

REVIEW ARTICLE

The Emergence of New Grids for Viewing the History of Medicine in Korea beyond “Koreanness”

Soyoung Suh, *Naming the Local: Medicine, Language, and Identity in Korea since the Fifteenth Century*, Cambridge, Mass.: Harvard University Asia Center, 2017, xiv, 228 pp.

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1. Introduction

*Stat Roma [rosa] pristina nomine, nomina nuda tenemus
Stat Coreia pristina nomine, nomina nuda tenemus*

In Umberto Eco's *The Name of the Rose*, Friar William plays a game with the reader by quoting a modified version of a poem 'On contempt for the world' by the twelfth century French Benedictine monk Bernard of Cluny. The original lines run:

Nunc ubi Regulus aut ubi Romulus aut ubi Remus?

Stat ROMA pristina nomine, nomina nuda tenemus

'Where now are [the ancient heroes] Regulus, Romulus and Remus?

All that remains of Rome is the name, just the bare name.'

* Translated by Kim Yusök.

For his own satirical purposes, Friar William changes the name 'Roma' in the second line to 'rosa' (rose): I propose instead to replace it by 'Korea'. I am prompted to do so by a reading of Soyoung Suh's book, *Naming the Local: Medicine, Language, and Identity in Korea since the Fifteenth Century*, which deconstructs with a keen eye the narrative of "Koreanness" constructed by either actors who wove the history of medicine in Korea from the thirteenth century to the latter half of the twentieth century or contemporary historians who have interpreted that history.

The five topics that Soyoung Suh chooses in relation to "Koreanness" – i.e., local botanicals (*hyangyak* 鄉藥) during the late Koryŏ Dynasty (1230-1392) and the Chosŏn Dynasty (1392-1910), "Eastern medicine" (*tongŭi* 東醫; i.e., Korean medicine) from the mid-Chosŏn period onward, Koreans' bodies and patent drugs during the Japanese colonial era (1910-1945), and research on Koreans' "fire illness" (*hwabyŏng* 火病; i.e., somatization of repressed anger) since the 1970s – are not arbitrary but are key topics that any researcher on the history of medicine in Korea would cite as highly significant. A surprising fact is that, except for the case of Koreans' bodies, which has been newly added for this volume, papers on four of these topics have been published in disparate journals and books yet converge on the single problematic of "Koreanness." This signifies that the author has intensively explored these issues for a long time.

To date, there has been no bold attempt to define one key field in the history of medicine in Korea as embodying "Koreanness" and to deconstruct both the process of its construction and the ways in which it operates from the meta-perspective of international contexts. Indeed, I cannot recall any other reliable monograph that, crisscrossing the pre-modern, modern, and contemporary eras, interprets the nearly millennium-long history of medicine in Korea in terms of this single topic. Herein lies the first significance of Soyoung Suh's book from the entire body of research on the history of medicine in Korea.

A fact as important as the volume's in-depth examination of five aspects of the history of medicine in Korea in relation to "Koreanness" – i. e., local botanicals, "Eastern medicine," Koreans' bodies during the Japanese colonial era, Koreans' advertisements for drugs in the same period, and "fire illness" – is that, through these five windows, readers can broadly survey the historical, social, and cultural landscapes of the overall history of medicine in Korea. Moreover, this book is highly significant in the field of the history of medicine in East Asian countries, since it sets out for the first time the long current of the history of medicine in Korea in English, thus facilitating comparison and communication among researchers on the history of medicine in China, Japan, and Vietnam.

Before examining Soyoung Suh's book in detail, the author's description of the structure of her book may be quoted in full (I have introduced paragraph divisions for the sake of clarity).

Chapter 1 focuses largely on the early fifteenth century, when the texts identified as being about local botanicals reached their peak. By interrogating the way local botanicals were documented, I stressed the possibilities and limitations of the vernacular nomenclature of *materia medica* in pre-modern Korea.

