

The 1927 “Emetine Injection Incident” in Colonial Korea and the Intervention of Korean Western-Trained Doctors

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Abstract

The major cause of 1927’s so-called “Emetine Injection Incident” was the compulsory administration of emetine injections instituted by the colonial Korean sanitary police system, which aimed to create a hygienic environment for Koreans in a cost-effective manner. Though some Koreans criticized this compulsory police-administered treatment, this incident did not serve as a turning point that led either to the improvement or abolishment of the sanitary police system. After officially confirming that patients were poisoned, the Hanseong Medical Association (HMA) did not try to use the incident as a chance to raise their voice to improve the colonial medical system. Given that the aim of the HMA was to benefit medical practitioners, intervening in administrative actions may have laid outside its domain of interest. The HMA, as well as other Korean political organizations, failed to harness the anger generated by this incident to improve the sanitary environment in Korea. However, after the risks of the injection were publicized, Koreans began to be suspicious of injections performed by the police. The Emetine Incident led Korean people to see the sanitary policy of the colonial government from a different angle.

Keywords: distoma, emetine injection, Korean Western doctor, Hanseong Medical Association (HMA), sanitary police system

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Introduction

In March 1927, an unusual scene was witnessed by Koreans at Yeongheung, in the northernmost province of Hamgyeongnam-do. A raging mob broke into the police station and smashed windows, desks, and other furniture and equipment. The mob consisted of family members of people who had died after being injected with emetine, a treatment meant to prevent lung distoma. One, a father searching for the doctor responsible, cried out “Who killed my only son?” while brandishing a knife. The group looked so bloodthirsty that government doctors who were supposed to be treating the injected refused to go out without a police escort. However, even the police hesitated to risk themselves. Once the incident was reported in the newspapers, many Korean political organizations, such as the influential Singanhoe (“New Trunk Society”), began holding special meetings to impeach the Japanese colonial government over the deaths. Immediately, the “Emetine Injection Incident” emerged as a burning national issue. The press reported that all political organizations in Korea had risen in arms to criticize government policies and discover the truth for the people.¹

Joseon bogeonsa (The History of Public Health in Korea) published in 1981 not only had the incident resulted in a harsh spotlight on brutal Japanese colonial policies, but it had also strengthened the unity of Korean medical practitioners. Nevertheless, this campaign failed to prevent the colonial government from continuing to administer the poisonous injection (Hong 1981, 337). Though I largely agree with the first point, the second one fails to indicate what kind of unity was achieved as an outcome. Furthermore, the author provides no clue as to why Koreans continued to receive the emetine injections after the treatment had been demonstrated to be dangerous. To clarify these points, I shall ask and answer the following questions. Why did this incident fail to change medical policy? Which

1. *Dong-A Ilbo*, March 23, March 24, March 25, 1927; *Jungoe Ilbo*, November 16, 1927.

medical doctors intervened at the time and how? Finally, what were the consequences of this incident? I hope answers to these questions will help provide a clearer picture of this incident.

The Discrepancy between a Deliberate Misdeed and Good Intention

After the annexation of Korea, the Japanese colonial government exhibited great concern with regards to lung distoma and scarlet fever. In 1916, it established the Institute for Contagious and Local Diseases, affiliated with the Government-General Hospital, the central hospital in Korea. The president of the hospital recalled that he wanted to eliminate lung distoma at all costs as it was a major pervasive disease that devastated the Korean people, destroying them mentally as well as physically. Lung distoma was responsible for decreased labor productivity in families and was so widespread that it exerted a debilitating influence throughout entire provinces and Korea as a whole (Sato 1956, 72-73).²

The lung fluke, a parasitic worm approximately 8-12 mm long, was known to cause human lung distoma. In 1915, a Japanese doctor working in Taiwan determined that the crayfish or crab was the second intermediate host (Moriyasu 1915, 31). No other cause or further intermediate hosts had been discovered at that time. The main goal of the institute was to conduct research on lung distoma and attempt to begin its eradication. As research accumulated, the disease was found to begin as the eggs of the lung fluke, which were transmitted to black snails (the first intermediate host), or crayfish and crab (the second intermediate host), before finally being ingested by and infecting humans (Kobayashi 1927, 36).

