite severe government retrenchment in Japan during the 1880s, the Hygiene Bureau was spared significant cuts due to the perceived importance of public health for national defense and the army. Massive

investments in health education and biomedical research led to a society where people could casually "talk of bicycles and bacilli," as the famed British observer Basil Hall Chamberlain (1850-1935) remarked in 1891.[96] This differed from Korea, where political intrigue, populist rebellion, and the overall fiscal weakness of the state—epitomized by the jettisoned smallpox campaign and the outsourcing of hospital work to missionaries—prevented the complete actualization of a state-directed health system. Nevertheless, there was an overriding similarity between both projects: each attempted to shore up state authority internally, while also displaying Koreans' or Japanese cleanliness abroad.

Though many of Korea's attempted reforms drew from Meiji practices of state making, Japan would increasingly cite Korea's apparent backwardness as justification for its growing influence in the peninsula, while waging a concerted health-based propaganda war that secured Japan's position as an international power at the very expense of its peninsular neighbor.

[96] Basil Hall Chamberlain, *Things Japanese, Being Notes on Various Subjects Connected with Japan for the Use of Travellers and Others* (London: John Murray, Kelly and Walsh, Ltd., 1905), 1.

Chapter Three
Making the Hygienic Subject in Japan and Korea



Figure 2. Source: George Herber Jones, *The Korea mission of the Methodist Episcopal Church* (New York: Board of Foreign Missions of the Methodist Episcopal Church, 1910), 40, reproduced in Heejeong Sohn, ed., "Gendering Modernity: Korean Women Seen through the Early Missionary Gaze (1880s–1910s)" *Cross Currents: East Asian History and Culture Review* e-journal no. 16 (September 2015). Grace Lee stands second from left. To Lee's right are Margaret Edmunds and Martha Kim.

In 1909, on a typically beautiful autumn day in Tokyo, the Meiji emperor and Empress Shōken attended a performance at the elite Gakushūin Peeress School (Gakushūin Jogakubu 女学部 present day Gakushūin Joshichū, kōtōka 学習院女子中・高等科). Motionless except for occasional smiles or for puffs on slender, golden pipes, the august spectators took in an event that is now synonymous with Novembers in Japan: the sports festival (*undōkai* 運動会). The program, executed by nearly 600 students, included a curious combination of "Swedish

gymnastics, graceful minuets and square dances with orchestra accompaniment" as well as a traditional dance of "maple hunting," set against a background of "purely Japanese music."[1] Clad in an eclectic wardrobe of "long-sleeved purple kimonos, red cashmere shirts, and high-heeled shoes," the students put on what was likely an arresting display of sartorial and cultural hybridity. Although not dressed for the task, a large group of higher-level students capped the performance by staging a display of their medical training, which included a demonstration by student "nurses" who pretended to bandage and transport a wounded soldier across the school grounds. The festival was the culmination of months of preparation, both spiritual and corporeal, making the event "a sort of ceremony in the Japanese mind." Gakushūin's calisthenics and nursing classes had taught the students to tumble, dance and caper as well as to suture, stitch and heal. The gravity with which the students approached their performance was the result of a strict, reformulated curriculum of ethics (*shūshin* 終身) that communicated the "divine grace" of their regal audience and the metastatic expansion of the family state (*kazoku kokka* 家族国家) to all those in attendance.[2]

Three years earlier, another ceremony, smaller in scale but of arguably equal significance, took place in Korea. Two women, Grace Yi (Lee) and Martha Kim, received their nursing caps after becoming the first graduating class from the missionary-run Poguyŏgwan (保救女館) or Salvation Women's Hospital Nurses Training School attached to Ewha Haktang. Although Yi and Kim's celebration lacked the pomp of the Gakushūin festival, the occasion signified the completion of a similarly strict and transformative educational program, one that taught the students advanced medical and bodily training as well as a new form of Christian-based ethics. According to their teachers, both students experienced a complete epistemological evolution during their schooling—from "heathen to Christian"—transforming them from "helpless" children into "useful women" who were able to care for the growing number of patients seeking medical treatment at missionary hospitals. Yi and Kim's medical training, and their conversion, began during their time as patients: Yi arrived at a Methodist missionary hospital as "a crippled slave girl" and Kim was taken into missionary care "minus the fingers and thumb of one hand and a portion of her nose," caused by "the work of a jealous husband." Under missionary tutelage, Yi's "limbs became straight and strong," and she grew "fair to behold," while Kim's life transformed from that of a "hard and bitter woman" to one of brightness in the "dark land" of Korea.[3] Yi and Kim's conversions—from the physically handicapped to healers of the sick, from non-believers to "true" Christians—became hallmarks of the missionary cause, their lives testimonies to the arduous work of evangelism in a "dark land."

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[1] These events are described in Shidzue Ishimoto, *Facing Two Ways: The Story of My Life* (Stanford: Stanford University Press, 1984), 63.

[2] On moral education curriculum, especially as propagated through textbooks, see Wilbur M. Fridell, "Government Ethics Textbooks in Late Meiji Japan," *The Journal of Asian Studies*, vol. 29, 4 (Aug., 1970): 823-833.

[3] Yi would go on to marry a Korean doctor which, according to missionary journals, allowed her to fulfill the goal of "faithfully attend[ing] her duties as house wife [sic]." Another account credited Yi's conversion to Christianity with the development of a hygienic consciousness, stating that her identity as a Christian was signified by her inability "to endure a dirty [Korean] house." These reports complied in Ok Sŏng-dŭk, ed., *Han'guk kanho yŏksa charyojip* vol. 1 (Seoul: Taehan Kanho Hyŏphoe, 2011), 188-190.

These two snapshots bring attention to how the discourse of modern hygiene and health expanded in the last decades of the nineteenth century. The revolution in public health that began in the 1870s and 1880s in Japan and Korea gained considerable momentum by the 1890s. Hygiene became lacquered in new meanings, transforming from government policy into the similarly dynamic realms of gender and class. Although different in context, the two ceremonies described above offered homologous representations of a neo-traditional feminine aesthetic at a shared temporal juncture. Clad in a combination of white nurses' uniforms and "traditional" clothing, the students' costumes were designed to show how the potentially dislocating impacts of modern hygiene had been integrated into the specific cultural contexts of Korea and Japan.

Focusing on the trope of the new hygienic woman in Japan and Korea at the turn of the twentieth century, this chapter explores a shift in public health whereby the technologies and medical practices of disease prevention—quarantines, vaccinations, sewage systems—became increasingly separate and distinct from the more discursive ideas of "clean living." In Japan, a persistent disjuncture between neo-traditional renderings of hygiene and growing popular interpretations led medical bureaucrats and moralists to invent an elite image of the Japanese "hygiene beauty" (*eisei bijin* 衛生美人) in order to propagate a conservative representation of the modern female subject. Such an image underscored the importance of women's education in domestic science and homemaking, and it placed importance on new calisthenic regimens introduced through girls schools. Yet this construct was always dictated by the state and its pundits, who used the image to stress the importance of proper behavior as a "good wife and wise mother."

In Korea, an alliance between proponents of rapid Westernization and a growing contingent of missionaries also helped introduce revolutionary changes to modes and practices of hygiene. As in the case of Japan, such reforms were similarly anchored in traditional mores, albeit in decidedly "new" Protestant and Victorian notions of domesticity. Although missionary influence prompted far-reaching changes to late-Chosŏn gender relations, the missionaries themselves underscored the compatibility between Christian universality and Korean particularity. Epitomized by the hybridized attire worn by Grace Yi and Martha Kim at their capping ceremony, missionary education and medical training ushered in new professional possibilities for Korean women, even though such opportunities were consistently inscribed within evangelical modes of proper behavior.

In both Japan and Korea, the possibilities afforded by public health's expansiveness—the teaching of disease prevention in schools, the introduction of calisthenic training, the development of health-related goods and services—and the desire to arbitrate the parameters of hygiene's meaning and praxis led to two modes of thought that remained in tension. On the one hand, medical bureaucrats could rejoice at the successful ballooning of public health practices and their embrace by the population, exemplified by expanding vaccination programs and municipal beautification drives. Yet, on the other hand, that very expansion threatened to dilute or corrupt the hygienic messages that state actors had worked so diligently to construct. Whether by welding the dynamic meanings of hygiene to a fixed and immutable national culture (Japan), or by partially delegating the pedagogical responsibility of introducing hygienic practices to Western missionaries (Korea), the overall objective was the continued fostering of a hygienic

consciousness without losing control over the drive to create a state-centered practice of clean living.

Bodily Improvement in Japan

The heavy-handed anti-disease ordinances of the 1870s and 1880s were made against the background of exigent political and military concerns: thwarting the 1877 Satsuma rebellion, building a healthy army, staving off the very real possibility of foreign takeover, educating a middle stratum of medical bureaucrats. The early-Meiji health laws focused on thwarting the spread of diseases through more forceful and often nefarious tactics, including large-scale quarantine, home evictions, and raids by the hygiene police. This began to change in the 1880s. Although the state continued many measures that segregated and stigmatized the sick,[4] "hygiene" also took on new meanings as the polity itself acquired greater moral and political coherence. Three foundational documents—the 1889 Constitution, the 1890 Imperial Rescript on Education, and the 1898 Civil Code—helped affirm and mythologize a transcendent history of the "family state" (*kazoku kokka* 家族国家) that was, ironically, ahistorical. Similar to the intellectual soldering that helped weld *yōjō* to the modern *eisei* (see Chapter One), the Meiji state used these documents in order to amalgamate the Japanese political body into an unchanging homogenous unit, collapsing time and the distinction between the primordial and the present.

Though the state dictated the moral parameters of the newly-restored polity, the Constitution's top-down delineation of subjects' "rights and duties" required mass participation in order to realize state goals. As Sheldon Garon points out, many Japanese—especially those of the elite and emergent middle class—embraced the "mobilizing spirit" bequeathed by the Constitution and Rescript on Education. Moralists initiated projects that aligned with the government's agenda to create a uniform national body under the Emperor.[5] The Meiji period's ubiquitous reform movements (*kairyō undō* 改良運動) opened avenues for collaboration between the state's "social managers" and members of the upper and middle classes. Beginning in the 1870s and extending well into the 1930s, these campaigns tied self and family improvement to the broader fate of the nation.

Such programs also facilitated changes in everyday health practices. Publications by rural improvement campaigns in the 1890s, for example, helped propagate how minute acts of daily life were connected to the prosperity or decline of the national community. Vegetable farmers received pamphlets reminding them that their personal hygiene was deeply related to national economic goals: failure to wash one's hands or to rinse one's produce with clean water hazarded disease. Such literature emphasized that unsanitary behavior imperiled not only a

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[4] One of the most striking examples is government attitudes towards leprosy (*raibyō* 癩病). Thought to be hereditary and rampant within the lower class, leprosy patients were forcibly removed from communities and isolated in colonies (see Chapter Four). Such policies even continued into the 1970s, culminating in a 2001 apology from Prime Minister Koizumi Jun'ichirō about the state's treatment of leprosy patients. On leprosy in Japan see, for example, Fujino Yutaka, *Nihon Fashizumu to iryō* (Tokyo: Iwanami Shoten, 1993), 4-9 and Susan Burns, "From 'Leper Villages' to Leprosaria: Public Health, Nationalism, and the Culture of Exclusion in Japan" in Carolyn Strange and Alison Bashford, eds., *Isolation: Places and Practices* (New York : Routledge, 2003).

[5] Garon, *Molding Japanese Minda*, 1-22.

farmer's individual profit but also national economic productivity.[6] During meetings of the Japan Sanitary Society, nutritionists from both inside and outside the government discussed how to reform the Japanese diet in order to cultivate stronger bodies for farm and factory work. One theory even posited completely reforming choice itself (*shusha kairyō* 取捨改良) by limiting dietary options and circumscribing meal possibilities so that Japanese subjects would have no alternative but to consume healthier foods.[7]

Perhaps most emblematic of how such campaigns tended to impinge upon daily health practices were the frequent discussions on latrine reform (*benjo kairyō* 便所改良). A broad discourse developed around the politics and management of excrement, including discussions on how to upgrade the design and construction of lavatories in the home, provide night soil merchants easier accessibility to collection pots, and educate subjects on the proper usage of public toilets.[8] Thus by 1915, when Natsume Sōseki spoke in defense of his individualism by comically stating that it would be a "horror" to "eat for the nation, wash our faces for the nation [and] go to the toilet for the nation," the objective of hygiene reform was to make subjects do exactly that.[9]

Epidemiological Change, Research Institutions, and Social Hygiene as Academic Discipline

The development of this broadened public health discourse also took place against the background of a transforming medical and epidemiological landscape. By 1900, the field of public health encompassed short-term measures for stamping down acute outbreaks of cholera and smallpox as well as the treatment and research of chronic maladies such as dysentery and tuberculosis. The state patronized a growing number of public university hospitals and laboratories, which interfaced and competed with private medical organizations in order to improve national indexes of health.[10] Nursing schools, home visits, clinical observation trials

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[6] Shimizu, *Nihon kōshū eiseishi: shōwa zenkihen*, 190. The warnings about washing produce with clean water likely extended from a pervasive theory that cholera could be spread by underripe "green" fruit or traces of mud and dirt on vegetables.

[7] Ōzawa Kenji, "Nihonshoku no kairyō ha hitsuyō narazaruka," *Dai Nippon shiritsu eiseikai zasshi* [hereafter *DNSEZ*] vol. 54 (November, 1887): 7-11.

[8] For example, "Kyōdō benjo nitsuite," *DNSEZ* vol. 207 (1900): 541. This discourse continued into the Shōwa period and was centered around how better toilet construction might prevent infections by parasitic worms. Shimizu, *Nihon kōshū eiseishi*, 170-190.

[9] Natsume Sōseki, "My Individualism," (Watakushi no Kojinshugi) trans. Jay Rubin *Monumenta Nipponica*, vol. 34, no. 1 (Spring, 1979): 44.

[10] On the state's sponsorship of science in Meiji Japan, see James Bartholomew, *The Formation of Science in Japan: Building a Research Tradition* (New Haven: Yale University Press, 1989), esp. 135-145. Although Bartholomew notes that state support was uneven, the funding consistently backed both public and private research during the Meiji period.

and prolonged hospitalization assisted researchers in drawing a more comprehensive picture of the environmental and social factors that led to infection.[11]

Accomplishments by figures such as Kitasato Shibasaburō (1853-1931) and his student Shiga Kiyoshi (1871-1957)[12] signified the growing international prominence of Japanese bacteriology, and their discoveries brought Japan international renown as the epicenter of medical research in Asia. Indeed, after identifying the bacterium that induced bubonic plague, Kitasato acquired what amounted to celebrity status in Japan.[13] Kitasato's Institute for Infectious Diseases (Densenbyō Kenkyūjo 伝染病研究所) and, later, his eponymous research institute (Kitasato Kenkyūjo 北里研究所, est. 1914) became elite institutions that produced an entire generation of medical bureaucrats. Graduates of the Kitasato institutes frequently competed with alumni of Tokyo's Imperial Medical School and its affiliated Hygiene Laboratory (Eisei shikenjo 衛生試験所) for top university and bureaucratic positions. These centers helped form lifelong friendships as well as lifelong animosities between the Kitasato lineage and graduates of the Tokyo Imperial Medical School. Such factional bickering was indicative of the larger centralization, standardization, and professionalization of medical training and scientific study in Japan.

The emergence of an institutionalized scientific tradition was accompanied by the revision and expansion of the early-Meiji public health legislation. In the late 1890s, the state amended many of its original hygiene laws as part of a renewed goal to utilize health as a means of unifying and mobilizing subjects in service of the state. Although Nagayo Sensai perhaps never realized his objective of *eisei jichi* during his own lifetime, many of his early-Meiji proposals for an expansive medical bureaucracy were gradually implemented in the last decade of the nineteenth century. In addition to proscribing "uncivilized" hygiene policies, such as the use of stigmatizing banners and sick placards in front of quarantine stations and homes, the Hygiene Bureau modified its initial regulations on communicable diseases (*densenbyō yobō kisoku* 伝染病予防規則) to stipulate that a medically-trained disease prevention official (*yobō iin* 予防委員) would be placed in every town and village. In contrast to many of the local hygiene officers of the 1870s who lacked experience in medicine or public health administration, the remarkable growth of Japan's medical education system in the ensuing decades enabled the state to dispatch its own trained professionals throughout the country. The 1900 waste and cleanliness law (*obutsu sōji hō* 汚物掃除法) further required that prefectures employ local

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[11] Yamashita Mai, "Meijiki nihon ni okeru kangofu no tanjō" in Suzuki Akihito and Kawagoe Osamu, eds. *Bunbetsusareru seimei: nijyū seiki shakai no iryō senryaku* (Hōsei daigaku shuppankyoku, 2008), 94. The establishment of nursing schools partially arose from the need to attend to patients with long periods of hospitalization, such as those suffering from tuberculosis.

[12] Shiga's experiments from 1896-1897 isolated the eponymous dysentery-inducing shigella bacillus (*Shigella Dysenteriae*).

[13] Kitasato famously fraternized with other political personalities, and his feuds with the science faculty at Tokyo Imperial University soon became the stuff of tabloid fodder. On the conflicts between Kitasato and Tokyo Imperial, see Kim, *Doctors of Empire*, 126-38, Michael Shiyung Liu, "Ripples of Rivalry: The Spread of Modern Medicine from Japan to its Colonies," *East Asian Science, Technology and Society: an International Journal* vol. 2 (2008): 47-71 and Bay, *Beriberi in Modern Japan*, 112-6.

cleanliness monitors (*sōji kanshi riin* 掃除監視吏員) to supervise garbage disposal and the removal of organic waste.[14]

The formation of a research system and the expansion of public health laws led the Meiji government to endow several university chairs for the study of hygiene as a social scientific discipline. The well-known bacteriologist Fukuhara Yoshie (1875-1927) became Japan's first social hygienist (*shakai eisei gakusha* 社会衛生学者) when he accepted a position to head the Department of Hygiene at Osaka University. In his 1914 magna opus, *Social Hygiene* (*Shakai eiseigaku* 社会衛生学), he framed public health as a new type of academic study that encompassed not only the prevention of disease, but also business, politics, and education. Similar to Nagayo's initial formulation of modern *eisei*, Fukuhara opined that the state should utilize hygiene as a medium for uniting and mobilizing the populace, and that the government held responsibility for ensuring the collective health of its subjects. Borrowing heavily from a new school of German social medicine that expanded public health practice to include diverse etiological factors such as class, gender, and environment, Fukuhara also modified Nagayo's initial conceptualization by integrating many new trends to global health studies. Social hygiene, Fukuhara stated, should be a cross-disciplinary and collective academic effort (*kōdō kenkyū* 共同研究) that involved the study of modernity itself—the discursive but easily identifiable phenomena (national conscript armies, factories and mass production, the penal system, mass media, urbanization) that had emerged during the Meiji period. For Fukuhara, hygiene was not only a policy of state, but rather a broad social genre. Social hygienists should therefore examine the nation as a "uniform individual body" (*dōitsu kotai* 同一個体) by placing equal attention on the health of "soldiers, prisoners, children, and the female factory worker (*kōjo* 工女)."[15] Fukuhara's definition of hygiene as an academic discipline rather than a policy of state granted hygiene experts (medical bureaucrats and academics) special license to manage and "grow" the nation as corporeal body, enabling its leaders to plan and formulate specific goals for each disparate part to work in cooperation with the others. As Fukuhara explained, social hygiene thus also existed as a "principle" (*shugi* 主義), one that simultaneously delineated an academic category of analysis as well as an overt political objective.[16]

Hygiene Pretenders

Fukuhara's conceptualization of "social hygiene" as a national and ideological imperative reflected a growing popular consensus that one's hygiene was also an expression of patriotism. The push to become healthy for the nation sparked an interest in "hygienic living" (*eisei seikatsu*

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[14] Fujikawa Yū, *Nihon igakushi* (Tokyo: Heibonsha, 1974), 58.

[15] Fukuhara Yoshie, *Shakai Eiseigaku* (Tokyo: Nankōdōshoten, 1914), 3-12. This characterization of the national as an organic body paralleled the thinking of figures such as Gotō Shimpei, who viewed states as merely larger iterations of living beings. See Chapter Five.

[16] This involved "paying attention to the preservation of the people's health (*minshū no hoken* 民衆の保健) by approaching [this objective] from a social and economic position." Ibid., 4.

衛生生活) which, in turn, gave birth to an assortment of new medications, cleaning products, cosmetics and even confections. While the astonishing rise of Japan's pharmaceutical conglomerates would not take place until after World War I, a number of businesses capitalized on the budding late-Meiji health market by advertising the salubriousness of their products even though such goods possessed no actual health benefits.[17] By the turn of the century, Japanese could purchase a brand of patriotic *sake* purportedly distilled exclusively for soldiers and sailors, and certified by the Hygiene Laboratory as being "unparalleled in its hygiene" (*eisei muhi* 衛生無比). Children might snack on *eisei bōro* 衛生ぼーろ, a type of airy egg confection that, despite possessing few nutritional merits, acquired its name due to the marketability of anything branded "hygienic."[18] Growth in the Meiji print industry led to the publication of dozens of popular health journals as well as new medical manuals that used popular vernacular and explanatory annotations (*rubi* ルビ) in order to instruct readers on how to offer protracted care for sufferers of chronic illnesses.[19] Within a few decades, Japanese youth were even given health-related *manga* illustrating the horrors that could be wrought upon children who heedlessly ignored health advice from teachers or the state. One fictional publication narrated how two brothers acquired granular conjunctivitis because they carelessly borrowed a dirty book from a sick friend without wiping down its cover. The brothers gradually go blind, forcing them to abandon their dreams of serving in the army and opening a business; their lack of prescience rendering them incapable of contributing to the national community. The story tragically concludes with a description of how the brothers will shame their families and bring their relatives undue burden simply because of their hygienic negligence.[20]

The commercialization of hygiene and its institutionalization as an academic discipline led to the circulation of a new, idealized image of the healthy, patriotic modern subject. As the discourse of public health expanded to include those in industry, business, and academia, ideas of cleanliness, bodily comportment, and physical constitution became topics of discussion and debate among a broader audience. A new cosmopolitan representation of the healthy individual

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[17] As most scholars agree, the meteoric rise in the Japanese pharmaceutical industry was contingent upon the war in Europe. Internal demand in Europe meant that Japan could no longer import medicines from the West, leading to the development of such giants as Daiichi and Banyū, both established in 1915. Many pharmaceutical zaibatsu then profited immensely by selling their medicines back to the countries from which they had imported them only years before. See the short account in Maki Umemura, *The Japanese Pharmaceutical Industry: Its Evolution and Current Challenges* (New York: Taylor & Francis, 2011), 10-12 and Suzuki Akihito, "Chiryō no shakaiteki kōsatsu" in Suzuki Akihito and Kawagoe Osamu, eds. *Bunbetsusareru seimei: nijyū seiki shakai no iryō senryaku* (Hōsei daigaku shuppankyoku, 2008), 142.

[18] The snacks remain highly popular in Japan today, with many spinoffs peddling their own version of *bōro*. According to the company's official website, which features a Shōwa-era television commercial and a company jingle, the product was first sold in 1893. The latter part of the name apparently derives from the Portuguese word for "cake" (*bolo*): http://www.eiseiboro.com. Ono Yoshirō devotes several pages to the company and to the manufacture of *eisei bōro* in his analysis of *eisei* in modern Japan. Ono Yoshirō, *'Seiketsu no kindai': eisei shōka kara kōkin guzzu he* (Tokyo: Kōdansha, 1997), 143-6.

[19] Aoki Junichi, *Kekkaku no shakaishi: kokuminbyō taisaku no soshikika to kekkaku kanja no jitsuzō wo otte.* (Tokyo: Ochanomizu Shokyoku, 2004), 14-15.

[20] Tanaka Satoshi, *Eisei tenrankai no yokubō* (Tokyo: Seikyūsha 1994), 56.

and a healthy society began to emerge, one that propagated and marketed an idealized image of a fit and active body. Although a wider discussion began to take place concerning the question of how the individual might achieve or display this new ideal, these constructs were always mediated by either the state or its moral agents, which sought to co-opt health for their own objectives even as a growing number of people became participants within, and consumers of, a burgeoning hygienic culture.

The Hygienic Female Body as an Idealized Construct

Under the new norms of the Meiji state, elite moralists sought to expand the discourse of hygiene to include discussions on gender while also immuring that very discourse within their own prescribed framework. Despite the growth of the Japanese health-related research industry and the widespread emphasis on health reform, the appearance of goods marketed under false hygienic pretenses, such as *eisei sake* or the popularity of a new "hygiene shampoo" perturbed many of the elites who first initiated the health reform movement. These individuals worried that the prevalence of hygiene as a fad might render the term politically meaningless and morally hollow. Cautions such as those from Nagayo about the "misunderstandings of hygiene" (*eisei gokai* 衛生誤解, see Chapter One) or anecdotes about subjects' misinterpretation and misuse of disinfection techniques convinced the Meiji medical elite to strengthen state-directed modes of hygienic indoctrination.[21] Beginning in the late 1880s, public health policy fused with state efforts to define moral behavior, combining ideas on disease prevention, exercise, and the functionality of clothing with ideologues' notions of propriety, thrift and modesty. The solidification of a patriarchal family structure and its allegorical extension to the subject-ruler relationship were crucial to this marriage between morality and health.

The well-known maxim of "good wife, wise mother" (*ryōsai kenbo* 良妻賢母) intimates how elites attempted to counteract the massive social transformations of the Meiji period by creating an idealized image of a conservative and modest woman who would follow strict, albeit malleable, moral dictates of the state. The doctrine provided avenues for women's education and patriotic mobilization while also cementing their role within the home and denying them any involvement in the political sphere. As many scholars have shown, *ryōsai kenbo* was a fiction

[21] Problems included one apparent incident where, in order to stave off cholera, people sprinkled carbolic acid around their homes and some even drank the disinfectant. Matsumoto Tōan, "Eiseihō fukyū no kōan," *DNSEZ* vol. 3, no. 6 (1883): 4-5.

that did not reflect the lifestyles of the overwhelming majority of Japanese women.[22] But we should also note that the construct functioned as a powerful weapon for women's mobilization precisely because it represented a shared ideal of women's circumscribed participation within the nation-state. *Ryōsai kenbo* connoted a fixed notion of womanhood, the performance of which demonstrated one's participation within, and commitment to, the imagined community. In other words, the constructed-ness of *ryōsai kenbo* and its existence as an ideal devoid of reality did not mitigate its potency as a model of femininity in Meiji Japan. I am not arguing that women sought to emulate this image. Rather, my purpose is to explore how the image itself forwarded a patriarchal vision of the Japanese hygienic subject.

Others have also noted how a social imaginary based on *ryōsai kenbo* was portrayed and disseminated to Japanese subjects through textbooks, women's journals, and other media. Examining the origins of mass-market domesticity in Japan from the 1880s through the 1920s, Jordan Sand argues that "a revolution in representations" during the Meiji period preceded the consumerism of the Taishō years. A circulation of ideas prefaced the circulation of goods when images and other media refashioned notions of domestic space. Higher schools for women (*kōtō jogakkō* 高等女学校)—including the Gakushūin peeress school described above—as well as social clubs and an expanding print culture all presented the ideal of a feminized bourgeois, suburban lifestyle before such notions could become material realities.[23]

Although Sabine Frühstück argues that Japan's "hygiene regime" focused almost exclusively on army conscripts, prostitutes and children until the 1920s, her own citation of mid-Meiji pedagogues such as Mori Arinori (1847-1889), who encouraged women to strengthen their bodies in order to give birth to healthy soldiers, demonstrates that the state held an overriding concern with women's health well before the end of the Meiji period. Frühstück further illustrates how the image of a patriotic, tall, fit and athletic conscript functioned as the prototype for the national objective of creating a "strong army." This contrasted with the image of the prostitute, which connoted a sexual deviance that threatened to corrupt soldiers' morality.[24] Frühstück demonstrates how these gendered and class-based images helped distinguish the hygienic from the unhygienic, and the ideal patriot from the deviant. The architects of these

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[22] *Ryōsai kenbo* was a contested ideology whereby women were not so much excluded from politics by regulating them to a "private" sphere, but rather their position within the family as well as the family state was made explicitly secondary so that any notion of political action was deemed irregular or non-conformist. As Vera Mackie states, under "the [Meiji] Constitutional system, notions of a gendered hierarchy within the family were made explicit, and *the family itself was politicized*, rather than being seen as a private haven" [emphasis mine]. Vera Mackie, *Creating Socialist Women in Japan: Gender, Labor, and Activism, 1900-1937* (Cambridge: Cambridge University Press, 1997), 40-41. As Kathleen Uno argues, despite its prominence, *ryōsai kenbo* "failed to become a hegemonic ideology partly because it did not match the life experiences of many women and partly because…the critical voices of educators, leftists and feminists spread dissonant visions of womanhood through their writings, protests and alternative institutions." These voices would include such activists and scholars as Hiratsuka Raichō, Yamakawa Kikue, and Itō Noe, among others, who challenged the dominant ideology. Kathleen Uno, "The Death of 'Good Wife, Wise Mother'?" in Andrew Gordon, ed., *Postwar Japan as History* (Berkeley, University of California Press, 1993), 294.

[23] Sand, *House and Home in Modern Japan*, 14.

[24] Frühstück, *Colonizing Sex*, 18, 29-39, 44-49.

images were the men who increasingly integrated theories on health into their propagation of moral codes of proper behavior.

Extending Frühstück's analysis to the mid-Meiji period, this section shows how moralizing men also held an overarching concern with the health of women, especially those from the elite social class. Their interest concerned how upperclass women might retain a traditional feminine aesthetic while also modernizing public health practices in order to bring about a rationalized management of the home and the cultivation of a healthy body. Speaking at the inaugural meeting of the Women's Hygiene Association (Dai Nippon Fujin Eisei kai 大日本婦人衛生会) in 1887, the famed academic and social commentator Katō Hiroyuki (1836-1916) stated that the maintenance of a clean home and the raising of children had been the responsibility of women since time immemorial.[25] He argued that women's critical role in childrearing made it imperative that they acquire some knowledge of modern hygiene so as to bring about better practices of parenting in order to raise healthier children for the benefit of the nation. Katō distinguished disease prevention from the medical sciences (*ijutsu* 医術), which he defined as the technologies of rehabilitating the ill and, implicitly, separate from the gendered daily responsibility of protecting the home from disease. Katō stated that maintaining one's health through *eisei* was of much more importance than treating sicknesses because sustaining the former precluded the need for the latter. In order to illustrate his point, he likened hygiene to sartorial taste ("because clothes are important to women"), telling his audience that the difference between medicine and hygiene was analogous to hosting a dinner party: "a stained kimono from a guest's spilled soup or their dropped cigarette cinder leaves the garment unredeemable. Taking caution from the beginning to avoid spilling the soup or the falling ash is thus the entire point."[26]

Such arguments blended the ever more discursive field of hygiene with a performative modeling of proper decorum and bodily control by focusing on women's actions in the home. The way one walked or handled cooking utensils communicated certain levels of sophistication, reflecting the degree to which the individual had assimilated hygienic standards and received proprietary training. Katō maintained that if upperclass women succeeded in internalizing this new hygienic aesthetic, the lower classes would also come to emulate it.[27] Achieving such a lofty objective, however, required vigilance beyond what the state, its moral agents, or the stratum of elite medical modernizers could provide. Rather, Katō argued, the onus of that

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[25] This organization was arguably the most important forum for female professionals in the medical field prior to the Taishō period. Although the vast majority of speakers were men who spoke on topics concerning morality, the ordering of domestic space, and even fashion, approximately half of the attendees were graduates of nursing schools and trained in medical care. This would seem to further the point that speakers such as Katō were much more concerned with the image and appearance of treatment than the actual praxis of medical treatment itself. The organization was affiliated with the Japan Sanitary Society, examined in greater detail in Chapter One. By 1896, the association had over 800 members, which expanded to more than 2,000 by 1907. Kameyama Michiko, "Shiritsu Dainippon fujin eiseikai to 'fujin eisei zasshi' nitsuite" in *Fujin eiseikai zasshi*, eds., Nakajima Kuni and Kameyama Michiko (Tokyo: Ōzorasha, 1990), 15-24.

[26] Katō Hiroyuki, "Eisei no kōnō" *Fujin eiseikai zasshi* vol.1 (January 1888): 5.

[27] Ibid., 6.

responsibility had now shifted to these aristocratic women, and it demanded the the rectification and constant modeling of a traditional, conservative, and civilized hygienic beauty.

In a later speech to the same organization titled "Ways of Holding the Body" (*Karada no mochikata* 体の持ち方), Katō stated that women must develop daily practices of strict, self-imposed discipline (*kisoku* 規則) that would train them to model proper hygienic and physical behavior for their children and to those of less social standing. Citing Napoleon and Tokugawa Ieyasu as examples, Katō argued that men had already acquired such modes of austerity and self-control generations earlier. He stated that the new paradigm of motherhood demanded that women similarly adopt scrupulous regimens of diet and exercise. Walking with an upright gait and eschewing slovenly (*shidaranai*) posture, for example, would imbue the next generation with a sense of smart decorum and communicate to foreign guests that Japanese gained knowledge of health and beauty at a young age. Katō stated that these manners had already spread widely in the West, where the vast majority of beautiful women (*bijin* 美人) exhibited such refinement.[28]

Like many other social commentators who waded into the discourse of hygiene at the turn of the century, Katō possessed no medical training, and his qualifications as a hygiene expert are dubious.[29] His invectives against what he deemed the excesses of gender equality are also well known.[30] Yet many hygiene professionals echoed Katō's thesis on the relationship between a strict daily hygiene regimen, moral training, and the cultivation and maintenance of a new health aesthetic. At later meetings of the Women's Hygiene Association, which soon became Japan's biggest forum for discussing women's health issues, elite wives and mothers were told that their homes functioned as the most important sites for protecting the nation from disease, and that the home should serve as a space where the "seeds of hygiene" (*eisei no tane* 衛生の種) were planted within Japanese youth. "The health of women is the health of the state" (*joshi no kenkō ha kokka no kenkō nari* 女子の健康は国家の健康なり) proclaimed the well-known pediatrician and parenting coach Mishima Michiyoshi (1866-1925).[31] Strengthening the body to better one's marriage prospects, or exercising in order to impress upon children the importance of physical activity would increase and improve the population. In a series of

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[28] Katō Hiroyuki, "Karada no mochikata" *Fujin eiseikai zasshi* vol. 1, no. 2 (March 1888): 15-20. In the same speech, Katō stated that Westerners' derision of Japanese women's posture demonstrated that Japanese women must quickly reform their gait and way of standing.

[29] Katō admitted as much in his speech on women's posture by acknowledging that he lacked any background in physics, chemistry, and other general sciences. Ibid., 15.

[30] Katō famously criticized what he called the "abuses" of equal rights. As examples, he mentioned women's increasing propensity to enter the home or rooms ahead of men, or cases where a wife's name was written before her husband's. Katō Hiroyuki, "Abuses of Equal Rights for Men and Women" in *Sources of East Asian Tradition: The Modern Period* vol. 2 W.T. DeBary (New York: Columbia University Press, 2008), 493-4. For an intellectual biography of Katō, including a summation of the contrasting interpretations of Katō's political theory, see Julia Adeney Thomas, *Reconfiguring Modernity: Concepts of Nature in Japanese Political Ideology* (Berkeley: University of California Press, 2002), 84-110.

[31] Mishima Michiyoshi, "Joshi no kenkō ha kokka no kenkō nari," *Fujin eiseikai zasshi* vol. 3, no. 22 (September 1891): 20.

didactic lectures that frequently bled into patronizing, medical experts such as Mishima, Ogata Masanori, Ishiguro Tadanori, and the former director of the Hygiene Bureau, Hasegawa Yasushi (Tai) expounded on how women should behave under the Meiji health regime. As Frühstück notes, the Meiji government's concern with reproductive health and its projection of the family as the primary political unit of the state led many women to realize "the political capital of their wombs," opening limited avenues for women to influence family dynamics during a time when they were denied suffrage, representation, property rights, and a host of other political liberties.[32] Yet comments by the demagogues and moralists analyzed here demonstrate how even such discursive channels were significantly circumscribed so that newer practices of hygiene, physical education, and diet would not threaten the gender norms authored by Meiji elites. Instead, the objective was a neo-traditional rendering of hygiene that would anchor what men such as Katō and Mishima thought to be necessary change—the modernization of public health practices and the strengthening of the female body—within typical and comfortable mores.

Much of their attention focused on how to reform Japanese clothing in order to allow for greater movement and regulation of body temperature without doing away with familiar modes of dress, which they argued epitomized a cherished and enduring feminine aesthetic. Ogata (1853-1919), then serving as Tokyo Imperial University Professor of Hygiene, stated that clothing should hang loosely in order for the body to preserve a proper degree of warmth through the air trapped between the garment and the skin. Doing so would also facilitate a better range of movement, enabling the younger generation of women to partake in the new science of calisthenics (*taiiku* 体育).[33] Mishima advanced a similar thesis, stating that current fashions restricted breathing and prohibited women from exercise. Shorter sleeves for women and cuffed *hakama* for children were easy solutions that would enable people to take part in physical education programs. Well attuned to contemporaneous debates in Europe about the detriments of overly lavish and impractical attire such as the corset, Mishima also advocated loosely binding the many fasteners and ties (*himo* 紐) that held up the kimono. This would better suit women for participating in higher schools' physical education curriculum and facilitate easy transitions between the exercise ground and the kitchen, gradually leading to a "nation of good wives and wise mothers" (*ryōsai kenbo no kuni* 良妻賢母の国).[34]

Ishiguro, however, departed from his colleagues' insistence on the marriage of function and taste by offering a reinterpretation of the corset as the manifestation of a biologically-derived difference between the sexes. He began by offering a sweeping history of the corset in the West, stating that the garment emerged as a natural outgrowth of a universal human impulse to fortify the female body's core. Extending such logic, Ishiguro argued that the desire to protect and then embellish one's features (*yōbō wo kazaru* 容貌を飾る) was a sign of civilization: decorative clothing separated the mundaneness of primitive garb from the current, nineteenth-century taste.