Centering on the early seventeenth century, chapter 2 analyzes the origins of "Eastern medicine" as the label of a geographically distinctive tradition, then traces its modification and legacy in the late nineteenth and early twentieth centuries. I showed that the meaning of the East in medical compilations shifted away from balancing the regional differentiation against its northern southern Chinese counterparts and instead sought to explicitly tame the advance of the West.

Chapters 3 and 4 examine the early twentieth century as a turning point of Korean medicine, as doctors and scholars sought to decenter the authority of China, seeking alternative resources of novelty and authority from Japan and the west. It is not an exaggeration to say that under the colonial regime, the Japanese language, texts, and networks of professionals replaced those of China. Yet far from a radical cessation the transition accompanied a degree of Korean emulation of and connection with Chinese references. Chapter 3 in particular explores the 1930s, in which the colonial alteration of medicine articulated the Chosŏn (Korean) category in "scientifically" reporting the specific attributes of Korean bodies.

Chapter 5 begins with the late 1970s, when Korean psychiatrists began to contemplate "Koreanness" in a way that problematized the Anglo-American framework of psychiatry. (p. 164)

2. Following the Trajectory of the Book

When approaching the history of medicine in Korea diachronically, local botanicals during the period from the late Koryŏ Dynasty to the early Chosŏn Dynasty (mid-fifteenth century) have usually been the first topic to be discussed by authors. The first reason for this is the scarcity of

historical materials that can confirm the medical tradition that developed in Korea earlier, and the second reason is that local botanicals, by nature, were defined, circulated, verified for efficacy, and systematized into knowledge in terms mostly of indigenous medicinal ingredients (*yakjae* 藥材). Consequently, since the initiation in South Korea of description based on the methods of modern historiography, starting with Kim Tu-jong's (1896-1988) *A History of Medicine in Korea* (*Hanguk Ŭihaksa*)¹ and Miki Sakae's (1903-1992) *A History of Medicine and a History of Disease in Korea* (*Chōsen Igakushi oyobi Shippeishi*)², dozens of academic papers have been produced and two symposia have been held on the topic of late Koryō-early Chosōn local botanicals.³ This shows that these local botanicals constitute one of the hottest topics in research on the history of medicine in Korea.

Soyoung Suh likewise has participated in research in this field and presents "Chapter 1. Local Botanicals, or *Hyanggyak*: The Correct Name of Herb and Self" as a fruit of her endeavors. Her problematization of local botanicals in this chapter is not found in any preceding study. She questions the "possibilities and limitations of the vernacular nomenclature of *materia medica* in pre-modern Korea." Just as she examines the elite's interest in local botanicals during the Koryō-early Chosōn period, Soyoung Suh develops her argument while criticizing as anachronistic and monolingual approaches the views of numerous earlier scholars such as Miki Sakae and Kim Tu-jong, who, interpreting the task of assigning indigenous names to indigenous medicinal ingredients, imbued this with the significance of the "independence of [Korean] medicine [from China]" from the perspective of the nation-state. An explosion of interest in local botanicals during the late Koryō-early Chosōn and the government's investigation of local botanicals nationwide, dispatch of medical officials (*ūigwan* 醫官) to China in order to verify similarities and differences between local botanicals and their Chinese counterparts, and publication of a professional medical text on local botanicals amounting to no fewer than 85 fascicles in the early Chosōn all displayed the possibility for local botanical-based medicine to develop.

¹ Kim (1955; 1966).

² Miki (1963).

³ In 1999, the academic society Chin-Tan Society (*Chindan Hakhoe*) held discussions on the five topics of: the formation of the late Koryō-early Chosōn theory of local botanicals; local names (*hyangmyōng*; i.e., names in Korean) in the *Standard Prescriptions of Local Botanicals* (*Hyanggyak Chipsōngbang*); the political and ideological backgrounds and significance; bibliographies; and the creation of databases. The results were published in the *Journal of the Chin-Tan Society* (*Chindan Hakpo*) 87 (1999). In 2018, a total of 11 papers were published on the *Prescriptions of Local Botanicals for Emergency Use* (*Hyanggyak Kugūppang*).