As the president of the Government-General Hospital was well aware, lung distoma patients were quite common in Korea as to be

2. See also *Chosen sotokuhu kampo* (The Government-General's Official Gazette), January 9, 1912.

expected in light of the wide distribution of intermediate hosts. Crayfish could be found throughout Korea and crabs, if provided opportunities to lay eggs, were active enough to reach remote areas like Hamgyeongbuk-do province (Miyairi 1916, 57). The hosts alone were not responsible for the widespread presence of lung distoma in Korea. According to the colonial government, the Korean patients' lack of health knowledge did not attempt to cure lung distoma, considered to be an untreatable chronic disease, thus resulting in a 80-90 percent infection rate in some areas (Government-General in Korea 1916, 324).³ One entire town was allegedly ruined by lung distoma (Kobayashi 1929, 60). This high rate of infection seemed "horri-fying" to the Japanese authorities (Nakano 1912, 49).

In addition to spurring epidemiologists to conduct further research, the colonial government began to take practical measures against the disease. The first step was eliminating human contact with intermediate hosts. The colonial police urged residents, especially members of sanitary unions, to catch black snails which were the first intermediate host. In 1916, the number of black snails caught nationwide totaled approximately 210 million (Kagami 1916, 151). The same type of mobilization was employed for crab catches, as well. In Paju-gun in Gyeonggi-do province, residents were mobilized to catch crabs for three days each month during the year of 1925.⁴

The next step was legislation, which outlasted the practical preventive measures. In 1922, the colonial government promulgated a regulation on lung distoma to be applied to the three districts in Hamgyeongbuk-do province that were regarded as the most severely infected. The regulation specified that anyone who ate or sold crab caught in these districts would be fined or sentenced to detention, and that any medical practitioner who treated anyone suffering from lung distoma should report the patient's details to the police station within three days.⁵ In 1924, to maximize the effect of these restric-

3. According to the survey conducted in 1916, there were 39,401 lung distoma infected patients in Korea (Government-General in Korea 1916, 320).

4. *Dong-A Ilbo*, September 19, 1925.

5. *Chosen sotokuhu kampo*, May 15, 1922.

tions, the Japanese colonial government expanded the regulation to the whole of Korea.⁶ However, simple prevention was not enough to eliminate lung distoma. Fortunately for the colonial government, a Japanese doctor working in Manchuria discovered that injecting emetine weakened the lung fluke and could work as a targeted treatment for lung distoma. Exactly when the emetine injection was introduced in Korea is uncertain, but had clearly taken place by the late 1910s (Provisional Department of Land Survey 1918, 132).

Emetine was regarded as an efficacious weapon in the battle against lung distoma. The government offered it at cost as long as the Korean patient showed a clear commitment to continuing the injections. In the case a patient could not afford the injection, the sanitary union paid the bill.⁷ Some towns already had “cure unions” consisting of lung distoma patients who received financial aid from the government.⁸ The government aimed to disburse the injections over as large an area as possible.

Between March 1st and 17th in 1927, the Bureau of Sanitation in Hamgyeongbuk-do supervised the administration of emetine injections to about 100 infected residents of Yeongheung-gun. An unexpected result occurred a few days later, when about half of those injected showed toxic symptoms, and six died. This triggered the Yeongheung riot, stimulating negative feelings among Koreans towards colonial policy nationwide. After hearing the news, several young men’s associations in the province urged the authorities to disclose the facts and planned to hold a public rally in which the truth about the incident could be reported.⁹ Many suspected that these people had died of poisoning from the emetine injection.

