Early Colonial Laws on Medical Practitioners and the Japanese Colonial Rule

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Introduction

It was by the Office of the Residency General, which was established in February 1906 as a tool to facilitate the Japanese colonial rule of Korea, that Korea's "modern" medical care system saw its first foundation stones laid in accordance with the development plan conceived by Japanese imperialists. The Japanese administrative organization established the Taehan [lit. "Great Korean"] Infirmary by combining all the major medical institutions existing in Korea at that time, and began to dispatch Police Doctors to major regional cities in order to consolidate the operation of the Sanitary Police system. In 1909, the colonial administration began to establish charity clinics known as Merciful Grace Health Centers [*Chahye Ŭiwŏn*] in major cities across Korea, offering local people medical care services based on Western medicine. Thereafter, the new medical care system established by the Office of the Residency General began to form the basic framework of the colonial medical system, which was developed with two major objectives in mind, namely the pacification and control of the Korean public, who had strong feelings against Japanese colonialism, via advanced medical care services based on Western medicine. The policy of the Office of the Residency General was maintained throughout the following colonial period.[1]

The Office of the Residency General claimed to stand for the unification of medicine in the process of reforming medical service systems in Korea. Having successfully completed such unification by then, Japan next openly declared that it would play a guiding role in the "development of civilization" in Korea based on the achievements it had made in the field of medicine prior to the colonization of Korea. The Japanese imperialists were all too well aware that Western medicine could be exploited as an efficient tool to justify their colonial rule of Korea. The Office of the Residency General, and the Japanese Government-General of

Korea that followed it, however, could not convert the medical unification plan into a specific policy largely because they could not meet the demand for medical services without the use of traditional Korean medicine. They found it difficult to produce a sufficient medical workforce to replace traditional medical practitioners as there were only two institutions that provided systematic education of Western medicine in the period following the Japanese annexation of Korea in 1910.[2] The establishment of new medical education institutions was also something they were unable to achieve from the short-term perspective as it required a considerable amount of financial and human resources.

The Japanese colonial authority in Korea accordingly sought after a policy aimed at a more efficient use of traditional medical practitioners while maintaining the official position which emphasized the superiority of Western medicine and the inferiority of traditional Korean medicine. The ambiguous situation resulted in the enactment of various medical laws and regulations in November 1913. While the legislation contained specific legal expressions for the combined use of Western and Korean medicine, it also revealed the contradiction between the goal and the actual policy of the Japanese colonialists in that they reflected the actual situation in which traditional medical practitioners would continue to be used despite the negative view of traditional Korean medicine among Japanese colonialists.

This thesis focuses on the content of the laws concerning medical practitioners promulgated in November 1913 and the significance of the laws with regard to the process of materialization of the Japanese colonial rule over Korea. I am particularly interested in the legislation concerning medical practitioners, and the trade of medicines and medical products because the legislation clearly shows the content of the policies made by the Japanese colonialists for the control of medical services in Korea.

1. Regulations on Medical Practitioners and the Medical Licensing Examination

One of the priorities established in the field of medicine by the Japanese Government-General of Korea after the 1910 annexation was the legislation concerning medical workers. The Japanese colonial authority issued the Medicines and Medical Products Trade Act in March 1912,

providing regulations for those who were engaged in the field of medicine including herbalists, pharmacists, medicine traders and drugstore managers.[3] Yet, the legislation contained no provisions on medical doctors and dentists, despite the urgent need for a clear conceptual definition and given that they were playing a crucial role in the operation of medical service systems and in the diagnosis and treatment of patients in particular.

Made by combining the regulations drawn up by the Taehan Empire and the policies crafted by the Office of the Residency General, the qualification standards for medical practitioners established by the early Japanese colonial authority were in fact far from perfect. According to the legislation on medical practitioners promulgated by the Taehan Empire in 1900, a "medical practitioner" meant a traditional Korean medicine practitioner. The Empire acknowledged traditional Korean medicine as an official tool for its medical services system, although it publicly approved the value of Western medicine, opening government-supported medical institutions specializing in it. What Korea wanted in this period was to move towards mutual prosperity between East and West by promoting the strengths of both medicines while reducing their respective weaknesses.[4] The Japanese colonial authority, however, had a different agenda, as was clearly revealed when they issued Korea's first medical licenses for the first graduates from the Severance Medical School in 1908. The Japanese colonialists had decided to treat specialists in Western medicine as government-approved medical practitioners.[5] This shows that there existed a large gap between the laws containing explicit provisions regarding medical practices and those applied to real-world tasks.