However, these developments coexisted with undeniable limitations. Such an interest in local botanicals failed to lead to the creation of nomenclature in their local names, with local names merely remaining supplementary tools for the Chinese names of drugs, while the medical theory governing local botanicals was wholly Chinese. In fact, local botanical-based medicine failed to wield much influence on the populace, and popular doubts about accurate correspondence between local botanicals and drugs recorded in (Chinese) medical texts continued into the nineteenth century.

Consequently, Soyoung Suh presents the following conclusion on local botanicals during the early Chosŏn:

Situating within the Sinocentric world order, Koreans did not necessitate the establishment of their own knowledge grid. In a sense, the accumulation of medical knowledge in Chosŏn Korea could hardly have been autonomous or independent. Simultaneously, however, it was necessary for Korean elites to impose the Chosŏn's positionality on the forms of medical knowledge, claiming indigenous differences and a geopolitical identity. Chinese medicine as a textual tradition was regarded as more authoritative, and adapting it to another locale calls for situated moderation. What has to be remembered is that the claim of local botanicals served as a medium to give meaning to a Korean intellectual project. It does not imply any rigid division between the Chinese and the local or the universal and the particular; rather, it alludes to a discerning way of relating the local to the more authoritative system of knowledge. (38)

The "Eastern medicine" tradition addressed in "Chapter 2. Eastern Medicine, or *Tongŭi*: Imagining a Place for Medical Innovation" is a topic at the apex of pre-modern medicine in Korea. The term "Eastern medicine" corresponds to Southern medicine (*Nanyi*) and Northern medicine (*Beiyi*) in pre-modern China and the West since the modern era in terms of the cardinal directions and is distinguished from Chinese medicine and Japanese medicine alike in terms of the nation-state. As a result, the concept has been the most popular topic in research on the history of medicine in Korea, and no study attempting to examine the history of medicine in Korea diachronically can avoid it. This chapter is one such study.

Astutely, Soyoung Suh does not wrestle with the entire tradition of "Eastern medicine." Instead, she chooses to focus on her discussion through a case study of the theory of cold damage (*shanghan* 傷寒). It is because, as in her quotation of Yamada Keiji's (1932-) remark, the "theory of cold damage is a window on diverse medical landscapes." (45). The

theory of cold damage was perceived and used differently in each period and in China, Korea, and Japan. This is the first and only paper to grasp the theory of cold damage in the overall current of the history of medicine in Korea. In comparison with the position that it has occupied in China and Japan, the theory of cold damage does not emerge as the most noteworthy characteristic of the history of medicine in Korea, a unique aspect of the country in research on the history of medicine in the three East Asian nations. Compared to a clear medical tendency of stressing the nourishment of life (*yangsheng* 養生) and the maintenance of health (*baoyang* 保養) after the publication of the *Precious Mirror of Eastern Medicine* (*Tongŭi Pogam* 東醫寶鑑) in 1613, interest in the theory of cold damage was considerably lower than in the cases of Japan and China. This chapter grasps the characteristics of Koreans' perception and application of (the theory of) cold damage from Hŏ Chun's *Precious Mirror of Eastern Medicine* (1613) and Yi Che-ma's *Longevity and Life Preservation in Eastern Medicine* (*Tongŭi Suse Powon* 東醫壽世保元; 1899) to traditional Korean physicians' (*hanŭi* 韓醫) interest and research in the 1930s during the colonial era and compares them with Zhang Zhongjing's theory of cold damage from the Han Dynasty (206 BCE-220 CE), the theory of cold damage and the theory of warm diseases (*wenbing* 溫病) that subsequently developed in China, and research on the theory of cold damage by the Ancient Formula School (*Kohōha* 古方派) in Japan.