6. *Chosen sotokuhu kampo*, April 30, 1924. On 1st August, 1934, the colonial government abolished the regulation, because cooking crab was verified as the most effective measure to prevent lung distoma, and the nutritional benefits of cooked crab would help farmers recover from weakened health due to the impoverished conditions of farming communities (Government-General in Korea 1941, 156).

7. *Chosun Ilbo*, August 24, 1924.

8. *Maeil Sinbo*, July 11, 1923.

9. *Dong-A Ilbo*, March 22, 1927.

The official statement was disappointing to the Koreans, especially the family members of victims. After finishing the investigation, the colonial government defended itself from accusations that patients had died of poisoning. According to police, just days after residents were injected, the temperature fell rapidly and there was heavy snowfall. This cold weather worsened the physical condition of those injected who already had colds, to the extent that their colds became acute pneumonia. This illness was pinpointed as the cause of death. A Japanese doctor supported the claim by adding that no one showed symptoms of poisoning, even though emetine injections had been in use for several years.¹⁰ The officials assured the public that it was not the emetine injection, but the weather that was to blame.

However, patients continued to attribute the illness and ensuing deaths to the emetine injections. The relatives of the victims claimed that the authorities had deliberately given overdoses. In fact, the emetine injection not only had limited value as treatment for distoma, but also, if continued, side effects such as general weakening and loss of appetite could appear. If such side effects became obvious, dosing should have ceased until the patient recovered (Provisional Department of Land Survey 1918, 132). One of the doctors administering injections admitted with some hesitation that if the residents had been overdosed with emetine, they could have died as a result. Although acknowledging that because the health states of the patients varied widely, the dose of emetine had been increased to three grams, the authorities continued to assert that deliberate overdosing was not feasible. They claimed that if there happened to be some patients suffering from side effects, they would spontaneously recover.¹¹

Nevertheless, officials possibly administered stronger doses than necessary, intending to maximize the effect of the injection. Korean people in general had no liking for preventive injections, and authorities should have informed residents fully about the details before giv-

10. *Maeil Sinbo*, March 23, 1927; *Dong-A Ilbo*, April 12, 1927.

11. *Dong-A Ilbo*, March 23, March 24, 1927; *Maeil Sinbo*, March 23, 1927.

ing the injection and chosen only patients not suffering from other health complications.¹² In fact, to maximize the effect, officials recommended a daily injection unless a patient was in danger of suffering a heart attack. Continuing injections were recommended, even if a patient was showing improvement to their health such as no longer coughing up bloody phlegm, because emetine simply weakened the vitality of the fluke parasite rather than outright killing it. “The longer the injections are continued, the better the effect will be” (Provisional Department of Land Survey 1918, 141). The greater the efforts of the authorities to eradicate lung distoma, the higher the possibility that the suffering of patients would be ignored.

Some circumstantial evidence supported patients’ claims of abuse. A medical practitioner provided a newspaper with the story of one person who was forced against his will to have the injection, despite cries of pain. Furthermore, injected patients were threatened with an injection fee that included previous injections if they stopped the three-week course of injections. One of the government doctors who participated in this treatment worried that the two- to three-gram dose might be risky for patients, and asked the policeman concerned to reconsider the level. The policeman ignored the doctor’s concerns, telling him that the dosage had not caused any problems before.¹³

As criticism of the emetine injection spread nationwide, the chief policeman in charge of Hamgyeongbuk-do province attempted to give condolence money to pacify angered family members of the victims, emphasizing that he gave the money not as chief policeman but as a private individual, and that he promised to try to make amends and impose punishment on the police concerned. At the same time, the government sought to highlight the intentions rather than the results of the treatment, and defended itself by saying that whether the officials had made a mistake or not, there was no doubt that they had been motivated entirely by good intentions.¹⁴

12. *Maeil Sinbo*, March 23, 1927; *Chosun Ilbo*, April 2, 1924.

13. *Dong-A Ilbo*, March 22, 1927; *Chosun Ilbo*, March 25, 1927.

14. *Dong-A Ilbo*, March 25, April 12, 1927; *Chosun Ilbo*, March 25, 1927.