The Japanese imperialists after the Meiji Restoration successfully reformed the Japanese medical care system on the basis of Western medicine, and felt after the colonization of Korea in 1910 that they needed to form a clear concept of medical practitioners as a precondition for reforming the Korean medical practices based on the practices of Western medicine. They made it clear that they would form a medical care system based on Western medicine as part of the effort to exercise more efficient colonial rule over Korea via the Government-General. The goal had already been set by the Office of the Residency General that preceded it. The Taehan Infirmary, which had been established as the central medical institution of the Taehan Empire, developed into a major health center

specializing in Western medicine, and hygiene administration in regional areas was conducted by the police—also on the basis of Western medicine. The policy of the Residency General to unify the Korean medical care system on the basis of Western medicine was inherited by the Government-General, as the records show that the 110 Koreans issued with a medical license to practice medicine in 1912 were all graduates of Western medical institutions such as the Government-General Infirmary, the Government Medical School, the Taehan Infirmary, the Tong'in Infirmary in P'yŏng'yang, the Severance Medical School, the Chejung'wŏn Hospital in P'yŏng'yang, and the Aichi Prefectural Medical College.[6]

The need to make regulations on medical practitioners was also related with the need to create a legal foundation for their control. The Japanese colonial authority feared that the control of medical workers without adequate legal grounds could lead the Korean public to a general distrust of their medical policies. The only regulation of medical practices in Korea enacted before the new set of regulations was that promulgated by the colonial authority as Government-General Decree No. 41 in March 1912, which dictated that a medical practitioner who refused a patient's request with no specific reason should be sentenced to less than three months imprisonment or a fine of less than 100 won, or both. However, there was some confusion over the application of the provision because a clear legal definition of the term "medical practitioner" had not yet been made.[7] A newspaper article of the time had this to say:

> There are no regulations on the methods with which the authority guides the market, letting people freely decide for themselves. That is why they have no choice but to regard someone as a doctor if he insists that he is one. So, even one who is so poor and without a home to go to poses as a doctor comfortably after eavesdropping on drug-making ...[8]

The quotation above shows that the lack of a legal definition regarding the qualification of medical practitioners led to a situation in which anyone could pose as a medical doctor in order to make money in the field of medicine. The legal definition of qualified medical practitioners was later offered via the General Police Bureau Act issued by the

Government-General. The act provided that medical practitioners were those authorized and licensed to practice medicine by the Japanese Home Minister according to the regulations promulgated in 1900. The identification of physicians and surgeons was not an easy task, however, as no list of authorized medical practitioners was available. The only thing of which the General Police Bureau was capable regarding the management and control of practitioners was simply urging them to pay more attention to their practices and to reduce the risk factors.[9]

The medical legislation promulgated in November 1913 consisted of regulations on physicians, dentists, traditional Korean practitioners and public doctors.[10] The regulations on medical practitioners contained clear provisions regarding the qualifications of those who could practice medicine with the title of "medical doctor." According to the definition provided by the regulations, a medical doctor was one who held a license issued by the Japanese authority, and had graduated from a medical school designated by the Governor-General of Korea or passed a medical licensing examination authorized by the Governor-General.[11] The 1913 regulations also contained provisions on the requirements in the practice of medicine, requiring, for instance, that medical doctors report to the police upon opening, closing, or moving to, a clinic. The regulations also banned them from treating a patient, or issuing a medical certificate or prescription without performing a diagnosis. They were allowed to publicize their degree and specialty but they were not permitted to advertise techniques, methods of treatment or experience; furthermore, they were required to clearly print the patient's name, age, drug name, dosage, usage and the date of prescription on a prescription and, upon delivery of a prescribed medicine, the patient's name and the prescribed dosage on the medicine packet. As for the contents of a diagnosis, doctors needed to keep patient records—complete with the patient's name, age, occupation, illness, and diagnosis date—for a period of ten years. Any violation of these regulations led to a fine.