The Korean medical community's stance toward the theory of cold damage became clear starting with the *Precious Mirror of Eastern Medicine*. Though this text accepted the theory of six division patterns (*liujing* 六經) in Zhang Zhongjing's *Treatise on Cold-Damage Disorders* (*Shanghanlun* 傷寒論), according to which external diseases deeply penetrated the body in six stages from the body's surface to the bodily organs, it did not embrace the approach of using decoctions (*tangyao* 湯藥) that corresponded to the disease patterns (*bingzheng* 病症) grasped. Hŏ Chun's approach to the theory of cold damage consisted of emphasizing pulse taking (*zhenmai* 診脈), which was not found in the *Treatise on Cold-Damage Disorders*, in order to grasp the condition of the body and using drugs after considering the state of bodily organs corresponding to diseases. Prescriptions presented by the *Treatise on Cold-Damage Disorders* were not used in and of themselves, and those supplementing the condition of the body in response to external contraction⁴ (*waigan* 外感), too, were used. Soyoung Suh confirms that such an approach made references to Zhu Gong's *A Book of Cold Damages for Saving Life* (*Shanghan Huorensu*) from the Song Dynasty (960-1279 CE) and Yu Tuan's *Orthodox Transmission of Medicine* (*Yixue*

⁴ This is the common translation of the Chinese term; here 'contraction' does not refer to reduction in size, but to an illness being 'contracted' (i.e. caught) as the result of an external influence.

Zhengchuan) and Gong Tingxian's *A Mirror of Medicine of All Times* (*Gujin Yijian*) from the Ming Dynasty (1368-1644) and that such treatments were applied to nineteenth century clinicians' perception and treatment of cold damage as well. In addition, *Longevity and Life Preservation in Eastern Medicine* (1899), the most noteworthy Korean medical text after the *Precious Mirror of Eastern Medicine*, likewise applied Hō Chun's concept of exterior/interior (*biaoli* 表裡), and this method was also a heritage continued among traditional Korean physicians up to the 1930s. Theories of cold damage differing from these emerged during the colonial era, however, and an understanding of cold damage based on the Chinese theory of warm disease and a current of the theory of cold damage following the Ancient Formula School tradition in traditional Japanese medicine arose (68-69).

Despite her selection of the theory of cold damage as an example, Soyoung Suh's ambitions do not seem to abate by any means. It is because, through this chapter, she presents her unique answers to questions regarding the entire concept of "Eastern medicine." With the theory of cold damage as a case, the chapter clearly demonstrates the following: the medical tradition in Korea began to be perceived as different from the traditions of Northern medicine and Southern medicine in China; and there existed, at the turn of the twentieth century and from the twentieth century onward, respectively, currents of thought arguing that medicine in the nation-state of Korea was distinguished from its counterpart in China and must be differentiated from medicine in the West as well. Ultimately, Soyoung Suh presents the stance that even "Eastern medicine," the largest tradition in the history of medicine in Korea, did not secure a unique and independent sphere but positioned itself in its relations with the outside world including China, Japan, and the West:

In Korean textual composition, 'the East' signifies not so much a region in reality as an intellectual standpoint in motion. Conjured up against Southern, Northern, and Western counterparts, Eastern medicine enabled Korean elites to name their positionality for medical innovation. The deliberate demarcation of Eastern medicine reveals more hybridity than purity in its textual, clinical, and cultural components. Although the growing nationalization of medicine in the twentieth century highlighted Eastern medicine's own territory in contrast to its Chinese, Western, and Japanese counterparts, Korean physicians have simultaneously sought connections by engaging different sources across national, cultural, and linguistic boundaries to effectively meet the clinical and social demands of their time. (70)

The discussions in “Chapter 3. Chosŏn Koreans: The Colonial Identification of the Local” consists of two discussions that took place in a context where biomedicine had become the mainstream. One was traditional Korean physicians’ responses to a situation where biomedicine determined the existence of traditional Korean medicine (*hanŭihak* 韓醫學) through the active use of “Koreanness” for their own survival. The other was studies conducted by Japanese and Korean scholars in accordance with the perspective of biomedicine in order to find “Koreanness” in the body, diseases, and drugs.