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[32] Frühstück, *Colonizing Sex*, 119.

[33] Ogata Masanori, "Ifuku ni tsuite," *Fujin eiseikai zasshi* no. 32 (July 1892): 4.

[34] Mishima, "Joshi no kenkō ha kokka no kenkō nari." Mishima also stated that current fashion amounted to a complete restriction on bodily movement (*undō kinshi* 運動禁止).

He argued that, although the foremost purpose of dressing the body might be to "cover that which should be covered," modern dress also now held a separate function to festoon, highlight, and augment the female physique.

Ishiguro juxtaposed the corset to what he thought to be its Japanese equivalent: the obi. He argued that the existence of the corset in the West and the obi in Japan proved that women possessed a timeless and universal impulse to sport some type of broad fabric across their midsections. He then concluded with a short, albeit convoluted, return to his main thesis by stating that, despite the health constraints of either the obi or the corset, each represented a natural culmination of scientific differences between male and female. The garments might therefore be conceived as a "natural" outgrowth of bodily function. He stated that because women's singular lifetime purpose (*isshō no goyaku* 一生の御役) was the birthing of children from their abdomens, they tended to breathe using their chests (whereas men used the strength of their diaphragms). Because the corset and obi wrapped below the breast, any tightening of the midsection risked little physical harm to women (he ignored anecdotal evidence of crushed ribs). Rather, for Ishiguro the garments manifested the natural female tendency to insulate and defend the stomach or womb. He argued that this made the corset less a symbol of an imposed chauvinistic domination and more the aesthetic augmentation of the sexualized body as well as the evolutionary outcome of a predetermined biological purpose.[35]

While Ishiguro differed from Mishima and Ogata on the form and function of the corset, their speeches nevertheless betrayed a shared concern for the aesthetics of hygiene, or rather a justification of moral prescriptions on taste rationalized through health. Mishima supported loose clothing for better movement. Ishiguro preferred the voluptuousness gained by tightening clothes to the extent that the wearer could not breathe. Their arguments contrasted, but the overarching framework of the argumentation was the same: health now informed aesthetic taste. These male-authored versions of hygienic beauty were justified through a sex-based biological determinism that enabled science and developmental theory to dictate sartorial choice.

This explains why both Mishima and Ishiguro offered similar criticisms of overly colorful or ostentatious clothing, which they thought might distract from the greater objective of moral and physical cultivation. Mishima, for example, commented on how "lamentable it is that recently all attention is devoted solely to external showiness (*gaibu no kabi* 外部の華美)…and people forget the main purport of hygiene (*eisei no honshi* 衛生の本旨)," which was the simple beauty of plain and modest attire.[36] The older Ishiguro also stated that women's fashion should be modest and unostentatious.[37] The point was that Japanese women, deemed to be the caretakers of Japan's national prosperity, yet also simultaneously derided as prone to (unhygienic) excesses in style, should use and demonstrate discretion so that the selection of clothing might always be justified in terms of health, no matter the dubiousness of those justifications.

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[35] Ishiguro Tadanori, "Fujin no ifuku nitsuite," *Fujin eiseikai zasshi* no. 8 (September 1889): 25-30.

[36] Mishima, "Joshi no kenkō ha kokka no kenkō nari," 10.

[37] Ishiguro, "Fujin no ifuku nitsuite," 30.

Women's responsibility for improving the collective health and productivity of the family state extended beyond the wardrobe to include the politics of matrimony. Discussing the relationship between hygiene and marriage, a young doctor named Miyashita Shunkichi (1860-1900) remarked on how Japan's long-held, Sino-centrically derived preference for a slender woman who walked with a modest gate (*renpo* 蓮歩, lit. "lotus step") was now anachronistic because Japan had entered into a new international system of power politics whereby individual physical strength held a direct correlation to national prosperity. Miyashita argued that the traditional idealization of a Chinese-styled feminine aesthetic hurt Japan: the fetishization of a long neck and a svelte, delicate physique begat generations of emaciated women with weak bones. Thin women, Miyashita stated, made poor mothers because their children would also be frail. Whereas Miyashita granted that status and station undoubtedly continued to dictate the politics of marriage—a bureaucrat was still preferable to a pauper—he argued that health should now play an overriding role during courtship. Families and potential spouses should consider a potential partner's disease history. For Miyashita, "blood pedigree" (*kettō* 血統) took on a literal meaning that no longer pertained chiefly to the family register, but rather acquired a different nuance whereby the genealogy of one's health trumped the titles and privileges of a family's past.[38]

Most important for Miyashita was that women learn and embrace new dictates on hygiene, making *eisei* a lifestyle choice.[39] Hasegawa similarly commented that failure to properly vet a marriage partner for health problems, ignoring the maintenance of a clean home, neglecting exercise, or disregarding government warnings about disease prevention would beget "even more weak people, leading to the weakness of the country."[40] Even though women were provisionally entrusted with their own maternal and matrimonial accountability, and although women were vested with the responsibility for fostering the next generation of healthy soldiers, those tasks were to be conducted within a specific rubric drawn up by a fraternity of "experts" with near-hegemonic control over the range of images and practices that would broadcast and transform Japan into a powerful nation. Told to emulate the neo-traditional model of a good wife and wise mother, women were excluded from the discussion of how that goal might be maintained. Any perceived failure to adhere to the new gendered hygienic lifestyle—exercising for the benefit of one's potential offspring, dressing in proper attire, selecting a healthy spouse—also became the failure of women and a dereliction of their duties to the nation. Those who were unable to fulfill their maternal obligation to the state were castigated as being somehow deviant in their health practices.

Nowhere were the contradictions of this double-bound female responsibility more apparent than in the oft-cited but medically ambiguous cases of "women's disease" (*fujinbyō* 婦

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[38] Miyashita Shunkichi, "Kekkon to eisei no kankei," *Fujin eiseikai zasshi* no. 15 (January 1891): 16.

[39] Miyashita argued, for example, that women's education at higher schools should teach the basics of hygiene and domestic science before moving onto more "difficult" subjects. This connected back to Miyashita's argument that women played the most important role in "home administration" (*kasei* 家政), and should therefore study about how to keep a good house prior to studying anything else. Ibid., 19.

[40] Hasegawa Yasushi, "Fujinbyō no gen'in," *Fujin eiseikai zasshi* no. 4 (September 1888): 20-5.

人病). Hasegawa described the affliction as a mental and physical disorder that first appeared during the period of so-called "reform and opening up." According to Hasegawa, this had introduced a profusion of harmful influences (*heigai* 弊害) to women's health, foremost of which was a vague malady that befell women at an increasingly high rate. Hasegawa briefly outlined the six main causes of women's disease, including overly constrictive clothing, lack of fresh air and exercise, an imbalance between the rate of physical development and the nervous system, and failure to maintain proper hygienic practices during menstruation, after copulation, or during the immediate postpartum period. The most efficacious way of avoiding the disease, Hasegawa argued, was spending time out of doors and engaging in regular physical activity. Unfortunately for Japan, Hasegawa stated, many women of the upperclass refused to exercise, whether out of a sense of modesty or pretension. This would doom Japan to becoming a "sick country" (*byōkoku* 病国).[41]

Undergirding Hasegawa's explanation of women's disease was the paradoxical assumption that women's biological constitution allowed them to inherently "understand" the fundamental causes and symptoms of the ill-defined disorder, even if it had only just appeared within the last twenty years. This made it unnecessary for Hasegawa to provide his audience with any scientific explanation of "women's disease" because Hasegawa believed women instinctively comprehended its symptoms. Yet this was not an acknowledgement of the limits of the patriarchal medical profession—Hasegawa's recognition of women's self-knowledge of their bodies did not, for him, weaken his overall diagnosis of women's disease as a social problem. Rather, like Katō's separation of the masculine and technical arena of medical treatment from the domestic aspects of disease control, Hasegawa refrained from expounding upon the intricacies of women's disease under the pretense that women held little interest in any biological explanation. Despite his brief outlining of its causes, he offered no medical or etiological interpretations of how the disease impacted the body. His contribution, then, was to morally instruct women on the benefits of following a calisthenic routine that conformed to certain norms of modesty and restraint. Similar to other members of the moralizing medical elite, Hasegawa chastised women for paying excessive attention to their appearance without considering the relationship between beauty, functionality, and hygiene. Failure to follow a simple calisthenic routine, for example, put oneself at risk of "women's disease," which also represented a more significant shortcoming of the female Japanese subject. Not exercising set a bad example, and a poor physical constitution would lead to weak children. This dereliction of individual responsibility to the nation took on a moral valence in that it hazarded the risk of Japan becoming a "sick country." Simultaneously, it amounted to an "unnatural" rejection of women's biological purpose because the individual would fail to fulfill a predetermined duty of giving birth and raising children.

Deviating from this superimposed image of the hygienic housewife might not only lead to contracting *fujinbyō*, but also to ostracism from the elite community of the health-minded. Social reformers conveyed warnings by drawing class distinctions between upper-class women and the female servant or prostitute. As Sand argues, the wealthy or upperclass housewife "was to forge an alliance with medical experts against the ignorance and negligence of the working

[41] Ibid., 25.

class, embodied in the servants and tradesmen through whose hands household provisions passed."[42] While cadavers, nude models of prostitutes and sketches of the female anatomy were increasingly offered up for public view at popular hygiene exhibitions during the early 1900s, the rich homemaker was separated from this public gaze by her station, pedigree, and duties within the home. Hence, not conforming to the image of the good wife and wise mother risked social segregation from this supposed class-based union between the patriarchal medical elite and the clean, enlightened society of aristocratic housewives.[43] Potentially deviant behavior such as wearing immodest clothing, adolescent affairs or sexual promiscuity disqualified women from membership in this strata of high society. Miyashita, for example, argued that all couples should undergo a test for venereal diseases before marriage in order to determine matrimonial eligibility and moral rectitude. Though he admitted it would be an impossibility, he opined that anyone found to have a sexually transmitted infection should be ostracized from others for safety purposes, or literally "cast out of society" (*shakai no soto ni hōchiku shite* 社会の外に放逐して).[44]

Consequently, there was immense pressure to conform to the new, changing and frequently contradictory model of the hygienic domestic woman. Men wrote essays on a shifting preference for "hygienic beauties" (*eisei bijin* 衛生美人) who sported thick necks, strong hips, and well-developed muscles (*kin'niku no hatsuiku jūbun* 筋肉の発育充分) but "differed greatly from an obese [woman] who did not exercise." As one author put it, a strong bride guaranteed a lasting marriage and a healthy child. Recasting a popular saying that likened the shape of a Japanese woman to a delicate flower who "stood as a peony (*shakuyaku* 芍薬), sat as a *botan*, and walked as a lily," the modern Japanese man might now desire a wife who "stood as a tree and sat as a mortar" but still "glided like a valley of plums."[45] The same author also argued that recent studies on racial improvement (*kokumin kaizengaku* 国民改善学) demonstrated that women who lacked strong genes might be characterized by weak maternal health (*botai no kenkō* 母体の健康) and produce weak children, thus imperiling not only the longevity and success of one's marriage and family but also the longevity of the nation.[46]

The above analysis has attempted to show how discussions of women's health were always circumscribed within fixed notions of gender, authored by the state and propagated

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[42] Sand, *House and Home in Modern Japan*, 63.

[43] Sand elaborates on the social sphere of elite housewives that was created and sustained by such turn-of-the-century publications as *Fujin sekai*, which focused on the issue of "kitchen reform," among other reform-based topics. See Ibid., 63-73.

[44] Miyashita, "Kekkon to eisei no kankei," 16.

[45] The original reads as *Tateba shakuyaku, suwareba botan, aruku sugata ha yuri no hana* [立てば芍薬座れば牡丹歩く姿は百合の花]. These essays were compiled in a special bulletin issued by the Japan Sanitary Society on the basics of hygiene (*eisei no iroha* 衛生のいろは). *DNEZ Chūgai Ihō* no. 34 (1901): 28-9.

[46] Ibid., 29.

through its pundits, who were assumed to be the foremost experts on health matters despite questionable prognostications on topics such as the corset and "women's disease." Although these authorities framed the pursuit of a healthy lifestyle in terms of women's personal choice, decisions on sartorial taste, the selection of a spouse or the whether or not to exercise were never innocent of moral and ideological hues. With the Civil Code's blurring of distinctions between private and public interests so that individual social units became directly related to the political unit of the family state, the benefits of bodily improvement mattered only insofar as they contributed to the nation.

The manner by which women walked or dressed preserved the particular aristocratic cultural tastes of a previous generation while the female body itself served as a vessel for delivering the next one. Women's bodies were now to be trained and strengthened for the purposes of erecting a powerful military and building a vibrant economy. Yet, especially for women of the upperclass, the project of bodily reformation was always confined to a traditional framework of performing the role of a good wife and wise mother. For the most part, exercise was to be conducted under the guise of the state or in private—whether at school or within the home or the garden—and the body itself was to be modestly costumed, whether in kimono or Western garb.

Transgressing the boundaries of this image incited backlash not only because it challenged entrenched gender hierarchies but also because it threatened to undermine similarly gendered notions of an emergent national identity. This would explain, for example, the recriminations against the famed painter Nakamura Fusetsu's (1866-1943) nude depiction of foundation deity Amaterasu at the 1907 Tokyo Industrial Exhibition (Tōkyō Kangyō Hakurankai 東京勧業博覧会).[47] No matter Nakamura's artistic intent, such a portrayal obliquely challenged the good wife, wise mother paradigm due to a perceived sexualization of the sanctified image of Amaterasu. The controversy epitomizes the shift in hygienic discourse from the mid- to late-Meiji period that I have attempted to describe here. Gone were dictums on burning clothing and spraying down furniture with carbolic acid. They were replaced with discourses of health fused with those of beauty. Nowhere was this more apparent than in the image of the housewife, strong yet traditionally feminine, managing the modern Japanese home that could simultaneously be hygienically sterile but aesthetically refined.

Constructing the Hygienic Subject in Korea

The image of a strong body as a signifier of moral discipline and of active participation in the national community similarly proliferated in Korea toward the end of the nineteenth century. The enlightenment (*kaehwa*) push towards the complete transformation of the body gained particular momentum in the 1890s. In his 1895 *Travels to the West*, for example, Yu Kiljun (1856-1914, see Chapter Two) made an explicit connection between the routinization of daily hygiene rituals, including exercise and proper eating, and the cultivation of a firm sense of morality. Yu argued that reforming dietary and hygienic practices would, in turn, help actualize the enlightenment objective of forging a rich country and strong army by somatically beefing up

[47] Aramata Hiroshi, *Eisei hakurankai wo motomete* 2nd ed. (Tokyo: Kadokawa Bunko, 2011), 40. This painting was apparently lost to fire sometime after the exhibition.

the Korean population while also fostering a collective sense of mental toughness to abet the construction of the modern nation state. Likening the body to a locomotive—that quintessential emblem of modern industry—Yu argued that Koreans should moderate their consumption so that the proper combination of "coal and steam" (food and water) would "fuel" individuals towards a higher level of healthiness.[48]

Similarly, editorials in *The Independent* argued for self-discipline, habitual exercise and the maintenance of a clean appearance and home in order to foster a new generation of hygienic subjects befitting of the modern state. In a series of short articles published during the summer of 1896, the newspaper echoed earlier enlightenment calls for broader roadways and better waste management while also tendering advice about how to practice "clean living." One report blamed a recent uptick in the number of communicable diseases and "mysterious illnesses" (*koejil*) on "dirty streams, the discarding of bodily waste on the side of the road, and vegetable merchants who wash their produce in filthy water."[49] The article admonished the police and the recently-reorganized Public Works Bureau (*T'omokkuk* 土木局) for failing to stem such problems.[50] Concomitant with its overall objective of eliminating Chosŏn social distinctions in favor of a singular people (*inmin*),[51] *The Independent* sought to imbue hygiene with an exigent political objective that would transform Koreans of different status into a unified nation. The newspaper waged a war of words on two fronts by criticizing the government for any apparent failure or sluggishness in enacting hygienic measures while also didactically instructing readers on new modes of cleanliness. As in the article cited above, *The Independent*'s reports typically began by outlining a specific public health-related issue, offering an edifying comment on how to improve it, and then assessing the government's response.[52]

If newspapers engendered a "remarkable confidence in community" between readers within a given territory, one that strengthened a shared sense of synchronicity due to the "mass ceremony" of daily readership, publications such as *The Independent* also informed consumers of what the imagined community should look like and how it should collectively behave.[53] J. Hunter Wells, a missionary attached to the Northern Presbyterian Church in Pyongyang, noted that "*The Independent* by its circulation among all the people of Korea can accomplish more in educating the people up to a standard of cleanliness and thought than hundreds of doctors

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[48] Quoted in Sin, *Hanguk kundae pogon ŭiryo sa*, 180-1.

[49] Though unclear from the context of this article, the mysterious malady likely referred to cholera which, as I discussed in the previous chapter, had acquired the identical nickname in the mid-nineteenth century.

[50] *Tongnip sinmun*, 23 June 1896.

[51] Em, *The Great Enterprise*, 72.

[52] For example, another a small report on polluted wells from October 20, 1896 begins by explaining that one of the main factors leading to the spread of disease was the seeping of dirty water into the ground water supply. The article states that people should be more vigilant in disposing of waste far away from homes and concludes with an expression of optimism that the government's planned release of funds in order to manufacture and post explanatory hygiene posters will make people mindful (*ch'angnyŏm*) of such processes. *Tongnip sinmun*, 20 October 1896.

[53] Benedict Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism* rev. ed. (London and New York: Verso, 1991), 35-6.

could."[54] Though Wells perhaps overstated the case, *The Independent*'s status as Korea's first "national" newspaper, one written in the vernacular and, in the words of its inaugural issue, "designed to bring the capital and the provinces into greater harmony," allowed the publication to appeal to "the whole people of every class and grade."[55] Raising awareness of a new hygienic consciousness was a chief element of *The Independent*'s goal of flattening status distinctions and fostering a sense of national community.

Oftentimes this involved vividly demonstrating the interconnectedness of what was held to be a socially segregated country divided by region and local allegiance. The newspaper's lead editorial in its June 26, 1899 edition cast hygiene in universal terms by framing it as an achievement that could be reached regardless of learning, status or property. Just as a "small stream flows to a river" or "a flame can grow to a fire," communicable diseases spread regardless of one's social standing. This made even modest acts of hygiene crucial to national survival. Each member of the imagined community thus shared in the responsibility of disease prevention, and they could take equal part in ritualized acts of cleanliness to benefit the collective, such as removing stagnant water from the home, washing one's clothing, and maintaining a sound diet. Here, *The Independent* utilized disease and disease prevention in order to produce an egalitarian commitment to the national collective, one that enabled easy participation through simple attention to hygiene. According to the article, public health measures "did not extend from complicated reasoning (*ich'i*)" and they could be implemented without property or high learning; hygiene (and, conversely, disease) made no distinction based on class or lineage, and the idea could be realized simply by increasing one's bathing, disposing of spoiled food, or keeping up one's appearance.[56]

The Independent's calls for a broad and participatory form of hygiene contrast with the moral directives issued by the Japanese social hygienists examined above. To be sure, both remained similarly didactic in their intent to "enlighten" Japanese and Koreans to modern public health. Yet whereas Japanese social commentators endeavored to rein in a discourse of hygiene that they assumed to be slipping out of their control, *The Independent* sought to create a subjectivity based upon a Korean "nation" that would affirm an equal and universal obligation to participate in the imagined community. Japanese moralists carefully monitored the parameters of hygiene out of fear that the concept might take on new life beyond the realm of elite discourse.[57] As I argued above, this involved the ironical separation of hygiene from the hard sciences (bacteriology, epidemiology) while simultaneously repurposing the authenticity of

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[54] J. Hunter Wells, "Medical Impressions" *The Korean Repository* [Hereafter *KR*], vol. 3 (1896): 239.

[55] *The Independent* (English edition), 7 April 1896. Despite the proliferation in the number of newspapers at the turn of the century, readership varied and remained in the low thousands prior to the protectorate period. As Andre Schmid notes, however, the number of copies printed is also not indicative of total readership since in some rural areas evidence suggests that newspapers had an outsized influence, while in others it remained virtually unknown. Schmid, *Korea Between Empires*, 51-3.

[56] *Tongnip sinmun*, 26 June 1899.

[57] In addition to the evidence presented above, the ubiquity of journal articles, health tracts and other publications with variations on the title "What is hygiene?" (*Eisei to ha nani ka*/*Eisei to ha nani zo*) attest to this characterization, demonstrating that Japanese medical officials constantly reaffirmed the parameters and practices of "hygiene."

"science" in order to affirm Meiji-era neo-traditionalism. Although authors such as Sŏ Chaep'il, who founded *The Independent*, and Yun Ch'iho, who served as chief editor from 1896 to 1898, drew occasional parallels between hygiene and premodern medical antecedents, they placed more emphasis on creating a modern nation by disregarding the past and "globalizing" Korea in order to, paradoxically, carve out Korea's unique spatio-temporal place in relation to the rest of the world.[58] As I explore more fully in the following chapter, modern hygiene was thought necessary not only to bring the nation together, but also to bring the nation forth into a supposedly equal arena of sovereign states.

As part of this process, a figurative "West" frequently functioned as a synecdoche for enlightenment and progress, regardless of the literal West's actual fidelity to such ideals. Korean Enlightenment representations of the West often portrayed Europe and America in glowing terms by placing particular emphasis on the equality of men and women. A 1904 editorial from the *Hwangsŏng sinmun* hailing the founding of the Taehan Women's Association (Taehan puinhoe) noted that in Europe and America "there are no large differences" between the rights of men and women.[59] Such characterizations also occasionally extended to Japan which, according to some authors, had succeeded in mobilizing and socializing women into the labor force, raising their position relative to that of men. Western and Japanese "progress" was frequently juxtaposed with a similarly essentialized China, or lumped together with a Sino-centrically derived Chosŏn conservatism, which served as symbols of regressive thought or outmoded cultural practices.[60] One editorial in *The Independent* commented how Western women bound their abdomens in order to create a slender waist (*seyo* 細腰), and how Japanese women blackened their teeth. Although such customs were perhaps "curious" for Koreans, the newspaper stated that neither practice was detrimental to women's health, but rather represented a long-held and harmless tradition. The authors contrasted these customs with Chinese or Qing (*ch'ŏngguk* 清國) foot binding, which they argued was inimical to hygiene, national productivity, and women's rights in general. While the authors characterized the gendered Western and Japanese practices of wearing corsets and blackening teeth as "non-harmful," foot binding represented a "sickness" within Chinese culture. The authors lamented that women in China could not contribute to the national community as workers because their value was reduced to the shape of their feet; literally crippled, their labor and marriage prospects were determined not by diligence or virtue (*tŏkhaeng*), but rather by physical appearance.

In separating foot binding from what the authors thought comparable, though "harmless" forms of patriarchal signification in Japan and the West, they created a spatial and temporal disjuncture between ostensibly enlightened nations and an increasingly backward China. By making such a contrast, *The Independent* identified a fork in the road: Korea could follow

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[58] Some articles drew parallels between hygiene and Chosŏn-era ideas on the "protection of life" (*yangsaeng* 養生). Predictably, *yangsaeng* was most frequently invoked when describing how to maintain a balanced diet or in comments on how to maintain a comfortable body temperature during different seasons. See, for example, *Tongnip sinmun*, 26 June 1899.

[59] *Hwangsŏng sinmun* 14 August 1905. Quoted in Schmid, *Korea Between Empires*, 34.

[60] On the "decentering" of China, see Ibid., ch. 2.

China's path, continuing to keep women in ignorance (*musik*) through outmoded cultural practices, or it could learn from the "civilized" behaviors of Japan and the West. In a telling example, the same editorial expounded upon the progressive activities of the British-led Prohibit Foot Binding Society (Chinese: Jie chanzu hui 戒缠足會) and the Natural Feet Society (Ch'ŏnjokhoe, Chinese: Tianzu hui 天足會),[61] observing that these groups' concerted efforts had engendered the "natural" (*chayŏnhi*) elimination of the practice among a growing percent of the population.[62] By doing so, *The Independent* widened the avenue for Koreans' pedagogical encounter with a Western-authored modernity, demonstrating how the West might be taken not only as an example, but also employed as an active tutor.

Such arguments were made more explicit in an editorial on women's education in the West, which appeared in the newspaper's English-language edition. Here, *The Independent* sought to open a space whereby Korea would both emulate and learn from Western example by taking advantage of missionary schools. As missionary accounts demonstrate, pervasive skepticism towards Westerners frustrated the expansion of missionary-run institutions despite the dramatic increase in the number of foreign evangelists during the 1890s. *The Independent* coaxed Koreans to send their children to missionary schools while using its English-language publication to encourage missionaries to double down on their efforts. Criticizing the Korean government's inaction on its plans to build schools for women, the editorial stated that "there are no other human beings who excite pity and deserve the sympathy of Christian people more than Korean women…What they need most is education, yet there is no chance for them to obtain it." The authors drew a stark contrast between two essentialized cultural spheres of "Western civilization" and the "Orient," arguing that Christianity had set each on a disparate path:

> One of the main points of Western civilization which is grander than that of the Orient is that Europeans and Americans always remember their mothers, wives, sisters and daughters, and provide the same opportunities for them as for their brothers and sons. The difference is due to the religions which the Eastern and Western people believe. Paganism ignores women while Christianity recognizes the equality of souls of both sexes. Oppression of the weak and ignorant is the sole aim of heathenism, but elevation of down-trodden souls and advancement of

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[61] The article mistakenly attributes the establishment of each association to Western women serving as missionaries in China. Though the origins of the anti-foot binding movement are varied and complex, with different organizations sometimes popping up under the same name, the most well-known Natural Feet Society was started by Alicia Little (1845-1926), who was not a missionary. *The Independent* article also seems to have mistranslated the name of the second organization by attributing the anti-foot binding activities to a group called the "Kyejokhoe" 戒足會 (lit. "Prohibit Feet Society"). On the semantic origins of the anti-foot binding movement, see Dorothy Ko, *Cinderella's Sisters: A Revisionist History of Footbinding* (Berkeley: University of California Press, 2005), 14-16 and 236*n*15.

[62] *Tongnip sinmun*, 14 October 1899. See also Schmid, *Korea Between Empires*, 59. He notes that Sŏ Chaep'il (Philip Jaisohn) frequently commented on the dirtiness of Chinatowns and stated that "We don't want such people coming to Korea."

> the cause of liberty and freedom throughout mankind is the mission of Christ's religion.[63]

The piece concludes with an expectant hope for Korea's complete conversion to Christianity which, implicitly, would guarantee the "equality of souls." This axiomatic association between an imagined West, the Christian religion, and "equal" education of men and women was common, and arguably central, to the ideology of many enlightenment thinkers, several of whom established the Independence Club (Tongnip hyŏphoe) and wrote for *The Independent* itself.[64] Indeed, despite being often overlooked in secondary accounts, thinkers such as Yun Ch'i-ho, Sŏ Chae-pil and Syngman Rhee (Yi Sŭngman) all expressed hope that Korea would one day become a Christian nation based upon both an imagined conceptualization of an idealized West and the belief that Christianity could serve as a vehicle for national unification. While members of the Independence Club, especially those who travelled to Europe or North America, were not ignorant of the bare racism and overt sexism that characterized such places, their constructed representation of an enlightened, Christian Occident provided a model for emulation, one that certainly did not exist in reality, but could nevertheless function as a parable for Korea's nascent modernization.[65]

This overriding belief that missionaries might enlighten Korea also helped facilitate the government's sponsorship of missionary activity at the turn of the century. As I argue in chapters two and five, the missionary influx was expedited by state permissions following the Sino-Japanese War. King Kojong's acceptance of American Protestant missionary requests to set up schools and medical facilities was designed to embellish the throne's legitimacy, while also lessening fiscal burdens upon the government to establish and fund its own education and healthcare programs. While the king rejected the idea of Christianity as a fulcrum for national unity, he was willing to depute a certain measure of governance to Western actors. Kojong, in effect, delegated some of the throne's self-conceived ("Confucian") paternalistic authority for establishing schools, hospitals and clinics to the missionaries without significantly risking (or, more accurately, exacerbating) his own crisis of legitimacy. At the same time, China's defeat in the Sino-Japanese War and Japanese encroachment also hastened an arguably overdetermined epistemological shift from the so-called Sino-centric sphere to one based on supposedly equal sovereignty, creating opportunities for Protestant missionaries that did not exist prior to the mid 1890s.[66] Indeed, by 1900 missionaries had succeeded in expanding their activities throughout

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[63] *The Independent* (English edition) 17 September 1896.

[64] Kenneth Wells, *New God, New Nation*, ch. 2, esp. 47-9.

[65] As Henry Em notes, Yun Ch'i-ho privately described cases of overt racism in the United States that he nevertheless accepted because he believed such attitudes reflected contemporary dichotomies between different peoples. Traveling across North America by locomotive, Yun himself heaped contempt upon the Native American "race," which he stated failed "from voluntary laziness and ignorance, to avail itself of the advantages of civilization." Quoted in Em, *The Great Enterprise*, 58.

[66] Missionary sources from the time note an increasing acceptance of their practices as the Sino-Japanese War invalidated Chinese cultural influences while also increasing anti-Japanese sentiment due to Japan's encroachment into the peninsula. Chung-shin Park, *Protestantism and Politics in Korea* (Seattle: University of Washington Press, 2015), 24-6.

the peninsula. As they traveled into Korea's interior, these missionaries introduced an image of hygienic modernity that Koreans deemed to be universal, even if that image largely only reproduced the particular cultural norms of the missionaries themselves.

Missionaries in Korea: Seen and Being Seen

Although missionaries were perhaps embraced at the state and elite level, those who first arrived in Korea were viewed as exotic intruders whose appearances and belongings inspired more curiosity than enlightenment. Nearly all early missionaries to Korea commented upon the unsettling feeling of being watched. Traveling into the Korean interior, they filled their diaries with descriptions of featureless alien voyeurs who peeped through cracks or stole glances at the equally alien visitors. In response to these "threats" or, rather, the unsettling feelings of constant observation, these missionaries consciously exhibited themselves as embodiments of Christianity and the West. This tension between these two different but overlapping acts—the passive act of being observed and the active showcasing of the self—became a negotiated interaction whereby the spectacle of hygienic modernity was introduced and disseminated throughout the country. The process involved placing the missionary body on display as an exotic vessel to be looked upon by the host population, while missionaries also self-knowingly paraded and displayed familiar Western Protestant ideas of clean behavior. This section explores how missionaries transformed the passive feeling of "being watched" into an active display of the physical body as both spectacle and a pedagogical tool which, I argue, became the most expedient means for missionaries in their goal of introducing Western notions of hygienic modernity and domesticity into Korea.

Several memoirs by missionaries provide clear examples of the duality between displaying oneself and being viewed as a display. Frequently, missionaries expressed how pervasive scrutiny engendered reactions of alienation and anger. As the Canadian missionary James Gale (1863-1937) traveled around Korea, he related how a "feeling of loneliness and indescribable depression…comes over one's soul when being long gazed at as a wild beast." While staying at Korean inns, Gale found that "the paper doors and windows are poked full of finger holes, and at the back of each a dark eye takes position and rivets you with unwinking gaze." For Gale, this constant observation represented "one of the hardest trials of missionary life."[67] Such sentiments were echoed by Lillias Horton Underwood (1851-1921) who, during her "honeymoon" trip with Horace Underwood into the country's interior, noted that

> The moment we entered an inn the house was instantly thronged, besieged, invested… It was dismaying, when we fancied ourselves quite alone [at the inn], to see all those holes filled with hungry eyes. Never since have I cared to visit a show of wild animals or human freaks. I sympathize with them so fully, that there is no pleasure in the satisfaction of curiosity at such a cost.[68]

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[67] Gale, *Korean Sketches*, 36.

[68] Underwood, *Fifteen Years Among the Top-knots*, 43.

Setting aside the obvious contradiction that Gale and Underwood both make sweeping conclusions about Korea based upon their own panoptic observations,[69] what is most striking about these two accounts is the shared allegorization of the missionary presence to that of a "wild beast." Other visitors to Korea similarly remarked about being watched by "a crowd of dirty Mongolian faces" in acts of "aggressive and intolerable curiosity."[70] As I expand upon below, medical missionaries such as Gale and Underwood learned to celebrate and capitalize upon this scrutiny by casting themselves as harbingers of Christian enlightenment and medical modernity. But as their imagery makes clear, constant observation by these voyeurs, made particularly impersonal through descriptions of their "hungry eyes," provoked an insecurity that the observed might themselves be degraded to a level below that of their supposedly bestial onlookers. For missionaries like Gale and Underwood, this indignity of being watched threatened to upset the normalized hierarchical relationship between civilized and uncivilized. That the nameless watchers held no understanding of this imagined pecking order was even more alarming: if each party conceived of the other as depraved or savage, the missionizing act of "enlightening" and converting could not take place because the targets of such efforts remained beyond the boundaries of knowing such frameworks.

In her memoir, Underwood confessed that being subject to the Korean gaze—"the hot fire of the enemy's ungenerous triumph"—led her to fantasize "with glee of the execution which could be done with a syringe well aimed at those eye-filled holes." Underwood tamped down such violent imaginings by recalling the higher purpose of her mission, reminding herself that she was to "bear all such small annoyances with patience for the love of these poor [Korean] people, even the most annoying of them."[71] Gale similarly admitted to such violent impulses, relating how he once forced an obstinate "independent coolie" to carry him across a shallow river so that Gale's trousers would not get wet. Although he maintained that he would never "be intentionally impolite to a coolie," the nameless Korean had initially refused to ferry Gale across the water, prompting Gale to be overcome with rage. Furious at the coolie's refusal, Gale jumped on his shoulders, forcing him into service: "the inspiration of the moment somehow caught me, and I was onto his back tighter than the Old Man of the Sea." Much like Underwood, this fleeting violent urge, initiated by a feeling of abjectness under the Korean gaze or an upsetting of the civilized/uncivilized binary, was immediately mitigated by recalling the missionary imperative to act with "patience and love" toward the "poor" Koreans. After forcing the coolie to carry him across the stream, Gale's guilt led him to offer the nameless Korean extra

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[69] Underwood's text offers something of a travelogue and a memoir typical of late-nineteenth century depictions of Korea. Within the same paragraph, Underwood states that her book "makes no pretense whatever to being a text or reference book on Korea," but also modestly states that "all it is hoped to accomplish is, that sufficient insight into the customs and character of the people, and their moral and political atmosphere…" The text contains many generalizations ("Korean women as a rule are not beautiful"), but Underwood also acknowledges her own positionality as a white Westerner in Korea.

[70] This language from Isabella Bird who, it should be noted, did not serve as a missionary but traveled around Korea observing and being observed. Bird, *Korea and Her Neighbors*, 127.

[71] Underwood, *Fifteen Years Among the Top-knots*, 52.

money and he "apologized and express[ed] hope that we might still be friends."[72] The instance clearly captures how the missionary anxiety of being watched was often immediately redirected into a self-conscious display whereby certain civilizational behaviors were then performed, reaffirmed and didactically related to the Koreans. Caught off guard by the "inspiration of the moment"—the Korean coolie's perceived impudent refusal to bear Gale on his back—the missionary doctor sought to make amends for his angry behavior by recasting the incident as an amicable business transaction gone humorously awry. Gale noted, however, that the Korean refused the extra money and instead stood dumbfounded at the offer of extra cash. For Gale, the incident reaffirmed his impression of Koreans' lack of business acumen and Gale's own position as a gentleman vis-a-vis the anonymous laborer.[73]

As Underwood and Gale's accounts make clear, the effect of constant observation demanded a similarly constant attention to personal behavior. Conscious of the scrutiny under which they operated in Korea, and largely unable to communicate with Koreans, missionaries figured out how to channel their hyper visibility into a didactic means of exhibition. The Underwoods' newlywed caravan into the countryside or the growing presence of female missionaries on the avenues of Seoul soon became overt political statements challenging Chosŏn-era conventions whereby upperclass women were customarily confined to women's quarters (*anbang*).[74] The "public" presence of Western women, as defined singularly by their existence outside the home, transformed into an evangelizing act designed to exhibit Western liberalism in contrast to perceptions of female oppression under the late-Chosŏn patriarchy. The initial feelings engendered by being "thronged, besieged, invested" were redirected into lavish displays of modesty derived from contemporary notions of Protestant feminine behavior. The more Western missionaries found themselves looked upon, the more they embraced a role as models of what Hyaeweol Choi calls "Christian modernity," whereby the "historical movement toward material and technological modernity" was refined by the images and practices of Christianity.[75]

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[72] Gale, *Korean Sketches*, 122-3.

[73] Gale was apparently fascinated by Korean coolies, writing extensively on what he called "the most interesting figure in the Land of the Morning Calm." For Gale, the coolie manifested certain cultural authenticities that could not be observed among the yangban; he argued that coolies exhibited "those particularities of race that have been smothered out of the gentry by fumes of Confucianism." He marveled at how coolies seemed to remain immune to certain diseases and how they labored, "never growing tired, sniffing all the while odors that would depopulate a western city, or by way of diversion, eating melon rinds and all in the face of cholera and other plagues of Egypt." According to Gale, even though they worked diligently, coolies possessed no knowledge of business and labored more for "friendship and honor." The lack of profit motive combined with a certain moral uprightness or integrity seemed to confound Gale as demonstrated in the incident described above. James Gale, "The Korean Coolie," *KR*, vol. 3 (1896): 475-81.