With the regulations on medical practitioners, the Japanese colonial authority was able to prepare specific provisions on the qualification of medical doctors and, accordingly, to control the unqualified medical practitioners who had long been free to practice medicine. There were, under the Japanese colonial rule in Korea, quite a lot of Japanese doctors

who were actively practicing medicine without a license. Many of these physicians were "those with no medical expertise or who had passed no licensing examination" and hence had no authorized license.[12] These unqualified doctors opened clinics or drugstores in major cities in Korea, indulging themselves in "wrongful gains and unlawful activities."[13] There were also unqualified doctors among the Japanese military doctors who began to settle down in Korea after the Russo-Japanese War. Some of the Japanese army surgeons who had participated in the war found that Korea did not yet have the same medical legislation as had been enacted in Japan, and began to work as qualified medical doctors.[14] There were also Japanese drug merchants who engaged in "the activities of a medical doctor or a pharmacist in order to exploit the lack of qualified doctors and pharmacists in Korea."[15] In a situation where people of various backgrounds posed as doctors, the legislation had a positive effect on Korean society in that it established clearly defined qualification standards for those practicing medicine. After the legislation, any one who intended to engage in the field of medicine in Korea with a title of medical doctor needed to obtain a license issued by the government authority in either Korea or Japan.[16]

As is shown by a statement made regarding the goal of the legislation, which was intended to "clearly distinguish between practitioners of traditional Chinese medicine and qualified medical doctors," the Japanese colonial authority used the term "unqualified medical practitioners" to refer mainly to the practitioners of traditional Korean medicine.[17] In other words, the legislation was enacted as part of the Japanese colonial efforts to remove traditional Korean medicine from the market. Under the legislation, practitioners of traditional Korean medicine could no longer maintain the status of medical doctors authorized by the government. Such meant the complete ruin of traditional medicine. Engaging in the study of traditional Korean medicine had now become merely "a waste of time and a fruitless use of mental energy," and hence Korean youths intending to become physicians now needed to obtain a medical license via the "hard study of Japanese medicine."[18] The legislation sounded the death knell for traditional Korean medicine by officially acknowledging Western medicine as the official medicine of Korea. The decision of the Japanese colonial authority to end the Korean medical tradition via a new legal framework

led to the firm establishment of a medical care system based on Western medicine.

The new medical regulations proposed a unified concept of medical practitioner, defining him as someone who had either obtained a Japanese license or been authorized by the Governor-General of Korea. Unlike the medical regulations promulgated by the Taehan Empire, those enacted by the Japanese colonial authority contained in them a significant implication that the state would play a more active role in the control and management of medical practitioners. The legislation opened the possibility for the colonial government to intervene in the activities of medical practitioners. The licensing authority retained by the Government-General was soon found to be an efficient tool for strengthening the competence and administrative capacity of the colonial government to control the medical workforce as regards the performance of medical activities within the framework it had crafted. The Governor-General also had the authority to designate medical schools whose graduates were automatically given a medical license, leading private medical schools to step up their efforts to meet the requirements set by the Governor-General. The situation also helped the colonial government to consolidate its influence upon the field of medicine.[19]

The fact that only those practitioners who possessed certain qualifications provided under the relevant law were granted an authorized license led to the significant promotion of the practitioners' position in the social hierarchy. Before the introduction of the new system, many fraudulent practitioners had contributed not to saving lives but to creating numerous victims of medical accidents, resulting in widespread contempt, rather than respect, for the occupation among the general public. As a response to the changed situation—"Who can despise them if they are able to make use of magical techniques with considerable qualifications and knowledge?"[20]—suggests that the enactment of the medical practice regulations made a great contribution to the promotion of the physicians' social standing.[21]

The new medical regulations led to a clearly defined legal framework for medical practices in Korea under the colonial rule and an urgent need to increase the number of physicians and expand the ensemble of medical services. Naturally, the Government-General of Korea felt that the mass

production of medical practitioners armed with Western medical knowledge was required in order to replace traditional Korean medical practitioners.