After the initiation of Japanese colonial rule in 1910, biomedicine became the official medicine, and traditional Korean medicine dwindled to an entity whose existence was acknowledged only temporarily in Korea. In the 1930s, Korean “practitioners of traditional medicine” (*ŭisaeng* 醫生) engaged in full-fledged activities to justify the very existence of traditional Korean medicine, which had been marginalized by biomedicine. They stressed that traditional Korean medicine was: adapted to Korea’s land and climate, based on the accumulation of prolonged experience; outstanding in internal medicine; psychosomatically comprehensive; holistic, perceiving the entire body integratively; and economical. In contrast, these figures argued, biomedicine: was locally focused despite its excellence with respect to surgeries and infectious diseases; used invasive treatments; and was costly and uneconomical, thus unfit for colonial Koreans. Traditional Korean physicians thus resisted the monopoly of biomedicine by making use of a strategy of “provincializing biomedicine.” Though many studies have already been published on this debate, Soyoung Suh displays unique insights by showing how traditional Korean physicians failed to have much effect with their efforts and ended up accepting and adopting biomedicine (“borrow[ing] terms, images, and educational models from the newly emerging profession of biomedicine”), inevitably acknowledging the superiority of biomedicine. In addition, she enables readers to view the nature of biomedicine during the colonial period from even broader horizons by examining together “Koreans’ bodies,” yet another sphere in biomedicine.

The relationship between “us” and “them” generated by Japan’s forced occupation of Korea came to be examined from the perspectives of the body and disease. The question was whether or not the Japanese “superiority” to Koreans was determined by physical differences between the two ethnic groups. A practice commonly observed in racist eugenics emerged in colonial Korea, too: based on an interest in Koreans’ “particularity”, both Japanese and Korean medical researchers sought to find the key to such alleged traits in Koreans’ bodies through similar methods. First, Japanese medical scientists compared the heights, weights, and brain sizes of the two ethnic groups, subsequently intensifying

such research. Korean medical scientists followed suit, using similar categories—e.g., magnesium levels in the blood, pelvic sizes, infants' fingernails, parasites, ages of menarche, blood types, etc.—to compare and contrast the bodies of Koreans, Japanese, Manchus, and Mongols. As Soyoung Suh concludes, efforts by Japanese and Korean scholars alike to find “Korean” characteristics failed. This was because statistics on the bodies of Japanese and Koreans did not yield significant differences.

“Chapter 4. Lifesaving Water: Managing the Indigenous for Medical Advertisements” examines the circumstances surrounding Korean patent drugs during the Japanese colonial era through the examples of advertisements by four pharmacies and one company, all established by Koreans. The first four cases stressed the use of “tradition” and “[potential customers' Korean] ethnicity” in advertisements for their patent drugs. In contrast, the final case was characterized by its emphasis on the “contemporary era” and the “advancement of the [Korean] people through public health.” As Soyoung Suh states, this chapter deals with “indigenous and foreign ‘dualism’” from a “bottom-up” perspective (110), unlike other chapters, which mainly address contents related to the elite's medical knowledge. Here, four unprecedented elements form the backdrop. They are: the rise of biomedicine; the introduction of capitalist mechanisms; the implementation of colonial medico-pharmaceutical policies favoring Japanese companies by the Government-General of Korea (GGK; Korean: *Chosŏn Ch'ongdokpu* 朝鮮總督府; Japanese: *Chōsen Sōtokufu*; i.e., Japanese colonial government); and the emergence of the modern medium of the newspaper and advertisement through it.