[74] This is not to characterize the supposed isolation of upperclass Korean women as a complete segregation from the political. Indeed, JaHyun Kim Haboush, among others, has demonstrated that gendered spatial divides did not prohibit, and in fact frequently facilitated, women's "scripting and shaping [of] their gender roles." JaHyun Kim Haboush, "Versions and Subversions: Patriarchy and Polygamy in Korean Narratives" in Dorothy Ko, JaHyun Kim Haboush, and Joan R. Piggott, eds., *Women and Confucian Cultures in Premodern China, Korea, and Japan* (Berkeley: University of California Press, 2003), 279-304.

[75] Choi, *Gender and Mission Encounters in Korea*, 11.

Missionary Schools and Hygienic Propriety

Western women's transformation of the passive act of being seen into an active evangelizing performance was on particular display in missionary-run girls schools. The process by which Mary Scranton (1832-1909) opened Ewha Girls School in 1886 provides an illustrative example. Scranton began recruiting students to Ewha by strolling around the capital during the height of a cholera epidemic. Offering food and clothing to prospective enrollees, her first students likely agreed to attend Ewha out of desperation, showing up at the school despite sensational rumors of Westerners' cannibalism and the practical risks of social ostracism that would be earned by speaking with foreigners.[76] This process of public outreach, whereby female missionaries walked through towns and villages, became established practice for recruiting students to missionary-run institutions. Following Scranton and Ewha's example, the number of missionary-established educational facilities increased exponentially by 1907.[77] Focusing primarily on language and medical training as well as the eclectic subject of "domestic science," these schools opened new opportunities for Korean women to both study and model the spectacle of Western modernity, filtered as it was through the missionary lens.[78]

In obvious contrast to the Korean inn or the conspicuous image of a foreign caravan, school spaces could be planned and staged so as to give "a systematic and thorough training in all the work pertaining to a Korean household."[79] According to L.C. Rothweiler, a member of the Woman's Foreign Missionary Society of the Methodist Episcopal Church credited with expanding the curriculum in girls schools, the principal objective of women's education was to "broaden [the lives of Korean women] by giving them much practical and general knowledge, by teaching them to observe, to draw conclusions, to make practical use and application of what they learn, in a word teach them to think, to solve questions for themselves."

At once passionate and glib, Rothweiler's statement reads as if it was copied from the homepage of a liberal arts college today. Yet, according to Rothweiler, the purpose of such a broad educational agenda remained preparing women to be good wives and wise mothers. She concluded that the best curriculum would teach women to become "helpmates in building up and maintaining *true homes*," and she maintained that missionary teachers must "act under the

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[76] On Scranton's early ventures through the capital during cholera outbreaks, see Yi, *Hanguk kidokkyo ŭiryosa*, 62. Though Kojong granted Scranton permission to establish the school, Ewha's charter prohibited Scranton from recruiting students from the aristocracy. See Choi, *Gender and Mission Encounters in Korea*, 90. Underwood's account describes early "baby riots" against foreigners that derived from a rumor that medical missionaries were cutting out the eyes of Korean babies for profit. Underwood, *Fifteen Years Among the Top-knots*, 15.

[77] Choi, *Gender and Mission Encounters in Korea*, 94. Park Yong-ock states that in the five years between the 1905 Protectorate Treaty and the 1910 annexation, approximately 3,000 private schools applied for charters. According to Donald Baker, the number of Christian schools totaled more than 700 at this time. Park Yong-ock, "The Women's Modernization Movement in Korea" in Sandra Mattielli, ed., *Virtues in Conflict: Tradition and the Korean Woman Today* (Korea Branch of the Royal Asiatic Society, 1977), 103 and Donald Baker, "The Transformation of the Catholic Church in Korea: From a Missionary Church to an Indigenous Church," *Journal of Korean Religions* vol. 4, no. 1 (April 2013): 19.

[78] Ewha's classes, for example, emphasized "sewing, cooking and child-rearing." Choi, *Gender and Mission Encounters in Korea*, 100.

[79] This according to the American missionary Daniel Gifford (1861-1900), who died in Korea during his tenure there. Gifford, "Education in the Capital of Korea," *KR* vol. 3 (1896): 307.

supposition that in Korea domestic life is [the Korean woman's] sphere and destiny. Whatever else we may want our girls to do or be, it must all be secondary to this first calling."[80] Such sentiments were echoed in other missionary reports which, on the one hand, denounced how married Korean women were "shut off from the broadening influences which contact with the outside world and intercourse with friends would give" but nevertheless concluded that the greatest benefit of women's education was to enable wives to "converse with their husbands upon other topics beside those of a domestic nature." The same report stated that no matter the content of missionary lessons, education was designed to prepare women "to become good wives and wise mothers."[81]

The problem for missionary leaders such as Rothweiler and Scranton remained what "practical and general knowledge" was most pertinent for their students' futures as homemakers. How might they provide the specific training "pertaining to a Korean household" when missionary teachers held little knowledge of the inner workings of Korean households themselves? Pioneers such as Scranton were also attuned to the sensitivities of missionary work in a country where Catholics had been persecuted only a generation before. Despite Kojong's sponsorship and the support of outspoken Christian intellectuals, women missionaries had to placate concerns that their schooling would engender rebellions against received familial customs.[82] Speaking about educational programs, Rothweiler cautioned that "we want to make better Koreans and not foreigners of our girls," and Scranton emphasized that students "are not being made over again after our foreign ways."[83]

In order to avoid such problems, missionaries frequently bifurcated what they believed to be two different aspects of homemaking. The first was culturally or nationally specific to Korea, and could not be transformed without massive structural change or the gradual "evolution" of Korean civilization.[84] The second, however, concerned hygiene, which was deemed immediate and universal, and therefore teachable regardless of customary or cultural difference. As Scranton put it, the missionary was to "preach salvation from dirt as well as salvation from sin wherever we go."[85] Accordingly, much of the early curriculum in girls' schools focused on medical training in conjunction with classes on the science of homemaking.[86] Of course, this delineation between the scientific and the cultural, or the secular and the spiritual was consistently and intentionally blurred, especially because school lessons and church services

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[80] L.C. Rothweiler, "What Shall we Teach in Our Girls Schools?" *KR* vol. 1 (1892): 89-93. Emphasis in original.

[81] Margaret Bengal Jones, "The Korean Bride," *KR* vol. 2 (1895): 53-4.

[82] Choi, *Gender and Mission Encounters in Korea*, 98-100.

[83] Quoted in Ibid., 98 and Rothweiler, "What Shall we Teach in Our Girls Schools?" 90.

[84] Gale, among others, argued that because "the Korean is not a free agent like the people of the West," but was rather ruled "by the iron hand of custom," the entire population was forced to "swallow…filth": "Thus custom like some hypnotic spell holds the country fast. Break the spell, and you have as energetic, as diligent, as clean, as intelligent, a people as is to be found anywhere. Behold them when the spell is on, and you have the most hopeless race alive." Gale, "Korean Civilization," *KR*, vol. 3 (1896): 255.

[85] Scranton, "Among Women of City and Country," *KR*, vol. 4 (1897): 296.

[86] Kim, "The Search for Health," in *Reform and Modernity in the Taehan Empire*, 332.

almost always took place in shared spaces, and because missionaries sought to use disease prevention and lessons in housewifery as vehicles for conversion to Christianity.[87] Nevertheless, the initial curricular separation between these two spheres created avenues whereby missionaries introduced Christian notions of domesticity and scientific homemaking to their Korean counterparts as "worldly" technologies devoid of spiritual valences. Having challenged conventional gender roles through their publicness and through schools, women missionaries now turned their pedagogical focus inside through the display of clean living in the household.

As part of this process, the missionary home became a metaphorical exhibition whereby the "private" sphere of Western domesticity was put on public display. In the 1880s, missionary dwellings remained largely off limits to Korean visitors, serving as "sanctuaries" from missionary visits to Korean houses which, according to Underwood, remained "filthy and full of vermin."[88] By the 1890s, however, Korean women were increasingly invited into foreign homes in order to observe scientific domesticity in action. As hosts, missionaries displayed illustrations of the Gospel and distributed pamphlets outlining their educational activities. Yet more alluring for the Korean visitors seemed to be sewing machines and clocks—two quintessential symbols of efficiency and industry.[89] Bible studies and afternoon teas began taking place in missionary quarters, offering a glimpse of Victorian lifestyle. This shift from Western missionaries' presence "outside" the home to the open display "inside" became another component in the repertoire of missionary evangelism.[90] Recognizing that the home could also serve as a space of conversion, Underwood encouraged fellow missionaries to open their residences to students:

> The lines of [missionary] influence include more than schools, hospitals and Bible classes. Innumerable women are received into our homes as sight-seers. Nor is it the least difficult part of a labor of love, for a busy housekeeper to drop everything, from the bead to the baby, and, in season and out of season, be ready to speak a word to these ubiquitous visitors.[91]

As the number of Korean guests grew, missionaries debated about how to effectively stage the home so as to inspire their students' interest without overawing or alienating potential converts.

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[87] On the use of hospitals as spaces for conversion, see Cho Hyŏnggŭn, "Singminjich'ejewa ŭiryojŏk kyuyurhwa" in Kim Chin-gyun and Chŏng Kŭn-sik, eds., *Kŭndae chuch'e wa singminji kyuyul kwŏllyŏk* (Seoul: Munhak kwanhaksa, 1997). Yi Man-yŏl has also shown how regular church services took place in missionary-run private hospitals (*minkan byŏngwŏn*). Yi, *Hanguk kidokkyo ŭiryosa*, 69.

[88] Underwood, *Fifteen Years Among the Top-knots*, 5.

[89] Choi, *Gender and Mission Encounters in Korea*, 83.

[90] In this vein, Thornton Mills (dates unknown), a minister who traveled to Korea around 1910, argued that transforming Koreans' understanding of the meaning of "home" represented one of the greatest distinctions between Protestant converts and the unconverted: "The home of the Korean, his food, his life in one room, his entire habits change when he becomes a Christian. In a certain sense, a Korean has no home. As an animal has a den or a cave where he spends the night, so the Korean has a place; but he has no home in the sense of a place where he does to enjoy the society of his wife and family." Quoted in John Harvey Kellogg, ed., *The Medical Missionary* (International Health and Temperance Association, 1913), 381-2.

[91] Underwood, "Woman's work in Korea," *KR* (1896): 62.

In an 1895 address celebrating the decennial anniversary of Christian missions in Korea, Anna Baird (d. 1916) cautioned missionary housewives against excesses in style, noting that "compared with the people whom we have come to serve and to save, we live like princes and millionaires." Missionary women, Baird stated, "should question ourselves most closely" about style and taste, making sure that high-end adornments such as "Brussels carpets" did not boast or overstep the boundaries of missionary propriety.[92]

At the same time, missionaries also visited the homes of Korean Christians in order to ensure that students and congregants had reformed their own living spaces along the lines of missionary teachings. On tours outside of the capital, Scranton instructed new converts to make sure they maintained high standards of cleanliness, telling them that "if they are going to be Jesus' disciples they must be cleaner and look a great deal nicer than their neighbors who are strangers to Him."[93] This involved teaching Korean women the art of modern housewifery, making daily chores more hygienic and efficient. If Korean women were to "help their sisters in Korea" as "teachers of day schools, assistants in our boarding schools…[and] nurses or assistants in medical work," they needed to free up time by rationalizing and streamlining their commitment to domestic chores.[94] Washing clothes was of a particular concern. According to many missionary accounts, Koreans' all-white dress or their unnecessarily lavish silk outfits demanded constant cleaning, and it became a symbol of both Koreans' uneconomical use of time and patriarchal backwardness. Foreign travelogues described how Korean women were "slaves to laundry," and how they "spend their lives in…washing and laundering" so that their husbands "might appear in the immaculate white cotton or gay colored silks."[95] Rather than carry loads of clothing to clean in rivers, missionaries recommended using hot water to wash inside the home. Such habits would not only prove more efficient, they argued, but they would also allow Korean women to practice their growing role as workers in missionary medical facilities, responsible for laundering bedding and bandages. Furthermore, washing in hot water taught disinfection and disease prevention: the aesthetic (and also civilizational or temporal) contrast between a "dirty" Korean skirt (*ch'ima*/*sang* 裳) and a freshly-laundered one was made visually manifest in the link between Western methods of cleanliness and their late-Chosŏn counterparts.

This contrast is especially clear in selections of early missionary photography that depicted before and after images of women and families who converted to Christianity or attended missionary schools. In one photo published by the Methodist Episcopal Church, a "heathen Korean family" is juxtaposed with a Christian family of the Kangyung congregation [see fig. 3]. Conspicuous in this pictorial depiction of the Christian civilizing process is the obvious difference in orientation (un-staged versus staged), action (laboring versus reposed) and

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[92] Anna Baird, "The Relation of the Wives of Missionaries to Mission Work," *KR* (1895): 418.

[93] Scranton, "Among Women of City and Country," 296.

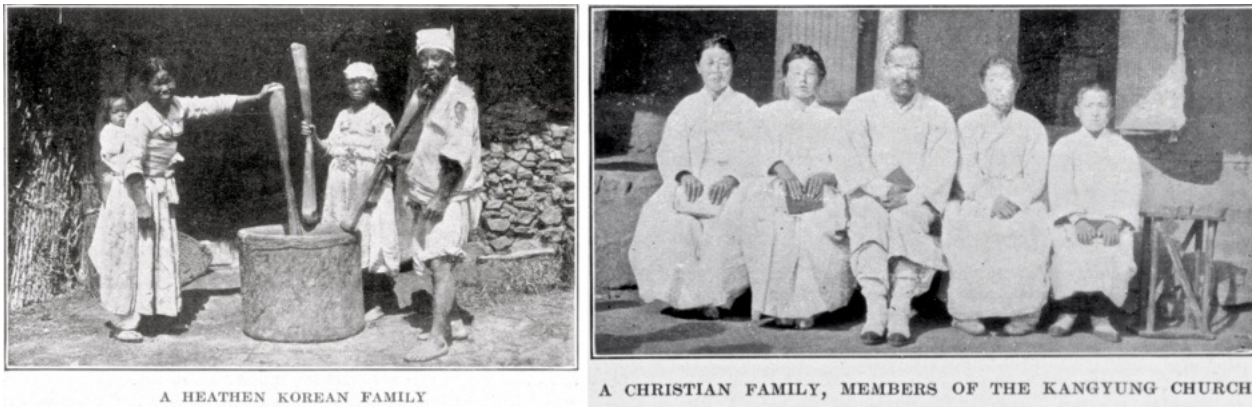
[94] Rothweiler, "What Shall we Teach in Our Girls Schools?" 90.

[95] Bird, *Korea and Her Neighbors*, 45 and William Elliot Griffis, *A Modern Pioneer in Korea: The Life Story of Henry G. Appenzeller* (Fleming H. Revell Company, 1912), 37. On how sartorial choice transformed during the colonial period, see Hyung Gu Lynn, "Fashioning Modernity: Changing Meanings of Clothing in Colonial Korea" *Journal of International and Area Studies* vol. 11, no. 3 (2004 special issue): 75-93.

background (a hut versus an open home).[96] We might also note the contrasts in tone, not only in the subjects' attire—the Christian family is adorned by crisp white clothes—but also in the countenances of the families themselves: the heathen family is of noticeably darker complexion.

The civilizing potential of the missionary presence is further on display in the photograph of Martha Kim and Grace Lee's Poguyŏgwan graduation ceremony, which I introduced at the outset of this chapter. Here, the viewer notices less the juxtaposition of two distinct civilizational temporalities, and more the final product of the missionary pedagogical project. The contrast between Edmunds' nurses' uniform and the students' *hanbok* remains apparent, but any overt culturally-based sartorial difference is simultaneously (and almost literally) whitewashed by all four parties' glowingly bright aprons, complicating any hard distinction between the outfits. Ironed, smoothed and creased, the ensembles impart an image of medical professionalism and cleanliness without subverting or erasing the cultural distinctions upon which missionaries claimed to place particular gravity.

Such sartorial staging bespoke the evolution of the relationship between Western missionaries and Koreans. Once confined to palanquins or peeped at through poked holes, women missionaries began to broadcast their own notions of proper decorum and hygiene through public self-displays. Simultaneously provocative in their challenge to Chosŏn convention and restrained in their Victorian propriety, these displays gradually succeeded in inviting Korean women to missionary-run institutions (schools, churches, clinics) as well as into the missionary home. By the start of the colonial period, missionaries could publish photographs alongside their Korean pupils, offering up images of dramatic transformations that somehow also reaffirmed notions of a timeless sensibility.



A HEATHEN KOREAN FAMILY

A CHRISTIAN FAMILY, MEMBERS OF THE KANGYUNG CHURCH

Figure 3. Source: George Herber Jones, *The Korea mission of the Methodist Episcopal Church* (New York: Board of Foreign Missions of the Methodist Episcopal Church, 1910), 46-7.

[96] We might also note that the photo of the "heathen" family members, who all hold sticks for pounding rice against a background of firewood for heating the outdoor stove, contrasts with the members of Kangyung Church, where the kitchen seems to have been moved *inside* the residence.

Chapter Four
Cleanliness and Hygienic Performance

The hygienic subject that was crafted through compulsory medical and calisthenic training programs and then propagated through the image of the housewife introduced Japanese and Korean populations to the new practice of "clean living." The overall objective of this moral and spiritual cultivation was to inculcate a type of healthy behavior that required not only understanding disease prevention, how to avoid sickness, and physical improvement, but also proprietary knowledge of how to *act* hygienic through sartorial taste, ways of holding the body, and the art of domesticity. Upper-middle class elites in Japan and Christian converts in Korea were to serve as models so that others might similarly become enlightened to this new sanitary lifestyle. As I argued in the previous chapter, this constituted the domestic or internal process of hygienic modernization: the transmogrification or extension of public health from health policy to individual and performative ways of bodily comportment and staging the home.

But the function of displaying health, sanitation, and hygiene was not limited to the domestic front, nor was it solely about shaping a particularistic hygienic subjectivity. Rather, hygienic performance was also deeply intertwined with outward displays of territorial sovereignty—the spatial integrity of the nation based upon self-defined imagined borders. Scholars have explored the intellectual project of internally constituting the Japanese and Korean national subject through a bevy of mechanisms, including historiography, the popular press, literature, and the invention of tradition. Yet one of the overriding elements of sovereignty in the late nineteenth and early twentieth centuries was *external* recognition of the nation-state. In this sense, sovereignty was as much about self-strengthening or establishing a "rich country, strong army" as it was about attaining the validation of foreign powers—the gatekeepers to a global club of sovereign nations. In this context, national autonomy was internally established through a discursive index of qualifications that included military strength, transport systems, and mass education. Yet at the same time, it was also externally conferred through treaties and military alliances.

Hygiene and its display played a crucial role in both of these related processes, and disease prevention helped protect and solidify the imagined boundaries of the nation. This was particularly true with quarantine, which allowed Japan and Korea to assert greater authority over maritime borders despite the imposition of unequal treaty systems. Even though the unequal trade agreements weakened the Japanese and Korean governments' authority over domestic treaty ports, customs officials could nevertheless assert measured control over the influx of goods and people by using public health as a justification for the inspection of ships. As I explore below, Japanese officials cited quarantine as a sovereign right of all nations in order to contest the landing and unloading of cargo in domestic ports. Citing principles of self-

determination and territorial integrity, these officials also succeeded in pitting Western imperial powers against each other, with some nations supporting Japanese claims of authority over inbound ships while others called for the lifting of all restrictions in the name of free trade. Medical modernizers in Korea made similar attempts to employ supposedly universal ideas of equal sovereignty in order to stave off foreign encroachment. Yet, in a janus-faced move, many of the same Japanese actors who challenged the logic of the open port system in Japan also used depictions of backwardness and stagnation in order to justify their own imperialistic ambitions in Korea, undermining Korea's own claims of autonomy over maritime trade.

Quarantine debates exposed the overall lack of Korean and Japanese control over their own national borders. In response, both countries endeavored to subvert interference into their affairs by projecting or displaying their healthiness to outside observers. Convincing the world of the nation's salubriousness was one step in repealing unequal treaties and establishing equal standing among sovereign countries. For health officials in both Japan and Korea, this also involved obfuscating or removing traces of disease that leaders believed would undermine the general project of hygienic modernization. Sickness became a marker of national embarrassment that had to be expunged as part of the general effort toward international validation.

Demonstrating national cleanliness by projecting the attainment of certain hygienic, and thus civilizational, levels of public health was an equally important step in attaining parity with other nations. The ubiquitous international hygiene or health exhibitions of the late nineteenth century offered a convenient forum for such displays. Here, nations engaged in, as one observer put it, "peaceful competition" over what country might evince the highest levels of healthiness.[1] Yet the political act of projecting and staging national cleanliness also had to fit within accepted parameters of international norms. This was perhaps best epitomized by the spatial organization of the exhibitions themselves. At these events, Britain, France, the United States, Germany, and, by the 1910s, Japan typically constructed massive pavilions that housed markers of their nation's hygienic progress, including charts of disease rates, drawings of factories, model toilets, and maps of sewage systems. These pavilions dwarfed those of other nations, thus reproducing international power hierarchies within the grounds of the exhibition. For example, although Korea could boast many indicators of cutting-edge industrial and technological development by the late nineteenth century, including streetcars and telegraph lines, its displays at health exhibitions frequently only offered small goods (coins and cooking utensils), which became representative of Korean culture. Korean delegations to international exhibitions were almost always "advised" by Western diplomats, who guided Korean organizers in the selection of goods to display. In other words, the rendition of "Korea" that guests viewed at the exposition was always mediated and shaped by individuals who made judgements not on what Korea "was," but on what it should be. Japanese organizers also projected a somewhat self-orientalizing rendition of their nation at these exhibitions. Yet, in contrast to (and sometimes at the expense of) Korea, the Japanese displays became symbols of a successful hybridity, one that blended modern public health with a distinct past. Beginning with the late-nineteenth century debates surrounding quarantine, and then moving to a discussion of these global health forums, this chapter examines

[1] This comment was made by an unidentified French official on the opening of the 1911 Dresden International Hygiene Exposition. Quoted in Naimushō Eiseikyoku, *Doresuden kaisai bankoku eisei hakurankai kiji gaiyō* (Tokyo: Naimushō, 1911), 323.

how Japan gradually acquired the authority over its own hygienic self-representation, and why Korea was denied the right to do the same.

The *Hesperia* Incident and Problems of Quarantine

On July 3,1879 Japanese Minister of Foreign Affairs Terashima Munenori (1832-1893) sent a letter to British Consul General Harry Smith Parkes (1828-1885) stating that vessels arriving at any ports in Kantō from Kobe and Osaka would be held in quarantine for ten days. The letter, issued against the background of the cholera epidemic that erupted in the wake of Saigō Takamori's 1877 Satsuma rebellion (see Chapter One), received an immediate and stern rebuff from Parkes. Castigating Terashima's directive as unnecessary and overbearing, Parkes stated that he would "be unable to authorize Her Majesty's Consuls to enforce the observation by British subjects of quarantine rules which are manifestly inefficacious or impracticable."[2]

The response to Terashima's notice from the German Minister Karl von Eisendecher (1841-1934) and the German consulate was even more pointed.[3] Tensions came to a head when Japanese authorities demanded that a Yokohama-bound German steamer called the *Hesperia* anchor offshore in order to observe the regulations' stipulated period of quarantine. Eisendecher ominously reminded Terashima that Japan's "exalted government would have to bear the full responsibility [for the ship's delay]," and that Eisendecher "could not answer for the consequences of such a proceeding" if Japan did not immediately accede to the *Hesperia*'s docking and disembarkation requests.[4] After sitting in Nagaura Bay for three days, and having been cleared of disease by Eisendecher's German-appointed doctor, the *Hesperia*—now accompanied by a tiny German naval escort—violated Terashima's orders, landed at Yokohama, and unloaded its cargo.

Although largely forgotten in Anglophone scholarship today, the so-called "*Hesperia* Incident" (*Hesperia jiken* ヘスペリア事件) became a *cause célèbre* in Japan.[5] Japanese press reports blamed Eisendecher's headstrong actions for introducing cholera into Tokyo and consequently spreading the disease from Kansai to the entirety of the country. They also lambasted the British Consul Parkes for his unabashed advocacy of open ports which, the press argued, hazarded public health risks.[6] For their part, the German and British Consuls repudiated

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[2] United States Department of State, *Papers Relating to the Foreign Relations of the United States, Volume 1* [hereafter *FRUS*] (Washington, D.C.: U.S. Government Printing Office, 1879), 673.

[3] Unlike Parkes, who Terashima's office took the time to notify directly, Eisendecher apparently received word of the new regulations second hand from the unknown "doyen of the Consular body" who submitted the letter to the German General Consul in Yokohama, Eduard Zappe (d. 1888). Zappe's irritation at being informed about the rules through a mass communique, instead of being informed directly by Terashima, comes through in his subsequent letter to the Minister, where he states that Terashima "did not consult with me [Zappe] beforehand" about the regulations. Ibid., 674.

[4] *FRUS*, 676.

[5] Two recent accounts of the incident, Harald Fuess' well-researched "Informal Imperialism and the 1879 'Hesperia' Incident: Containing Cholera and Challenging Extraterritoriality in Japan" *Japan Review* 27 (2014): 103-140 and the short account in Douglas Howland, *International Law and Japanese Sovereignty: The Emerging Global Order in the 19th Century* (New York: Springer, 2016), esp. 89-95, focus on the legal problems engendered by the case.

[6] Fuess, "Informal Imperialism," 112-3.

these claims by stressing that the strain of "Asiatic cholera" that plagued Tokyo had been initially transported and introduced to the Kantō region by Japanese ships. They also cited Japan's poor knowledge of disease prevention as the main reason for the cholera outbreak. Parkes remained particularly indignant. Arguing against Terashima's quarantine regulations, he cited a growing international medical consensus that regarded the isolation of commercial ships as largely ineffectual in preventing the spread of disease. He also argued that the Meiji government's past attempts to regulate or quarantine even Japanese ships had proven "useless" due to the its inability to enforce its own strict regulations.[7]

The dustup, which concluded with no consensus and an abundance of public blame, encapsulates the diplomatic conundrum that Japanese leaders faced under the yoke of the unequal treaties. Was Japan, according to the provisions of extraterritoriality, allowed to assert authority over foreign ships in its domestic ports if they presented a public health risk? Which nation held final jurisdiction over determining whether or not a ship's cargo and crew were disease-free? After Eisendecher's German doctor boarded the *Hesperia* and gave the vessel a clean bill of health, Terashima countered that the doctor's report would offer "no influence on the duration of the prescribed term of the quarantine."[8]

Terashima's refusal, which prompted Eisendecher's threats and the German decision to violate the Japanese-imposed quarantine, represented a forceful assertion of Japanese governmental authority during a time of relative diplomatic weakness. For Terashima, the cholera crisis, the perceived necessity for blanket quarantine regulations, and the *Hesperia*'s demands created an opportunity for the Minister to execute a measured act of Japanese sovereignty over the much-derided treaty ports that had been forcefully "opened" roughly a decade before.[9] Terashima's somewhat provocative act received praise from the Japanese press as well as foreign observers who opposed German influence in Asia. These parties condemned Eisendecher's actions as a clear violation of Japanese statehood. Possibly concerned about limiting German interests in East Asia, the US became a particularly outspoken critic of Eisendecher's alleged provocations. According to the *New York Times,* former US President Ulysses Grant, then on a goodwill visit to Japan, even expressed "his opinion that the Japanese would have been thoroughly justified in adopting forcible measures, even to the extent of sinking the intruding ship."[10]

The split in international opinion reflected Japan's liminal status as a non-colonial state that nevertheless remained under the constant threat of imperial encroachment. This liminality was implicitly tied to Japan's place on a spectrum where "advanced" nations determined

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[7] Parkes pointed to Japanese port authorities' inability to effectually quarantine the Japanese steamer *Genkai maru* earlier in the year. Parkes alleged that, although the ship's cargo had remained in quarantine, the crew and passengers had been allowed to disembark and re-board the ship several times, and that non-passengers also shared food with those onboard, hazarding the spread of disease. *FRUS*, 673.

[8] *FRUS*, 676.

[9] On the establishment and repeal of the unequal treaties in Japan, see Michael Auslin, *Negotiating with Imperialism: The Unequal Treaties and the Culture of Japanese Diplomacy* (Cambridge, Mass: Harvard University Press, 2004).

[10] *New York Times* 28 August 1879; Fuess, "Informal Imperialism," 108.

civilizational hierarchy. This is especially clear in the exchange between Terashima and Parkes. While Terashima attempted to utilize quarantine to assert Japanese sovereignty by exploiting ambiguities within the treaty system, Parkes derided such measures as outmoded science. In doing so, Parkes drew an implicit distinction between Japan, whose quarantine measures he dismissed as "unsound and impractical," and European nations, which he unsurprisingly placed at the forefront of epidemiological research.

Such criticisms, of course, also reflected the broader economic agendas of the imperial powers. In the mid-nineteenth century, as Mark Harrison points out, proponents of open ports, free trade, and market capitalism began to deride maritime quarantine "as a vestige of corrupt and unenlightened regimes."[11] Terashima's quarantine policies thus allowed Parkes to characterize the Japanese government as out of step with current trends in international hygiene.[12] Lastly, the British Consul's condemnation of Japan's inability to enforce its own antiquated cholera regulations represented a direct attack on the Japanese government's administrative authority over its own borders. Although couched in the polite ceremonial language of nineteenth-century diplomacy, Parke's opprobrium amounted to a firm denunciation of Japan's entire conduct of foreign affairs.

Despite taking a clear stand, the German and British invectives also placed Terashima in a double bind. If, on the one hand, Terashima strengthened his commitment to the quarantine regulations, he risked further accusations of anachronism and backwardness at a time when Japan's main foreign policy objective was to create civilizational parity with the West in order to (re)gain complete sovereignty over its borders. On the other hand, simply lifting the quarantine orders and acknowledging the prevailing anti-quarantine position of the free-trade governments would appear as capitulation to external forces: a repeated concession to Western "gunboat diplomacy."[13] It would also undermine the recommendations of Japan's medical elite—many of them high-ranking members of the new government—who insisted that quarantine was the most effective measure for stemming the flow of cholera (see Chapter One).

In the end, Terashima did not have to make the final decision. Inoue Kaoru replaced him later that year, signaling a more gradualist and deliberative approach to treaty revision based on greater bilateral negotiations rather than Terashima's more hardened stance to the West.[14] Eisendecher was promoted, and Parkes continued to harass the Japanese government for low

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[11] Mark Harrison, *Medicine in and Age of Commerce and Empire: Britain and its Tropical Colonies, 1660-1830* (Oxford: Oxford University Press, 2010), 9.

[12] Referring again to Japanese port authorities' quarantine of the *Genkai maru*, Parkes pointed out that much of the ship's cargo spoiled during its period of isolation, and that several cattle had died in the ship's hold, "creating a degree of foulness on the ship, which alone might have caused sickness to break out on board." *FRUS*, 676.

[13] The idea of using force to deter the *Hesperia*'s landing was more in the minds of journalists from the United States, who echoed Grant's call for a more bellicose response. The irony of the United States' role reversal—from the forceful opening of Japan in 1853 to defender of its sovereignty in 1877—seems to have been lost on all involved. Despite the symbolic import of Eisendecher's dispatch of the German naval boat, *Wolf*, to help unload and accompany the *Hesperia*, this was gunboat diplomacy in its mildest form: Fuess states that the *Hesperia* was over twice the size of the *Wolf* in terms of tonnage and that the *Wolf* was one of the tiniest combat ships harbored at Yokohama—not intimidating hardly a belligerent act. Fuess, "Informal Imperialism," 111.

[14] Auslin, *Negotiating with Imperialism*, 198-9.

tariffs and trade concessions until his dispatch to China in 1883. He would also serve as British envoy to Korea in 1884. The bureaucratic reshuffling indicates that the Germans and British believed their position had won out over Terashima's. Certainly Terashima's dismissal from his role as Foreign Minister suggests that the Japanese government did not approve of what they deemed to be his willful methods. Nevertheless, the *Hesperia* Incident and Terashima's squabble with Parkes also had three important pedagogical functions for Japanese diplomacy that would become manifest almost immediately in Japan's interactions with Korea and in its growing participation in the international health community.

First, the incident demonstrated the utility of quarantine in delineating the physical boundary of the nation, especially within the context of Japan's weakened position in the treaty port system. Although the British derided maritime quarantine as obsolete, many others—including the former US President—insisted on Japan's authority to determine the healthiness of the goods and people flowing into its borders. More broadly, such actions suggested that nations held certain sovereign rights over their own measures of public health. John A. Bingham (1815-1900), US Ambassador to Japan at the time of the incident, made a clear case against the German position by stating that "It is in vain for Germany or any other power to say that Japan, by what is termed the extraterritorial provision of existing treaties, has surrendered her right of self-protection against the importation of pestilence by the vessels of all nations into the habitations of her people. She surrendered no right of sovereignty by that provision."[15] Because quarantine could be justified in the name of protecting lives from "outside" diseases as well as preventing endemics from spreading onto commercial ships, Terashima's arguments also appealed to a global objective of disease prevention.

Second, Parkes' recriminations against Japan's epidemiological regressiveness became added motivation for Japanese health officials to demonstrate that Japan not only possessed knowledge of, but also might contribute to, international norms of hygiene. Realizing that "Japanese" methods of public health would always be subject to cultural criticisms so long as Japan's own nationhood remained in contest, health modernizers began to propagate Japan's civilizational equivalence with the West. As I explore below, this involved a performative display of cleanliness at global health exhibitions.

Lastly, even as Japan combatted British and German arguments against isolation as anti-free trade, it employed similar diplomatic rhetoric in attacking, co-opting and undermining Korea's own efforts at establishing a maritime quarantine boundary. When Korean diplomats attempted to assert provisional sovereignty over their ports by drawing up their own quarantine regulations—something demanded by Japanese foreign policy—the Japanese used different imagined maritime boundaries in order to informally establish the inchoate borders of its eventual empire.

Korean Quarantine Regulations

Saigō Takamori's designs for a samurai invasion and settlement of Korea might have ended in dramatic defeat, but the repercussions of his insurgency were felt in the peninsula almost immediately. On July 11, 1879—only eight days after Terashima sent word to the British

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[15] *FRUS*, 666.

Consul regarding Japan's new quarantine regulations—leaders in the Japanese legation in Busan enacted their own strict quarantine restrictions. Cognizant of the cholera outbreak engulfing Kyushu, medical officials in Busan sought to prevent the disease from entering the Japanese settlement by investigating and, if necessary, isolating commercial vessels arriving from Nagasaki. They required that all ships from Japan dock at Chŏlyŏng Island (Makishima 牧島), just outside the port at Busan, for inspection and possible disinfection by doctors from the Japanese settlement. As Jeong-ran Kim points out, the problem was that according to the provisions of the 1876 Kanghwa Treaty, Japanese residents did not possess any territorial jurisdiction over the island. Local Busan authorities and, eventually, the central Korean government in Seoul, soon demanded the removal of the settlement's makeshift quarantine station from Chŏlyŏng. In response, Japanese residents in Busan almost immediately erected a separate quarantine station attached to the settlement hospital and continued their own inspections of Japanese commercial vessels.[16]

What motivated such a brazen disregard of the 1876 settlement treaty by the Japanese settlers? Sensitive to their "economic weakness" and the relative fragility of their political standing with both the Japanese and Korean governments, entrepreneurial "brokers of empire" in the Japanese settlement took it upon themselves to protect their lives and livelihoods from "foreign" diseases originating outside the settlement territory.[17] The quarantine regulations represented an act of settler volition or, read another way, they stemmed from settlers' skepticism that their own government in Tokyo would act quickly to safeguard the territory. Considering the settlement's modest size at the time—the number of Japanese residents in the entirety of Korea was less than 1,000 in 1880[18]—the quarantine regulations worked remarkably well. Reports in the *Japan Weekly Mail* from October 1877, for example, indicate that ships suspected of harboring sick passengers and crew were turned away from the port and sent back to Nagasaki.[19] Interestingly, the settlers' independent action epitomized the very idea of self-rule that the Japanese hygiene authorities sought to enact in Japan during the 1870s and 1880s (see Chapter One).[20] Yet the irony was that this settler example of "hygienic self-governance"—erecting a quarantine station outside the established parameters of the Busan settlement—was in

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[16] Kim Jeong-Ran, "The Borderline of 'Empire': Japanese Maritime Quarantine in Busan c.1876–1910" *Medical History* 57, no. 2 (April 2013): 226–48. This settlement hospital was the forerunner of the Saisei Iin (済生医院), which has been (mis)characterized by some Japanese historians as Korea's first "modern" hospital. See, for example, Ishida Sumio, "Busan no Saisei Iin: Busan kaikōgo no byōin no kindaika to chōsen no shutō" in *Niimi kōritsu tanki daigaku kiyō* 26 (2005): 39-42. It is not clear whether or not this station inspected ships other than those arriving from ports outside of Japan.

[17] Uchida, *Brokers of Empire*, 22, 68-70. This included not just the settlement's maritime borders, but also land-based quarantine measures due to the perception that Koreans might transport diseases from outside the settlement territories and infect people within the legation. Kim, "Borderline of 'Empire'," 232.

[18] Uchida, *Brokers of Empire*, 65. This number would grow exponentially, however, with Japanese settlers numbering over 170,000 by 1910, including a population of just under 25,000 in Busan.

[19] *The Japan Weekly Mail*, 27 October 1877.

[20] Uchida, *Brokers of Empire*, 70-1.

direct violation of the treaty port provisions contained in their own government's 1876 agreement with Seoul.