The mass production of physicians also became a priority for the Japanese colonial authority with regard to the safety of the Japanese colonialists settled in the Korean Peninsula. The Government-General opened medical centers—known, as previously noted above, as Merciful Grace Health Centers—in major regional cities, but remote areas remained estranged from medical care services.[22] Medical services in regional areas were offered by the practitioners of traditional Korean medicine, but for the Japanese settlers these practitioners "largely lack clinical competence and hence could hardly meet the expectations of settlers."[23] In addition, the situation was such that they could hardly expect immigration on the part of Japanese physicians who possessed a license issued via the Japanese medical legislation. There was a question concerning the immigration of Japanese physicians to Korea, i.e. whether they would be able to lead a satisfactory, profitable life in Korea with Korean people as their patients. Most of the respondents said that they might have to be treated as "a helpless idiot if they moved to Korea without an extra source of income."[24] The immigration of licensed Japanese physicians to Korea without specific administrative measures was widely considered unwise. The general situation was that special measures were urgently needed to nurture qualified medical practitioners.

A fundamental measure taken to expand the number of competent medical practitioners involved increasing the number of medical educational institutions. To that end, the colonial authority decided to nurture medical practitioners in a systematic manner by establishing medical schools that offered students basic medical knowledge and clinical experience that would help their practice of medicine after graduation. At the time Korea came under the Japanese colonial rule there was only one government medical school, the Medical Training Institute. The number of seats available in this institute was just seventy-five each year, so meeting the demand for physicians was an almost impossible task even when the graduates from the Severance Medical School, a major private medical institution, and those of the Medical Training Institute were put together. A comparison of the number of physicians for every one thousand people

between Korea and Japan shows a huge gap between the two countries. The table below gives specific figures regarding the number of physicians in Korea and Japan in the ten-year period from 1914 and 1923.

Number of Practicing Physicians per 1000 People in Japan and Korea (1914–1923)

		1914	1915	1916	1917	1918
	Physicians	641	872	932	993	1,034
	Population	15,929,962	16,278,389	16,648,129	16,968,997	17,057,032
Korea	No. of Physicians per 1,000 people	0.040	0.054	0.056	0.059	0.061
	Physicians	42,404	43,813	45,201	46,060	46,109
	Population	52,039,000	52,752,000	53,496,000	54,134,000	54,739,000
Japan	No. of Physicians per 1,000 people	0.815	0.831	0.845	0.851	0.842

		1919	1920	1921	1922	1923
	Physicians	1,038	1,035	1,061	1,159	1,202
	Population	17,149,909	17,288,989	17,452,918	17,884,963	17,884,963
Korea	No. of Physicians per 1,000 people	0.061	0.060	0.061	0.065	0.067
	Physicians	45,426	45,488	42,464	42,829	43,028
	Population	55,033,000	55,963,053	56,665,900	57,390,100	58,119,200
Japan	No. of Physicians per 1,000 people	0.825	0.813	0.749	0.746	0.740

Chōsen sōtokufu tōkei nenpō [Annual Bulletin of Statistics by the Government-General of Korea], 1924, and *Isei hyakunenshi shiryō-hen* [The 100-Year History of the Medical System (References)], Tokyo: Medical Affairs Bureau, Ministry of Health and Welfare, 1976, p. 517, pp. 572–575.

The table shows that Korea saw a steady increase in the number of physicians, but even then the figure was still anywhere between 1/11 to 1/20 less than that of Japan.[25] The country urgently needed more medical schools,[26] but it was a topic that the Japanese colonial authority felt to be somewhat onerous. The Government-General concluded that "in the current situation it would be difficult to have new institutions other than the government-sponsored Medical Training Institute to nurture Korean physicians." What the authority devised as a solution was the introduction

of a medical licensing examination, expecting that it would help increase the number of physicians and solve the problem of the lack of qualified medical practitioners.[27]

It was in July 1914 that the Medical Licensing Examination Act was promulgated. According to the law, the examination, held in Seoul twice each year, consisted of four sections, which were divided into two parts—a written examination and a clinical examination; applicants were only eligible to take the examination if they had completed four or more years of medical courses or had five or more years of experience in the field of medicine.[28]

With the enactment of the legislation on the medical licensing examination, the Government-General took various measures to achieve the goal of increasing the number of medical practitioners. One such measure entailed loosening the standards of the applicants' qualifications for the exam and diversifying the requirements for success in it. The colonial government adopted lower qualification standards compared with those of Japan in order to attract more applicants and increase their chances of success in the exam. It emphasized in particular that the exam was open even to those who had no formal medical education and that anyone with five or more years of experience in the field of medicine could apply to take the exam.[29] According to the authorities, the examination was established "for those with limited financial resources, a lack of preliminary knowledge, poor school performance or lack of formal education."[30]