The five examples of advertisement were notable for their respective characteristics. First, in the case of Hwalmyōngsu 活命水 (Whal Myung Su to be exact; “Lifesaving Water”), a drug for internal diseases including the sinus cold, infectious diseases, and acute indigestion (*jizhi* 積滯), advertisements variously: combined the efficacy of both traditional Korean medicine and Western medicine; made use of the manufacturer's unique image (logo) of a spread folding fan besides the copy; and appealed to potential customers' ethnic nationalism by mentioning Sohn Kee-chung (Son Ki-jōng), a Korean medalist at the 1936 Berlin Olympics. Second, in the case of Ch'ōngmyōng Posindan 清明補心丹, its manufacturer noteworthy: advertised the product intensively, no fewer than some 500 times in the *Korean Daily Newspaper* (*Korea Daily News* to be exact; *Taehan Maeil Sinbo*) during 1907-1910, immediately before Korea's colonization by Japan; made a strong impression by using powerful Chinese calligraphy; included illustrations of airships; and alluded to the “endemic” (*t'ojil* 土疾; i.e., pulmonary distomiasis), a folk concept of disease. In the case of Paekpohwan 百補丸, the third example and a drug targeting Koreans living in Manchuria after the Mukden Incident of 1931, the advertisement

strategy for it stressed: the Manchurian origin of traditional medicine; the harsh environment and working conditions of the region including droughts and severe cold; the absence of public health in Manchuria despite these conditions; the drug's reinforcement of the body's stamina in order to alleviate problems caused by such an environment; and the obtainment of certification for the product from a Japanese Imperial University. Fourth, in the case of Cho Family's Plaster (*Cho Koyak* 趙膏藥), an ointment for treating boils, its manufacturer achieved great success through unusual methods: advertising the product's efficacy through a traders' network established across the nation; and enlisting singers for promotional activities. The final case, Yuhan Corp.'s advertisements of new Western drugs are on a level different from those of the four preceding examples. Having studied and managed a food company in the United States, Ilhan New (Yu Il-han) returned to Korea in 1927 and imported and sold American drugs including sulfa drugs and immunity enhancers. Rather than stressing the uniqueness of traditional Korean medicine, his company used in its advertisements slogans such as "The modernization of Korean pharmaceuticals" and "The improvement of Koreans' health." Moreover, only Koreans could become the firm's stockholders and employees, which had the effect of strengthening the company's identity as one based on ethnic nationalism.

"Chapter 5. Fire Illness, or *Hwabyōng*: Narrating Illness in the Vernacular" deals with "fire illness," which is familiar to all South Koreans on or above the primary school level. Rather than exploring "fire illness" itself, Soyoung Suh traces: how medical scientists considering "fire illness" an ailment unique to Koreans since the 1970s have perceived that ethnic particularity; the processes through which the illness has become a special disease category in the international psychiatric community; and the history of the ways in which traditional Korean physicians have explained to the public the causes of and treatment methods for this unique illness.

According to Soyoung Suh, the argument that "fire illness" was an ailment unique to Koreans was raised by Korean-American psychiatrists and began to gain the attention of the international academia. Deeply interested in this issue from 1983 onward, South Korean scholar Min Sung Kil (Min Sōng-gil) began full-fledged research, verified countless patients within the country, and engaged in activities to have the illness listed in the *Diagnostic and Statistical Manual of Mental Disorders-IV* (DSM-IV) as a disease category. He also explored the etiology of the ailment and, up to the 1990s, claimed as the cause Koreans' unresolved and repressed grievances (*han* 憾) due to the processes of colonization and industrialization. In the twenty-first century, however, he has only acknowledged the adoption of "fire illness" as a category, giving up on explanations based on cultural factors.