The act also bespeaks the nature of Korea's contested sovereignty following the conclusion of the Kanghwa Treaty. Although Korea's peninsular shape would seemingly allow for an instinctive understanding of its maritime borders, the task of delimiting precisely what constituted the boundaries of the nation, and how those boundaries might be enforced or policed, remained a contested process in the late nineteenth century.[21] While spatially-conceived understandings of Korea as a territorially-bound entity long preceded the imposition of Korea's sovereignty in 1876, much of the new conceptual vocabulary of the Korean nation as a sovereign, politically demarcated area was dictated under the auspices of competing foreign governments.[22] Similar to Japan, such tensions were reflected in debates over quarantine enforcement in treaty ports, which represented both rival and overlapping Chinese, Japanese, British, and German interests.[23] In the 1880s, under the direction of the savvy Qing minister Li Hongzhang (1823-1901), Korea concluded a series of treaties that both signaled its entrance into the Westphalian state system while also leaving ambiguous the issue of China's (largely invented) cultural suzerainty over the peninsula. As Bruce Cumings puts it, if "the Sino-Korean tributary system was one of inconsequential hierarchy and real independence [then]…the Western system that Korea encountered…was one of fictive equality and real subordination."[24] For competing imperial interests, the question remained how to maneuver for privileged position within this context of "fictive equality." China's relative strength over Korea's diplomatic affairs competed with Japanese dominance in trade and a growing US missionary influence over medicine.[25] Whichever party might influence Korea's quarantine policies would therefore exert disproportional power over all three of these areas.

While these foreign powers "displayed little to no concern for Korean sovereignty," competing factions within the Korean government engaged in a vociferous debate about whether or not self-determined quarantine rules would either exacerbate or deter foreign meddling in Korean affairs.[26] In the summer of 1886, nearly a year after the collapse of the Enlightenment faction following its failed coup attempt, cholera again gripped Korea, this time devastating the

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[21] Such contests and controversies continue today. Indeed, contemporary disagreements over (North) Korea's northern border and the stale Dokdo-Takeshima disputes can be largely traced to this time period when Japan conducted the first "modern" land and maritime surveys of Korea. Even in the 1870s, Japanese fishermen disputed possession of the Liancourt Rocks. See Dudden, *Japan's Colonization of Korea*, 91-2.

[22] Schmid, *Korea Between Empires*, 199-201.

[23] On these issues, see Kim, "Borderline of 'Empire,'" 238-40.

[24] Cumings, *Korea's Place in the Sun*, 95.

[25] If one expands the frame to include Britain and Russia's geopolitical ambitions, the diplomatic picture becomes even more of a headache for the historian. Britain sought to check Russian expansionism in East Asia, while Tsarist Russia endeavored to prevent Japanese expansion into Korea and further north into the contested Qing homeland. As such, Britain and Japan, which had previously collided on the issue to quarantine, became odd bedfellows against Russian interests.

[26] Kirk Larsen, "Comforting Fictions: The Tribute System, the Westphalian Order, and Sino-Korean Relations," *Journal of East Asian Studies* 13, no. 2 (May-August 2013): 247.

capital. As detailed in Chapter Two, the outbreak exposed both the metropolitan and national governments' unpreparedness to manage disease on such a scale. This gap was readily and willingly filled by North American missionary doctor-diplomats and by the Japanese, who both used the outbreak in order to push their own quarantine agendas.[27] In 1887, Li Hongzhang agreed to the appointment of the American H.F. Merrill as Korean Customs Commissioner. The latter helped draft quarantine regulations for the Korean government, which were announced in May of that year. Li's endorsement of Merrill was part of a larger shift in the 1880s that sought to stem Japanese influence by diversifying the number of diplomatic interests involved in negotiations over all aspects of Korean foreign policy. The Qing minister apparently thought that allowing Merrill to draft Korea's quarantine regulations would slow Japanese economic influence in Korea because of the United States' firm position on the inviolability of state sovereignty, a stance that the US had made especially clear during its own treaty negotiations with the Qing. This contrasted with British and German positions, which prioritized open markets and the removal of any restrictions on free trade. The quarantine regulations stipulated that all arriving ships would undergo medical inspections off port, and that any ship harboring sick patients would require permission from the "Korean" Customs Commissioner (Merrill) to disembark.[28]

Some historians read the Merrill-drafted regulations as an assertion of Korean sovereignty within the context of the nascent treaty port system.[29] Indeed, although they were not authored by the Korean government, the document nevertheless recognized Korea's right to quarantine foreign ships traveling from diseased ports and to regulate persons and goods entering the country. Yet the 1887 regulations did not specify the nationality, nor did they delineate the qualifications required of the medical inspectors who would investigate vessels for disease. This contrasted with the *Hesperia* incident, where the Japanese Foreign Ministry made clear that no matter whether or not the German doctor issued a positive assessment of the ship's condition, Japan would refuse the *Hesperia*'s requests to dock at Yokohama. The Merrill-drafted regulations also came under fire from the acting British Consul General in Korea, who pointed out that the document's definition of what constituted "sickness" (*chilbyŏng*) remained unspecific: what might provide grounds for quarantine? Coughing patients? Dead livestock? Consistent with British open port doctrine, the Consul General argued that these ambiguities would allow the non-medically trained Korean customs officials (*kamni* 監吏) to arbitrarily determine disease levels and symptoms, leading them to perhaps refuse Britain's legal access to markets.[30]

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[27] This quite obviously presents a reductionist account of the diverse range of interests in Korea at the time. It should also be remembered, however, that many missionary doctors (Horace Allen, for example) saw themselves as representatives of both Protestantism and US political ambitions: missionary and national imperatives were not mutually exclusive in the context of nineteenth-century Korea.

[28] Sin, *Hanguk kundae pogon ŭiryo sa*, 122.

[29] Sin, *Hanguk kundae pogon ŭiryo sa*, 121.

[30] Ibid., 121. The arguments were largely hypothetical as British trade did not amount to a large portion of imports to Korea at the time.

Unlike the British, the Japanese trade representative in Korea, Kondō Masuki (1840-1892), initially supported the Korean regulations. In principle, the new rules mirrored Japan's domestic quarantine policy, which maintained the right of any sovereign state to regulate the influx of goods into its own borders. During the early months of 1890, however, when reports of a cholera flareup in Nagasaki reached the Japanese settlements at Busan and Wŏnsan, Kondō curiously changed his stance by petitioning the Korean government to have the quarantine restrictions either softened or lifted altogether. This sudden volte face was instigated by pressure from a growing number of Japanese traders who protested that the quarantine restrictions delayed transport of their goods to the Korean interior. Ultimately, the Korean government acceded to Kondō's requests and eased the quarantine measures.[31]

Kondō's about face reflected Japan's contradictory stance on quarantine when applied outside of the archipelago. In insisting that Korea's policies be relaxed in order to benefit Japanese merchants, Kondō seemed to adopt the very German and British position on open ports that Terashima, the United States, and the Japanese media all denounced only months before when the *Hesperia* anchored at Yokohama. But Kondō's appeal was not a shift towards British-style unfettered free trade and market capitalism. Rather, he sought to further Japanese monopolization over Korean imports by, paradoxically, advocating for greater liberalization of its trade policies. This is why Kondō made his petition only when quarantine threatened to delay boats from Nagasaki and, as such, his actions were solely designed to shelter Japanese ships from Korean quarantine measures.

More broadly, the apparent contradictions in the Japanese stance on quarantine indicates the extent to which capital and investment began to inform Japan's maritime public health policies regarding the peninsula. If the ten-year period from 1884 to the start of the Sino-Japanese War represented the "China decade" in Korea due to Qing authority over Korean politics, that influence did not immediately extend to trade, which was run almost exclusively by Japanese crony capitalists and financed with loans from big Japanese banks, which established a strong foothold in Korea in the early 1880s.[32] When other imperial powers attempted to challenge Japanese trade monopolies, the government bolstered Japan's authority over nearly all facets of trade—wholesaling, transport, finance. Then-foreign Minister Komura Jutarō (1855-1911) even boasted that, despite competition from other international players, the "shipping of goods [in Korea] is handled entirely by the Japanese."[33]

This was precisely the context that motivated Kondō's change in Japanese quarantine policy. When China made a brief challenge to Japan's cornering of the market by revamping its trade over Korea's northern border in the 1880s, Kondō responded by strengthening and expanding Japanese influence over Korea's quarantine inspections in order to boost maritime

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[31] Ibid., 123. It is not immediately clear why Korean customs officials determined that the regulations were unnecessary in this instance or what pressures were placed on the officials.

[32] Duus, *The Abacus and the Sword*, 249-53 and Eckert, *Offspring of Empire*, 9-11. Japanese trade emerged as a result of subsidized loans to banks with informal government connections. These banks then funneled the money to aspiring merchants. Although many of these enterprising migrants soon went broke, a few became fabulously wealthy by acquiring monopolies on the import of Western goods from Shanghai or certain commodity trades.

[33] Quoted in Duus, *The Abacus and the Sword*, 250.

commerce.[34] As noted above, the Korean quarantine regulations did not specify the nationality of the medical inspectors who would oversee the health assessments of vessels in port. Japanese traders and authorities were quick to exploit this loophole by relying solely upon Japanese doctors to provide quarantine clearances. In contrast to the Chinese, British, Russians, Germans or the US, the Japanese quickly established hospitals in Busan (1877), Wŏnsan (1880), and Seoul and Inch'ŏn (1883), making it so that Japanese medics performed their own quarantine investigations.[35] Even though tensions between Japanese medical practitioners and Japanese merchant interests occasionally held up boats, in most instances shared national ties expedited Japanese maritime trade entering through Busan and Inch'ŏn, which sought to negate the impact of the rising amount of Chinese goods flowing across the Yalu River. While North American missionary hospitals gradually sprung up in Seoul during the 1880s and 1890s (see Chapter Two), the Japanese monopolized medicine in the treaty ports: nearly all foreigners—European, American, Chinese or Japanese—as well as wealthier Koreans attended the Japanese-run medical facilities in these cities. Located inside the Japanese settlements, the hospitals held near-complete control over the practice of biomedicine within the expatriate community.[36]

The near-eclipse of Chinese influence in the peninsula following the Sino-Japanese War allowed for the solidification of Japanese medical control over Korean port cities. Similar to the epidemic that erupted after the 1877 Satsuma rebellion, military victory in 1895 also ignited a cholera epidemic among Japanese soldiers. Having been "liberated" from the suzerainty of Qing rule, Korean authorities immediately found themselves bound by the constraints of Japanese-imposed "equal" sovereignty. It is not surprising, therefore, that the Korean government's efforts to stem the flow of cholera after 1895 through maritime quarantine practices continued to accommodate Japanese economic interests. In May of that year, a month after the signing of the Treaty of Shimonoseki, the Korean government issued revised, stripped-down quarantine regulations (*kŏmyŏk kyujik* 檢疫規則) that simply outlined the necessity of holding ships' cargo in port if the vessels arrived from disease-stricken locations. The regulations remained hazy on how foreign ships should be inspected, and they allocated significant discretion over quarantine to local port authorities. This enabled Japanese actors to continue their management of quarantine inspections in the treaty ports.[37]

During this time, authority over Korean customs was theoretically vested in the British diplomat John McLeavy Brown (1835-1926), who succeeded as Customs Commissioner in 1893 and served as Financial Adviser to Kojong beginning in 1896. Brown's ascendence took place against the background of increasing Russian influence in Korea, which caused concern in Britain about Tsarist expansionism (Kojong escaped to the Russian legation soon after Brown took office). Brown's appointment was endorsed by none other than Inoue Kaoru, who assumed

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[34] Ibid., 256.

[35] Yi Manyŏl, *Hanguk kidokkyo ŭiryosa*, 31.

[36] Indeed, some Japanese doctors were criticized for discriminatory price fixing based on nationality when American and European patients were charged more at the Japanese clinics. Doctors countered that Western patients were excessively demanding and rude. Kim, "Borderline of 'Empire'," 236.

[37] Park, *Han'guk kŭndae ŭihak ŭi kiwŏn*, 82.

the office of Ambassador to Korea following his stint as Foreign Minister in Japan.[38] In a testament to the fickleness of diplomacy, Brown helped extend Japanese influence in Korea by reducing the number of high-ranking Western officials in the Korean Customs Office and replacing them with Japanese personnel. By 1902—the same year that Japan concluded the Anglo-Japanese Alliance, its "first" military pact with a Western power—the number of British, US or German officers under Brown's authority decreased from 89 to 19, while the number of Japanese nearly doubled to 31, and the number of (Japanese-recommended) Koreans increased to 29.[39] This relinquishing of authority over trade to Japanese influence would have seemed impossible just years before during the aftermath of the *Hesperia* incident: Brown's goal of checking Russian interference in East Asia had made him bedfellows with Inoue and the Japanese.

This informal alliance between Brown as Korean Customs Commissioner and the Japanese protected and furthered Japanese economic interests in Korea. In a larger sense, the relationship also represented some Western acknowledgement of Japanese hegemony in Korea, based upon a growing imperialist perception that Japanese domination was preferable to that of China or Russia, and that Korea was incapable of ruling itself. In 1897, for example, the British Consul-General in Seoul, Walter Hillier (1848-1927), wrote that "It must be evident to all who know anything of Korea that a condition of tutelage, in some form or another, is now absolutely necessary to her existence as a nation."[40]

Such perceptions became increasingly apparent after Japan's unexpected victory in the Sino-Japanese War. As I argued in Chapter Two, the collective effort to stem the 1895 cholera outbreak that emerged in the wake of Japan's victory was almost immediately reimagined in terms of nationally-based contributions to the anti-disease efforts. Although the Korean government issued a new set of cholera regulations (虎列剌病豫防規則 *k'ollera yebang kyujik*), significantly expanded police authority for rooting out "patient hiding," and allocated funding to Japanese and missionary doctors for treating the afflicted, most foreign accounts pointed toward Korean government ineptitude and disorganization. Such depictions were frequently juxtaposed with Japanese efficiency, especially that of the victorious Japanese troops. Learning from the missteps that slowed the government's response during the 1877-1878 outbreak in Kyushu, Japanese military authorities and settlement officials acted quickly to quarantine ships arriving from southern Korean ports, where the outbreak was thought to have started.[41] The Japanese army also received permission from the Korean Customs Commissioner to set up quarantine

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[38] See Ian Nish, *Collected Writings of Ian Nish: Part 2* (London: Psychology Press, 2002), 90.

[39] Kim, "Borderline of 'Empire'," 241.

[40] Walter Hillier, "Preface" in Isabella Bird, *Korea and Her Neighbors: A Narrative of Travel, with an Account of the Vicissitudes and Position of the Country* (London: John Murray, 1898), vi.

[41] Bureaucratic continuity was important here. Although Ishiguro Tadanori shared much responsibility for the government's sluggish response during the 1877 cholera epidemic, he was nevertheless promoted to army surgeon general in 1890 and coordinated troop repatriation and disease management. His service was rewarded with a slew of military medals.

stations at Chemulpo and along the Taedong River outside of Pyongyang, helping to entrench Japanese personnel in each location.[42]

Although it is difficult to assess whether or not these measures succeeded in stemming the flow of cholera, the swift Japanese response won acclaim from Western observers. A typical account from the *Korean Repository* stated that "The Japanese have not suffered so much from [the cholera epidemic] doubtless because they are more amenable [than Koreans] to quarantine and discipline." The writer contrasted Japanese conduct with that of the Koreans who, despite the "utmost exertions" of the Japanese army sent to their aid, nevertheless demonstrated persistent "intractableness" because they objected "to being removed to quarantine stations where they would have the very best treatment possible."[43] Although Lillias Underwood remained a staunch critic of Japan's encroachment onto the peninsula, she argued that the behavior and organization of the Japanese army helped calm the flareup: "everything was quiet and orderly, and the Japanese deserve great credit for the fine discipline of the army, and the good order and comfort of natives and foreigners in a city entirely at the mercy of the victorious troops of an Eastern nation."[44]

The performance of the Japanese troops and medical personnel during the 1895 outbreak undergirded such compliments. But this was also conditional praise. Underwood's commendations of the Japanese army simultaneously betray surprise that the "victorious troops of an Eastern nation," having placed the capital at its "mercy," would behave with such orderliness. Although Japanese officials undoubtedly approved of the portrait drawn by Western media of their army's behavior during the conflict ("dauntless courage," "truly marvelous"[45]) subtle references about Japan's civilizational incompleteness or inferiority to the West would continue to torment Japanese medical modernizers well after the repeal of the unequal treaties.[46] The cholera outbreak provided an opportunity to showcase Japanese achievement of proper hygienic behavior, which came at the expense of the Chinese-backed Korean government. Although Japanese settler, merchant, and government interests were never fully aligned in Korea, the collective Japanese response in 1895 helped draw a sharp contrast between Japan's hygienic modernity and an obsolete Sino-centric order.[47] Yet, as Underwood's assessment reveals, the

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[42] Sin, *Hanguk kundae pogon ŭiryo sa*, 161.

[43] "Asiatic Cholera in Korea" *The Korean Repository*, vol. 2 (1895): 274.

[44] Underwood, *Fifteen Years among the Topknots*, 113-4.

[45] Examples abound. These are quotes from the British M.P. Ellis Ashmead-Bartlett's second-hand account. See "The War Between China and Japan," *The Imperial and Asiatic Quarterly Review and Oriental and Colonial Record* vol. 9, no. 17 (1895): 17-18. James Gale also commended the Japanese Red Cross, stating that the organization "deserves credit for having surgeons and nurses abundant and skillful, showing her power to adapt herself to Western ways even in the storm and stress of war." Gale, *Korean Sketches*, 204.

[46] And arguably well into the twentieth century. Although not related to medicine, Sebastian Conrad, among others, has demonstrated that this fixation on Japan's synchronic temporality (he asks, "what time is Japan?") has characterized Japanese history writing since the Meiji period. Sebastian Conrad, *The Quest for the Lost Nation: Writing History in Germany and Japan in the American Century* (Berkeley: University of California Press, 2010).

[47] Uchida, *Brokers of Empire*, 14-15.

crucial project of convincing the world that Japan could actualize a self-defining autonomy remained only partially fulfilled.

In Korea, any optimistic illusion that the multi-national anti-disease efforts of foreign powers might somehow benefit the Korean people were quickly dissolved by the many recriminations against the government's inaction and characterizations of Koreans' "intractableness." In the wake of the cholera outbreak, Kojong's conferral of royal honors upon both missionaries and the Japanese were quickly transformed into self-congratulatory expressions of having "saved" Korea from China.[48] Cognizant that the reduction of China's influence only opened doors for other powers to exert control over the peninsula, Korean writers appealed to ideas of equal sovereignty and Korea's civilizational potential in order to stave off foreign encroachment. An editorial in the English-language version of *The Independent* from August 3, 1899 titled "Korea for the Koreans" argued that the nation was entitled to the same opportunities for self-development afforded to all other countries. The writers acknowledged that foreigners might find Korea "hard [and] inconvenient," and that Koreans possessed little knowledge of Western "secrets" of "roads, good drainage, fair houses and so forth." But the authors also cautioned that the civilizational standards by which commentators judged other nations could not be applied to Korea:

> It is no use trying to force upon the Oriental, things for which they are not ready. The same rules which apply to the Colonies of European nations cannot be made to apply to Korea, and while from a business standpoint we have nothing to say against those who obtain concessions for Railway [sic] etc., from the philanthropic side there is nothing to be said in its defense…Korea exists for the Koreans and we must take things as we find them and not endeavor to thrust upon the people a form of civilization for which they are not yet ready. We quite believe that the fittest will survive and that unless Korea shake herself from her lethargy and ignorance, there remains nothing for her but to go to the wall.[49]

The editorial situates Korea in a social-Darwinistic struggle that ominously suggests the country's demise "unless Korea shake herself from lethargy and ignorance." At the same time, however, the authors contest the premise of a universal and uniform pattern of historical progression, especially any Western strategy of colonial development that will "thrust upon" Korea alien forms of administration: Korea's particularity—even the in the form of its backwardness—renders European rules and methods of colonial governance as yet inapplicable. Although the telos of "civilization" remains constant, the writers nevertheless challenge the idea of a singular evolutionary tract to which all nations must subscribe, or the haphazard imposition onto Koreans of "things for which they are not ready." Throughout the piece, the authors somewhat satirically refer to encroaching foreign powers as Korea's "truest friends" who, despite their best intentions, threaten to corrupt Korea's particular path toward a universal goal. The

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[48] See, for example, Allen, *Allen ŭi ilgi*, 395 where Horace Allen writes of being "the chief instrument in securing [Korea's] independence" from China.

[49] *The Independent*, 3 August 1899.

editorial argues that such a process must be self-determined even if the journey ultimately hazards the nation's downfall.

The question for both Japan and Korea remained how to convince outside powers that each held their own potential to achieve civilizational parity when the premise of equality in the colonial geography of the late-nineteenth century world was decidedly unequal. As Henry Em argues, the necessity and the desire to attain a self-actualized national independence constituted the "creative, productive capacity" of sovereignty itself.[50] In the context of the nation-state system, medical modernizers in both countries not only had to reimagine or reinvent the national past as moving towards an inevitable goal of autonomy, but also had to constantly display that progress to the world. Hence, the enterprise of nation-making and hygienic modernity was as much an external as internal project. As demonstrated by how rapidly responses to the 1895 cholera crisis were reimagined in terms of civilizational levels and disproportional national contributions, reformers understood that shaping outside perceptions of Korea and Japan involved displaying "progress" in all its forms.

Sickness as National Embarrassment

Recalling his decision to forgo the study of medicine in order to pursue a literary career, the famed modernist Lu Xun (1881-1936) concluded that "medical science was not so important after all. The people of a weak and backward country, however strong and healthy they may be, can only serve to be made examples of, or to witness such futile spectacles; and it doesn't really matter how many of them die of illness. The most important thing, therefore, was to change their spirit."[51] This epiphany tellingly came to Lu Xun while studying medicine in Japan, where the author was both formally instructed in his classes about China's civilizational stagnation while also experiencing anti-Chinese discrimination firsthand. Viewing a film from the Russo-Japanese War where Japanese soldiers prepared to execute a Chinese accomplice to the Russians, Lu Xun noticed that the alleged spy's countrymen remained "completely apathetic" towards the prisoner's impending death. For Lu Xun, such apathy epitomized China's metaphorical sickness: an absence of national consciousness allowed the two Chinese nationals to disregard the life of a fellow patriot with stunning indifference. This malady could not be cured through corporeal mappings of the body. Rather, Lu Xun believed that China could only be "healed" through a spiritual renaissance based in art and literature, which would help actualize a new Chinese consciousness grounded in a shared understanding of China as a modern, sovereign nation state. In Ari Larissa Heinrich's reading, Lu Xun's "diagnostic" approach to the sickness of the Chinese metaphysical body demonstrates the extent to which Chinese writers and intellectuals assimilated external critiques against the nation's perceived stagnation, leading to representations of China as "the sick man of Asia." Foreign characterizations of China as somehow medically or corporeally depressed gradually transformed into a self-fulfilling pathology whereby writers such as Lu Xun came to view their own culture as diseased.[52]

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[50] Em, *The Great Enterprise*, 3.

[51] Lu Xun, *Selected Stories of Lu Hsun* (New York: Norton, 1977). 3.

[52] Larissa Heinrich, *The Afterlife of Images: Translating the Pathological Body between China and the West* (Durham: Duke University Press, 2008), 113-149.

Despite his turn away from medicine, Lu Xun's writings continued to use the corporeal as an expression for the metaphysical, and the troubled body as a metaphor for national crisis.[53] In contrast to Lu Xun's allegorization of the body to the Chinese nation, medical modernizers in Korea and Japan were much more literal in equating sick bodies or, more accurately, the *absence* of sick bodies to national power. For these thinkers, physical health, bodily appearance, and the prevalence of disease became empirical indicators of national prestige and civilizational standing. Similar to Lu Xun, however, their focus on the body and healthiness as a barometer of national strength bordered on the pathological. In the decades before Lu Xun's works first began to appear, bureaucrats and reformers in Japan and Korea attempted to both preempt and contest images or renderings of their nations as "sick."

Such efforts, I argue, were designed to prevent the internalization of national sickness that Lu Xun explored—and also manifested— through his fiction. In doing so, Korean and Japanese reformers remained hypersensitive to foreign perceptions of illnesses in their countries, and they closely monitored external assessments of their disease prevention and heath and treatment programs. As I explore in both Chapter Three and Chapter Five, this mentality demanded that public health be constantly displayed through cutting edge medical facilities, new model homes, and ways of holding the body. Yet foregrounding and showcasing these "positive" improvements in national health to outside observers also meant obfuscating or simply absenting any disagreeable signs of illness that might hinder national prestige. Such measures included quarantine—thought to be the most effective means of isolating disease—as well as cosmetic improvements to cityscapes designed to augment certain images of national cleanliness.

This was especially true for diseases that might be associated with backwardness or less desirable elements of cultural particularity. From the mid to late nineteenth century, the prevalence of "Asiatic cholera," leprosy and plague in parts of southeast Asia, China, and the subcontinent fueled discourses of colonial populations' stagnation and regressiveness. As Sheldon Watts points out, disease outbreaks in European-held colonies incited deep anxieties that colonial populations might enact revenge against the homeland in the form of imported germs and viruses.[54] Bubonic plague, for example, figured prominently in British narratives of India that described the colony's primitiveness and inability to cope with what was considered a "premodern disease." Yet at the same time, the spread of "black death" in India fueled a new hysteria in the metropole that the malady might find its way to England, causing devastation on a similar scale to that of the Middle Ages.[55]

Japanese and Korean leaders were well aware of the imagined relationships between certain diseases, colonial stigma, and civilizational hierarchy. Prior to the turn of the century, newspapers and health journals diligently published reports of epidemics in Indian and African

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[53] See, for example, the famed short story, "A Madman's Diary" (1918) where the protagonist's identification of cannibalism in ancient texts leads him to believe that he will be eaten by his fellow villagers.

[54] Sheldon Watts, *Epidemics and History: Disease, Power and Imperialism* (New Haven: Yale University Press, 1999), 174.

[55] David Arnold, "Disease, Rumor, and Panic in India's Plague and Influenza Epidemics, 1896–1919" in Robert Peckham, ed., *Empires of Panic: Epidemics and Colonial Anxieties* (Hong Kong: Hong Kong University Press, 2015), 113.

cities. Typically based on British or German accounts, these short articles commented on deplorable sanitary conditions in colonies and occasionally described how folk customs exacerbated disease outbreaks. By 1900, the Japanese government began to dispatch its own observers to study infectious diseases in southeast Asia and India. In 1906, for example, a bacteriologist affiliated with the Kitasato Institute named Shibayama Gorosaku (1871-1913) traveled to the subcontinent in order to observe British responses to an outbreak of plague. Appalled at the dearth of trained personnel and medical infrastructure, Shibayama—who would temporarily assume the office of Quarantine Commissioner (*ken'eki jimukan* 検疫事務官) upon his return—offered a detailed report on the shortcomings of British medical rule and the lack of hygienic knowledge among the Indian people.[56]

Conscious of these reports, Japanese and Korean doctors as well as popular media excoriated lawmakers for failing to improve basic hygienic conditions in their own cities. Of particular concern was expunging any markers of diseases that might be associated with medical backwardness. When the Home Ministry issued a report in 1900 concluding that over 30,000 Japanese subjects had become infected with leprosy, an article in the *Tokyo Nichi Nichi Shinbun* asserted that the number was second only to India and that, on a per-capita basis, was easily the worst in the world.[57] This news "reverberated through Japanese society" not only due to the unexpected prevalence of leprosy, but also because such prevalence catalyzed a widespread inference that Japanese civilization might rank below that of colonial India.[58] In response to the report, the Japanese Lower House passed a resolution stating that the government would act quickly to not only prevent the spread of the disease, but also to gradually remove patients from public view, especially from the gaze of foreign observers. Saitō Hisao (1847-1938), a Lower House representative from Gunma who founded one of the prefecture's first biomedical hospitals, argued that leprosy threatened to undermine Japan's international standing. He stated that, although Westerners in Japan were largely familiar with bacterial infections such as cholera, they were most taken aback by the sight of leprosy patients, who lazed about (*gorogoro itashite iru*) in the streets and whose appearance shocked all passers by.[59] Shimada Saburō (1852-1923), another member of the Lower House committee that debated the resolution, remarked that leprosy constituted a national embarrassment because it was only to be found in savage countries (*yabankoku* 野蛮国).[60] As Susan Burns demonstrates, the gradual segregation of leprosy patients through the construction of "leper colonies" in the early twentieth century was justified by reviving (imagined) Tokugawa-era practices of exclusion whereby patients segregated

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[56] Shibayama Gorosaku, "Indo ni okeru 'pesuto' byō jōkyō shisatsu fukumei" (Tokyo: 1906). On Shibayama's career, see Iijima, *Mararia to teikoku*, 116-7.

[57] Cited in Fujino Yutaka, *Nihon fashizumu to iryō: hansenbyō wo meguru jisshōteki kenkyū* (Tokyo: Iwanami Shoten, 1993), 13.

[58] See Susan Burns, "From 'Leper Villages' to Leprosaria: Public Health, Nationalism and the Culture of Exclusion in Japan" in Carolyn Strange and Alison Bashford, eds., *Isolation: Places and Practices of Exclusion* (London and New York: Routledge, 2003), 101.

[59] Quoted in Fujino, *Nihon fashizumu to iryō*, 10.

[60] Ibid., 13.

themselves from towns and villages in order to seek spiritual repentance for past transgressions that were believed to have caused infection. Of course, Edo-period methods of isolation held little relationship with state-led leprosy quarantines of the 1900s. Nevertheless, the forced segregation of leprosy patients in isolated villages was reimagined as a long-held folk practice that would also offer a supposedly rational solution to Japan's "leper problem." Leper communities thus came to represent Japan's Edo-period "prescient modernity," or a progressive and self-derived means of secluding human markers of Japan's backwardness by justifying isolation in the name of tradition.

In Korea, by contrast, newspapers admonished the government less for an inability to conceal victims of stigmatized diseases, and more for a perceived indifference to gradual environmental degeneration which, in turn, produced ripe conditions for disease outbreaks. Such criticism extended partly from the fact that several of the diseases which appeared in Korea during the nineteenth century were distinct from other Chosŏn-era maladies with similar symptomatic profiles. Sporadic references to "leprosy" (*nabyŏng* 癩病 or simply *na* 癩), for example, appear in fifteenth- and sixteenth-century logs from the *Veritable Records of the Chosŏn Dynasty* (*Chosŏnwangjo-sillok*), but projecting back epidemiological meaning onto these documents risks misunderstanding the specific historical context of the illnesses.[61] Rather, the influx of diseases such as cholera, malaria, and typhus in the nineteenth century were concomitant with Korea's increasing interaction with the West.[62] Whether they held a long epidemiological history in Korea or not, these represented "new" diseases that were associated with open ports and greater international exchange.

Newspapers leveled two common criticisms against the government regarding the anti-disease policies which were designed to combat such maladies. First, editorials remarked how the state failed to prevent the influx of communicable disease with the influx of foreign goods and people. In essence, this amounted to a critique of the government's efforts to moderate the pace of change in order to prevent the Korean people from being rushed into "a form of civilization for which they are not yet ready." Second, newspapers critiqued how little had been done to demonstrate national cleanliness to outside observers. By the start of the protectorate period, Japanese officials had initiated a concerted propaganda campaign designed to broadcast the benefits of Japanese interference in Korean politics.[63] Korean-language newspapers noted

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[61] Miki Sakae, *Chōsen igakushi oyobi shippeishi*, 111, cited in Jane Sung Hae Kim, "Leprosy in Korea: A Global History" (Ph.D. dissertation, UCLA, 2012), 29. I am not arguing that diseases such as leprosy remained absent from the peninsula prior to the nineteenth century, but rather that the imposition of a constellation of new medical categories and meanings abetted the classification and labeling of sicknesses through different frames of knowledge. Hence, references to *na* 癩 in the *Veritable Records* cannot simply be translated, or rather reduced, to the (re)diagnosis of "leprosy" in the nineteenth century.

[62] Until the establishment of the treaty port system, however, this contact was mostly secondary as diseases entered through interaction with Japanese and Chinese traders.

[63] As Andre Schmid notes, this included inviting foreign observers and academics to Korea in order to observe Japanese projects and participate in (Japanese-guided) tours. One of the friendlier accounts to Japanese interests was produced by Yale professor George Trumbull Ladd in his *In Korea with Marquis Ito* [Itō], which largely credited the Japanese protectorate with "the political and economic redemption of the peninsula." See Schmid, *Korea Between Empires*, 163-4 and George Trumbull Ladd, *In Korea with Marquis Ito* (London: Longmans, Green & Co., 1908), 472.

that the state had done little to influence public opinion abroad, especially to counteract Japanese claims of benevolent intervention.

This was particularly true regarding road conditions and improvement. Thinkers such as Yu Kil-chun first outlined plans for reforming transportation infrastructure in the 1870s, arguing that broad thoroughfares were necessary for delivering nightsoil from urban centers to outlying farms. By the 1890s, city roads had taken on a different symbolic and practical valence. In Seoul, rampant home construction along the city's main avenues led to both overcrowding and the overflow of above-ground drainage conduits, which became choked by organic waste and litter. Because these channels ran parallel to the street, clogged drains spilled onto avenues during periods of intense rain. Although recent scholarship has highlighted the efficiency of Korea's pre-colonial drainage system, contemporary accounts railed against the unsightliness and offensive odors begat by increasing urbanization.[64] Writers remained especially attuned to Western perceptions of this problem. As early as 1884, Kim Ok-kyun commented that

> when foreigners visit our country, they remark without fail, 'Although the land is beautiful, Korea will not easily become rich and strong because it has a small population. Even more fearful is the fact that the streets are full of human and animal feces and urine.' How can we bear to hear such comments?...In this country, water spills over into government offices and the yards of civilian houses and ditches are clogged so that a putrid smell is a veritable torment and lamentably cannot be avoided even when the nose is covered, which is indeed a matter for scorn from foreigners.[65]

Kim wrote during a time when theories of a causal relationship between miasmatic smells and disease outbreaks remained prominent in both popular and epidemiological circles. Nevertheless, the assessment suggests that Kim, who published this commentary shortly after returning from an observational trip to Japan, only became aware of the capital's drainage problems and its apparent odiousness after hearing Westerners' deprecations against them.[66] Kim's olfactory awakening led him to recognize Korea's roads as an embarrassment.

Such sentiment persisted even following the enactment of road improvement ordinances under both the Kabo Reforms and the Taehan Empire. An editorial in the August 23, 1901 edition of the *Hwangsŏng Sinmun* itemized a list of problems that echoed Kim's complaints from nearly twenty years earlier. "First," it exclaimed, "feces and urine overflow onto the roads, delivering foul smells (*akch'wi*), which become the cause of disease." Other items included the

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[64] Matsumoto Takenori, *Shokuminchiki Chōsen no suiri kumiai jigyō* (Tokyo: Miraisha, 1991).

[65] Quoted in Shin Dong-won [Sin Dong-wŏn], "Hygiene, Medicine and Modernity in Korea, 1876-1910," *East Asian Science, Technology and Society* vol. 3 (2009): 10.

[66] Before the development of germ theory, "miasma theory"—the idea that vapors in the atmosphere caused disease—was widely accepted by a significant portion of the worldwide scientific community. See George Rosen, *A History of Public Health* (New York: MD Publications, 1958), 286-8. Rogaski's argument supports the idea that Kim would connect outbreaks of disease in Seoul through a new smell-induced consciousness. She argues that, although "both British and Chinese observers feared miasmas," the British became "obsessed with *smelling* them out" [emphasis in original]. Rogaski, *Hygienic Modernity*, 82.

clogging of waterways with refuse and the unauthorized selling of produce and fish along major thoroughfares, creating traffic congestion and clogging up roadside drains. Most embarrassingly, the newly-widened thoroughfare running in front of Kyŏngbokkung (Gyeongbokgung) was rarely cleaned or properly maintained.[67] Designed as a means of showcasing and connecting the city's royal palaces along a single main avenue running through northern Seoul, the road, according to the article, was frequently turned to mud due to high traffic or heavy rains. For these writers, the problem was neither the amount of funding allocated to road improvement nor an absence of regulations, but rather a rampant lethargy by government officers, who did not comprehend the importance of road cleanliness and functionality to commerce.[68]

It is thus not surprising that one of the more immediate concerns of the colonial government after 1910 involved improving these roads as well as propagandizing such improvements to foreign audiences. Although the main objective of colonial government transportation projects remained expediting routes between Japanese commercial hubs and colonial government offices, the remaking of Korea's urban roadways also allowed Japanese officials to make easy contrasts between the Chosŏn-Taehan periods and Japanese rule.[69] Terauchi Masatake (1852-1919), for example, drew stark distinctions between the Imperial Japanese Army's construction of transport routes throughout Korea during the Russo-Japanese War, and the Korean government's pre-colonial road management; he stated that the latter was characterized by "quite inadequate" funding allocations, "three-fourths of [which] went into the pockets of local magistrates."[70] This propaganda, written in English and designed for Western audiences, helped legitimize Japanese rule by highlighting such ostentatious examples of difference between the colonial period and Korea's immediate past.

As the case of road construction reveals, hygienic progress was frequently guided by sensory experience: cramped Korean avenues filled with vendors, noxious odors, and crowded homes signified the potential for disease; the "shocking" visual presence of leprosy patients on Japanese streets was associated with a lack of medical knowledge. Sight and smell became civilizational determinants, and broad, open streets became indicators of national progress. Yet despite the immediacy of "cleaning up" the roads and avenues in Korea and Japan in order to influence foreign audiences, proponents of hygiene reform in each country also emphasized that such projects should be self-determined. Indeed, any concession of public health reform to foreign powers became emblematic of Japan and Korea's inability to manage sickness within their borders. When the well-known advocate for Hansen's patients, Hannah Riddell (1855-1932) spoke before a Diet meeting in order to request funds for the establishment of a

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[67] *Hwangsŏng Sinmun* 23 August 1901.