As mentioned earlier, the standards of the medical exam qualification in Korea were lower than those applied in Japan during the same period. In Japan, the 1906 Medical Practitioners Act strengthened the standards of qualification required to apply for the medical licensing examination. The applicants, for instance, had to have graduated from an authorized medical school or taken four or more years of medical courses in a foreign medical institution.[31] In Japan, one of the most important qualifications for working in the profession of medicine was a formal educational background in the related field, while in Korea such restrictions had to be loosened owing to the more urgent need to increase the number of medical practitioners.

The colonial authority's objective of turning out large numbers of physicians continued to be maintained in the subsequent process of

revising the regulations on the medical licensing examination. The first examination that took place in September 1914 consisted of four sections, of which the first three were written examinations and the last focused on clinical skills. To be a successful candidate, one needed to pass all four sections at one sitting.[32] The regulations, however, were found to be too severe even in Japan, where they were enacted in 1913, and the Government-General revised some of the regulations under the judgment that they were "not applicable to Korea under the current situation."[33] The revised examination now consisted of three subjects, which the applicants were allowed to take separately. Also, success in the first and second subjects remained valid until the applicant took five more examinations after that.[34] The regulations underwent another major revision in December 1927. The revised regulations provided that success in the first or second subject would remain valid for an unlimited period, and that the candidates who passed the exam in one or two subjects with a minimum of sixty points would receive a certificate which exempted them from retaking the subjects in the following examination.[35] Even after the revisions the colonial authority kept on trying to diversify the licensure exam requirements in order to attain their goal of a rapid increase in the number of physicians in Korea.

For the Government-General, the implementation of the medical licensure examination was to be an effective means of expanding the number of medical practitioners. However, one may insist that the decision to open another entrance into the field of medicine with no educational institutions existing to help doctors-to-be prepare for the licensure exam constituted serious misadministration that betrayed the goal of materializing a "substantial service of medical institutions." There were no significant limitations on the qualifications of applicants, but educational institutions that could help candidates obtain basic medical knowledge and clinical experience were at any rate more urgently required. The licensure exam candidates in Japan received systematic support from various medical institutions, but their counterparts in Korea had to suffer a serious lack of educational institutions and programs.[36]

Korean doctors-to-be were compelled to seek admission into one of only two medical schools that existed in their country, leave for Japan where they could benefit from wider opportunities or, for those with

limited financial and educational backgrounds, try to teach themselves using whatever resources were available. Preparation for the exam by autodidactic means was an extremely difficult, if not impossible, task to perform as the records show that most candidates failed the exam due to a lack of theoretical grounding rather than a lack of clinical skills. The only measure that the Government-General took with regard to such candidates was to urge local leaders to hold related lecture sessions.[37]

In conclusion, what the Japanese colonial government succeeded in doing with the enactment of the Medical Practitioners Act was the effective destruction of traditional Korean medicine and the promotion of Western medicine via a system in which individual candidates were largely responsible for their preparation for the medical licensure exam.

The Medical Practitioners Act promulgated by the Japanese colonial government in the early 20th century laid the foundations for the establishment of Western medicine in Korea via the legal definition of a medical doctor as a practitioner with specialist knowledge of and skills in Western medicine. In the course of such a process, traditional Korean medical practitioners were thoroughly estranged from the new medical care system. It was only after the colonial authority identified a serious shortage of medical workers that these traditional practitioners were called upon to play a certain role in the medical care services. The authority prepared a legal framework to exploit the knowledge and skills of these traditional healers via the enactment of the Physician Assistants Act.