With further professionalization starting in the 1990s, traditional Korean psychiatry within traditional Korean medicine, too, began to consider “fire illness” a major research topic. Unlike Western psychiatry, which presupposes the body and the mind to be disparate spheres and stresses the mental side over the physical side, traditional Korean psychiatry generally saw the ailment as a somatic one, caused by the accumulation of undesirable cosmological energy (*qiyun* 氣運) linked to particular organs in the body. Traditional Korean physicians’ approach to the disease has changed since the 2000s because their research now bears in mind global readers instead of domestic readers. These researchers likewise have adopted the standardized scales of (Western) psychiatry, and Kim Jong-Woo’s (Kim Chong-u’s) 2007 study presents the conclusion that “fire illness” is not an independent ailment of the body but is a “syndrome with very many symptoms” (151). This is “well synchronized with the objective standardizations of biomedicine” (152). Summarizing numerous traditional Korean physicians’ interest in “fire illness” since Kim Jong-Woo, this chapter shows the diversity of opinions among these figures: while a minority accepted the view that “fire illness” was unique to Koreans, others supported Kim Jong-Woo’s theory. Amid such various currents, this chapter notes as a pronounced tendency among these researchers an approach that focuses on listening to patients’ accounts as “stories to be told” rather than defining patients one-sidedly from the perspective of professionals. The moment patients enter the scene as important actors, they no longer are passive beings vis-à-vis expert groups. Soyoung Suh splendidly concludes this chapter with a work by woman poet Yi Kyōng-min, who said, “No” to a prejudiced psychiatrist, who asked her whether she had not developed “fire illness” due to her being a Korean woman or due to her mother-in-law, husband, or child.

The conclusion of Chapter 5 consists of three layers. The first is: as research on “fire illness,” perceived as a disease unique to Korea, has proceeded in order to acquire internationality, it has come to be neutralized culturally and to follow the Western psychiatric community methodologically, adhering to the language and logic of the latter community. Such a discussion shows characteristics that Soyoung Suh consistently discovers in the other four chapters as well. The second layer concerns the fragility of the definition of “fire illness” as a disease. The fact that the positions of both biomedical and traditional Korean psychiatrists on the ailment have changed continuously with the development of research on the topic reflects the fragility of this disease called “fire illness.” The third is that efforts have been made to enlist patients as main actors. Though Soyoung Suh mentions this only briefly in the conclusion to the chapter, when patients emerge as actors, the landscape changes completely in comparison with description of medical history lacking patients.

3. "Koreanness," "Counterbalance between the Foreign and the Indigenous," and Other Grids for Viewing the History of Medicine in Korea

Soyoung Suh's book serves as an antidote to interpretations existing among researchers on the history of medicine in Korea whether consciously or unconsciously, that have highlighted and assigned great significance to what is special only to Korea. I agree with the volume's following conclusion almost completely:

Korean documentation of the local conditions of medicine has displayed an outward-directed imagination of its audiences. To counterbalance the foreign, the privileged, or the authoritative, categories of the indigenous were rendered as a monolithic entity, thereby essentialized rather than elaborated for inward self-reflection. (166)

It is all the more striking because this work proves its unique arguments by securing a wealth of materials, presenting meticulous description, and selecting and appropriately citing nearly all earlier studies.

Though there, of course, are minor aspects where I differ slightly in opinion, I will not enumerate them because they are not significant enough to shake the arguments of Soyoung Suh's book. Instead, I would like to promote the extension of the horizons of research in this field by reinterpreting the contents of this volume on a macroscopic level. Thankfully provided with a chance to ponder on the five topics addressed in the book, I have come to consider two new ones in the reading process.

First, while comparing the contexts of "Eastern medicine," "fire illness," and studies on Koreans' bodies, I have realized an interesting fact. Research on Koreans' bodies constitutes a still insufficiently studied historical event because it was conducted not long after Korea's introduction to biomedicine and, furthermore, in a colonial situation. In such a circumstance, it was impossible for Korean scholars to secure the quality of global-level research transcending the imitation of the methodology of their Japanese mentors. This differed considerably from the "international" achievements made by Korean chemists Ree Taikyu (Yi Tae-gyu) and Ri Sung-gi (Ri Sŭng-gi), who studied at Kyoto Imperial University in Japan before or during the 1940s, within the Japanese empire's chemical network.⁵ The context of studies on "fire illness" since the 1990s differed utterly from the colonial situation. This was because, as with researchers in other branches of science, psychiatrists and traditional Korean physicians alike were equipped with academic and institutional