[68] In his own assessment, Sin echoes such arguments, showing that the government provided significant, if somewhat inconsistent, funds for road improvement. One project designed to improve a north-south thoroughfare between Namdaemun and Chongno, for example, received approximately 10,000 won. Sin, *Hanguk kundae pogon ŭiryo sa*, 169.

[69] On the Government-General's plans for road improvement during the early years of the colonial period, see Henry, *Assimilating Seoul*, 31-2.

[70] Terauchi, "Reforms and Progress in Korea," 269. Contrary to Terauchi's assertion, it seems that road improvement programs did, in fact, receive substantial funding under the Taehan government. See fn. 66 above.

leprosy hospital in Kyushu, representatives including Ōkuma Shigenobu expressed embarrassment (*zanki* 慚愧) that the government had to be informed about the extent of the disease from a foreigner.[71] *The Independent* similarly lambasted the Korean government for failing to establish Korean-run hospitals and for allocating the responsibility of medical treatment to missionaries and the Japanese. "Each country in the world," an August 1896 editorial argued, "establishes hospitals to treat the sicknesses of the poor. Isn't it embarrassing that foreigners treat the poor in our own country?"[72] This was followed by an October 1899 article that stated "each foreign country has a medical school, and its graduates get together to discuss and debate the sources of various diseases."[73] The obvious implication was that Korea, too, must quickly erect medical schools and develop fraternal medical associations (*ŭihoe* 醫會) in order to bolster the image of the nation's scientific progress. These exhortations, which frequently began by juxtaposing current conditions in Korea with the perceived normative standards of "each country in the world" (*segyesange nara mada*) or "each foreign country" (*oeguke nara mada*), provided clear national objectives that would theoretically enable the nation accede to higher civilizational standards.

Korea and Japan at the Exhibition

Japan's goal of stamping out leprosy, the causes of which remained obscure at the turn of the twentieth century, or *The Independent*'s call for the erection of a nationwide system of biomedical hospitals were perhaps quixotic considering the financial investments that would be required. But for Korean and Japanese medical modernizers, this did not diminish the importance of constantly performing and displaying the efforts of these undertakings. My analysis has thus far focused on Japan and Korea's internal attempts to extirpate or hide any traces of sickness, stench, and stagnation. In this section, I explore how these acts of what I term "cleanliness" were displayed outside of the geographical bounds of the nation. Japan and Korea's attempts to convince the world of their advance to hygienic modernity was most conspicuous at the many international health exhibitions of the late nineteenth and early twentieth centuries. Here, nations engaged in the first instances of what the anthropologist Bella Dicks has characterized as the twentieth century's "global culture of self-promotion."[74] Exhibition visitors, which sometimes numbered in the millions, could sample, participate, and judge the progress of other nations against their own, allowing them to form personal interpretations of civilizational hierarchies based upon their opinions of what nation offered the "best" representation of its culture. The forums, then, could be taken as completely authentic microcosms of the Other even while participants and visitors were fully cognizant of the staged quality of the exposition itself.

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[71] Fujino, *Nihon fashizumu to iryō*, 11.

[72] *Tongnip Sinmun*, 21 August 1896.

[73] *Tongnip Sinmun*, 3 Oct 1899.

[74] Dicks refers to "world cups, expos, olympics"—what are arguably present day iterations of the late-nineteenth and early-twentieth century international expositions. Bella Dicks, *Culture on Display* (London: McGraw-Hill Education, 2004), 17.

In his influential critique of these world fairs, Timothy Mitchell labels this act of representation "the realism of the artificial."[75] Mitchell focuses on European constructions of North African and Middle Eastern images, bazaars, and cityscapes at these expositions, which he argues were designed to portray some sort of "pure" reality by manufacturing its replica. He discusses how Arab visitors to the fairs were bewildered by the act of having their culture represented to them in dioramas and reconstructions that claimed to be authentic but could be found nowhere in reality. Yet in the mind of the exposition visitor, this fakery also transformed into a type of truth so that the exhibition's image of the Orient became genuine. For Mitchell, the confidence displayed by European Orientalists in their depictions of their subjects was a statement of "Europe's great historical confidence": the exhibition organizer could stage (and the visitor could consume) a "true" depiction of the Orient as translated by the presenter's interpretation and the viewer's imaginary.

I attempt to build upon Mitchell's analysis but I also shift his perspective by examining these exhibitions as evidence of what might be called Japan and Korea's great historical insecurity. Early Japanese and Korean delegates to these exhibitions understood the power of the forums for discursively shaping international perceptions of their hygienic modernization. Because they allowed for a degree of self-representation, one that could not be guaranteed through foreign news reports or missionary accounts, the international health exhibition both enabled and inspired Korean and Japanese modernizers to contest popular perceptions of their stagnation or backwardness, or to reimagine such perceptions as something entirely different. At these forums, the past became malleable and the present "state of things" could be rewritten through grand displays of Japanese and Korean salubriousness.

Although not all of the exhibitions that I examine here made health their specific theme, ideas of hygiene and sanitation were always injected into the body of the world fairs: models of Japanese baths demonstrated the nation's rituals of personal cleanliness, and samples of green tea (Japan) or ginseng (Korea) were accompanied by descriptions of these products' health benefits.[76] Even when the specific exhibition themes did not concern health or hygiene, nearly all of the world exhibitions featured a designated health building or health annex where organizers offered glimpses of the latest medical advances developed by British, Italian, French, German, and American researchers. At the Japanese and Korean sections, cultural artifacts such as food, traditional medicines, and dress were packaged as symbols of a particular health tradition, one designed to impress upon the visitor the deep history of nationally-specific hygienic practices. The Japanese and Korean sections allowed for a sanitized presentation of daily life in each country, one that served as a contrast to Western characterizations of the dirtiness or primitiveness of Oriental health customs.

Yet at the same time, the Korean and Japanese displays at the exhibitions held an altogether different function as they demonstrated the degree to which each nation had assimilated Western hygienic practices and the ethos of the "West" itself. As I noted in this chapter's introduction, the phenomenon was evident even in the exhibition layout: the new science of museology allowed for the organization and arrangement of Japanese and Korean

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[75] Timothy Mitchell, *Colonizing Egypt: With a New Preface* (Berkeley: University of California Press, 1991), xiii.

[76] This was the case, for example, at the 1893 World's Columbian Exposition described below.

displays in a format that, by the early twentieth century, was entirely familiar to the exposition visitor.[77] Visitors to the Japanese pavilions or exhibits could peruse disease rates in easily accessible graphs, or gaze at dioramas of shop-lined avenues, one which closely resembled famed urban planner Georges-Eugène Haussmann's recent remodeling of Paris' streets. At the 1893 Columbian Exposition in Chicago, the Korean delegation held a private dinner for organizers where the Korean chefs eschewed traditional fare for *Pêches à la Condé* and *Timbale Venitienne* paired with Oloroso sherry.[78] All of this was designed to demonstrate how the "Far East" had fully learned the practices and arts of the West. The objective was not wholesale imitation but rather to demonstrate how such cultural signifiers as food and dress were made slightly different through the process of assimilation. The exhibits, in other words, were to create an affective state that was altogether familiar, but still of the exotic or the foreign. This idea was best summed up by a member of the Japanese delegation to the 1911 Dresden International Hygiene Exhibition, who stated with pride that foreign visitors to the Japanese exhibits commented that the display showed the "Japanification (*nihonka* 日本化) of Western culture."[79]

As Mitchell describes, the world exhibitions allowed for the ordering of British colonies by "enframing" them through structured visual representations. Yet for (pre-colonial) Korea and Japan, the spectacle of the health exhibitions also offered an opportunity to challenge and reinvent the more complicated realities of the homeland through the abject construction of truth. The problems of concealing stigmatizing diseases or the frustrations of maintaining clean streets were absent from the world health forums. Instead, exhibition organizers could build a sanitized version of an idealized reality. Precisely because this remained an abstract—but not completely unrealistic—representation of actual conditions, it held the powerful political potential to convince the world of Japan and Korea's hygienic progress. The exhibition allowed non-Western, non-colonial states to present their nation's hygienic conditions not as they were, but as they were supposed to be.

Japanese and Korean medical modernizers fully understood the significance of these exhibitions for shaping civilizational hierarchies, especially because many had themselves attended and observed firsthand how the forums affirmed notions of progress or stagnation. After visiting the 1893 Columbian Exposition, Yun Ch'i-ho (discussed briefly in Chapter Two) inveighed against the portrayal of Korea by the Korean organizers. Writing in his diary, Yun complained that the Korean displays and the delegation only exacerbated foreign perceptions of the nation's backwardness—he became "shocked and disgusted" with the group, who he thought exhibited "supreme stupidity and beastly sensuality."[80] That Yun employed the same tropes as

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[77] By the turn of the century, the Japanese Home Ministry, the Hygiene Bureau, and the Japanese Red Cross all employed museologists such as Tanahashi Gentarō (1869-1961) to help design the exhibits. See Aramata, *Eisei hakurankai wo motomete*, 44. As detailed below, Korean organizers' lack of experience at such conferences would impact assessments of their 1893 display in Chicago.

[78] Oppenheim, *An Asian Frontier*, 116. Oppenheim reproduces the entire menu, which includes wine pairings and coffee (not tea) with dessert.

[79] Quoted in Naimushō eiseikyoku, *Doresuden kaisai bankoku eisei hakurankai kiji gaiyō* (Tokyo: Naimushō), 420.

[80] *Yun Ch'i-ho ilgi* vol. 3., 146-7.

Western ethnographic observers in order to describe the appearance of his fellow countrymen bespeaks not only his frustration at the organizers' apparent indifference, but also the extent to which he internalized characterizations of Koreans as ignorant and uncivilized. Throughout his journal, Yun expressed a type of self-loathing about the abysmal state of hygienic conditions in Korea, writing that "no people are as dirty as Koreans." By the time he attended the Columbian Exposition, he seems to have accepted Korea's civilizational place "below" not only the West, but also Japan and China.[81] For Yun, Korea's opportunity for self-representation at the Columbian Exposition only served to deepen the nation's (and, partly, his own) sense of inferiority.

In a similar vein, Natsume Sōseki also criticized Japan's comparatively feeble representation at the 1900 Exposition Universelle in Paris. After viewing a display organized by the Japanese Red Cross, Sōseki wrote that it offered "nothing really worth seeing," and that if any Japanese happened to visit the Japanese section, the overall scene would "cause sweat to run down their back with embarrassment."[82] Gotō Shimpei, always attuned to the performative aspects of national strength, also upbraided the Japanese government for underestimating the importance of Japanese representation at these international conferences. After participating in an 1893 global health meeting held Berlin, Gotō—then a newly-arrived exchange student—sent an audacious letter to Japan's ambassador to Germany, the older Saionji Kinmochi (1849-1940).[83] Gotō politely excoriated the ambassador and the government for the lack of Japanese participation. He argued that the forums offered opportunities for the transnational exchange of scientific knowledge and, even more significantly, they could serve as mediums for Japan to increase its (inter)national prestige. "Our nation is no different than the civilized states," Gotō wrote to Saionji, "but if we don't dispatch students [to international conferences], how can we offer any proof of this?"[84]

Despite these criticisms, Japan and Korea's first forays into the world forums were not without ambition. In January 1884, the Japanese government received a belated invitation to participate in the London International Health Exhibition, which took place between May and October of the same year. The request to attend was an honor, though the fact that Japan received an invitation only four months before the exhibition's opening, much later than other participants, seemed to symbolize the perceived temporal "delay" between the Western hosts and the Japanese invitees. Nevertheless, the Japanese government enthusiastically agreed to participate (could it really have refused?), viewing the exhibition as chance to both further its

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[81] See Em, *The Great Enterprise*, 62-4.

[82] Quoted in Aramata, *Eisei hakurankai wo motomete*, 42.

[83] To be clear, this was not an exhibition (*hakurankai* 博覧会), but rather a medical conference (*igakkai* 医学会) closed to the general public, but also attended by hundreds of medical experts.

[84] The letter is reproduced in Tsurumi, *Gotō Shimpei*, vol. 1, 635-8.

position in the unequal treaty negotiations and to appeal for British support against China and Russia for Japanese advances in Korea.[85]

The Hygiene Bureau, which headed the design and organization of the Japanese section, scrambled to piece together a display that would help foreigners "conceive something of the daily life of the Japanese."[86] The overall effort was impressive: the government immediately allocated 25,000 yen for the event, a staggering sum considering the prevailing atmosphere of government retrenchment in the early 1880s.[87] The Bureau also amassed over one thousand items for display, even hiring two chefs "whose business it will be to bring before the English public the real methods of Japanese cookery."[88] The many dioramas consisted of cloth samples, school desks, "ambulance equipments," naval uniforms, bedding, lanterns, and a model toilet, all designed to stage the reality of Japan in the space of England.

What was undoubtedly a feat of bureaucratic coordination met with disaster, however, when most of the Japanese goods burned en-route to London in a Hong Kong warehouse fire. The delegation, already behind schedule, was forced to return to Tokyo in order to regather materials. Arriving to the forum even later than already expected, the Japanese organizers discovered that much of the space reserved for Japanese displays had been given away, making it so that the Japanese goods had to be scattered around the exposition grounds, undermining the visual cohesion of "Japan" as a uniform cultural entity.[89] Perhaps because of this disunity, the Japanese exhibits, which also included a model tea house and elaborate clothing ensembles donated by the Tokugawa family, seems to have barely registered in the foreign press.[90]

But all was not lost. The London forum, and several other International Health Exhibitions held in the 1880s and 1890s, also functioned as pedagogical spaces whereby Japanese delegations learned the science of cleanliness, or the art of arranging and presenting the nation's hygienic modernity. Reporting back to the Japan Sanitary Society after the 1893 Columbian Exposition, the architect Kuru Masamichi (1855-1914) stated that forums on the scale of the Chicago exhibition allowed hosts to communicate their prestige and power even

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[85] According to Hirata Yuji, the Japanese government sought support for its position in Korea following the 1882 Imo soldiers rebellion and the ascendency of Chinese influence in the peninsula. The government also sought to use the exposition as an informal means for ascertaining who might replace Henry Parkes as British General Consul in Japan. See Hirata Yuji, "1884 rondon bankoku eisei hakurankai ni okeru Nihon no kyōiku no shōkai" *Tsukuba daigaku kyōiku gakkei* vol. 27 (March 2003): 66.

[86] International Health Exhibition, "Japan. A Descriptive Catalogue of the Exhibits sent by the Sanitary Bureau of the Japanese Home Department" in *Health Exhibition Literature*, vol. 17 (London: William Clowes and Sons, 1884), 539.

[87] Aramata speculates that the substantial outlays were a reaction to Japan's tiny and widely panned display at an international fishing exposition (*bankoku gyogyō hakurankai* 万国漁業博覧会), which was also held in London the previous year. Aramata, *Eisei hakurankai wo motomete*, 88.

[88] "Japan. A Descriptive Catalogue," 540.

[89] Ibid., 539.

[90] A rare mention appears in the *The North - China Herald and Supreme Court & Consular Gazette* from 27 January 1886, which compliments the Japanese display for staging "a Japanese village, with the barber and the pedler [sic] and all other villagers represented by real live Japanese."

outside the bounds of the forum itself. Required, however, were hotels, expansive public spaces, transportation networks, and money. In discussing what he thought to be the "rules and regulations" for hosting a world exhibition, Kuru implied that the events offered an opportunity not only to showcase the power and industry of nations inside the hallowed walls of the forum, but that the spectacle also extended beyond its gates to the city and society writ large. It is no coincidence that Kuru's speech took place during a time of an exponential increase in Japan's own opening of domestic exhibitions, almost all of which were managed by the Hygiene Bureau.[91] Smaller in scale than the world forums, but still attended by tens of thousands of Japanese visitors, these exhibitions, which might be read as practice sessions for the international fairs, involved city beautification drives, the laying of sewer pipes, the tearing down of old buildings, and the opening of new businesses.[92] The idea, then, was to remake the actual world outside so as to mirror that of the assembled world on the inside—the internal and imagined space of the exposition was to become a new external reality.

Koreans did not participate in the 1884 London Health Exposition, but the early exhibitions of the nineteenth century also made an outsized impact on hygienic consciousness and its relationship to civilizational standing in Korea. Indeed, as I explore in Chapter Two, one of the first avenues by which the term "hygiene/wisaeng" was introduced to the peninsula was through an 1884 *Hansŏng sunbo* article describing a health conference held in Italy earlier that year.[93] In addition to outlining the basic tenets of hygiene and the relationship between state regulation and public health, the newspaper account also characterized hygiene as a dynamic movement, one that required frequent international collaboration so that authorities might stay up to date on developments in medicine and science. The *Hansŏng sunbo* article appeared less than a year after Min Yong-ik, the queen's nephew who nearly died in the 1884 Kapsin coup attempt (see Chapter Two), made a report to the throne about the American Exhibition of Products, Arts, and Manufactures of Foreign Nations, which happened to take place in Boston during Min's observatory trip to the United States. Describing the exhibition to Kojong, Min highlighted the idea that international forums could help Korea affirm national sovereignty because they allowed for depictions of the nation as a culturally defined space; he even proposed Korea's own organization of an industrial forum that would take place in Seoul the following year. The proposition mirrored the growing number of domestic exhibitions held by Japan in the 1880s.

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[91] See, for example, Nagayo Sensai, "Hakurankai no junbi" *DNSEZ* no. 132 (July 1894): 800. This article discusses preparations for the 1895 domestic exposition (Naikoku hakurankai 内国博覧会). Once again, the extent of the Hygiene Bureau's involvement in these expositions seems surprising considering that health or sanitation did not constitute the main exposition theme.

[92] In effect, the expositions turned cities into canvasses for city planners, who were given a blank check for remaking urban landscapes because all expenses could be justified in the name of the exposition, much like the hosting of the Olympics today. For example, in preparation for the fourth Exhibition for the Encouragement of Industry (Naikoku kangyō hakurankai 内国勧業博覧会) in Kyoto, which also coincided with a planned festival celebrating the eleven hundred-year anniversary of the moving of the capital to Heian, Nagayo lambasted municipal authorities for their lack of preparation. This led to rampant "clean up" efforts that involved the displacement of historically marginalized outcaste (*buraku*) groups. See Chapter One and Kobayashi, *Kindai Nihon to kōshū eisei*, 122-4.

[93] *Hansŏng sunbo*, 5 May 1884.

But Min's intent was somewhat different as he viewed the proposed forum as an opportunity to inspire Korean interest in Western technology and commercial goods by inviting foreign countries to organize their own displays in the Korean capital.[94] The plans were put on hold when Min nearly lost his life in the 1884 coup attempt. His report, however, seems to have piqued the interest of Kojong, who perceived the expositions as a discursive avenue for forwarding the project of Korean sovereignty.[95]

The 1893 Columbian Exposition thus offered the first opportunity to paint an image of the imagined community that might deepen external recognition of Korea's cultural and national legitimacy. When drawing up the plans for Chicago, Kojong requested that Horace Allen accompany the Korean delegation, which also consisted of four organizers, an interpreter, and a contingent of musical performers. That Allen would return to the Midwest (he was born in Ohio) as a consultant to the Korean delegation was nothing short of remarkable. The doctor-turned-diplomat won Kojong's favor, and thus his membership in the legation, due to his treatment of the incapacitated Min Yong-ik, who might have himself served as the delegation's leader had he not been quite literally stabbed in the back by the Enlightenment faction.[96] In other words, the path leading up to Allen's co-organization of the Korean exhibit in Chicago was rife with contingency: the failed putsch, Min's near-death, and Allen's resuscitation of the prince all had to occur in order for Allen to make his triumphant homecoming.

Although Allen's time in Chicago helped increase his profile as the United States' chief diplomat in Korea, the Korean display at the Columbian Exposition arguably only amplified the very image of Korea that its organizers sought to undercut.[97] At roughly 900 square feet, the exhibit was dwarfed by the Japanese pavilion, which commanded a gargantuan 39,542 square feet, roughly 43 times bigger. The Korean legation displayed a number of courtly items, including the national flag (Taegukgi), a palanquin (*kama*), different ceramic wares, and a pre-

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[94] A *New York Times* editorial hailed Min's request to the US government to send "machinery, agricultural implements, and other articles likely to attract attention among a population just emerging from a primitive state." *New York Times*, 23 October 1883.

[95] Kim Yŏng-na, *20th Century Korean Art* (London: Laurence King, 2005), 46.

[96] This offers another historical irony as the Enlightenment faction's chief concern was Korea's rapid industrialization and its "opening up" to the West.

[97] Allen was named head of the American legation and chief consul by 1897, cementing his role as the United States' highest ranking representative in the peninsula.

Chosŏn era cannon.[98] Aside from the flag, the contents inside the exposition seemed to affirm preconceptions of Korea's exoticism and its place "outside" of history. In his extensive catalogue of the fair, the famed historian and ethnologist Hubert Howe Bancroft (1832-1918) characterized the Korean section as "toy-like," and he somewhat satirically related how Koreans believed that Japanese had stolen the "secrets" of Korean pottery.[99] While the exhibit drew much attention and made, as one account put it, the Korean representatives "the most observed of all the observers," this was mostly due to the legation's "peculiar style of apparel," and their "broad-rimmed, horse hair hats," which the men "never took off…even when indoors."[100] The delegation's appearance, which also prompted Yun Ch'i-ho's "disgust" described above, was viewed by commentators as elaborate, traditional costuming that was not altogether different from the artifacts on display. In terms of medicine, Bancroft remarked that Koreans took pride in the growth and production of ginseng, which was "said to be worth almost its weight in gold" in China as a curative "for disorders arising from the use of polluted water."[101] A later description in *Scientific American* used the Korean display in order to make broad statements about Korea in its entirety, extrapolating that the "King of Joseon is the same as the feudal lord of China, and also an absolute monarch in the country. He would rather die than have surgery because of superstition."[102] Hence, although the overall goal of using cultural artifacts such as cloth, cutlery, and a canon was to stage Korea's cultural distinctiveness from the Sino-centric sphere, the display seems to have backfired as outsiders persisted in conflating Korea with China.

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[98] It is not clear who selected the goods for display but, as Kim Yŏng-na states, the artifacts seemed out of step with the overall ethos of the so-called White City: "Considering that expositions were places where new products were shown, it is unclear why Korean officials sent an old cannon." Kim, *20th Century Korean Art*, 49. As Robert Oppenheim shows, Allen was becoming an avid collector of Korean folk items around this time, and his sharpening artistic sensibilities might have led him to play a significant role in amassing the items for the Korean pavilion. Yet to give Allen all the credit (blame?) for the display's layout and construction would also be to deny the agency of the Korean delegation, whose leader, Chŏng Kyŏng-wŏn, was himself a high-ranking statesman. See Oppenheim, *An Asian Frontier*, 41-5.

On a related note, although a surviving photo of the Korean pavilion clearly shows the Korean flag hanging under its roof, it is not clear if the flag had been hung for the duration of the exposition. In September, Yun Ch'i-ho wrote in his diary that he "felt humiliated not to find a Corean flag in any of the buildings from whose roofs fly the colors of almost every nation." The quote suggests that the flag was omitted from other international displays, but perhaps not the Korean pavilion itself. *Yun Ch'i-ho ilgi* vol. 3., 168-80, quoted in Em, *The Great Enterprise*, 61.

[99] Hubert Howe Bancroft, *The Book of the Fair: An Historical and Descriptive Presentation of the World's Science, Art, and Industry, as Viewed through the Columbian Exposition at Chicago in 1893* (New York: Bounty Books), 222. Bancroft stated that the Korean organizers further alleged that Japanese had abducted Korean potters. Although few Japanese would likely have agreed with such claims, it is interesting to note how the folk crafts and ceramics that the Korean organizers displayed at the Columbian Exposition would be (re)discovered during the colonial period as part of the folk art (*mingei* 民芸) movement. On the connections between Korea and this renaissance in Japanese folk crafts, see Kim Brandt, *Kingdom of Beauty: Mingei and the Politics of Folk Art in Imperial Japan* A Study of the Weatherhead East Asian Institute, Columbia University (Durham: Duke University Press, 2007).

[100] Utah World's Fair Commission, *Utah at the World's Columbian Exposition* (Salt Lake: Salt Lake Lithography, 1894), 153.

[101] Bancroft, *The Book of the Fair*, 219.

[102] Quoted in Kim, *20th Century Korean Art*, 49.

In response to this stubborn essentialization, the delegation's principal organizer, Chŏng Kyŏng-wŏn allowed (or maybe even self-composed) a sign above the Korean pavilion that read in part:

> Korea is not part of China, but is independent. The Koreans do not speak the Chinese language and their language resembles neither the Chinese nor the Japanese. Koreans made a treaty with America in 1882…Korea has electrical lights, steamships, telegraphs, but no railroads. Koreans live in comfortable tile-roofed houses, heated by flues under the floor. Korean civilizations is ancient and high…Climate like that of Chicago.[103]

In its simplicity, the sign accomplishes what the importation of 68 crates of Korean cultural goods seemingly could not: the de-exotification of Korea by through points of material and environmental equivalence with the West, and a blunt assertion of Korean sovereignty: "Korea is not part of China." The sign communicates that, like any modern state, Korea engages in treaties, possesses steamships, and even has weather similar to that of the host city. Judging from the sign, the visitor to the Chicago exposition need not peruse the Korea exhibition's goods in order to better understand the country—the visitor did not need to even attend the Korean pavilion in order to see its similarities with the West. Instead, one just needed to go outside.

Conclusion: Japan's "arrival" and the 1911 Dresden International Hygiene Exhibition

Despite Korea's efforts to assert its cultural sovereignty at the Columbian Exposition, the declaration of Korea as a Japanese protectorate in 1907 effectively ensured that international representations of Korea would pass through sieve of Japan.[104] Indeed, one of the more effective means of demonstrating Japan's achievement of a state of hygienic modernity was to show how it had packaged and exported the technologies and practices of public health outside of the archipelago, whether to Taiwan or Korea. Although the synchronic construction of Japan's nation-empire proceeded within the geographic space of Japan, Taiwan, and Korea, international health expositions became an opportunity to draw temporal contrasts between the homeland and periphery, underscoring the necessity of Japanese rule.

Such efforts were on display even before 1907 at the many hygiene and industrial exhibitions put on by the Japanese government and held inside Japan. Prior to the turn of the century, the intended audience for these events was the growing field of medically-educated academics, doctors, and bureaucrats enlisted to assist in the dissemination and instruction of

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[103] Quoted in Em, *The Great Enterprise*, 53. As Em notes, it is unclear who composed the sign. There is a possibility that Horace Allen might have written it as well.

[104] Korea also organized a display at the 1900 Paris Exposition Universelle. As Kim shows, the Korean collection at this event was grander and more elaborate than the display in Chicago. It featured, for example, a larger stand-alone Korean pavilion that held a detailed portrait of Kojong (now emperor) and a number of craft items such as cabinets and wardrobes. The French press also carried a greater number of descriptions commenting on the ornateness and beauty of the Korean pavilion. Yet such compliments also betrayed a persistent view of Korea's temporal lag. One writer stated that Korea was more "advanced" than France. The acclaim, however, only referred to Korea's topography, not to industry, hygiene, or politics. The Korean pavilion was located between the Japanese and Chinese displays, perhaps in an attempt at geographical accuracy. Unfortunately, this seems to only have furthered the idea that Korea was largely indistinguishable from China or Japan. See Kim, *20th Century Korean Art*, 54-5.

"hygienic self-governance" at the prefectural and local levels. At one of the first such expositions, held at Tokyo's Tsukiji Hoganji in 1887, dioramas offered statistical indexes measuring the nutritional value of Japanese foods, illustrations of sewage systems in foreign cities, automated disinfectant machines (*jidō shōdoku ki* 自動消毒器), and lessons on how to lace Western-styled shoes.[105] By the end of the Meiji period, however, these events targeted a broader and more popular viewership and they possessed a different type of pedagogical function. In what was likely a novel experience for most visitors, hygiene exhibitions in the 1910s and 1920s offered anatomical models of muscles and skeletons, illustrations of cholera-stricken intestines, and female genitalia infected with sexually transmitted infections.[106] The displays held a dual purpose that, on the one hand, cautioned viewers against the ramifications of unclean and immoral acts through these unnerving examples, while imbuing hygiene and health with the objectivity of scientific rationality: guests were supposed to be titillated and scared straight, yet also simultaneously recognize these new displays of diseased bodies as 'normal' within the context of a standardized, empirical field of anatomical study. And the show could travel. Beginning with the Tsukiji expo, a tour of "hygienic specimens" (*eisei sankōhin* 衛生参考品) made its way to Miyagi, Nagoya, Kyoto, and Yokohama in successive years, anticipating the many didactic hygiene lectures that would take place in the colonies.[107]

Honed through these domestic health exhibitions, the practiced choreography of mobilizing and arranging health dioramas led the Hygiene Bureau to coordinate ever more ambitious spectacles on the international stage. After 1900, Japan's displays at global conferences combined the mundane arrangement of disease rates and health statistics with colorful goods, paintings, and artifacts that ranged from the ancient to the ultra-modern, and the practical to the curious. At the aforementioned 1911 International Hygiene Exhibition held in Dresden, guests to the massive Japanese pavilion took in large illustrations of Japanese landmarks (Mount Fuji, Hakone, Miyajima), picturesque renditions of *onsen* and their surrounding environs (Dōgo, Shimabara, Ikaho), and samples of Japanese foods (miso, mochi, *natto*). Significantly, viewers could also see Japanese-produced "Western" goods including penholders, jackets, pipes, ashtrays, shoes, chairs, and sleeping beds raised off the floor.[108] All of this was contained inside a model Japanese home, one that reflected the lifestyle of "clean living" examined in the previous chapter. According to the official report from the Home Ministry, the exhibit was designed to resemble "the normal home of a middle class [Japanese] gentleman" (*chūryū shinshi* 中流紳士), though it was difficult to see how this imaginary figure might afford all that was on display: the model house featured an expansive kitchen, tea room,

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[105] Ono Yoshirō, *'Seiketsu no kindai': eisei shōka kara kōkin guzzu he* (Tokyo: Kōdansha, 1997), 85, 138.

[106] Ibid., 138.

[107] On the roadside hygiene lectures that took place in the early colonial period, see Henry, *Assimilating Seoul*, 143-6. For details on the traveling displays inside of Japan, see Onuki Ryōko, "Eisei tenrankai ni kansuru ikkōsatsu," *Hakubutsukangaku kiyō* no. 34 (2009): 58.

[108] The list goes on: garbage cans, vases, canned fish, dried chrysanthemum, preserved insects, snakes, toothbrushes.

storage area, guest room (*yobishitsu* 予備室), library, and powder room.[109] A separate section of the pavilion displayed the newest findings from Kitasato Shibasaburō's Hygiene Laboratory as well as the Hygiene Bureau's latest surveys on disease: pages and pages of statistical tables on smallpox, cholera, typhus, dysentery. At the Japanese pavilion, the curious local visitor from Dresden could sit atop a tatami mat, while the professional health bureaucrat or urban planner from Paris could see a complete mapping of the new Tokyo sewage system. In contrast to the 1884 London Health Exhibition, where Japan's participation was an afterthought and the Japanese delegation arrived embarrassingly late, the Dresden forum listed Japan as an early sponsor and a main organizer.[110]

The Hygiene Bureau, then under the direction of Kubota Seitarō (1865-1946), who came up in the Home Ministry working under Gotō Shimpei, also used a portion of the government's huge 20,000 yen allotment for the Dresden exposition in order to display a number of Taiwanese goods inside the Japanese pavilion, separate from the "Japanese" displays. Undoubtedly, some of these items were holdovers from the year before, when Japan and England co-hosted the Japan-British Exposition, which welcomed over six million visitors and marked the first time that Japan coordinated a bi-lateral exposition outside the physical boundaries of the archipelago.[111] This event, which also marked one of Japan's initial forays into colonial ethnology, allowed for the self-presentation of "Japan" as not only a nation, but now as an empire. At these and other colonial expositions of the early twentieth century, Japanese organizers increasingly offered tokens and other cultural kitsch from their growing colonial possessions.[112] Absent, however, was any trace of the colonized, who were now spoken for by the Japanese.

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[109] All enumerated in Eiseikyoku, *Doresuden kaisai bankoku eisei hakurankai kiji gaiyō.*

[110] Condemning the slow response by the United States to the event, a *New York Times* sub-headline stated that "every other important country represented at hygiene exhibition" except the United States, which had its funding held up by a delay in congressional budgetary approval. The editorial further noted, "The absence of the Stars and Stripes is conspicuous. Japan and even China have erected handsome pavilions." The implication was that if *even* China could organize its display, the United States should be able to accomplish the same. *New York Times*, 3 May 1911. A letter to the editor of the *Journal of the American Medical Association* commented that the Japanese government managed to fund the event and its pavilion despite the fact that the Diet was not sitting and could not formally allocate funds for the exposition. Instead, "somehow, somewhere, about the imperial treasury at Tokio there was found a way by which Japan managed to keep step at Dresden with the march of progress." *Journal of the American Medical Association* vol. 55 (October 1910): 1216.

[111] On this, see Ayako Hotta-Lister, *The Japan-British Exhibition of 1910: Gateway to the Island Empire of the East* (Richmond, Surrey: Japan Library, 1999).

[112] On Japan's colonial exhibitions held during the 1920s and 1930s, see Hong Kal, "Modeling the West, Returning to Asia: Shifting Politics of Representation in Japanese Colonial Expositions in Korea," *Comparative Studies in Society and History* vol. 47, no. 3 (July 2005): 507-531.

Chapter Five
Hygienic Modernization and Hygienic Imperialism in Precolonial Korea, 1895-1910

The public health system that took shape in colonial Korea had its origins in two competing yet strikingly similar projects of modernization. Although developed in fits and starts, and enacted with varying degrees of success, both the Japanese and Korean public health programs used hygiene as a means of unification and legitimization. Previous chapters have shown how ideas of hygiene (*eisei/wisaeng*) were first conceptualized in Korea and Japan, and how early disease prevention campaigns exposed deep divisions between those conceptualizations and their translation into health policy. The tenuous and frequently abortive experiences of both performing and enacting hygiene in the last years of the nineteenth century undergirded the acceleration of these programs in the first years of the twentieth. For Japan, civil administration in the new empire drew much from the ongoing domestic project of nation building within Japan itself. Forged in the mind of Gotō Shimpei (1857-1929), strategies of imperial pacification ultimately began with the internal pacification of the Japanese people (see Chapter One).

At the same time, the overwhelming speed with which Japan implemented its hygiene program in Korea after the Russo-Japanese War owed much to the Korean government's existing public health initiatives—vaccination drives, hospitals, clinical networks, anti-disease measures—that it had endeavored to implement since the 1870s. Despite political influx engendered by foreign meddling and internecine squabbling, the creation of a centralized and nationwide public health system remained a consistent goal of the Korean government throughout the late nineteenth century. Even as Japan derided or disregarded these efforts, it also worked to commandeer them.

Although always justified in the same mid-Meiji language of "reform" or "improvement" (*kairyō* 改良), the process by which Japan took over public health in Korea was significantly more militaristic and coercive than the hygiene programs of post-Restoration Japan. Deeming Koreans to be at a lower level of civilizational development (*mindo* 民度), Japan usurped positions in the Korean health bureaucracy by unidirectionally replacing Korean health officials with its own. Often schooled in European theories of hygiene and civilizational development, these officials sought to create an expansive health network that would showcase not only their nation's ability to assimilate supposedly global norms of health and cleanliness, but the ability to dictate those norms to others as well.

Gotō Shimpei and the Beginnings of Japanese Institutional Imperialism

Perhaps no one demonstrated the duality between the mundaneness of officialdom and the adventurism afforded by Japan's new empire more than Gotō Shimpei, the foremost imaginer of colonial medicine as a means of imperial pacification. Gotō left an outsized influence on public health, both within the metropole and throughout the empire. He wore, quite literally, many outfits throughout his storied career: a white lab coat as hygiene official; a wool uniform and scabbard as imperial official; Qing robes as director of the South Manchurian Railway; high-crowned campaigner hat as Chief Japanese Scout; suit, cigar and spectacles as Tokyo mayor. Similar to the scholarship on other sartorially-minded contemporaries like T.E. Lawrence and Rudyard Kipling, scholarly characterizations of baron Gotō range from that of political genius to a "peripheral pimp" who abetted Japan's pillaging of Taiwan and Manchuria.[1] Never one to compromise the grandiose for the practical, Gotō's visions for East Asia's modernity anticipated the Co-Prosperity Sphere; his thought arguably served as the foundation for civil policy in the empire until the mid-1940s.[2]

Most anglophone historiography on Gotō begins with his tenure in Taiwan or with his position as director of the South Manchuria Railway Company, after his stellar rise through the Japanese bureaucracy. Such depictions unfortunately overlook his formative experience as a hygiene official in rural Japan when his theories on colonial governance began to take shape. Tracing the formulation of Gotō's thought from his time as a young doctor in the Hygiene Bureau demonstrates, first, how he elaborated upon the Meiji conceptualization of "hygienic self-governance" to construct an extensive theory of "state hygiene" (*kokka eisei* 国家衛生), one that used biological principles to trace the genesis of ethnic groups and the origins of nations. Such thought informed his view of civilizational and racial hierarchies which, in turn, determined his far-reaching colonial policy.