The Intervention of Professionals and Their Limitations

Arguments over the real cause of death continued between family members of victims and the authorities. The Organization for the Yeongheung Incident, consisting of members from most major nationalist organizations in Korea, asked the Hanseong (Seoul) Medical Association (HMA), an organization of Korean doctors trained in Western medicine, to dispatch medical practitioners to attempt to deal with the disaster.¹⁵ Following the colonization of Korea, there was only one countrywide medical association, called the Chosen Medical Association, whose management and memberships were primarily Japanese medical doctors. The HMA was regarded by most Korean people as the “Korean” Medical Association. Koreans expected that the HMA would support their side in the dispute. It was time for professionals to intervene.

Seeking the intervention of Western-trained medical doctors might be interpreted as recognition of their rising status. Oriental medicine had been the traditional form of practice in Korea for several thousand years, and the number of oriental medical doctors was three times larger than that of Western-trained medical doctors.¹⁶ Korean traditional medicine presumably recognized the existence of lung distoma. *Dongui bogam* (Exemplar of Korean Medicine), the early seventeenth-century Korean traditional medical text, referred to *pyechung* or lung worms that resembled silkworms as causing coughing in humans. Compared to descriptions of other worms, the description on *pyechung* seems particularly detailed (Yeo 1993, 116).¹⁷ Considering that the officially surveyed number of lung distoma patients was about 40,000 in 1916, and that lung distoma was conventionally called “*tojiil*” or endemic in Korea (S. Kobayasi 1929, 60), oriental medicine must have had some kind of remedy for lung distoma.

15. *Dong-A Ilbo*, March 27, 1927.

16. In 1927, there were 1,508 Western-style medical practitioners, and 4,289 oriental medicine doctors.

17. A Japanese medical doctor supposed that in oriental medicine, lung distoma was probably categorized as a disease which caused bloody phlegm (Miki 1963, 90).

However, oriental medicine had not identified an etiological cause. Furthermore, it was regarded by the Japanese colonial government as “primitive,” “uncivilized,” and “unscientific” medicine. Korean Western-trained doctors mostly shared the opinion of colonial government in this matter. Even Korean Western-trained doctors who supported the oriental medicine revival did not accept some of the underlying theories of oriental medicine, especially the Five Elements theory (Yeo 2008, 93-102). This evaluation probably influenced the decision to dispatch Western-trained medical doctors; the fight against “scientific” authority needed weapons forged by “science.” According to an editorial in a Korean newspaper, the truth had to be revealed in genuinely scientific terms.¹⁸ Science was a term which was generally regarded as rooted in Western civilization. Accordingly, a Western medical doctor, rather than traditional one, was needed to investigate the incident.

In fact, Korean Western-trained doctors were already involved in the investigation prior to this intervention. When reports of the incident were first published in newspapers, articles by Korean medical practitioners had already appeared, expressing doubt over the colonial government’s explanation. They suspected that this incident originated from an overdose of emetine. They added that because emetine was a poisonous medication, the person administering should examine the patient’s physical state every time the injection is given, taking extreme care even when treating otherwise healthy people. If already poisoned patients were continually injected with emetine, their condition could quickly lead to death. The dose of emetine should not exceed two grams, with one gram the standard. However, the practitioners suspected that those giving the injections had not paid much intention to the physical condition of those they were trying to treat.¹⁹

The HMA dispatched two members of its association to Yeongheung in response. The HMA representatives expressed considerable

18. *Chosun Ilbo*, April 2, 1927.

19. *Dong-A Ilbo*, March 22, 1927; *Chosun Ilbo*, March 25, 1927.

doubt regarding the colonial government's official statement. One said:

I have never seen a patient showing such eccentric symptoms. Research papers on such symptoms have not been published. Even though we recognize the argument that the genuine cause of death originated with a cold, it is unlikely that only emetine-injected patients caught such a bizarre cold. Conclusively, I could not help but conclude that the patients were poisoned by emetine injection.²⁰

Following accounts of the incident from their representatives, the HMA issued an official statement: "After conducting clinical experiments on patients, we have reached the conclusion that they clearly showed symptoms of toxic poisoning." The HMA added that if necessary, they had every intention of publishing the result in an academic paper.²¹ At last, "science" supported the Korean victims.