2. Regulations on Traditional Medical Practitioners and Their Colonial Exploitation

The negative perception held by the Government-General of traditional Korean medical practitioners and the policies maintained by the colonial government on the basis of Western medicine after the launch of the Residency General led eventually to the enactment of legislation that defined traditional Korean medical practitioners, who had long played a key role in the field of medicine, not as regular medical doctors but as their assistants. The legislation, namely the Physician Assistants Act, was promulgated in November 1913 along with the regulations on physicians and dentists. A key content of the act is that any Korean aged twenty years

and over who had been engaged in the field of medicine for two years before the legislation would be eligible for a physician assistant's license.[38]

As it promulgated the Physician Assistants Act, the Government-General stated that it was "never intended to terminate Korean medicine but to combine the strengths of foreign medicine with those of Korean medicine,"[39] offering the mild encouragement that "Korean medical practitioners, too, need to study not only Korean medicine but Western medicine as well to develop new Korean medicine that achieves harmony between Korean nature and people."[40] The colonial authority continued to state that Korean medicine could make a new start through the enlightenment of medical practitioners because "the wrong is not to be found in the old medicine but in the old medical practitioners."[41]

However, traditional Korean medical practitioners exhibited a different response to the legislation. The vast majority of Korean medical workers felt that their occupation would come to an end within a few years.[42] The regulations defined only those currently practicing as medical practitioners, and their intention was the gradual decline followed by the utter oblivion of traditional Korean medicine, as is revealed by the statement, "Our plan is to ensure natural selection in the future and support qualified medical institutions for their substantial development."[43]

According to the text of the legislation, there would be no new physician assistants after January 1914 once it was enacted. The Governor-General made it clear that granting a medical license to traditional practitioners under the law was a temporary measure, stressing that it was "an emergency measure for a transition period."[44] The Korean practitioners understood the meaning of the Governor-General's phrase because he added that it meant "the temporary existence of what is old before the new medicine starts to develop in Korea."[45] In his view, traditional Korean medicine was only a temporary tool with which to handle emergency situations before the fully fledged launch of Western medicine in Korea.

Records show that the Government-General had an extremely negative perception of traditional Korean medical practitioners. Such a negative perception was largely formed in accordance with the view that they were produced through an unsystematic learning process and arbitrary standards rather than by regular educational programs. The quotation below shows a typical viewpoint of the Japanese colonial authority

regarding Korean medical practitioners.

> Some claim to be a medical expert after reading just a few volumes of *Materia Medica* [i.e. *Bencao Gangmu*], while others say that they are an experienced physician after browsing a few pages of *The Handbook of Medical Prescriptions* [i.e. *Ŭibang Hwalt'u*]. They then place large advertising inscriptions high above the window of their clinic, saying that they can cure all diseases and bring back youth, and draw patients from all around. They make drugs by mixing medicinal stuffs in an arbitrary manner, regardless of the patient's clinical symptoms and the properties of such ingredients, and pose as eminent specialists. How many lives have been lost by this group of ruffians who harass their patients with stubborn, unyielding pride?[46]

The conclusion of the Japanese colonial government was that most Korean medical practitioners were not qualified.[47] The colonialists' lack of trust in traditional Korean medical practitioners is clearly expressed by a statement made by an officer in the Police Bureau: "I believe that some Korean practitioners have less medical knowledge even than ordinary people."[48]

It was not just the Korean medical practitioners that the Japanese colonial administrators distrusted. The Government-General began to completely negate traditional Korean medicine in general. The colonial government attacked the principles of traditional Korean medicine, including the Theory of Yin and Yang and the Five Elements, which was broadly regarded as the very basic principle of the entire medical system, as an "empty principle," insisting it was nothing more than an accumulation of experiences dating back several thousand year.[49] For the Japanese colonial administrators, traditional Korean medicine would collapse entirely if they could successfully refute its basic principle.

However, they found that it would be almost impossible for the Government-General to lead the traditional Korean medical practitioners to complete ruin via natural selection. First of all, the Korean people's trust in the traditional practice was high indeed. A Japanese colonial government official named Moriyasu once recollected:

> At the time I treated some of Korea's high-ranking officials such as Cho Chung-ŭng, Song Pyŏng-jun and Pak Yŏng-hyo, and found out that even the members of the upper class believed that arrowroot tea was good for common colds and that a ginseng-pine cone decoction was an effective remedy for recovery from illness. Meanwhile, health care for lower class people was conducted by traditional Chinese medical practitioners called "medicine man" [i.e. *ŭisaeng*] or "universal safe voyager" [i.e. *podojahang*].[50]