Gotō's early career path also offers a synecdoche for the overall history of Japanese imperial public health. His domestic projects, especially his meticulous ethnographic documentation of local economic life in rural Japan, informed similar methodologies in the empire. He was one of the first to travel on the familiar production line that manufactured so many public health officials: training in Germany, tutelage under a powerful benefactor, dispatch to the empire, and a return to a prestigious position in the metropole. Such experiences led to his

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[1] Contrast, for example, the panegyrics in Fujiwara Shoten henshūbu, *Jidai ga motomeru Gotō Shimpei: jichi, kōkyō, sekai ninshiki* (Tokyo: Fujiwara Shoten, 2014) with Mark Driscoll's characterization in *Absolute Erotic, Absolute Grotesque: The Living, the Dead and the Undead in Japan's Imperialism, 1895-1945* (Durham: Duke University Press, 2010), esp. 58-61.

[2] Gotō's thoughts on colonial rule, especially his theses on understanding and co-opting local tradition (discussed below) influenced a host of later theorists and policy makers. Consider, for example, the well-known theorist Tōgō Minoru (1881-1959). Tōgō acknowledged the lasting impact of Gotō's biological principles on colonial governance in Taiwan, Manchuria and beyond, and his legacy is easily observable in Tōgō's later emphasis on cultural nationalism. See Tōgō's comments on his mentor, Gotō, in Tsurumi Yūsuke, *Gotō Shimpei den*, vol. 3, 2nd ed., (Tokyo: Keisō Shobō, 1967 (2004)), 41-2, hereafter *GSD*. For an analysis of Tōgō's thought, see Michael A. Schneider, "The Limits of Cultural Rule: Internationalism and Identity in Japanese Responses to Korean Rice" in Shin and Robinson, eds., *Colonial Modernity in Korea*, 121-5.

formulation of *bunsōteki bubi* 文装的武備 or "military preparedness wrapped in culture."[3] One of the most significant contributions to colonial health policy, this stratagem guided Japanese involvement in Korea after the Russo-Japanese War, ultimately undergirding annexation.

Though born in Mutsu domain (present-day Iwate prefecture), the ambitious Gotō was not long for the provinces. Even when he returned to the Tōhoku region years later, his writings betrayed no wistfulness for rural Japan. Rather, Gotō sought the companionship of great men, likely believing that he belonged in their company, or that they deserved his. In a testament to the Meiji ethos of "self-help," the talented Gotō graduated from, and then headed Aichi prefectural hospital and medical school all at the age of twenty four. While there, Gotō worked with Albrecht von Roretz (1846-1884), a doctor attached to the Austrian legation. Roretz introduced Gotō to the specific role of hygiene police in Europe, and Gotō recruited the Austrian into his informal prefectural organization, the Aishūsha (愛衆社), a forum devoted to the application of biology to social theory. This organization would serve as a model for the Sanitary Society of Japan (Dai Nippon Shiritsu Eiseikai 大日本私立衛生会), Japan's most influential health making body (see Chapter One).[4] After ascending to the Hygiene Bureau at the age of 27, Gotō was dispatched to the Tōhoku region as part of a nationwide project to map local conditions in order to better implement central health policy.

It was on his tour of northern Japan that Gotō executed the type of ethnographic hygiene investigation that he would later implement in Taiwan, Korea and throughout the South Manchurian Railway (SMR) leased territory. Drawing from Nagayo Sensai's notions of hygienic self-governance (*eisei jichi* 衛生自治, see Chapter One), Gotō minutely measured, chronicled, and sketched local life in Niigata in order to document the "physiographical relationship [between environment and people] and the development of folk hygiene practices."[5] During his journey, Gotō jotted down everything—from the thickness of futons to the width of fishing nets—in order to build a complete picture of rural life.[6] As head of the Meiji Hygiene Bureau, Nagayo hoped that this data would mitigate the "misunderstandings" that erupted during the anti-cholera campaigns of the 1870s when towns and villages rebelled against the state's intrusive health policy, and he instructed Gotō to make recommendations on how to counteract local distortions in centrally-dictated health laws through a more detailed understanding of rural life.

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[3] In his marxist and revisionist account of Japanese imperialism, Mark Driscoll translates this difficult term as "business as continuation of war by other means" in order to emphasize the corporate capitalism that was bound with Japanese territorial expansion. I find Driscoll's interpretation suitable, but I have chosen a more literal translation to underscore Gotō's ideas of institutional imperialism that involved setting down structural apparatuses that would mold populations into colonials. Driscoll, *Absolute Erotic, Absolute Grotesque*, 34-5.

[4] Gotō, always blessed with an abundance of self-confidence, frequently cited his establishment of the Aishūsha as evidence of his outstanding contributions to the Meiji health regime. While in Aichi, he wrote to his father that "the association I started will exist forever, bringing [me] immortal fame (*meisei fumetsu* 名声不滅) and happiness." Quoted in Tsurumi, *GSD*, vol. 1, 2nd ed., 366. Yet not everyone appreciated Gotō's constant chest thumping. In his later years, this same confidence earned Gotō his popular nickname as a braggart (*ōburoshiki* 大風呂敷).

[5] Gotō Shimpei, *Eisei seidoron* (Tokyo: Chūaisha,1890), 27.

[6] For more on Gotō's hygiene patrol (*eisei junshi* 衛生巡視) in Niigata, see *GSD*, vol. 1, 444.

Gotō, however, flipped Nagayo's intent, creating an entirely different method of public health praxis. While Nagayo sought a greater understanding of local conditions in order to better institute central health directives, engender fealty to the nation, and increase responsiveness to the needs of the state, Gotō conceived of "folk hygiene practices" as useful cultural phenomena to be incorporated, co-opted and mobilized rather than gradually dissolved. Whereas Nagayo, in an effort to consolidate the provinces under central authority, endeavored to minimize regional differentiations, Gotō celebrated them. To be sure, Gotō always preferred Tokyo to the *chihō*—his elaborate investigations of local customs were made solely for the benefit of the center. Nevertheless, Gotō's health ethnographies of northern Japan and his emphasis on the mapping of rural life reformulated Nagayo's initial ideas of "hygienic self-governance" so that public health became less about expunging particularism and more about its adoption and amalgamation into the state.

These ideas were best articulated in Gotō's most best-known work, *Principles of National Hygiene* (*Kokka Eisei Genri*, 1890). Steeped in nineteenth-century political theory, this treatise placed hygiene within a broad framework of human development, effectively equating *eisei* with evolutionary principle. Drawing from, and frequently collapsing the distinctions between, the writings of Herbert Spencer, John Stuart Mill and Jeremy Bentham,[7] Gotō argued that all living things struggled in pursuit of one evolutionary goal, which he termed "physiological satisfaction" (*seiriteki enman* 生理的円満). This was an organism's achievement of "spiritual and sensory well being, physical dexterity, the maintenance and healthiness of reproductive functions (*seishoku kyūyō no kinō* 生殖給養ノ機能), and the [ability to] moderate external threats."[8] All organisms were driven by an innate biological desire (*seiriteki kinō* 生理的機能, German: *Physiologische Trieb*) to seek their own unique objective of physiological satisfaction. The pursuit of this goal, however, inevitably pitted organisms against each other for resources and territory, touching off a Darwinian struggle. Gotō called this overall process the "law of hygiene" (*eiseihō* 衛生法): the biological principle whereby all living things competed for existence (*seizon kyōsō* 生存競争) in order to realize their own "physiological fulfillment."

With only slight exception, Gotō viewed the competition between states as merely a larger variant of this "natural" biological fight that took place between and among organisms like cells, animals and humans. Such thinking led Gotō to characterize states themselves as organic

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[7] Gotō disregarded the differences between Spencer's moral sense theory (*dōgi kanjōsetsu* 道義感情説), which supposed an innate understanding of right and wrong, and the utilitarianism forwarded by Bentham and Mill. This was because, he argued, humankind's ultimate goal remained "physiological satisfaction," and questions of morality played little role in the process. Gotō also deemphasized or ignored the question of whether individuals held moral obligations to one other. Rather, his focus remained the relationship between state and subject, not between individuals. Gotō Shimpei, *Kokka eisei genri* (Chōfu City, Tokyo: Sōzō Shuppan, 1978), 16.

[8] Gotō rendered "physiological fulfillment" from a German term, which he mis-romanized as "Physiologische Integlität." Gotō likely meant *Physiologische Integrität*, which might be translated as "physiological integrity" (as in "unimpaired" or "[physically] sound"). I see this as a shift away from Nagayo's understanding of *eisei jichi*, which was premised on self-regulation for the benefit of the state. Gotō's conceptualization focused much more on the group struggle for autonomous fulfillment which, as discussed below, Gotō believed helped create states in the first place. Gotō, *Kokka eisei genri*, 16.

beings that similarly clashed over resources and consumed weaker entities in pursuit of their ultimate objective of physiological fulfillment. Gotō thus conceived of state evolution as a process of violent struggle: he emphasized this point in *Principles of National Hygiene* by repurposing a famous phrase from Sun Tzu's classic *The Art of War* by substituting "hygiene" (*eisei*) for Sun Tzu's term for "war" (*hei,* Chinese: *bing* 兵, lit. "military affairs") stating that "hygiene" itself must be thought of as "a critical factor of the nation, a matter of life or death, a means of existence or destruction."[9]

Yet Gotō also clarified that, despite all beings' fixed and intrinsic desire for physiological satisfaction, the precise definition of that fulfillment depended upon an organism's specific evolutionary process and its own environmental conditions: "What is recognized as good in one society of organisms might be thought of as heinousness in another; what is recognized as righteous in one society of organisms might be thought of as wickedness in another."[10] Although Gotō argued that the law of hygiene applied to all living things, humans (*jinrui* 人類) also lacked the specific biological characteristics of some animals to actualize their physiological satisfaction independently (he cited sharp teeth and claws as an example). Such evolutionary shortcomings forced homo sapiens to bind into groups for mutual protection. Over large expanses of time, these groups merged their previous goals of physiological satisfaction into a uniform whole, one that was specific to the group's environmental conditions.[11] For Gotō, this process represented the origin of all societies (*shakai* 社会). Within these initial social groupings, a single entity invariably emerged over time to exercise ultimate authority. Once a leader or clique established dominance and others acceded to its will, the society became a state (*kokka* 国家).[12] This was the evolutionary outcome of what Gotō saw as the law of hygiene's overarching biological motive (*seiriteki dōki* 生理的動機)—the inherent compulsion of humans to evolve into social

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[9] Ibid. The use of Sun Tzu here is significant considering the fact that Gotō came to think of hygiene as a vehicle for waging war by non-military means, as I elaborate upon below.

[10] Quoted in *GSD*, vol. 1, 495. The original reads *dōbutsu shakai* 動物社会, which I've translated as "society of organisms" in order to communicate how Gotō himself frequently minimized the differences between animal and human societies. Gotō's law of hygiene presumed universal applicability to both humans and animals, and his language frequently slipped between the two.

[11] For Gotō, animals had, through the law of natural selection, developed "physiological supplements" (*seiriteki hojyū* 生理的補充). Humans did not follow a similar evolutionary path and therefore formed groups to compensate for the absence of this same physiological development. Gotō, *Kokka eisei genri*, 59.

[12] Gotō opined that there were two types of animal societies. The first took shape when a single animal came to dominate all others, just like an absolutist system of rule (*dokunin seitai* 独任政体). He then likened animals that relied on collective group strength to a more deliberative or collaborative form of governance (g*ōgi seitai* 合議政体). Here, Gotō seems less interested with specific forms of government, their merits or demerits. Rather, his focus is on the overall process of how governments form. In Gotō's formulation all beings become subjects (*shinmin* 臣民) of the state, regardless of the government was absolutist or democratic. This ambiguity on what political system he believed most beneficial for humanity perhaps engendered the diverse scholarly characterizations of Gotō today. Gotō, *Kokka eisei genri*, 55 and *GSD*, vol. 1, 499.

groups and, eventually, bind into competing states that all struggled for their own physiological fulfillment.

In using the law of hygiene to explain this "struggle for existence," Gotō universalized hygiene beyond its function as disease prevention, making it so that all interactions between organisms, individuals and even states could be understood through this single (social)scientific principle. This was largely a Spencerian conceit clothed in Gotō's theoretical garb: many of Spencer's theories on human development seem to be reproduced almost verbatim in Gotō's *Principles of National Hygiene*.

Yet, unlike the anomic philosopher Spencer, Gotō claimed to be a practitioner of his own social theory: Gotō was, after all, a statesman, bureaucrat and politician—he needed to convince others of the practical efficacy of his hypotheses. Having reimagined hygiene into a universal science, Gotō thus confronted the problem of application: how to reconcile his expansive formulation of hygiene with his own hygienic praxis, namely the local ethnographic methods that he first initiated in northern Japan.

Gotō conceded that, despite the law of hygiene's universality and the natural, ubiquitous drive to actualize "physiological satisfaction," the achievement of that goal was predicated upon a group or an organism's specific conditions of evolutionary development. His theory of state hygiene stipulated that, regardless of differences in environmental conditions, uniform biological principles governed the formation of all humans, animals, nations and societies. Therefore, although what might constitute "physiological satisfaction" was relative: all beings and entities (animals, groups, states) struggled with each other in pursuit of that ultimate objective.[13] Hence, the practice of hygienic ethnography—the micro-mapping of local economic life and specific folk customs—was necessary in order to understand a group or people's particular "biological motive." Detailed research by trained experts helped illuminate a given society's evolutionary past while also helping to predict its future. If a state or government could "know" the specific hygiene conditions—climate, custom, commerce—of a particular people or a locality, it could anticipate its actions and thus work to prevent, confront or mobilize them on its own behalf. Understanding local life, even including the size of fishing nets and the thickness of futons, was crucial for anticipating what sources a given people might seek as part of their inherent crusade for physiological satisfaction. Based upon Gotō's postulation of the law of hygiene, such knowledge translated directly into the state's discursive and material power.

Ethnographies and Cultural Weapons as an Imperial Art

Gotō's placement as head of civil affairs in Taiwan and, later, his appointment to lead the South Manchurian Railway opened new laboratories where his law of hygiene could be tested through the same methods Gotō first developed as an agent of the Home Ministry. Reminiscent of Nagayo's recruitment of "untainted" personnel into the Hygiene Bureau, Gotō enlisted a number of young bureaucrats for his civil administration in Taiwan, many of whom later

[13] Mark Discoll reads Gotō similarly here, stating that "Gotō assumes an isomorphy of individual, society and empire, societies also possess [a] quality of desiring life [*seimeiyoku*] that necessarily puts any society into conflict with its neighbors." Driscoll, *Absolute Erotic, Absolute Grotesque*, 34.

followed Gotō to Manchuria.[14] Working under Resident General Kodama Gentarō (1852-1906), Gotō issued a three-part stratagem for consolidating Japanese power over the island: eliminate remaining pockets of anti-Japanese resistance, roll back the militaristic "excesses" of the previous administration through firm civil administration, and conduct an extensive population and land survey.[15] Though Gotō supported the summary eradication of so-called indigenous rebels (*dohi* 土匪), he viewed military force as an insufficient means of pacification. In order to permanently vanquish the guerrilla movement, Gotō argued, the colonial government must first win the loyalty of natives at the town and village level. Reflecting his dialectic between the universality of the law of hygiene and the particularities of evolutionary development, Gotō asserted that Japan's successful maintenance of the colony depended upon a detailed understanding of local conditions. Such knowledge would enable the colonial government to determine what constituted the Taiwanese people's specific "drive" for physiological fulfillment, enabling the state to anticipate and redirect such energies to its advantage.

Similar to his ethnographic surveys of northern Japan, Gotō's civil administration began by documenting local economic conditions in detail. He initiated the Provisional Taiwanese Land Survey (Rinji Taiwan tochi chōsa 臨時台湾土地調査) by dispatching statistical and cartographic experts throughout the new colony.[16] While these cadastral investigations were primarily designed to augment colonial tax revenues, the survey data also reflected a broader ethnographic intent to comprehensively chronicle all aspects of Taiwanese life.[17] Such efforts continued when the Kodama administration, at Gotō's behest, recruited expert demographers and anthropologists to serve on investigative committees, the most famous of which was the Provisional Commission for Inspecting Taiwanese Customs (Rinji Taiwan kyūkan chōsakai 臨時台湾旧慣調査会). The data supplied by these research outfits led to the publication of epic tomes on Taiwanese and Qing jurisprudence, history, geography and, indeed, hygiene, which functioned as touchstones for colonial policy long after Gotō's own departure from the island.[18]

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[14] Gotō's habit of poaching young talent became a somewhat famous practice nicknamed "Gotō's 8 a.m.-ism" (*Gotō no gozen hachiji shugi* 後藤の午前八時主義) due to his habit of plucking young, "early" personnel from the medical bureaucracy. One example among the many famous Gotō disciples was Nakamura Zekō (1867-1927), who followed in Gotō's footsteps to become head of the SMR as well as mayor of Tokyo. Nakamura was also friends with Natsume Sōseki, and facilitated the latter's visit to Manchuria and Korea. Sōseki later produced his *Mankan tokoro dokoro* (1909) based upon his travels under Nakamura's sponsorship. Takagi Tomoe (1858-1943), another Gotō pupil, became head of Taiwan's Hygiene Bureau and assumed many of Gotō's duties after his departure.

[15] *GSD*, vol. 3, 53.

[16] Patricia Tsurumi, *Japanese Colonial Education in Taiwan, 1895-1945*, Harvard East Asia Series 88 (Cambridge, MA: Harvard University Press, 1977), 10.

[17] As one example, see the excellent outline of how these initial ethnographic investigations informed practices of colonial jurisprudence, in Cheng-Yi Huang, "Enacting the "Incomprehensible China": Modern European Jurisprudence and the Japanese Reconstruction of Qing Political Law" *Law & Social Inquiry* 33, no. 4 (Fall 2008): 955-1001.

[18] Ramon Myers, "The Research of the 'Commission for the Investigation of Traditional Customs in Taiwan'" *Ch'ing-shih wen-t'i* 2, no.6 (June 1971): 22-54.

Gotō also renewed the Qing-era *baojia* (Japanese: *hokō* 保甲) system of collective village surveillance. Despite its relative ineffectiveness under the Manchus, Gotō concluded that the *baojia* structure, based upon supposedly "indigenous" methods of mutual household policing, would ingratiate the colonial population to Japanese rule by lessening the presence of Japanese law enforcement at the local level.[19] The system's stipulations on collective punishment coerced village members into monitoring each other, alleviating the colonial state's fiscal burden by diminishing the need for an expansive local police force. Although Japanese police issued orders to *baojia* headmen, and the colonial government could relocate or remove elected leaders of the *bao* units at its discretion, the system also allowed a measure of provincial autonomy, at least in name. By 1904, the Governor-General permitted local *bao* leaders to organize and implement their own public health policies and campaigns, which included mandatory vaccinations, town beautification projects and the widening of roads. Similar to local hygiene movements in the metropole, the *baojia* system even set quotas for household vector exterminations in order to reduce the risk of plague, pitting neighbors in friendly contests over which family could kill the most rats.[20]

The early Japanese civil administration supplemented the *baojia* system with a broad, albeit minimally staffed, police force recruited from Japan proper.[21] Hence, although the autonomy granted by the *baojia* system's mutual surveillance reduced the physical presence of the colonial state in towns and villages, the overarching police network ensured that the locality was never independent from the gaze of the colonizing authority. Like Nagayo, Gotō believed in the necessity of so-called hygiene police (*eisei keisatsu* 衛生警察) to mediate the process of "enlightening" individuals to the benefits of state-led medical modernity and, eventually, hygienic self-governance.[22] During his tenure in Aichi, Gotō first experimented with hygiene police by forming a prefectural unit to assist with vaccinations, quarantines and mandatory disinfections. The apparent success of the program later formed the basis of Gotō's doctoral thesis in Germany—a comparative analysis of Japanese and Western medical police—where he argued that a combination of autonomous local rule and provisional police enforcement was the

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[19] As Ching-Chih Chen demonstrates in detail, the Japanese implementation of the *baojia* system differed markedly from its Qing antecedent. Further, one of the main objectives of the *baojia* system under Qing rule was to prevent Taiwan from becoming a stage for anti-Manchu uprisings. As such, the system was hardly indigenous to Taiwan and held the negative connotation of being imposed by "foreign" Qing authorities. For all his careful attention to custom, and despite his own training in Chinese history, Gotō seemed to miss this basic fact. See Ching-Chih Chen, "The Japanese Adaptation of the Pao-Chia System in Taiwan, 1895-1945" *The Journal of Asian Studies* 34, no. 2 (Feb., 1975): 391-416, esp. 410-416 for an outline of the differences between the Japanese and Qing systems.

[20] Ibid., 406. Also cited in Ts'ui-jung Liu, et. al., *Asian Population History* (Oxford and New York: Oxford University Press, 2001), 264.

[21] Although Gotō reorganized greatly expanded the civil police force, Japanese authority depended largely on the military during the initial years of colonial rule. After arriving, Gotō's remarked that the police in Taiwan were afflicted with the "disease of militarism" (*gunjinbyō* 軍人病), and he began maneuvering to lessen the army's authority. *GSD*, vol. 4, 264-66.

[22] Gotō, *Kokka eisei genri*, 110. As William Johnston states, the appeal of medical police to Meiji leaders derived from their "cameralism," their belief that people "demanded close and constant supervision because they did not know what was good for them." Johnston, *The Modern Epidemic*, 181.

most effective means of hygienic modernization. Gotō concluded that the supposedly volunteer and comparatively decentralized nature of Japan's public health system was superior to those of Western countries due to European states' over-bureaucratization.[23]

Gotō viewed the *baojia* system as a means of introducing an equivalent to the Japanese hygiene cooperatives (*eisei kumiai* 衛生組合) that encouraged voluntary participation in the state's public health agenda.[24] In both cases, authorities benefitted by provisioning a certain amount of autonomy without lessening the ability of the (colonial) state to oversee, co-opt and redirect the activities of the locale. Although Japan increased the number of police in Taiwan throughout the colonial period, the early *baojia* system, just like the Japanese hygiene cooperatives, proved financially expedient because they obviated the need for an expansive police presence at the local level. More significantly, the similar policies implemented by Gotō in both Aichi and Taiwan helped mobilize populations to serve the needs of the state. By 1902, regional Taiwanese militias had even joined, though likely under severe pressure, Japan's anti-guerrilla crusades; a decade later, such populist militias helped put down local uprisings against the colonial state.[25] Although Nagayo and Gotō differed in their attitudes towards the preservation of indigenous customs, the centrally-controlled yet locally-grounded system of health administration enacted by Gotō in Taiwan overwhelmingly resembled Nagayo's own visions of hygienic self-rule that were first implemented in the metropole.

Nevertheless, the striking similarity between Gotō's domestic and colonial health programs contradicted his hypothesis about each state or society's unique evolutionary process. Why initiate similar public health administrations in Japan and Taiwan when the "law of hygiene" presupposed inherent incongruities in developmental paths? Gotō postulated that, regardless of their differences, two distinct or competing notions of biological fulfillment could be combined into one. Although a population's particular evolutionary history might lead it to possesses a divergent understanding of what constituted its unique physiological satisfaction, that goal could be gradually integrated into the same biological trajectory of the Japanese state, much like a river flowing into the ocean.

Gotō predicted, however, that such a transformation would require a phenomenal amount of time. As he once quipped to Kodama, "just as the eye of the flounder (*hirame* ひらめ) cannot be suddenly changed to that of the sea bream (*tai* 鯛)," the Taiwanese could not be expected to immediately evolve into their more civilized rulers.[26] He referred to his colonial policies as the

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[23] Christos Lynteris, "From Prussia to China: Japanese Colonial Medicine and Gotō Shinpei's Combination of Medical Police and Local Self-Administration" *Medical History* 55 (2011): 343-7. This was somewhat rich coming from Gotō, who later became famous for planning massive, centrally-directed projects as head of the SMR, as head of the Railroad Bureau, as Communications Minister and, finally, as mayor of Tokyo. Following the 1923 Great Kantō Earthquake, for example, Gotō proposed a whopping 3 billion yen budget designed to completely remake the metropolis.

[24] Iijima Wataru and Wakimura Kohei, "Kindai ajia ni okeru teikokushugi to iryō, kōshū eisei," in *Shippei, kaihatsu, teikoku iryō: ajia ni okeru byōki to iryō no rekishigaku* (Tokyo: Tokyo daigaku shuppankai, 2001), 90.

[25] Chen, "The Japanese Adaptation of the Pao-Chia System in Taiwan," esp. 402.

[26] Quoted in *GSD*, vol. 3, 39.

"hundred-year plan" for Taiwan—a gradual transmogrification of the Taiwanese evolutionary path into that of Japan's.[27] This was to be accomplished by adjusting Taiwan's environmental and physical conditions so that its population would naturally, and unknowingly, come to pursue the goals of the more powerful entity transforming, as it were, into one body.

The process, however, required work: the stronger party (the Japanese colonial state) must first ascertain the biological conditions that undergirded the weaker party's quest for physiological fulfillment before it could gradually modify those conditions to meet its own evolutionary goals. As noted, Gotō believed that this required immersing oneself in the customs of the colonized in order to develop an intimate knowledge of the territory. Just as animals "endure hot and cold, stave off hunger, and adjust to their immediate surroundings," the Japanese civil administration must study, and then adapt, to the specific ecology of its colonies.[28] This would also strengthen colonial rule by physically acclimating the Japanese rulers to Taiwan's specific climactic conditions. Once this had been achieved, the colonial government could begin altering the landscape in order to redirect, and eventually absorb, the colony's evolutionary path.

After Gotō became director of the South Manchurian Railway in 1906, he further articulated these ideas through the aforementioned slogan of *bunsōteki bubi*. Although Gotō formulated the strategy against the background of Japan's precarious peace with Russia, the method was also the culmination of hygiene policies first implemented in both Japan and Taiwan. The slogan connoted the totalizing economic development of the SMR leased territory: extensive transportation networks, standardized education, industrial capitalism, public health systems. Gotō referred to this method of pacification as "peaceful war"—the building of hospitals, schools, hotels, government buildings, roads and bridges that would accomplish his twofold purpose of awing local populations into admiring Japanese development and industry while also physically transforming the environment into the operative conditions for its eventual evolution into the body of the imperial power.

In a speech describing the strategy, Gotō expressed no doubt that colonial populations would easily accede to Japanese rule once such structures were put in place. According to Gotō, "just as a Buddhist monk won over new adherents," natives would also "convert" (*kie* 帰依) to the empire. The secret was to "take advantage of [human] weaknesses… just like religion." Japan, he argued, should position itself as the bearer of enlightened rule and a better future by dazzling colonial and semi-colonial populations with Japanese industrial power. Gotō elaborated

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[27] Mark Peattie, "Japanese Attitudes Toward Colonialism, 1895-1945" in Ramon H. Myers and Mark Peattie, eds., *The Japanese Colonial Empire, 1895-1945* (Princeton: Princeton University Press, 1984), 95. Peattie notes that famed diplomat Nitobe Inazō (1862-1933) went even further, stating "eight hundred years a reasonable period for the evolution of some colonial peoples."

[28] From "Taiwan tōchi kyūkyūan" 台湾統治救急案, quoted in *GSD* vol. 3, 52. This metaphor later became literal policy in northeast China when Japanese researchers began studying the bodily constitution of local residents in order to better adopt to the colder climate. This included taking blood tests of Chinese day laborers in order to determine how the Japanese might adjust their training and diet to acclimate to the weather.
As Iijima Wataru notes, many Japanese colonial researchers believed that although white races had succeeded in colonizing vast amounts of territory, they nevertheless ruled it poorly because they had failed to adjust to local climatic conditions. Iijima Wataru, "Kindai nihon no nettai igaku to kaitaku igaku" in *Shippei, Kaihatsu, teikoku iryō: ajia ni okeru byōki to iryō no rekishigaku* (Tokyo: Tokyo daigaku shuppankai, 2001), 230-2.

this point by stating that *bunsōteki bubi* was similar to the way a lawyer or a doctor[29] received money and respect whether or not the doctor or lawyer succeeded in the task they were hired to complete. He stated that lawyers and doctors were the world's biggest hacks because they capitalized on times of emergency and tragedy, collected huge fees, and were lauded for their work even if their patients died or their cases ended in defeat.[30] Like the doctor or lawyer, Japan could similarly exploit the turbulence in China and Russia that followed the Russo-Japanese war, allowing Japan to establish a permanent foothold in Manchuria. By developing the territory, Japan could showcase its prodigious industrial and commercial capacity to both the inhabitants of the SMR leased territory while also impressing the outside world with Japanese ability to "civilize."

Here, then, was an act of hygienic performance par excellence whereby the image of strategic cleanliness and power was more crucial than its reality. Through hotels and hospitals, *bunsōteki bubi* would shock and impress, convincing the local population and international observers alike of the necessity of Japanese control over Northeast China. In the same speech, Gotō argued that the world's imperial powers no longer justified expansionism through the philosophy of "might is right" and military contests. Instead, colonial policy was predicated upon facilities (*shisetsu* 施設), physical alterations to the environment that would endear others to Japanese rule and set the foundation for the eventual osmosis of colonized people's evolutionary course into that of the hegemon. Just as doctors could leave patients dead and still reap the economic rewards, so too could Japan succeed in its imperial ambitions by grasping the "spirit of *bunsōteki bubi*," exploiting times of crisis to its advantage.[31]

Gotō's Imperial Hygiene in pre-Colonial Korea

Almost improbably, the peripatetic Gotō did not serve in the protectorate or governor general administrations in Korea (though he did hold the post, in absentia, of education advisor to the Korean government from 1903 to 1906). Nevertheless, his principles of hygiene and his strategy of *bunsōteki bubi*—the tactic of using "cultural weapons" and modern institutions as methods of imperial takeover—were stamped all over pre-1910 civil management in the peninsula. Gotō's policies fit well with Japanese geopolitical strategy there; *bunsōteki bubi* became a crucial means of advancing Japan's informal imperialism in Korea. Similar to the Gotō-led health reforms in early-Meiji Japan, in colonial Taiwan, and along the SMR leased territory, hygiene ethnographers in Korea began by conducting broad surveys of local life, documenting climate, food, housing, clothing, spiritual practices and even the frequency of Korean bowel movements. The accumulation of such detailed, even seemingly trivial knowledge was thought to be crucial for ascertaining—or constructing—Korea's degree of civilization vis-à-vis Japan.

Korea and Japan's evolutionary compatibility had fascinated Japanese academics and social commentators since the 1870s, when Meiji leaders first began to debate the possibility of

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[29] This was telling for Gotō, who was still a practicing physician.

[30] *GSD* vol. 4, 262.

[31] Ibid., 261.

takeover. Some authors disagreed with Gotō's views on evolution, arguing that the historical trajectories of Koreans and Japanese could never be fused into a singular path. Thinkers such as the eminent scholar Takekoshi Yosaburō (1865-1950), for example, emphasized the inherent incompatibility of the Japanese race with Koreans. Japan's superiority mandated interference, but not assimilation or intermixing, in order to protect the homeland. Yet the vast majority of writers subscribed to an idea of shared origins between the two peoples that justified Japan's increased meddling as one of "fraternal obligation." This latter view, characterized in one work as "essentially a rational and liberal one," held that Korea could reform through proper guidance and the introduction of Japanese-led development.[32] Supporters of this common origins theory argued that Korea's backwardness derived less from an insurmountable and innate inferiority, and more from the corruption of the Yi dynasty or the recalcitrant yangban class. As one journalist put it, "When one sees how shackled are [Koreans'] livelihood, their language, their transportation, their food and clothing, their very lives, one must conclude that they exist to be oppressed. As members of society, they are no better than animals."[33] For these thinkers, redirecting or reforming Koreans' physical environment, appearance and diet would liberate them from the "shackles" of this premodern aristocracy, allowing for their "natural" progression to a higher level of civilization already achieved by the Japanese.

Such ideas aligned perfectly with Gotō's conceptualizations of hygiene and the institutional imperialism outlined in *bunsōteki bubi*. Transforming (semi)colonial spaces through grand demonstrations of Japanese industrial power would convince Koreans to revere Japan, eventually dissolving their evolutionary path into that of the imperial state. In Korea, however, Gotō's strategies confronted a problem. In contrast to Manchuria and Taiwan, both (mis)characterized as "savage" (*yaban* 野蛮) and sparsely populated borderlands, late-nineteenth century Korea already possessed the "kernels of a modern nationalist movement."[34] Ruled by a purportedly homogenous lineage for centuries, defined by clear (and clearly imagined) borders, and commemorating a sense of shared historical experience, Korea under the Yi dynasty possessed what JaHyun Kim Haboush called "a discourse of nation," or a general understanding of the imagined community, celebrated through literature and ritualized acts of collective remembrance and participation.[35] Even early pro-assimilation Japanese ethnographers who downplayed the differences between Japan and Korea approached the peninsula as a uniform space, one perhaps divided by social class but not by geographical discontinuity, historical experience or race. The idea of a sovereign Korea was cemented in the 1876 Kanghwa Treaty,

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[32] Duus, *The Abacus and the Sword*, 407, 412.

[33] Quoted in Ibid., 408.

[34] Tsurumi, *Japanese Colonial Education in Taiwan*, 173. As Liu Ts'ui-jung notes, settlers during the Qing period also fretted over the "miasmatic" conditions on the island and many gazetteers viewed it as an unbridled frontier territory even as most of its arable land was already cleared for cultivation. See Liu Ts'ui-jung "Han Migration and the Settlement of Taiwan: The Onset of Environmental Change," in Mark Elvin and Liu Ts'ui-jung, eds., *Sediments of Time: Environment and Society in Chinese History* (New York: Cambridge University Press, 1998), 165-202.

[35] JaHyun Kim Haboush, *The Great East Asian War and the Birth of the Korean Nation* (New York: Columbia University Press, 2016), 1.

which recognized Japan's neighbor as an independent state, albeit an inferior one.[36] For Japan, "Chōsen" connoted an ancient kingdom, a singular people, and a clearly delineated space that, unlike the Manchurian borderland, could not be easily re-characterized as a colonial frontier or a peripheral territory.

As Hyung Il Pai demonstrates, Japanese archeologists in the colonial period worked backwards in order to overcome these differences by "discovering" the ancient connections between the peninsula and the archipelago.[37] These academics believed that Korea was mired in a premodern modality; its current state differed little from centuries prior. By 1900, however, Korean reformers and the Taehan government had also initiated an ambitious, if contested and complex, modernization program, manifest in conspicuous transformations to the physical landscape and also to individual Korean bodies. Streetcars, a new postal system, newspapers, a revised currency, Western military uniforms and new hairdos all signified a Korea in transition (see Chapter Four). While Gotō chalked up the modernization of the SMR's Port Arthur to the Russians, Japanese observers in Korea could not simply dismiss Korea's nascent industrialization as the accomplishments of outside powers. Though the precise character of modernizing Korea remained fleeting, Korea possessed its own self-interests, and its status as a historically-constructed, delimited, autonomous agent—a "state"—presented Japan with the problem of occupying and usurping a counterpart that was recognized as a sovereign entity.[38] Furthermore, Korea's precolonial modernization also drew significantly from the Japanese model, raising an awkward contradiction for Japanese interventionists: how to explain—and construct—ostensible failures in a modernization program that derived much from their own example.

Korean Hygiene Reforms and Korean "National" Medicine

While Japanese archival sources paint a picture of Korea as fixed in an immovable cycle of degradation and corruption, there is much evidence that the country transformed dramatically in the last years of the nineteenth century. For example, when Isabella Bird returned to Seoul in 1897 after a three-year hiatus, she entered a city that "was literally not recognizable." Widened streets with stone-lined gutters had "replaced the foul alleys, which were breeding-grounds of cholera." Plans for hotels and banks, an efficient night soil economy, and the widening of the city's main avenues led Bird to comment that "Old Seoul, with its festering alleys, its winter accumulations of every species of filth, its ankle-deep mud and its foulness…is being fast improved off the face of the earth." On her first visit in 1894, Bird had spilled much ink on the

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[36] This recognition came after Japan's immediate post-Restoration demand that Korea accept that the center of the so-called Sino-centric world order had shifted from China to Japan.

[37] Hyung Il Pai, *Constructing "Korean" Origins: A Critical Review of Archaeology, Historiography, and Racial Myth in Korean State-formation Theories* (Cambridge, MA: Harvard University Asia Center, 2000) and Pai, "Resurrecting the Ruins of Japan's Mythical Homelands: Colonial Archaeological Surveys in the Korean Peninsula and Heritage Tourism" in Jane Lydon and Uzma Rizvi, eds., *Handbook of Postcolonial Archaeology* (Walnut Creek, CA: Left Coast Press, 2010), 100.

[38] Indeed, the Sino-Japanese War was frequently justified by claiming that Japan was liberating Korea from China.

spillage of garbage in Seoul, decrying its "self-asserting dirt." Now, she concluded that the metropolis was "on its way to being the cleanest city of the Far East."[39]

Indeed, Bird's colorful imagery indicates the Korean government's hastened efforts to adopt universal standards of cleanliness in the face of imperial encroachment. As foreign interests expanded in Seoul, Busan and Pyongyang, Korea's leaders attempted to stem their influence by instituting hygienic reforms that would showcase the nation's nascent modernization. These extended beyond the Hair Cutting Decree and the mimesis of Western health trends that I examined in previous chapters. Buttressed by relatively stable short-term finances after the Sino-Japanese War, the Taehan government provided generous and unprecedented outlays for public health measures. After Kojong was symbolically "restored" to the throne in 1897, the government allocated 100,000 wŏn for hygiene policies, nearly twice the amount of the previous year.[40] The establishment of two permanent agencies in 1899, the Hygiene Bureau and the Medical Affairs Bureau, both under the authority of the Interior Ministry (Naebu 內部), indicated the state's confidence in its ability to recruit and staff a permanent health bureaucracy.[41] A decade prior, Kim Okkyun's demands for hygiene patrols to regulate dumping and enforce quarantines were fiscally unfeasible, and much of the responsibility for public health was delegated to missionaries and the Japanese (see Chapter Two). At the turn of the century, however, the Korean state could rely on its own police to carry out new hygiene regulations. Just as in Japan, the government issued warnings against the "Six Contagious Diseases," which expanded upon the 1894-5 Kabo health laws regarding waste disposal, reporting illnesses and disinfection.[42] These were followed by a slew of ordinances, newspaper articles, and public proclamations on street cleanliness, harboring sick patients, and even clothing. The government also reasserted a sovereign right to quarantine ships in port, which allowed for some regulation over the flow of goods and people into the country.