There can be little doubt that the members of HMA were a new generation, constantly influenced by ideas of the superiority of Western medicine. It was Japan itself who stressed this superiority more than anyone else. Subsequent to the annexation of Korea, Japan harnessed Western civilization to justify its colonial rule, arguing the West was superior to the East in terms of civilization and that Korea should modernize itself with the help of Japan, who had already achieved this goal. Absorbing Western civilization through Japan, especially medicine, was proffered as one of the most important achievements to which Korea could aspire (Park 2006, 200-205).

As far as this incident was concerned, the new generation contradicted the current and previous "science teacher," that is, Japan.²²

20. *Dong-A Ilbo*, March 30, 1927.

21. On 9th April, the fact that the patients had been poisoned was officially confirmed again by the Korean doctors dispatched from the Hamnam Medical Association, consisting of medical practitioners from the affected Hamgyeongnam-do province (*Chosun Ilbo*, April 14, 1927).

22. In 1899 Korean government established a governmental medical school in which Western medicine was taught by a Japanese doctor, which continued until the end of colonial rule (Kee 1995, 127-159).

According to the scientific standards of Korean doctors, the colonial government's statement was not satisfactory. Neither the colonial administration's fairness nor expertise was trusted by Korean doctors from the outset of the incident. A Korean doctor suspected the expertise of the official doctors concerned and said, "Judging from the fact that public doctors used more than three times the dose of emetine, there is little doubt that they did not have any knowledge of emetine injection."²³ The interviews with Western-style medical doctors clearly revealed the development of Korean doctors and their role within Korean society.

At the same time, the colonial government was confronting difficult circumstances. The incident took place in 1927, when yearnings for independence were regaining strength in Korea. Singanhoe was a threat to the colonial regime, because it implicitly and explicitly aimed to achieve national independence through unification of the nation. Most topics at meetings held by the Singanhoe society advocated national unity (Yi 1993, 287). Upon hearing the news from Yeongheung, several national organizations decided to ask Singanhoe to dispatch a representative to investigate the situation.²⁴ Singanhoe was expected to play a leading role in this incident.

This incident was potentially quite politically useful for Korean nationalist organizations as an example of innocent Koreans being killed by the coercive Japanese colonial government. The incident gave the HMA an opportunity to take a leadership role by demonstrating its nationalist credentials as well as its expertise. As far as this incident was concerned, Koreans regarded the HMA to be representing Korea in the same manner as Singanhoe, because the Organization for Yeongheung Incident had asked the HMA to dispatch representatives. The representative sent by Singanhoe was treated for all intents and purposes as official Korean investigators, charged with

23. *Dong-A Ilbo*, March 25, 1927. Though the public doctors concerned were Korean as well as Japanese, ultimate responsibility rested with the Japanese colonial government. In this sense, it was the colonial government whom Korean medical doctors blamed.

24. *Dong-A Ilbo*, March 27, 1927.

meeting and questioning the Japanese officials concerned.²⁵

However, the HMA took no further action except to announce the results of their investigation. Their reluctance to participate in policy making possibly deprived them of an opportunity to become national leaders of Korea. Socially elevated, doctors did not want to risk being at the head of a nationalist movement because they believed that working in the field of medicine, improving the public health environment, or providing new medical treatments to the public was sufficient to fulfill their obligations to the nation. Resolving a national crisis was not considered to be part of their role (Kim 1933, 1). They wanted to take a limited role by enlightening people, rather than act as national leaders.