⁵ Kim (2008).

foundations enabling them to produce international-level papers. In other words, though not quite commanding the global scientific community, they nevertheless occupied a position that allowed them to communicate freely as members of that community. The case of “Eastern medicine” differed even more as it was a fruit of a period when Korea reached the “zenith” of internationality. With the emergence of Hō Chun’s *Precious Mirror of Eastern Medicine* in 1613, Koreans saw their own medicine as having risen to the global level in East Asia, a view that would continue for centuries afterward as a tradition. Indeed, my colleague Yeo Insok (YōIn-sōk) has likened the work done by Hō Chun, who wrestled with and synthesized the entire medical tradition in East Asia, to the accomplishments of the Islamic scholar physician Ibn Sina (Avicenna), who had synthesized Galen’s medicine.⁶ Though there can be dissenting ideas regarding this, Hō Chun’s achievements matched international medicine within the Sinocentric system at the time in scale, level, and continuity so that it would be inappropriate to limit them to the framework of the locality of Korea. It would not be amiss to consider his work as having attained to a state of “locality = internationality” according to contemporaneous standards. When the three groupings of studies on Koreans’ bodies during the colonial period, late Koryō-early Chosōn research on local botanicals, and the tradition of “Eastern medicine” from the seventeenth century onward are considered together, the following interpretation may be possible: “After the rise of civilization, each and all ages witness local activities and civilization-universal activities, and accomplishments transcending locality are made when [an era or a society] is familiarized with and enriched by a new science institutionally and culturally.” For these reasons, Koreans’ colonial-era research on their compatriots’ bodies, studies on “fire illness” since the 1990s, and the “Eastern medicine” tradition from 1613 onward both are distinguished from one another historically and inevitably must be evaluated differently, requiring detailed discussions beyond merely as “one bundle of the coordination of the local and the outside.”

Second, interesting facts are discovered when the contexts of both research on local botanicals and advertisements for patent drugs are compared. Seen broadly, local botanicals were linked to an increase in the domestic demand for (Chinese) medicine; and early twentieth century advertisements for patent drugs were related to the unprecedented sales and consumption of Western drugs [in accordance with a capitalist system] and the manufacture, sales, and consumption of traditional Korean drugs (*hanyak* 韓藥) imitating their Western counterparts. The similarity between the two consisted of their being initial responses to an increase in the demand for drugs (though whether this demand was supply-driven or

⁶ Shin (2015), pp. 376-386.

consumption-driven must be investigated). The difference consisted of the subjects who engaged with local botanicals and patent drugs, respectively. As for local botanicals, the compilation and dissemination of medical texts and the verification of drugs were performed under the leadership of scholar-officials (Korean: *sadaebu* 士大夫; Mandarin Chinese: *shidafu*) and the state; patent drugs, under the initiative of civilian apothecaries (*yaksang* 藥商), were linked to modern advertising media, new forms of medicinal ingredient supply networks, and Western pharmaceutical companies. Historical description different from that centering on the “relationship between the local and the outside” is possible here, too.

Through a comparison of these two cases, it becomes apparent that, for viewing medico-pharmaceutical knowledge and praxis, there exist other, important grids, such as the Sinocentric system, centralized management, and civilians’ independent activities besides that of Korea-China or Korea-Japan-West. In addition, there will be countless other grids for examining the history of medicine in Korea such as women, villages, daily life, epidemics, medical professionals, and patients.

Out of them, the grid of the “coordination of domestic activities and the international arena” is very important but previously unrecognized in research on the history of medicine in Korea. Thanks solely to Soyoung Suh’s *Naming the Local*, I have had the pleasure of reading about the entire history of medicine in Korea through this hitherto absent grid.

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