Lastly, a more frenzied state response to the threat of disease signaled the state's assumption of greater authority over nationwide health practices. I have argued that unpredictable etiological and environmental factors complicate any firm conclusion about whether or not state action demonstrably stops the spread of diseases. The new Taehan health measures, however, certainly *appeared* efficacious, especially when compared to prior Chosŏn government actions in response to outbreaks of smallpox, dysentery and cholera in the 1850s. For example, the potentially devastating entrance of plague from Japan in 1900, as well as an eruption of cholera two years later, were met with concerted efforts to curb their spread. In both cases, the Hygiene Bureau dispatched police and licensed medics to newly-established disease prevention branch offices (*pangyŏkkŭk* 防疫局), tasking them with the identification and

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[39] Bird, *Korea and Her Neighbors*, 435.

[40] Sin, *Hanguk kundae pogon ŭiryo sa*, 222.

[41] Although the Kabo reforms also set up a Hygiene Bureau in 1895, the institution was largely defunct by 1897 due to the discord caused by the Sino-Japanese War.

[42] Hwang, *Rationalizing Korea*, 226.

quarantine of patients.[43] In sharp contrast to the now-defunct Chosŏn *samŭisa* system examined in Chapter 2, the state now extended its influence outward by sending medical staff into the provinces.

The burgeoning health bureaucracy also helped broker a tenuous truce between practitioners of Korean medicine (*hanŭi*) and proponents of biomedicine. Two successive heads of the Hygiene Bureau, Kang Hongdae (1867-?) and Hong Ch'ŏlbo (1853-?), helped introduce a hybridized medical system that recognized both Western and Korean medical practices. The Hygiene Bureau's 1899 Regulations for Medical Practitioners (*ŭisa kyuch'ik* 醫士規則), coupled with the Regulations for Pharmacists (*yakchesa kyuch'ik* 藥劑士規則) and Regulations for Pharmaceutical Manufacture (*yakchongsang kyuch'ik* 藥種商規則) also left ambiguous any distinction between "Western" and *hanŭi* medicine (now occasionally written with the more nationalist *han* 韓 (Korea) character in place of the homonymic and Sino-centric *han* 漢). The government also set down basic qualifications for the title of "doctor" (*ŭisa* 醫士) as someone who "must be well versed on the fortunes of heaven and earth (*ch'ŏnchi un'gi* 天地運氣), who can inspect [one's] circulation, who can understand the condition of inside and out, the direction of large and small, and the [principles] of hot and cold medication."[44] Couched in the lexicon of Chosŏn-era *materia medica*, these new occupational definitions permitted loose classification of medical practitioners that might include anyone claiming some sort of medical expertise. This broadness stemmed partly from the necessity of staffing the nationwide health system: there was an exigent need for literate medical personnel to help implement and disseminate central directives to a population that still overwhelmingly relied on traditional healing methods. Further, the broad definition incentivized unemployed or uncertified *hanŭi* medics who had long been disenfranchised by the Chosŏn exam system.[45]

In a larger sense, the ambiguity of the new doctor regulations illustrates the state's efforts to centralize the entirety of medical practice. The Home Ministry, which housed the Hygiene Bureau and its counterpart, the Medical Bureau, could claim guardianship over, and the continuity of, Korea's "national" medical tradition while simultaneously casting a regulatory net over regional *hanŭi* practices in general. According to the laws, the government would proctor new tests and issue certifications to those who wished to manufacture, sell and administer any type of drug, whether Western or traditional. During the necessary interim before the government could implement its new medical exam system, the state demanded that anyone seeking to make or prescribe pharmaceuticals (*yakp'um* 藥品) was to petition at a local police office, which would transfer such documents to the Home Ministry. This made it so that the

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[43] Sin, *Hanguk kundae pogon ŭiryo sa*, 242.

[44] *Kwanbo*, 17 January 1900.

[45] This applied especially to what Kyung Moon Hwang calls "secondary status groups," including *chungin* middlemen who practiced medicine. Such groups were denied access to the top-level Chosŏn *munkwa* 文科 exam. See Hwang, *Beyond Birth: Social Status in the Emergence of Modern Korea*, ch. 3.

central bureau would review all cases itself.[46] In 1900, the state also symbolically recognized *hanŭi* as the de-facto medical practice of Korea, even as it increasingly and disproportionately sponsored biomedical hospitals and training.[47] In doing so, the government signaled its continued support of the *hanŭi* tradition, but it also laid claim over the definition, nature and parameters of those practices. Recognition of *hanŭi* medics served state goals of simultaneously centralizing and expanding the number of doctor-practitioners under its control while also allowing the government to cast itself as the guardian and protector of certain regional, local and even shamanistic medical traditions. In short, the government medics abated the state's promotion of the "new" as well as its preservation of the old.

By 1904 the Korean government could claim that it had effectively initiated a public health and medical program managed by a functioning bureaucracy, rooted in Korean traditions and, as I examine below, anchored in a small network of hospitals and regional clinics. When Japanese medical ethnographers arrived to chronicle hygienic conditions in Korea, they confronted a public health infrastructure that, unlike in Taiwan or along the SMR leased territory, was operated by a central government and championed a particular "national" medical practice. While maintaining a similar form, Japanese hygiene ethnographers in Korea were tasked with a different type of political objective than their counterparts elsewhere in the empire: they had to explain the development of a distinct public health system that, while perhaps drawing from the Japanese example, threatened to diminish the necessity of Japanese oversight.

Making Poop Political: Denying the Korean Health System

As Peter Duus notes, Japanese travel writers to Korea in the early 1900s described "with almost pathological delight…the excretory practices of the Koreans."[48] Newspaper reporters, adventure seekers, and novelists—what Todd Henry calls "popular ethnographers"—maintained a curious focus on the processes of bodily expurgation and wrote fantastical accounts of Korean waste.[49] Japan's medically-trained observers, including members of the Japanese army, the Home Ministry, and the Sanitary Society of Japan, were sent to the peninsula in order to produce more scientific studies of Korean life. Yet they, too, were captivated by Korean crap. In a speech to the Japanese Sanitary Society, Yoshizawa Tamaki (1864-1924), a graduate of the

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[46] Sin, *Hanguk kundae pogon ŭiryo sa*, 300.

[47] Park Yun-jae states that the 1900 medical regulations "officially recognized Oriental [*hanŭi*] medical doctors as the only legitimate doctors." Park Yun-jae, "Anti-Cholera Measures by the Japanese Colonial Government and the Reaction of Koreans in the Early 1920s" *The Review of Korean Studies* vol. 8, no. 4 (2005): 171, fn. 1. The original document, however, is not explicit in its sponsorship. Rather, the document only implies the official and exclusive state recognition due to its use of familiar concepts and language from the *hanŭi* tradition, such as those described above.

[48] Duus, *The Abacus and the Sword*, 403.

[49] Ibid., 401. Henry refers to the oft-cited accounts by "journalists-cum-ethnographers" who described Korean indolence, dirtiness and bestiality for a wide Japanese readership. In contrast to reports from these "armchair ethnologists," the documents I deal with here were for "professional" consumption though, as I attempt to demonstrate, the conclusions were often the same and the language similarly gross. Todd Henry, "Sanitizing Empire: Japanese Articulations of Korean Otherness and the Construction of Early Colonial Seoul, 1905-1919" *The Journal of Asian Studies* vol. 64, no. 3 (August, 2005): 639-75.

prestigious Kitasato Institute of Infectious Disease, contemptuously noted how Koreans used baked feces and child urine as remedies for a number of ailments, including for eye problems and for wrinkle prevention. Tasked with providing an ethnographic survey of Korean health conditions, Yoshizawa peppered his outline of statistics on Korean illnesses, hospitals and health budgets with salacious anecdotes regarding Koreans' fecal conventions.[50] A later ethnographic report from the early colonial period also described in astonishment how residents in northeast Chongsŏng province placed cow, pig or horse dung over topical wounds in order to alleviate pain, and nearly all turn-of-the-century Japanese characterizations of Korea focused on the horrid smells and the ubiquity of excreta that fermented in close proximity to Koreans' living space.[51]

Most scholarship has accurately taken these descriptions for what they were: voyeuristic and exotifying glimpses into Korean backwardness that abetted Japanese takeover through "the discursive construction of difference."[52] Portraits of savage Koreans living in odious towns and cities justified Japan's *mission civilatrice* where "cleaning up" the peninsula and eliminating "filthy" superstitions functioned as a clear "metaphor for Japanese domination."[53]

Often overlooked in such analyses, however, is recognition of an exigent political purpose that amounted to more than a singular desire to "other" Koreans from the Japanese. Namely, these narratives consisted of an overarching denial of the modernizing public health processes undertaken by the Korean state in the 1890s. Discourses on Koreans' primitivism, their fetishization of shit, and their general unhealthiness obfuscated and simultaneously illegitimated the hygiene reforms undertaken by successive Korean governments throughout the last decades of the nineteenth century. The overall aim was to negate recent structural changes in the Korean health system in order to illustrate that not only was Korea mired in a premodern state, but that it remained incapable of understanding and effectively implementing its own hygienic modernization.

Consider, for example, the portrait offered by the public health expert Noda Tadahiro.[54] Following examples of Gotō's hygiene surveys in Taiwan, Noda's "Korean Hygiene Conditions" offered a supposedly on-the-ground analysis of Korea's climate as well as details on native

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[50] This included an alleged practice whereby Koreans would consume watermelon seeds and then defecate them into fields. When the watermelon grew ripe, the Koreans would allegedly be able to identify which was theirs based on their stool sample. Yoshizawa stated that he "could go on [with such stories], but it was probably best to leave it at that." Yoshizawa Tamaki, "Kankoku eisei genjyō" *DNSEZ* vol. 271 (1905): 936.

[51] "Chōsenjin no ishokujyū oyobi sono hoka no eisei" (1915) *Kankoku heigōshi kenkyū shiryō* 53 (Tokyo: Ryūkeishosha, 2005), 113.

[52] Henry, "Sanitizing Empire," 645. Despite Henry's characterization, we might also note, however, that minute analyses of Korean excreta, labeling Koreans "pigs," and outright condemnation of Korean backwardness lacked a certain quality of subtlety and "discursiveness."

[53] Duus, *The Abacus and the Sword*, 406.

[54] Prior to arriving in Korea, Noda published several works on vaccination and disease prevention such as *On Smallpox and Cowpox Vaccine* (*Shutō oyobi gyūtōbyō nitsuite* 種痘及牛痘苗に就て, 1898) and *On the Prevention of Dysentery* (*Sekiribyō no yobō nitsuite* 赤痢病ノ予防ニ就テ, 1898), both under the auspices of the Japan Sanitary Society.

clothing, diet and shelter.[55] Although Noda acknowledged that the Kwangmu government had attempted to rationalize its health bureaucracy, increase budget outlays, and implement new health laws (modeled, he noted, on Japan's), he pessimistically concluded that the overall lack of medically trained officers and upstanding public servants would doom these well-intentioned reforms. Local officials stunk of corruption (*fuhai* 腐敗), and the large number of untrained, traditional (*kanpō* 漢方) practitioners exploited the population through high prices and obligatory appreciation fees (*shagi* 謝義). For Noda, the recent urban beautification programs in Seoul (Kanjō/Hansŏng) had merely placed a facade over a harsher reality: if one veered off the main thoroughfares into Korean residential districts, "a bestrewed stench attacks the nose, and mosquitos, flies and other insects abound."[56]

Noda's characterizations of hygiene reforms as superficial and insufficient were echoed in other reports. Yoshizawa stated that although the Korean government had attempted to enlighten its population to the benefits of hygienic living by dispatching police advisers (*keimu komon* 警務顧問) throughout the country, the vast majority of Koreans possessed no "hygienic sense" (*eisei kannen* 衛生感念). According to Yoshizawa, this ignorance left Koreans in a state of perpetual hopelessness—if an individual contracted a severe disease, they simply expected to die from it. After traveling throughout Busan and Seoul, Yoshizawa stated that, at first glance, many Koreans appeared robust and well fed, with "impressive bodies, reddish faces" and "protuberant stomachs like *taiko* drums."[57] Yet this apparent vigor masked deep societal problems. He argued that Koreans' strong physique had little to do with proper diet and healthy living. Rather, he stated, their seemingly robust condition was shaped by the ruthless forces of nature: foreigners could only observe muscular Koreans because the weak had already died while young. For Yoshizawa, Korean society was a true microcosm of the survival of the fittest (*yūshōreppai* 優勝劣敗); while advanced Japanese medical science saved the weak or the disabled at an early age, easily curable conditions went untreated in Korea, and victims of common diseases inevitably died during childhood. Consequently, any perceived physical advantage the Koreans possessed over the Japanese was paradoxically due to Korea's overall *lack* of modern medicine.[58]

Although based almost exclusively on one-off observations and second-hand knowledge, Yoshizawa and Noda's accounts formed a base of knowledge that affirmed prior Japanese conceptions of Korea's backwardness. The reports helped expose Korean health reforms as mere fronts obfuscating a more "authentic" Korean depravity, negating any reforms introduced by the

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[55] Following earlier examples from Taiwan, the categories of clothing, diet and housing (*ishokujyū* 衣食住) became almost formulaic and standard elements in many hygiene ethnographies by 1910.

[56] Noda Tadahirō, "Kankoku eisei jyōkyō," *DNSEZ* vol. 257 (October 1904): 673-686.

[57] According to Yoshizawa, this was also due to Koreans' liberal consumption of meat. He reported that they made no distinction between more flavorful portions and the tougher cuts; butchers could sell almost anything.

[58] Yoshizawa, "Kankoku eisei genjyō," 944-945.

Korean government in disease prevention, city planning or medical training.[59] Although a few commentators conceded that Japan might gain some basic health-related knowledge from Korea, rarely did ethnographers acknowledge the nascent changes made to Korean health practices that began in the 1880s and accelerated in the following decade.[60] Nor did they allow that the increasing number of Japanese residents in Korea might harbor and spread diseases that entered from Japan or originated in the Japanese legation. This led to fanciful explanations about any discrepancies in the health of the Korean population against that of Japanese expatriates living in the peninsula. Jun Uchida notes that the Japanese government constantly fretted over the behavior of Japanese migrants in Korea, nervous because "those of plebeian descent threatened to undo the image of a civilizing nation that Japan was assiduously cultivating." Uchida highlights the tenuous relations between the government in the metropole and Japanese migrants, who "cooperated in planting on Korean soil the flag of the rising sun, but not without sowing the seeds of conflict."[61]

Disparaging Koreans' unhygienic behavior oftentimes helped to mitigate these divisions between settler and state by aligning all Japanese against Koreans, who were characterized as an uncivilized and disease-ridden enemy from which the Japanese needed protection. As Yoshizawa wrote, "the hygiene of Koreans (*Kanjin* 韓人) can't be compared to that of [Japanese] residents: at the present time, it's basically zero."[62] Almost all ethnographic health reports on Korea provided side-by-side data that drew obvious contrasts between immigrant and native levels of sanitation and salubriousness. Yoshizawa noted that Japanese residents possessed greater "hygienic consciousness" (*eisei ishiki* 衛生意識)—in cooperation with the Resident Director, the Japanese had established hygiene cooperatives in Seoul (Keijō), Busan, and Inch'ŏn; they dug drains for channeling sewage away from their own supply of drinking water; they kept clean streets and maintained broad avenues lined with two-story shops and freshly painted storefronts.[63] Epitomized by these self-governing institutions (*jichi kikan* 自治機関), medical observers glowingly described how Japanese residents transferred and implemented a system of hygienic self governance that was first developed in the homeland.

These Japanese ethnographers thus confronted problems when Japanese immigrants suffered disproportionately from disease outbreaks, or when illnesses seemed to originate within

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[59] In a similar fashion, many early newspaper and travel accounts claimed to expose or lay bare the "true" conditions in Korea, such as Okita Kinjō's 1905 "Korea Behind the Mask" ("Rimen no kankoku" 裏面の韓国) or Usuda Zan'un's 1908 "Dark Korea" ("Ankoku naru Chōsen" 暗黒なる朝鮮), among others. See both Duus, *The Abacus and the Sword* and Henry, "Sanitizing Empire" on these titles. We might note a parallel between such works and current popular accounts on North Korea.

[60] Examples included using chili powder as a preservative or Koreans' habit of brushing their teeth with greater frequency than Japanese.

[61] Uchida, *Brokers of Empire*, 97. Uchida notes that this anxiety on the part of the government even led to the issuance of sumptuary laws that regulated dress and settler housing so as not to tarnish national prestige. See Ibid., 97.

[62] Yoshizawa, "Kankoku eisei genjyō," 944.

[63] Ibid., 936.

the Japanese population. Researchers struggled to explain how acute episodes of dysentery and typhoid erupted in Japanese settlements in 1899 and 1900. If the propensity to contract disease could not be explained in ethno-national terms, how might Japanese ethnographers account for outbreaks in their own legation?

Some postulated that that the flareups were caused by sick Chinese soldiers, still struggling north *after ten years* in order to be repatriated from the Sino-Japanese War.[64] Polluted water, however, functioned as a more common explanation, particularly because Japanese residents typically drew from the same untreated supply as Koreans.[65] Though they offered no empirical evidence, observers concluded that Koreans' constant laundering of their clothes in public streams, their dumping of refuse into streets, and their practice of discarding garbage into rivers allowed diseases to fester and flow downstream into either Japanese-built reservoirs or into the groundwater of Japanese wells.[66] Reports contained repeated recommendations and budget estimates for constructing Japanese-exclusive utility systems that would not only bypass Korean residences but also, curiously, prevent Japanese waste from intermixing with that of their Korean counterparts. Dispatches to the Sanitary Society of Japan and the Home Ministry in Tokyo urged policies that would create minimal contact with Koreans because "civilized medicine (*bunmei no kusuri* 文明の薬) did not yet fit with Korean ideals." These reports characterized Japanese settler life in Korea as one of danger and precariousness, as if Japanese residents, encircled by vectors and viruses, lived in "a wooden house surrounded by fire."[67]

Such an image of Korea, where mere proximity to the native population might result in contracting a life-threatening illness, and where individuals engaged in a Darwinian struggle for existence, perpetuated an imperialist discourse that helped deny or obscure the processes of hygienic modernization already initiated by the Kabo and Kwangmu governments during the 1890s. Hygiene ethnographies characterized Korea as a savage place rife with individualism and lacking either an edifying state or a sense of nation.[68] On the few occasions when medical observers did acknowledge changes to the Korean health system, they were seen as superficial or somehow lacking. As demonstrated above, Noda and Yoshizawa depicted the transformation of urban space and the relative robustness of the Korean physique as merely perfunctory, where changes were only cosmetic and did not transform consciousness.

In a similar vein, hygiene ethnographers also characterized the Korean government's modernization efforts as inherently doomed because institutional and structural transformations

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[64] This was carried in "Kitakan no eisei jijyō," *DNSEZ* vol. 274 (March 1906): 215, which cited a foreign report describing the exodus. The article itself concerns an outbreak of dysentery among Japanese soldiers stationed close to the Chinese border.

[65] Busan was an exception as Japanese contractors had already constructed water utilities for specific use by Japanese residents.

[66] "Kankoku ni okeru eisei shisō no ippan" *DNSEZ* vol. 276 (April 1906): 360. Also, Terauchi, "Reforms and Progress in Korea," 298. The Japanese famously constructed a water reservoir on Namsan to supply Japanese troops stationed close to present-day Yongsan.

[67] Yoshizawa, "Kankoku eisei genjyō," 943.

[68] On Japanese descriptions of Koreans' rampant individualism and lack of patriotism, see Duus, *The Abacus and the Sword*, 402 and Henry, "Sanitizing Empire," 646-7.

were not coupled with widespread education or social refinement. Koreans, they argued, did not understand how to behave with proper sanitary comportment, making it so that the technologies of industrialization and hygienic modernization were wasted upon them. In a telling anecdote, Yoshizawa told how he read of a father escorting his smallpox-laden son onto a crowded train. Such an act, he stated, demonstrated a perilous lack of understanding about contagion and self-quarantine.[69] The implication was that while Japanese understood proper hygienic behavior, Koreans continued to evince a premodern mindset despite the modernization of the surrounding environment. In other words, due to foreign intervention, Korea had perhaps acquired a few physical manifestations of "civilized" living, but the Korean people remained ignorant of how to use them.

Another report complained that, although an increasing number of Koreans followed a Korean government recommendation to keep chamberpots away from food preparation areas, such actions had done little to prevent the spread of disease. This was because most residents, especially those of the lower class, continued to urinate indoors and empty the receptacles out of windows, making it so "street gutters were the same as toilets."[70] These types of characterizations spilled into the colonial period as well. When Japanese-led hygiene cooperatives began building public lavatories in the 1910s, they soon found that Koreans misused and even destroyed such facilities in order to use the building materials for firewood.[71]

For the Japanese medical elite, this apparent naïveté supported their conclusion that the Korean government had repeatedly failed in a universal and necessary process of hygienic modernization. Epitomized by the image of a father escorting his pox-ridden son onto a crowded train, Koreans did not understand how to behave in a modern society, and the advancements and technologies concomitant with industrialization were pointless so long as Korean understanding of public health remained "basically zero." Though the pitfalls varied from political corruption, to a lack of understanding, to insurmountable backwardness, Japanese observers concluded that the efforts by the Chosŏn dynasty, the (Japan-supported) Kabo reformers and the Taehan leaders to reshape their country did not succeed. Because so many of the institutional changes to the Korean public health system and the reform of Korean medical laws derived from Japanese example, observers from Japan frequently concluded that Korea's alleged shortcomings extended less from the objectives of its hygienic modernization, and more from the government's inability to transform Korean consciousness (*ishiki* 意識) or thinking (*kannen* 感念), as had been allegedly achieved in Japan. Such characterizations buttressed the idea that Korea's internalization and assimilation of universal standards of cleanliness remained incomplete or cursory. As Yoshizawa concluded, after one peeled back the veneer of change, Koreans lived a

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[69] Yoshizawa, "Kankoku eisei genjyō," 947.

[70] Writing about the Korean countryside, this author narrated a rhapsody of filth, noting the nauseating (*hana mochi naranai* 鼻持ちならない) atmosphere and the unsanitary behavior of the lower class: "Oh the piss. They make a toilet of their room and empty the contents out the window." "Kankoku ni okeru eisei shisō no ippan," 360

[71] Henry, *Assimilating Seoul*, 136. As Henry perceptively notes, consternation toward Koreans' destruction of public bathrooms for use as firewood suggested that "Koreans struggled to procure an adequate supply of firewood to heat their homes, a pressing economic concern that undercut expectations that they should adhere to unfamiliar and stringent notions of hygienic propriety."

basic "unhygienic existence," which threatened to become "the cause of the death of the country" (*bōkoku no gen'in* 亡国の原因).[72]

As outlined in the previous chapter, Korean modernizers made similar statements that echoed these indictments of popular hygienic ignorance. Korean-language newspapers carried biting editorials bemoaning government sluggishness or inaction in disease prevention, and they tended to support dramatic reforms, such as the Hair Cutting Decree, that would actualize "hygienic modernity" almost immediately. Yet the obvious difference in these two exigent political agendas was that Korean modernizers portrayed urgent health reform as a prerequisite for self-rule while Japanese pundits used the same arguments in order to pursue an expansionist agenda.

Police and Pox

Indeed, the idea that Japan could better direct Korea's abortive attempts at modernization undergirded all accounts of Korean health practices. Japanese commentators professed an "optimism that Japan could 'clean up' or 'sanitize' Korea" because only "structural impediments were responsible for Korean backwardness."[73] Recalling the logic of Gotō's biological and institutional imperialism as defined *bunsōteki bubi*, a key element of Japanese expansionism was predicated upon either building, augmenting, or wresting away and repurposing the structures and organizations that allowed for the absorption of a group or state's "evolutionary path" into that of Japan's. As I examined above, the first step in this process involved dispatching hygiene ethnographers to the peninsula, who provided descriptions of Koreans' unsanitary lifestyle and who characterized the Korean government health reforms as doomed or corrupt. These reports, largely composed by members of the Japanese Home Ministry, formed a "scientific" body of knowledge that ostensibly demonstrated the necessity of furthering Japanese involvement in Korean affairs.

Once Japanese medical observers laid an ethnographic groundwork for intervention, the government dramatically increased the flow of administrative personnel into Korea. Although the number of Japanese officials and advisers steadily grew after 1895, the most conspicuous expansion followed the declaration of the protectorate ten years later, when the Resident-General began stationing military (*kenpei* 憲兵) and civil police in Korea alongside a large contingent of Japanese consul guards (*ryōjikan keisatsu* 領事館警察). Between 1905 and 1911, the total number of civil and military Japanese officers in the peninsula increased tenfold, from 565 to 5,601. Membership in the Korean police force also grew steadily, from 2,250 to 3,702, until the abolishment of the Taehan police bureau by the colonial government. By 1911, Japanese military police were further supported by nearly 4,500 Korean supplementary officers (*hojoin*/ *pojowŏn* 補助員), largely recruited from the disbanded Korean army.[74] Under the renowned

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[72] Yoshizawa, "Kankoku eisei genjyō," 946.

[73] Duus, *The Abacus and the Sword*, 407.

[74] Matsuda Hidehiko, *Nihon no Chōsen shokuminchi shihai to keisatsu, 1905-1945* (Tokyo: Azekura Shobō, 2009), 36. For detailed numbers on the increase of the Japanese police force between 1905 and 1945, see Hwang, *Rationalizing Korea*, 68-76.

Meiji police administrator, Maruyama Shigetoshi (1856-1911),[75] the protectorate government's Central Police Bureau (Keishichō/Kyŏngsich'ŏng 警視庁) provided substantial financial outlays for these officers to conduct "pacification programs" in outlying provinces that included assisting with tax collection, vaccination drives, and collecting information on the local economy.[76]

Police responsibilities in rural areas involved facilitating hygiene programs and serving as defense attachés for the growing number of Japanese medical personnel "invited" by the Korean Home Ministry to serve as doctors in the provinces. Beginning in 1906, groups of five police advisers (*keimu komon*/*kyŏngmu komun* 警務顧問) were dispatched, along with Japanese medics and their families, to Chinju, Chŏnju, Kwangju and other mid-sized cities where access to biomedical treatment remained sparse.[77] Following anti-colonial Righteous Army (Ŭibyŏng 義兵) attacks in 1907, the Resident General increased the number of these police exponentially. By 1909, roughly half of the approximately 11,000 officials in the Korean government served as police officers, with most assigned to rural districts.[78]

Expanding upon the Korean government's smallpox vaccination initiative became a chief priority of this enlarged police network. As in both Taiwan and in Japan itself, smallpox eradication was a testament to civilizational advancement and a measure of governmental reach and efficiency. The Meiji health bureaucracy made universal immunization the most exigent task of the Japanese Hygiene Bureau and, although it would take decades to temper the intensity of recurrent outbreaks in Japan, the 1880's anti-smallpox crusade represented a major propaganda victory for the Japanese government. Traveling between Japan and Korea, Westerners often drew distinctions between the two countries' immunization campaigns. Longtime missionary James Gale, among others, wrote that a visitor to Korea soon became "an expert in distinguishing the noxious odors of smallpox and cholera victims from the ordinary smells of the far East."[79]

Undoubtedly conscious of such characterizations, an April 1899 *Tongnip Sinmun* editorial argued that the Korean government must take necessary steps to ensure blanket vaccination in

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[75] A proponent of regionally-based policing, Maruyama served as both section chief (*buchō* 部長) and department director (*kantoku kachō* 監督課長) for the Aichi police department, among others, before departing for Korea. Although the precise timing of Maruyama's stint in Aichi is unclear, the trajectory of his career suggests that his time there overlapped with Gotō's when the latter began to establish prefectural hygiene police units as an employee of the Home Ministry.

[76] Hwang states that nearly 6 million yen was devoted for such programs. By 1909, "local police forces took up nearly 60% of the total expenditures for provincial or local government." Hwang, *Rationalizing Korea*, 71.

[77] *Komon keisatsu shōshi* (Keijō [Seoul]: Kankoku Naibu Keimukyoku), 229-230.

[78] Hwang, *Rationalizing Korea*, 72.

[79] James Gale, *Korean Sketches* (Seoul : Published for the Royal Asiatic Society, Korean Branch, by Kyung-In Publishing Co., 1975), 16. To be sure, Gale held various opinions about the rhinological particularities of each nation and each race. He wrote in a later work, "As each nation has its peculiar cut of dress, so each has its national odor apart from race odor." For Gale, Korea's "national odor" seemed to come from lacquer hats and kimchi, though he was less specific on what constituted "race odor." James Gale, *Korea in Transition* (New York: Young People's Missionary Movement of the United States and Canada, 1909), 16.

Korea. It described how smallpox had also tormented the people of Europe for thousands of years, only to be virtually eradicated within a generation. This was due to prudent fiscal allocations by European states and the people's collective understanding that universal immunization would eventually defeat the virus. Although the paper lamented that Koreans still "ineffectively prayed to a smallpox deity (*tusin* 痘神)," it expressed optimism that the country might follow Europe's example and soon be rid of the affliction so long as "people with children deeply consider…the dire necessity of this hygiene policy [vaccination], and that the government rapidly initiate [the policy] as well as effectively supervise the people."[80]

Against this background, the Taehan government relaunched the aborted vaccination program first initiated by the Kabo reforms a decade prior (see Chapter 2). Unlike its predecessor, the Taehan campaign set up training centers and dispatched graduates (50 total) to all provinces where, in coordination with local police, they conducted their own hygiene surveys and documented the names and residences of all unvaccinated subjects. These provisional medics (*imsi wiwŏn* 臨時委員) were also charged with establishing regional vaccination stations (*chonggyeso* 種繼所), producing and maintaining vaccine supply, and immunizing all children under the age of eight. The medics held the responsibility of recording the name and age of each vaccine recipient and issuing them a certificate of immunization. Such records, along with all fees collected from the vaccination program, were to be reported biannually to the Hygiene Bureau, though the overall responsibility for implementation, documentation and fee collection rested exclusively with the individual vaccination agents and the police. Vaccinators whose reports demonstrated "particularly effective" results would receive consideration for promotion to the rank of doctor (*ŭisa* 醫師).

The government's ability to centrally fund the new training and licensing system as well as pay the salaries of the state medics solved the thorniest flaw of its Kabo antecedent. Whereas the 1895 Kabo vaccination campaign required vaccinators to procure their own earnings by levying a substantial fee on patients, the Taehan program eliminated the "vaccination tax" along with mandated vaccination quotas for individual medics. These reforms were intended to eliminate instances of multiple or forced injections, false reporting and general graft.[81]

Nevertheless, problems persisted. Some issues stemmed from the complexities of the vaccination process itself. Medics were taught that patients injected with cowpox vaccine should develop a puss-filled lesion within the first ten days of administration—its absence would indicate the body's initial failure to produce antibodies. Due to the common occurrence of non-immunization on this first attempt, the Hygiene Bureau stipulated that, as a general precaution, revaccination should take place roughly a week after the initial injection. Inspecting for the presence of the pox lesion and confirming successful immunization thus required medics to meet with patients on at least two occasions—once after the primary injection, and again after the second. Such arrangements, however, proved difficult, especially in sparsely populated rural communities. Further, although the Hygiene Bureau lowered its one-time vaccination fee, many

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[80] *Tongnip sinmun*, 19 April 1899.

[81] Sin, *Hanguk kundae pogon ŭiryo sa*, 210

poorer patients still struggled to make even the initial payment, and newspaper reports noted a widespread unwillingness to present children for vaccination based on "superstitions."[82] This led to varied results, with some vaccinators reporting only scant levels of success. Though an extreme example, in North Hamgyŏng province only 100 of roughly 12,000 initial patients received the stipulated second vaccination in order to insure complete immunization, a confirmed success rate far below even one percent.[83]

Unsurprisingly, Japanese observers highlighted these shortcomings in reports to their home government. According to these documents, the blame fell less upon Korean commoners, who were uncivilized and understandably remained suspicious of state-led vaccination. As one later account somewhat presciently stated, lower-class Koreans believed that "because the vaccine derives from Japan, vaccination will result in all Koreans becoming Japanese, and the state of Korea (*Chōsen koku* 朝鮮國) will become the state of Japan!"[84] Instead, Japanese officials typically faulted the Korean government, which they said persistently struggled to enlighten its people to the benefits of modern disease prevention. According to Resident-General (future Governor-General) Terauchi Masatake (1852-1919), the Korean government's inability to reform begat poor institutions which, in turn, allowed for venality and bureaucratic lethargy: "promptness and efficiency were hardly to be expected," inevitably leading to the appointment of "incompetent officials."[85] Persistent factional infighting, jealousies and the "evils and abuses" of the central government trickled down into provincial administration, opening schisms between state and subject. If Koreans were to "assimilate the advantages of modern civilization," they required a more virtuous strata of "capable officials"—mid-level bureaucrats and police—who would not only enforce regulations, but also clarify and explicate their necessity.[86]

The obvious and devastating irony here was that the Japanese medical elite expressed similar frustrations with their own public health program and vaccination initiatives several years earlier. Chapter One showed how poor implementation of public health laws at prefectural and local levels confounded central authorities in the Meiji Hygiene Bureau, who lamented that their hygiene movements failed to "enter the hearts and minds of the people" due to the incompetency

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[82] According to Regulations for Vaccination in Each Province (kaekchibang chongdu sech'ik 各地方種痘細則), this fee, 30 chŏn, was to be waived for the poor and propertyless (*pin'gung mujaja* 貧窮無資者), though it seems discretion over who received free vaccinations was left up to the vaccinator or the police. The regulations were first published through the *Hwangsŏng sinmun*, 4 July 1889.
Superstitions derived from the post-vaccination appearance of a lesion, which led to a popular belief that the vaccinators were actually infecting patients with smallpox. Somewhat understandably, medics had a difficult time explaining the process of immunization itself: the idea that injecting a cowpox serum would prevent, not perpetuate, the spread of disease. Sin, *Hanguk kundae pogon ŭiryo sa*, 215.

[83] Ibid., 215.

[84] "Kankoku eisei," *DNSEZ* vol. 318 (1909): 317. Explaining other reasons for avoiding vaccination, the article also listed a fear of infertility and a suspicion that, if inoculated, the patient would turn into a cow.

[85] Terauchi, "Reforms and Progress in Korea," 237.

[86] Ibid., 223.

of provincial leaders.[87] After these initial failures, administrators such as Gotō stressed patience, maintaining that the improvement of public health and the indoctrination of Japanese subjects would take generations to accomplish. As part of his campaign justifying Japanese annexation, Terauchi offered a dismal assessment of the Korean government's ability to achieve such ends on its own, even if provided a similar amount of time. According to the Resident General, the only means of mending the Korean state was inserting "Japanese subjects in the ranks of Korean officialdom."[88] This takeover—the direct assumption of Korean institutions by Japanese personnel—signaled the final stage of an organized colonizing methodology that drew significantly from Gotō's modes of imperial pacification, beginning with ethnographic claims of Korean backwardness and ending with the forced commandeering of Korean institutions.

Healing the State: Japanese Takeover of the Korean Hospital Network

For all its evocative symbolism in the history of modern Korea, the 1910 Treaty of Annexation was arguably of less administrative significance than the succession of coercive settlements imposed by Japan following the Russo-Japanese War.[89] Beginning in 1905, the Korean government was denied all authority over foreign diplomacy as well as the last vestiges of extraterritorial rights over Japanese residents and foreign commercial interests operating in the peninsula. Two years later, another infamous agreement prohibited the Korean government from "enact[ing] any laws, ordinances, or regulations, or tak[ing] any important measures of administration without the previous assent of the Resident-General."[90] This 1907 treaty also accorded the Resident-General full authority over personnel appointments in all ladders of public administration, ensuring that Japanese or Japanese-appointed Koreans would staff government posts. Culminating in the 1907 forced abdication of Kojong in favor of his more malleable son, these agreements marked an astonishingly swift appropriation of Korean institutions and the replacement or marginalization of Koreans in most administrative offices.[91]

In a statement that succinctly reflected the colonial strategy of simultaneously consolidating and diffusing state power, Terauchi characterized the near absolute authority accorded to the Resident-General as imperative for effective government: "a more centralized administration was needed for the practical welfare of Korea, so long as her political, social, and economic conditions were in a primitive stage; and that, for the purposes of local administrative reform, guidance more direct than mere advice was necessary."[92] Such "guidance" involved the barefaced replacement of Korean functionaries with Japanese officials, transforming Korean

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[87] Nagayo Sensai, "Hatsu kai shukushi," *DNSEZ* vol. 1, no. 1 (1883): 10.

[88] Terauchi, "Reforms and Progress in Korea," 223.

[89] For a summarization of these treaties, see Hwang, *Rationalizing Korea*, 14.

[90] Quoted in Terauchi, "Reforms and Progress in Korea," 224.

[91] As is well known, the Japanese forced Kojong to relinquish the throne following his secret dispatch of three diplomats to the Second Hague Peace Convention in order to appeal for Korea's independence.

[92] Terauchi, "Reforms and Progress in Korea," 241.

bureaucrats into figureheads while Japanese authorities dictated policy from behind transparent curtains.