At the same time, as long as scientific measures were at the heart of the issue, there was not much the HMA could do, as it was obvious that there was no better cure for lung distoma than emetine injection. The efficacy of the injection was generally acknowledged, even by Korean doctors. A distinguished Korean medical doctor admitted that emetine injection not only cured lung distoma but also prevented the disease from spreading (Yu 1931, 34). It was difficult for Korean doctors to draw distinctions between colonial government and themselves when they themselves endorsed emetine injection as the most practical method to eradicate lung distoma.

However, the refusal of HMA to accept the colonial government's assertion seemed to effectively undermine the credibility of the government. The colonial government no longer claimed that this incident took place as a result of a sudden drop in temperature, but declared, "We have not found any specific cause of toxication."²⁶ What was worse for the colonial government, a nearly identical incident took place in Haenam, Jeollanam-do province, which similarly struggled with widespread lung distoma. Six residents out of 50 who received the injection were reported to have died. According to *Chosun Ilbo*, injections continued to be administered, even to a patient

25. *Chosun Ilbo*, March 27, March 31, 1927.

26. *Chosun Ilbo*, April 2, 1927.

who was forced to rest at home because of severe side effects.²⁷

At the same time, the HMA's confirmation spurred nationalistic organizations to criticize the government with more confidence. "Thanks to the HMA's confirmation, it is obvious that the cause of death is the injection of poisonous emetine."²⁸ The authorities were alleged to have deliberately concealed the true cause of death by feigning that influenza or pneumonia caused the deaths. These organizations demanded that the government punish the officials concerned and generously reimburse the victims' families for damages, citing mistakes that led to the incident and accusing the authorities of being intentionally misleading in stating that the victims died of pneumonia.²⁹

As the clinical cause of death was revealed, it was time to disclose the fundamental cause that had such significant consequences. One of the causes pointed out at the time was discrimination against Koreans. Despite the fact that a dose of more than one gram of emetine could result in poisoning, the officials neglected to appraise the health status of each individual before treatment. The Organization for Yeongheung Incident claimed that this indicated that the colonial government did not value the lives of Koreans.³⁰ If the authorities had been sincere in their efforts to take care of the Korean people, such incidents would not happen. Without people's belief in a government, it was claimed, no state power could succeed in ruling people.³¹

Other Koreans identified the sanitary police system as the main culprit. The sanitary police system was established in 1911, after the

27. *Dong-A Ilbo*, April 1, 1927.

28. *Dong-A Ilbo*, April 9, 1927.

29. *Chosun Ilbo*, April 24, 1927. Since the authorities did not provide any financial compensation, one victims' widow demanded 10,000 won from the officials concerned, including public doctors, since nobody in her family was able to earn money since her husband had died as a result of the emetine injection (*Junggoe Ilbo*, March 22, 1928).

30. *Chosun Ilbo*, April 6, 1927; *Dong-A Ilbo*, April 13, 1927.

31. *Sinmin* (New People) 24 (1927): p. 3.

abolition of the Bureau of Sanitation within the Ministry of Internal Affairs. According to one newspaper editorial, it was shocking that this kind of incident took place in a country ruled by Japan, which was arguably one of the advanced nations in terms of medical knowledge and treatment. Therefore, the colonial police administration was to be blamed because, although public doctors had given the injections, the police department had supervised the whole process. One doctor involved admitted that he differentiated doses for each individual patient, following the orders of the policeman in charge.³²

The editorial writer could not understand how the colonial government permitted police to give clinically unproven injections to more than 100 people. Some contended that the police ignored the state of Korean public health and living standards.³³ Critics of the sanitary police system noted that the police lacked medical knowledge, possessing no more than ordinary people.³⁴ A Korean medical practitioner joining the investigation with the representatives of HMA stated that in his opinion, patients clearly received excessively strong doses of emetine and that public doctors did not monitor patients' health during the injection period.³⁵ Though aware that this incident did not occur as a result of a sinister move on the part of the authorities, he asserted there was no doubt that local police lacked proper consideration for the condition of the Korean people's health.³⁶

As criticism of the colonial administration grew, with the police singled out for particular condemnation, a prosecutor was dispatched to investigate public doctors, family members of victims, and other witnesses. A doctor in the Government-General Hospital was even sent to carry out a post-mortem. However, the results of the autopsy were kept secret by the government, which was interpreted as a failure to contradict the so-called toxication theory.³⁷ About a year later,

32. *Dong-A Ilbo*, March 24, 1927.