The Resident-General's self-accorded "participative power," as Terauchi termed it, allowed for the usurpation of nearly all facets of the Taehan public health program. This process began prior to the declaration of Korea as a formal colony. Although the Hygiene Bureau was headed by a Korean national until 1910, real authority was likely vested in Yamane Masatsugu (1858-1925), the former head of the Japanese medical police (*keisatsu'i* 警察醫) who arrived in Korea in 1907 as a hygiene adviser.[93] Employee rosters from early 1909 show a disproportionate number of Japanese in the Hygiene Bureau though, importantly, the precise hierarchy and the responsibilities of these officials remains abstruse.[94] For the new Japanese administrators, this obscurity was purposeful. Much like the police force, the nationally-hybridized Hygiene Bureau reflected the unique and increasingly false premise that two separate entities—the Korean government and the Japanese Resident-General—exercised simultaneous authority in a single, semi-colonial space. The political structure of this "state within a state" perpetuated the convenient masquerade that Japan was playing only a supplemental or advisory role to the Korean government even as the number of Koreans in high posts continued to dwindle.[95]

This became especially evident in the provinces, where the physical presence of the Japanese precolonial state expanded dramatically after 1905. In a statement that reveals the bizarre nature of Japan's role as ruler-cum-advisor, Terauchi outlined the purpose and duties of Japanese officials in local administration, stating:

> The functions for the Secretary (Japanese) in the provincial governments, by whose efforts large improvement in the efficiency of local administration is hoped for, are primarily to assist the Governor; to act in the latter's capacity in case of his absence or temporary inability to discharge duty; and to have charge of all matters relating to local administration, charity, religion, ceremonies, public works, education, foreigners, and the encouragement of industry. The functions of the Chief Police Inspector (Japanese) are to have charge of matters relating to police, sanitation, census, and emigration.[96]

"Assisting" in provincial governance thus connoted an all-encompassing authority. Though they would retain their positions until the early colonial period, Korean provincial governors could no longer exercise even "ceremonial" rule as the Resident-General had declared hegemony over ceremony itself.

This unique exercise of primary power under subordinate title was also manifest in Japan's gradual takeover of the nascent Korean hospital and clinical network. As I argued in

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[93] On the administration and origins of the Japanese police system in Korea, see Ching-chih Chen, "Police and Community Control Systems in the Empire" in Ramon H. Myers and Mark R. Peattie, ed., *The Japanese Colonial Empire, 1895-1945*, esp., 221.

[94] Sin, *Hanguk kundae pogon ŭiryo sa*, 329.

[95] This is to use Hwang's term for the relationship between the Resident-General and the Korean government.

[96] Terauchi, "Reforms and Progress in Korea," 242

Chapter Two, hospitals were emblems of legitimacy for modernizing states. As symbols of research and medicine, they also became requisite monuments of "civilized" nations. Harbingers of progress and scientific enlightenment, the modern hospital's bright and imposing white facade represented an institution of knowledge that reflected back upon the state. According to Foucault's formulation, the modern hospital also served a totalizing purpose, "identified with the *whole* of medical experience," communicating the "political purity" of modern medicine that would "represent the truth of that organization in guaranteed liberty."[97] This "truth" lay in state-sponsored medicine's scientific authority over the production of knowledge, which could, in turn, facilitate control over life itself.[98]

Because they served as institutions of knowledge production, authority over hospitals was also intimately bound with questions of national prestige and sovereignty. Kojong understood this when he attempted to renew and reformulate the Chosŏn-era medical system through the joint missionary-government Chejungwŏn hospital (see Chapter Two). After financial complications in 1894 led control over this institution to be passed exclusively to the American Presbyterian Church, the Taehan leadership allocated over 14,000 wŏn in its 1896 budget in order to establish a new government hospital (naebu byŏngwŏn 内部病院), which opened doors in 1899.[99] To evoke continuity with the now privatized and missionary-run Chejungwŏn (lit., "Hospital to relieve the masses" 濟衆院), this new institution was almost immediately renamed Kwangjewŏn (lit., "Hospital of extensive relief" 廣濟院).[100]

Also like the Chejungwŏn, the new institution helped showcase Kojong's patronage of medicine as a means of imperial legitimization. It was to revive the Chosŏn practice of free treatment to the country's poorest, a testament to the throne's benevolence and charity.[101] In order to appeal to a wider patient base, the imperial house continued its stipulation that the hospital introduce a type of dual medical practice by placing overt emphasis on *hanŭi* traditions while gradually incorporating biomedical technique. Although the Kwangjewŏn was overwhelmingly staffed by *hanŭi* practitioners, most also had training in the two-step vaccination process described above, and staff pharmacologists were split between experts in the manufacture of Chinese medicines (*hanyak* 漢藥) and the maintenance of imported ("Western") vaccines. Initially, editorialists hailed the idea of the hospital as a monument to a modernizing Korea. Even the *Tongnip Sinmun*, a frequent gadfly on the government's body of work, announced the hospital plans with fanfare, noting that it would be "a first since the opening of

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[97] Foucault, *The Birth of the Clinic*, 62, 70. Emphasis in original.

[98] This is what Foucault would later formulate into his powerful optic of "biopower."

[99] Sin, *Hanguk kundae pogon ŭiryo sa*, 279.

[100] The name was changed from the original "government hospital" to Kwangjewŏn after the central government's vaccination department was incorporated into the new institution. In another gesture that reflected the state's desire to exact both patronage and control over the medical system, the government had also offered supplementary funds to other *hanŭi*-based institutions prior to the establishment of the government hospital. Sin, *Hanguk kundae pogon ŭiryo sa*, 279.

[101] See Ibid., 279 as well as *Tongnip Sinmun*, 12 December 1896.

the county; the gain (*iik*) for the people (*inmin*) will be significant."[102] As such, the new Kwangjewŏn became a testament to a difficult balancing act concomitant with the process of modernization: a sweeping incorporation of new technologies carried out in accordance with a legitimizing tradition.

The throne also intended for the institution to function as the administrative center for a network of provincial clinics, vaccination stations and isolation wards (*p'ibyŏngwŏn* 避病院), all designed to both centralize and project power beyond the capital. Such efforts were expedited by a 1902 cholera outbreak, which demanded the immediate dispatch of medics throughout the country. Once again, the tragedy of cholera became an opportunity for the government to prove its mettle. And once again, the authorities issued a swift rhetorical response, stating that the Kwangjewŏn would soon dispatch nearly a thousand employees (*wiwŏn* 委員) to all thirteen provinces in order to distribute medicines and enforce disinfection and quarantine policies. An emergency isolation ward, exclusively for cholera patients, was also set up right beside the new hospital in Seoul.

Yet once again, the government came under heavy criticism for promises unfulfilled. The *Cheguk Sinmun* remarked that the number of anticipated health officials never reached the government's pledged total and, by early 1903, the Hygiene Bureau was lowering the number of medical staff promised to outlying regions.[103] A brief dispatch from the American diplomat Horace Allen noted that north of Inch'ŏn (Chemulpo) the "supply of cholera medicine [is] exhausted. People are dying in the streets, as householders refuse to harbor sick people."[104]

To be sure, the anti-cholera campaign as well as the smallpox vaccination initiative showed the limitations of the Taehan government's public health program. Yet despite the many criticisms, the early Kwangjewŏn and its attendant provincial clinics set down an infrastructure for introducing state-backed medical technologies to the peninsula. Not only had the state established a network of vaccination stations in rural areas but, under the authority of the 1899 Hygiene Bureau regulations, it also began issuing charter licenses to private hospitals, which succeeded in treating thousands of patients per month.[105] Effectively sharing administrative authority with the Hygiene Bureau, the Kwangjewŏn epitomized the binary intent of the Taehan medical system: greater centralization of the *hanŭi* and Western traditions to effect more streamlined, standardized and also diffusive government authority at both national and provincial levels.

The colonial government would appropriate and build upon this network in order to establish its own medical rule in Korea. Although the Resident-General and "hygiene ethnographers" belabored the inefficiencies of the Taehan medical system, the protectorate administration simultaneously began to utilize the entire Korean hospital nexus for its own ends.

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[102] *Tongnip Sinmun*, 27 April 1899.

[103] *Cheguk Sinmun* 25 October 1902. Quoted in Sin, *Hanguk kundae pogon ŭiryo sa*, 287. For the government stipulations that outlying hospitals would now have less staff, see Ibid., 288-9.

[104] Horace Allen, "Cholera Situation," *Public Health Reports (1896-1970)*, vol. 17, no. 41 (10 October 1902), 2356.

[105] Sin, *Hanguk kundae pogon ŭiryo sa*, 307.

Such machinations were, at first, executed subtly under the unique arrangement of the hybridized governmental system. During the 1902 cholera outbreak, for example, Japanese doctors entered the Kwangjewŏn as "provisional" (*rinji* 臨時) advisers, but remained after the disease had subsided, staking out other consultative positions under the Resident-General. These roles became formalized in 1905, when the aforementioned medical police administrator Maruyama Shigetoshi integrated the Hygiene Bureau into the Police Bureau (keimukyoku/kyŏngmuguk 警務局) as part of a larger consolidation of the entire Interior Ministry.[106] As nearly all historians of hygiene in Korea have noted, this was a significant shift as medicine and public health now fell under the jurisdiction of the Japanese-controlled police. As part of this transition, the Kwangjewŏn became, in effect, a facility that coevally operated as a hospital and as a police department.

This somewhat convoluted rationalization of the Korean medical bureaucracy culminated in a 1905 announcement from Resident-General Itō Hirobumi that the entirety of the medical system, including the Kwangjewŏn, would be moved to a brand new, Japanese-designed hospital in the heart of the capital. The facility would include a medical school as well as in-patient and surgical facilities. It would also manage all outlying vaccination stations, and incorporate a number of clinics managed by the Korean branch of the Red Cross. Despite this dramatic shift of authority from the Korean imperial house to the Resident-General, Kojong appears to have initially supported the blueprints. This was likely because, as the king saw it, the throne's previous sponsorship of the Kwangjewŏn would allow for, at the very least, partial or symbolic control over the new institution.[107] An inveterate seeker of his own legitimacy, Kojong likely expected that the throne would retain ritualistic authority over the institution as its sponsor, continuing a similar practice from both the Chejungwŏn and Kwangjewŏn. But the king was rebuffed by Itō, another experienced architect of statecraft and legitimacy, who drew from Japanese imperial planning to combine police rule, medical treatment, medical education and disease prevention into a single facility. As Itō explained, the hospital, just like Korea's imperial throne, derived its funds from the national treasury (*kokko* 國庫). He argued that the financial burden, and thus the right to claim authority over the hospital, should be shouldered by the government, emphasizing that "this distinction must be clear."[108] The difference between a

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[106] Park, *Han'guk kŭndae ŭihak ŭi kiwŏn*, 175-6.

[107] Though the Red Cross was stationed in Korea in an unofficial capacity since the 1890s, in 1905 Kojong granted permission for such clinics to begin operations in Korea. The move, which took place after Kojong's signing of the First and Second Geneva Conventions that same year, was executed as a demonstration of Korea and Kojong's sovereignty, and gestured towards the regime's process of "opening up." Indeed, the International Red Cross initially refused to grant Korea a national charter in the 1890s and early 1900s because the organization believed Korea to be part of China! Because Kojong, not the Resident-General, took credit for the presence of the Red Cross in Korea, the king predicted that the new hospital and the former Red Cross clinics would retain some sort of symbolic linkages to the throne. Kojong even pushed for the new building to be built as a throne-sponsored branch of the Red Cross hospital, though Itō also rejected these plans. See Park, *Han'guk kŭndae ŭihak ŭi kiwŏn*, 182-3 and also Pierre Boissier, *History of the International Committee of the Red Cross, Volume One: From Solferino to Tsushima* (Geneva : Henry Dunant Institute, 1985), 318-9.

[108] Kin Seimei, ed., *Nikkan gaikō shiryō shūsei*, vol. 6, pt. 1 (Tokyo: Gannandō Shoten, 1962-1967), 262-3.

government-led hospital and one sponsored by the throne is subtle but critical. Itō had, in effect, declared that the Japanese Resident-General would operate the new facility, depriving Kojong from exercising or even displaying any type of political authority.

Kojong's decades-long endeavor to (re)assert monarchical authority through his sponsorship of a medical system thus ended with a few strokes of Itō's brush. By stating that the Kwangjewŏn would be incorporated into the new Resident-General hospital, Itō severed the connection between Kojong and the state-run medical program that the king had so long sought to revive. The new "Hospital of Great Korea" (Taehan) was to be built under Japanese direction, overwhelmingly with Japanese money, and it would largely serve a Japanese clientele.[109] And it would not be built under the aegis of Kojong, as the king's forced abdication took place only four months after workers broke ground on the new facility. Ironically, the grand pronouncement of the Taehan Hospital heralded the final deposition of the Taehan medical system as Kojong had envisioned it.

To head the hospital, Itō appointed the itinerant Satō Susumu, briefly described at the beginning of this chapter. The former surgeon general and expert in German hygienic studies immediately began rotating out or reassigning Korean personnel by consolidating old offices and creating new ones. He appointed Japanese to head a number of departments, including divisions in internal and external medicine, otolaryngology, and gynecology.[110] The hospital budget accordingly ballooned, with operating costs rising from the original 17,000 yen allocated to the Kwangjewŏn to above 38,000 yen with the opening of the Taehan hospital.[111] These amounts grew each year, with expenditures doubling between 1907 and 1909.[112]

The Korean press quickly pointed out that this increase in money coincided with a flagrant increase in the number of well-paid Japanese personnel. Newspapers also remarked that the new hospital offered little discernible benefit to the overwhelming majority of the city's Korean residents. The *Taehan Maeil Sinbo*, for instance, published a scathing critique of the hospital's overall usefulness and intent. The authors questioned the necessity of a new building when a number of functioning clinics already existed in the capital, and they argued that the facility's true purpose was merely "to provide many (*tasu* 多數) Japanese doctors a salary."[113]

The criticism was certainly apt. Like humanities graduate students flocking to a lucrative assistant professorship, the Taehan Hospital offered an enticing opportunity for young Japanese medical professionals unable to locate employment in Japan. Mirroring the same pipeline that allowed medical students to land positions in Taiwan and Manchuria under Gotō Shimpei's

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[109] See the patient numbers in *Chōsen sōtokufu tōkei nenpō 1910*, vol. 2 (Seoul, 1910), 504. In 1909, for example, 699 Japanese patients would receive in-patient treatment at the facility, compared to 208 Koreans. The contrast in numbers is less pronounced for out-patient treatment, though approximately 25% more Japanese than Korean patients would receive treatment at the new hospital, and this discrepancy increased after 1910.

[110] See the personnel transfers outlined in *Komon keisatsu shōshi*, 228-229. Although Koreans retained some high (largely symbolic) administrative posts, the rapid influx of Japanese doctors highlights the hospital's restructuring along Japanese lines.

[111] Ibid., 229.

[112] Sin, *Hanguk kundae pogon ŭiryo sa*, 358-9.

[113] *Taehan Maeil Sinbo*, Korean edition, 5 May 1907.

colonial administrations, the Taehan hospital became a depot for early-career Japanese doctors to find work.

But the hospital also served a greater function than just draining the over-saturated Japanese medical job market.[114] Standing in northern Seoul immediately next to the sprawling Ch'anggyŏnggung [Changgyeonggung] palace complex—only a few miles from where Kojong was now confined to virtual house arrest—the institution communicated an authority that was both practical and symbolic. It became the administrative center for the colonial medical education and vaccination programs; it was the nucleus for outlying hospitals and clinics; it dispatched medics to conduct inspections of brothels and sex workers; it dictated medical policy and allowed for in-patient care and surgical procedure.[115] And it was an emblem of Japanese civilizational progress and "scientific rule"—its high victorian facade and clock tower providing a clear contrast with the surrounding tiled-roof *hanok*.

Just as much as the Chosŏn government used the hospital in order to legitimize its rule through the rectification of Korean medicine, the Resident-General used the facility to signal a profound rupture with the past. For the Japanese government, the Taehan Hospital was to be an exclusively biomedical institution that would end the hybrid *hanŭi*/Western-medicine practices of the Taehan era. A 1910 police publication on the now-defunct Kwangjewŏn stated that most of its medics (*iin* 醫員) "possessed no training in civilized medicine, and their treatments consisted of nothing more than washing wounds [and] applying ointments (*kōyaku* 膏薬) or offering up other toxic substances (*gekidokuyaku* 劇毒薬)… Further, its vaccinators don't understand the techniques of disinfection, and [their] production of the vaccination is shoddy."[116] In the 1908 publication of its annual "Reforms and Progress in Korea," the Residency-General commented that "until very recently, Korea possessed no adequately equipped hospital on a large scale." Although the report acknowledged that the Korean government had sponsored a number of medical institutions, these facilities "were irregularly managed and did not possess any competent equipment or accommodation." In contrast, the new, well-funded "Tai-han Hospital" could offer free treatment to the poorest Koreans. It also boasted a new (bio)medical school, "reorganized on an improved modern system," which admitted Korean students on scholarship and issued—gratis—textbooks, clothing, food and housing.[117] Such changes allowed for the gradual delegitimization of *hanŭi* practitioners, culminating in the reorganization of the entire

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[114] Hoi-eun Kim discusses how Japanese medical students began to find it increasingly difficult to land positions in Japan without first receiving a degree (and the pedigree) of studying abroad in Germany. See Hoi-eun Kim, *Doctors of Empire: Medical and Cultural Encounters between Imperial Germany and Meiji Japan* (Toronto: University of Toronto Press, 2014), ch. 3.

[115] Sin, *Hanguk kundae pogon ŭiryo sa*, 358-9; *Komon keisatsu shōshi*, 231.

[116] *Komon keisatsu shōshi*, 228-9.

[117] The report noted, however, that all first-year Korean students were required to take prerequisites in Japanese, arithmetic, physics and chemistry because "Koreans are still deficient in the common branches of education." Resident-General [Tōkanfu], *Annual Report on Reforms and Progress in Korea* (Seoul: H.I.J.M's Residency General, 1909), 90-2.

medical licensing system soon after 1910, effectively eliminating state recognition of traditional medical practice until much later in the colonial period.[118]

Though couched in the language of discontinuity and novelty, the above statement by the Resident-General also, paradoxically, demonstrated a furtherance of the very Taehan medical project that it denied. In providing free treatment to poor residents, educating a new class of doctors in biomedicine, and centralizing the medical administration in a gleaming new institution, the Resident-General took on, and then accelerated, existing visions of Korea's hygienic modernity that first took shape among Korean thinkers in the 1870s. Yet, while the late Chosŏn government sought to capitalize upon its long tradition of sponsoring the medical system in order to enact Korea's hygienic modernization, the Resident-General used the precise opposite method—a rejection of the past—in order to strengthen claims of legitimacy and enlightened rule.

Such claims were on full display when cholera again hit the peninsula in 1907, just prior to a visit by crown prince Yoshihito (1879-1926; r: 1912-1926). The Japanese anti-cholera measures became a parade of efficiency and organization showcasing Japan's supposed ability to conquer disease; the flareup served as an exhibition for all aspects of the Japanese health system that had taken shape in the metropole over the preceding twenty years. Reminiscent of Meiji hygiene associations, the newly-established Seoul Sanitary Association (Keijō Eiseikai 京城衛生會) took the lead in enforcing regulations on disease prevention in the capital while Japanese-led urban hygiene cooperatives (*kumiai* 組合) operated in Inch'ŏn and Busan.[119] Efforts to eradicate cholera also involved the reorganized police force, which forcefully implemented anti-disease ordinances such as disinfection and waste disposal.[120] This entire apparatus of hygiene police, urban hygiene associations, as well as the Taehan hospital and its outlying clinical network was now centralized under the Japanese-controlled Hygiene Bureau. The result was a highly-centralized health regime, managed through regional and local organizations, capable of enacting hygiene policy through a militarized implementation of anti-disease regulations.

As the cholera outbreak abated and Yoshihito concluded his trip to the peninsula, the future Taishō Emperor pledged a donation of 30,000 yen to sanitation efforts in Seoul. According to Henry, the sum amounted to an "astronomical portion (85 percent) of the city's budget."[121] The enormous donation was also accompanied by a statement of concern for the

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[118] The Governor-General introduced new exams and qualifications for medical licensing in 1913. Such acts required extensive training in (Japanese-managed) biomedical schools, which extinguished (Korean) state sponsorship of *hanŭi* practitioners. These transformations are outlined in N. H. Bowman, "The History of Korean Medicine," in *Transactions of the Korea Branch of the Royal Asiatic Society* vol. 6, pt. 1. (Seoul: Royal Asiatic Society, Korea Branch, 1915). See also, Suh, "Korean Medicine between the Local and the Universal," 105-108. Annette H.K. Son briefly outlines how *hanbang* medics struggled for state recognition of their practice in the colonial period. Son, "Modernization of medical care in Korea (1876-1990)" *Social Science and Medicine*, vol. 49 (1999): 543-550.

[119] "Keijō no densen yobō kisoku" in *DNSEZ* vol. 314 (June, 1909): 315-6; Hwang, *Rationalizing Korea*, 227 and Henry, *Assimilating Seoul*, 133-4.

[120] Henry, "Sanitizing Empire," 655-6.

[121] Henry, *Assimilating Seoul*, 134.

people of Korea and the Japanese living in the peninsula. This act of imperial patronage signaled an end to two competing claims of benevolent rule, or rather the assumption of a Japanese paternalistic order and the deposition of a Korean one. Kojong sat as prisoner as a colonizing force appropriated and then enhanced the institutions that he long coveted for his own legitimacy. When Japan assumed hegemony over the modernizing Korean state, it did so through a claim of rupture and innovation, promising to become a new "teacher of…the East."[122] Yet this self-proclaimed pedagogical imperative owed less to invention, and much more to the amplification of the police system, vaccination drives, and medical institutions initiated by the Taehan state. As Japan celebrated the introduction of an enlightened order, it did so by stepping upon the foundations of prior Korean government efforts, all the while denying that such "progress" derived from a recent past that it worked to discredit.

Conclusion

Just after the signing of the 1876 Kanghwa Treaty, an official in the Ministry of Foreign Affairs named Miyamoto Koichi (1836-1916) sent a dispatch from Busan to Foreign Minister Terashima Munenori (1832-1893). Miyamoto appealed to the Foreign Minister to send an increased number of medical bureaucrats (*ikan* 医官) to Korea. He stated that the current medics and medical facilities were insufficient for serving the growing number of Japanese living or staying in the port town. Miyamoto also outlined several other benefits to be gained by expanding the number of medical officials: "Although the [medical legation] is intended for the Japanese, it will help pacify (*kaian* 懐安) the Korean people (*Chōsen jinmin* 朝鮮人民), and lead them to revere, look up to (*kyōbō* 仰望), and rely on Japan. It will be the beginning of this people's enlightenment." He emphasized this point again a few lines later, stating "the most expedient means for enlightening this country begins with medicine (*ijutsu* 医術)."[123]

Written only eight years after the Meiji Restoration, Miyamoto's statement anticipated what would arguably become the most crucial means of Japanese imperial pacification: the use of medicine as both spectacle and a technology of rule. Such strategies were sharpened by Gotō Shimpei, first as a German-educated medical practitioner and ethnographer in northern Japan, and finally as an imperial bureaucrat in Taiwan and along the SMR leased territory. They were reflected in Gotō's conceptualization of *bunsōteki bubi*, a more discursive and epistemic—albeit also highly material—means of takeover that allowed for the melding of the colonial population's "evolutionary path" into that of Japan's. This involved the mapping, appropriation and mobilization of extant modes of rule so as to understand and gradually incorporate that path under the aegis of the colonizing authority. Gotō's formulation of *bunsōteki bubi* also forwarded a mode of institutional imperialism that called for the construction of magnificent and imposing buildings, which would testify to Japanese power. Such institutions were designed to overawe and inspire obeisance to colonial authority while also, in the long run, subsuming the evolutionary trajectory of the local population seamlessly into Japan's.

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[122] Terauchi, "Reforms and Progress in Korea," 322.

[123] Kin Seimei, ed., *Nikkan gaikō shiryō shūsei*, vol. 1 (Tokyo: Gannandō Shoten, 1962-1967), 511-12.

Although Japan confronted an altogether different reality in Korea than in Taiwan and in northeast China, many of Gotō's tactics were incorporated into a similar project of imperial pacification. Ethnographic surveys of local hygienic behavior, a dramatic centralization and dispersion of coercive medical authority, the co-option of local modes of governance and policing, and the construction of a new hospital all abetted the gradual consolidation of political authority. This was also precisely the goal of the Korean government prior to the protectorate period. While, in contrast to the Resident-General, the Taehan regime relied upon appeals to tradition and an emphasis on continuity as its wellspring of legitimacy, it nevertheless instigated its own comparable processes of social engineering through vaccination drives, hygiene police and government-sponsored hospitals. Japan's seizure of political authority in Korea depended significantly upon this infrastructure even as it criticized such enterprises as misguided, corrupt or, most commonly, nonexistent.

Yet, no matter which state asserted sovereignty over Korea, such declarations were always contested and consistently undermined by acts of resistance or subterfuge. The constant affirmations of hygienic efficiency, disease eradication, and salubriousness that compromise the state archives of public health also suggest a deep insecurity that the population would refuse to participate. Quite frequently, however, the state's performance of hygienic efficiency mattered more than its reality. The massive investments in public health programs, the mapping of local life and the dispatch of hygiene squads were of little significance if the state could not convince its critics—foreign and domestic—that its project was in the best interests of "reform and progress."

Conclusion

In 1897, the British Consul-General in Seoul, Walter Hillier (1848-1927), wrote:

> It must be evident to all who know anything of Korea that a condition of tutelage, in some form or another, is now absolutely necessary to her existence as a nation. The nominal independence won for her by the force of Japanese arms [in the Sino-Japanese War] is a privilege she is not fitted to enjoy while she continues to labor under the burden of an administration that is hopelessly and superlatively corrupt.[1]

Hillier's account was not representative of all Western views of Korea.[2] Nevertheless, his assessment was one in a growing chorus of voices that increasingly deemed Korea incapable of governing itself. For these critics, Korea's subordination under a "condition of tutelage" was overdetermined: the question was not if the peninsula required the guidance of a foreign nation, but rather which imperial power might be the best to help awaken Korea to the "privilege" of national independence. Japan perhaps ensured this type of pedagogical hegemony over Korea through military victories against China and Russia, but armed conflict only partially legitimized Japan's annexation of the peninsula in 1910. Whereas prior assessments of the origins of Japanese imperialism in Korea have emphasized geographical proximity, the strategic importance of establishing a buffer zone for the home islands, or culturalist interpretations about the "naturalness" of Japanese expansionism into another East Asian country, this study has attempted to show that Japan's assumption of political authority derived significantly from its ability to convince the world of its hygienic modernity, and of Japan's capacity to introduce a similar program of modernization to the peninsula.

Japan's own modern public health program derived from the Meiji state's responses to open ports and industrialization. International trade, a new conscript army, and civil war allowed diseases such as cholera to spread with stunning rapidity in the early Meiji period. Despite grand visions in the 1870s for imbuing subjects with a self-reflexive hygienic consciousness, rampant disease outbreaks forced the government to create and implement public health policies in an ad hoc manner, leading the Hygiene Bureau to entirely reformulate its approach to "hygienic self-governance" in subsequent decades. In this light, public health was less concomitant with, and more a reaction to, the multifarious issues introduced by capitalist modernity: hygiene and

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[1] Walter Hillier, preface to *Korea and Her Neighbors* by Isabella Bird (Seoul: Yonsei University Press, 2007), 2.

[2] For example, Horace Allen, as perhaps expected, maintained an alliance with the Taehan government and argued vociferously for Korea's independence.

sanitation programs might have burgeoned state power, but their implementation also frequently showed the limitations of state authority.

At the same time, the setbacks and shortcomings of the early Meiji public health system provided an experiential foundation for Japanese hygienic policy in its empire. Minute investigations of local life through what I have called hygiene ethnographies, the informal bureaucratic networks forged among alumni of Japanese hygienic research institutes and German medical training programs, the strategic erection of hospitals and clinics in rural areas, and the use of hygiene police in order to enforce policy all helped translate public health from metropole to colony. Hence, although the process of hygienic indoctrination was always contested and never complete, the *infrastructural* and *methodological* basis for establishing and maintaining a national public health system was well in place by the end of the Meiji period.

The Meiji state's public health system was not, however, exported wholesale to the imperial periphery, nor did the colonial public health system represent the first instantiation in Korea of a state-led, governmentalized effort to manage population through control over the body. By the turn of the century, the Korean government had also instituted an ambitious program of hygienic modernization that included universal vaccination, waste management, road improvement, and a nascent medical education system. When Japan declared protectorate status over Korea in 1905, many of these projects remained only partially fulfilled. As such, they were not the "sprouts" of a self-realized Korean modernity that somehow lay dormant from 1910 to 1945 only to bloom in the post-liberation period. Instead, Japan's proto-colonial interests in Korea co-opted, amplified, and mobilized nascent trends toward hygienic modernity for the benefit of the Japanese colonial project. Even as the emerging colonial state built upon the programs initiated by the late-Chosŏn or Taehan dynasty, it also denied their existence, casting Korea as backward and positioning Japan as the custodian of Korea's development.

Colonial Confucianism through Charitable Treatment

We can see this simultaneous assumption and appropriation of political authority in a sweeping 1915 survey on sanitary conditions and disease prevention in Korea. Published by the Japanese Army's Medical Department (*gun'ibu* 軍医部), the document is one part ethnography and one part statistical atlas. Echoing the hygiene ethnographies conducted by Gotō Shimpei in Aichi and Taiwan, the report lays out a medical map of the peninsula that is scrupulous in its detail, but also general in its conclusions. A product of Japanese colonial rule in its infancy, the document's content is perhaps predictable. The first part of the report describes Koreans' superstitious healing traditions, their overall dirtiness, and the stagnation of the country's medical infrastructure. It offers up salacious anecdotes about Koreans' use of urine and feces as topical ointments, and it expounds upon the ignorance of Koreans to biomedical practices, especially in the countryside. The second half of the survey complements these descriptions with the authenticity of the empirical: statistical tables show that 60% of residents in one village on Kanghwa Island suffer from pulmonary distoma, 80% of Koreans in Wŏnsan show signs of parasitic or intestinal worms, and nearly all children in Chongsŏng exhibit "various forms of disease [-induced] abnormalities" (*shoshu ekibyō ijyō* 諸種疾病異常).[3] The overall impression

[3] Daihachi shidan gun'ibu, ed., *Chōsenjin no ishokujū oyobi sono ta no eisei* (Tokyo: Ryūkeishosha 2005), 184.

is one of suffering and physical pain. The report even notes that in some villages, illness has become normalized to such an extent that Koreans are no longer conscious of their own agony.

The army survey also presents several glowing snapshots of how the Japanese army has introduced scientific forms of treatment and disease prevention to Korea, especially during its occupation of the sparsely populated north. It describes, for example, the how Japanese soldiers stationed in Tŏkch'ŏn used their free time in order to construct the region's first hygiene clinic (*eiseikai shinryōjo* 衛生会診療所), which treated 340 Korean patients within only fourteen months of opening. Interestingly, these propagandistic and carefully selected examples cite the Japanese army's "charitable medical treatment" (*seryō/siryo* 施療), a decidedly paternalistic and compassionate practice connoting the benevolent provision of service to the country's poorest.[4] Largely absent from the pre-colonial Japanese medical discourse on Korea, this "Confucian" term signaled a subtle shift in how Japanese medical officials framed their involvement in the peninsula spanning 1910. Prior to annexation, Japanese medical bureaucrats and ethnographers drew distinctions between Japan as hygienically modern and Korea as hopelessly moribund. As I showed in the previous chapter, such differences undergirded Japanese expansionists' arguments that imperial rule was in Korea's best interest. According to this logic, the protectorate and colonial governments would streamline the management of public funds, introduce broad health education, and provide universal biomedical treatment to Koreans. The use of the anachronistic *seryō* in the hygiene survey, however, makes the Japanese army's apparent compassion more pronounced than its efficiency or organization. In doing so, the document places notions of charity, generosity, and goodwill above the ideas of rationality and scientific management that typically undergirded Japanese justification for involvement in Korea.

This emphasis on Japan's "charitable medical treatment" continued well into the colonial period even as colonial rule pursued an ostensibly more rationalized means of medical administration, one that proscribed many folk or shamanistic health practices.[5] Against the background of Japan's "scientific imperialism," the persistence of *seryō* thus seems curious, an awkward deviation from the Government-General's unflagging focus on medical progress, research, sanitary improvement, and cleanliness.

I suggest that the term's odd ubiquity in the early decades of formal Japanese rule signals a subtle colonialist discourse designed to complement unceasing proclamations of modernization, progress, and civilizational advancement. If Japanese imperial hegemony was grounded in its claims to have *severed* the Korean colony from the corruption and stagnation of the Chosŏn era, then references to "charitable medical treatment" also underscored Japan's

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[4] Ibid., 135.

[5] In 1913, for example, the Governor-General implemented a licensing system that required all medical practitioners to register with the government. The new regulations ostensibly allowed for the continuation of *hanŭi* practices under the authority of the colonial state but, because these regulations allowed the state to circumscribe the number of licenses provided, it also served as a means of phasing out state recognition of Korean medicine. See N. H. Bowman, *The History of Korean Medicine*, in *Transactions of the Korea Branch of the Royal Asiatic Society* vol. 6, pt. 1. (Seoul: Royal Asiatic Society, Korea Branch, 1915), 21-22. On the changing meanings and practices of *seryō/siryo* in the early colonial period, see Kim Yŏng-su, "1910-1920 nyŏndae singminji chosŏnŭi siryosaŏp ŭi pyŏnch'ŏn" *Yŏksawa kyŏnggye* vol. 95 (June 2015): 143-68.

assumption of the paternalistic authority held by the Korean state. Although Japanese medical facilities continued to overwhelmingly treat only Japanese in the early colonial period, and the Government-General's public health reforms largely benefitted Japanese settlers and colonial bureaucrats, claims of benevolence through free medical treatment enabled the Government-General and Japanese medical officers to arrogate a traditional form of authority to themselves.[6] In other words, instances of *seryō* represented a moralistic assertion of authority that expropriated the Taehan state's own declarations of responsibility over the welfare of the Korean people.

This act of commandeering the Korean government's own traditionalist form of rule was designed to legitimize colonial power in several ways. Most obviously, it was one component in a broader attempt to shift symbolic authority from Korea to Japan that involved supplanting the suzerainty of the Korean throne with that of the Japanese emperor.[7] It also undercut both the foremost method and justification for American Protestant missionaries' interaction with Koreans. As I explored in Chapter Two, missionaries employed medicine as their primary means of evangelism, especially as they sought to make a direct connection between "relieving the pains of the body" and "cur[ing] the sickness of the soul."[8] For missionaries, biomedical practice was designed to verify spiritual claims regarding the universalism of Protestant Christianity—the application of scientific laws would substantiate religious ones. Unlike the medical agents of the Chosŏn state, the overwhelming majority of missionary doctors asked for no financial compensation for their services because their operations were funded by North American benefactors. Supported by significant financial outlays from Tokyo, Japanese acts of *seryō* thus allowed Japanese doctors to compete with missionaries' charitable treatment of the poor. Sensitive to the Western perspective of Japanese intentions in Korea, especially any perceived intolerance toward Christian missionaries and schools, the Government-General used *seryō* as an informal means of subverting missionary influence over medicine and, by extension, spirituality.

Lastly, the provision of charitable medical treatment provided Japanese rule with a form of culturalist authenticity that helped legitimize its role as the steward of a new East Asian civilizational sphere that both enveloped and extended beyond the archipelago and the peninsula. As Stefan Tanaka argues, positioning Japan at the forefront of a supposedly ancient Sino-centric realm demanded taking the "sino" out of the equation by characterizing China as a once great kingdom that was now defunct. In order to assume leadership of a historically constructed East or Orient (*tōyō* 東洋), historians at Tokyo Imperial University positioned Japan as "the new possessor and authority of the spirit or essence of *tōyō*."[9] This involved constructing a version of

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[6] And as Hwang argues, the colonial state tolerated and, in some instances, even became an active patron of Confucianism. Hwang, *Rationalizing Korea*, 160-1.

[7] This project involved undermining the late-Chosŏn/Taehan state authority through other discursive realms such as imperial pageantry. See, for example, Christine Kim, "Politics and Pageantry in Protectorate Korea (1905-10): The Imperial Progresses of Sunjong," *The Journal of Asian Studies* 68, no. 3 (August 2009): 835-859.

[8] "Missions in Korea" *The Korean Repository*, 1 (December 1892; reprint New York: Paragon Books Reprint Corporation, 1964): 287.

[9] Stefan Tanaka, *Japan's Orient: Rendering Pasts into History* (Berkeley: University of California Press, 1993), 151.

Japan that could trace Japanese modernity to a shared regional past rooted in selectively-sampled Confucian antecedents. *Seryō* demonstrated this amalgam of modernity with tradition by couching Japan's interventionism in Korea in terms of benevolent rule, while also exhibiting Japan's achievement of medical modernity through its army's clinics, Japanese-run hospitals, and the provision of free medical treatment in the countryside.

Of course, this was not the first time that biomedicine and hygiene had been historicized in order to manufacture a seamless continuity between an immutable past and the present. In Chapter One, I discussed how Fukuzawa Yukichi and Nagayo Sensai made this connection between the Tokugawa-era *yōjō* 養生 or "fostering life" and the modern *eisei*. In an almost ironical fashion, Fukuzawa even acknowledged the constructedness of this linkage, presciently arguing that such inventions were essential to maintaining the national community. In Korea, the king-turned-emperor Kojong similarly attempted to suture Chosŏn-era practices with Taehan-era modernization programs by positioning universal vaccination campaigns and the building of a new Korean government hospital as extensions of his family's centuries-long rule. When the colonial leviathan assumed control over these institutions and projects, it was done by sounding a grand break with the past. Yet, as the persistent references to *seryō* demonstrate, such acts were also carried out in the idiom of tradition.

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