33. *Dong-A Ilbo*, March 22, 1927.

34. *Keimuiho* (The Police Bulletin) 213 (1923): p. 71.

35. *Dong-A Ilbo*, April 2, 1927.

36. *Chosun Ilbo*, April 17, 1927.

37. *Chosun Ilbo*, March 30, April 1, April 3, April 6, 1927.

a local Hamgyeongnam-do provincial congressman demanded that the authorities reveal the full truth to dispel suspicions, stressing that concealing the truth would only aggravate the situation. However, a policeman attending the local congress just reiterated previous excuses that the incident was classified as top secret.³⁸

To pacify public opinion, the government announced that it was ceasing emetine injections from April 1927.³⁹ However, a 1931 newspaper article announced that emetine injections were to be given to all local residents for the complete elimination of lung distoma.⁴⁰ This resumption was probably inevitable. Except for a prohibition against catching crabs, there was no practical way to end the spread of lung distoma. As such, emetine injection was the best-known method to cure distoma. While opposition was spreading, even critics admitted that Japanese medicine was “top class” and emetine injection was “an advanced and civilized medicine.”⁴¹ Emetine injection was one of the most effective medicines that “scientific” Japanese medicine possessed during the colonial period. The authority’s affection for emetine injection was not weakened.⁴²

Conclusion

The HMA, as well as other Korean political organizations, failed to harness the 1927 Emetine Injection Incident to improve the Korean situation. However, after the dangers of the injection were publicized, Koreans began to be suspicious of injections performed by

38. *Chosun Ilbo*, February 28, 1928.

39. *Chosun Ilbo*, April 2, 1927.

40. *Chosun Ilbo*, November 20, 1931.

41. *Dong-A Ilbo*, March 22, 1927; *Sinmin* (New People) 24 (1927): p. 3.

42. *Chosun Ilbo*, April 28, 1927. The first thing the authorities had to do to eliminate distoma seems to have been providing sanitary facilities such as water supply system. In 1936, a survey showed that only 2 out of 58 Yeongheung residents suffered from distoma. Such astonishing improvement, according to newspapers, resulted from “serving ample drinking water through the water supply system” (*Maeil Sinbo*, July 9, 1936).

police. Similar suspicions arose around scarlet fever injections, in another example of Koreans rejecting colonial medicine. While about 80 percent of elementary school students voluntarily accepted a preventive injection against scarlet fever in Seoul, seven of the fifteen infected patients were revealed to have been injected the previous year. This figure rendered suspect the preventive injections. Even though the authorities defended themselves by saying that immunity was effective for one year, "the injection was in grave doubt."⁴³

In the end, it would be fair to say that the major cause of this incident was the compulsory administration of emetine injections, originating from the colonial Korean sanitary police system, which aimed to create a hygienic environment for Koreans without spending much effort or money. Though some Koreans criticized the compulsory treatment, this incident did not serve as a milestone in the improvement of the sanitary police system or its abolishment.

Political organizations leading the movement against emetine injections focused their interests on more nationalistic agendas such as the independence movement. Considering that the first National United Front in Korea was organized in 1927, when the incident took place, hygienic problems were probably not of great concern to Korean political organizations. At the same time, the HMA did not try to use the incident as a chance to raise their voice to improve the colonial medical system. They had little experience in such activities, and believed that improving the environment or providing new medical treatment to the public was a better way to fulfill their role as a member of the nation. However, the Emetine Incident led Korean people to see the sanitary policies of the colonial government from a different angle.

43. *Dong-A Ilbo*, April 21, 1927.

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