His memoir shows that traditional Korean medicine retained a high level of trust not only among common folk but also among the ruling elite who supported the Japanese colonial rule. He also wrote that while Western medicine was highly regarded where surgery was concerned, internal diseases were almost always treated by traditional Korean medical practitioners.[51] What this suggests is that despite the growing influence of Western medicine on Korean society, it needed time to expand its influence to the entire field of medicine. The Japanese colonial rulers knew all too well that, given the absolute trust placed by the Korean people in traditional Korean medicine, it would surely lead to "discomfort and complaints among the people" if they weeded out the traditional practitioners all of a sudden.[52] Accordingly, the Government-General concluded that it would not be wise to stir up a reaction among the Korean people by implementing a policy that did not consider the situation of the colony that they had just begun to rule.[53]

Apart from the Korean people's unwavering trust in their traditional medicine, there was another important reason that led the colonial rulers to step back from implementing the new medical policy: namely, the absolute lack of medical practitioners that they needed to back it. They realized that it would be "untimely to ban the traditional medical practice, taking into account the current situation wherein medical institutions are gravely lacking."[54] Records show that in 1914, when the Physician Assistants Act was enacted, there were only 641 practitioners of Western medicine in Korea. It would have been impossible by anybody's standards for such a small number of doctors to meet the demands of a population of some

fifteen million people.[55] Similarly, in such a situation no one could expect any dramatic explosion of physicians and surgeons in any short period of time.[56] That is why the colonial authority had to allow the nurturing of "physicians' assistants" as a temporary measure via the promulgated act. With the legislation, the Government-General granted a physician assistant's license with a five-year term to Korean candidates who had taken medical courses for over three years,[57] with the first five-year term open to extension according to the individual's personal and social circumstances.[58] The awkward provisions of the legislation clearly reveal the contradictory position of the colonial rulers, who had to continue to nurture traditional Korean medical practitioners despite their goal of establishing a health system based on Western medicine.

The need to exploit traditional practitioners came to be highlighted in the process of granting the physician's assistant licenses, with the outcome that licenses were granted to a far larger number of candidates than was generally expected. By the time the act had been promulgated, it was known that only "those armed with considerable medical knowledge and skills" were to receive the physician's assistant licenses and, hence, it was not expected that all those in active practice—about 1,800 in 1913—would be given the license. The final figure shows, however, that a total of 5,827 practitioners had been given a license by the end of 1913.[59]

Under its policy of establishing a unified medical care system based on Western medicine, the colonial government regarded only those who had majored in Western medicine as authorized medical doctors. Unlike in Japan, however, the government had to recognize the contribution of traditional Korean medical practitioners to Korea's health care system. In Japan, the various efforts made after the Meiji Restoration to unify the Japanese medical system on the basis of Western medicine finally came to fruition when a bill to grant a medical license to the traditional Chinese medical practitioners was rejected in the parliament in 1895.[60] A rapid increase in the number of Western-style medical institutions also helped to boost considerably the number of physicians and surgeons majoring in Western medicine. In Korea, by contrast, the colonial government accepted traditional medicine despite the negative view of its future, and decided to use traditional medical practitioners as an assistant workforce. The authority granted physician's assistant licenses to the practitioners

produced via private training, although it took no official measures to nurture traditional medical practitioners.[61] The effort of the colonial government to meet the public demand for medical care by exploiting the medical workforce nurtured through informal education was to some extent a betrayal of the goal to unify the medical care system.

With the legislation concerning physicians' assistants, the Government-General had finally established a legal framework for the unification of the medical care system based on Western medicine. Meanwhile, traditional Korean medical workers needed to learn Western medical techniques if they wished to keep their occupation in the changed environment. For them, acquiring Western medical knowledge was not a choice but a necessity imposed upon them by historical developments. The colonial rulers insisted that scientific developments in various medical fields including physiology justified the superiority of Western medicine and hence that traditional Korean medical practitioners needed to learn more from the Western body of knowledge in order to complement the weakness of their traditional medicine.[62] Many traditional Korean practitioners unavoidably admitted the fact that the development of the transport system had resulted in the inflow of new, foreign diseases for which traditional Korean medicine had no remedies.[63]

In the meantime, the Government-General decided that the study of Western medicine by traditional Korean medical practitioners should not be expanded until they were capable of intervening in the role played by regular Western medical doctors and pharmacists. The study should not aim at the fully fledged exploitation of Western medical knowledge or drug ingredients but should remain "focused on revising evil customs from the old era and active learning within the extent of not generating any serious risks." What the colonial authority wanted was for Korean medical practitioners to acquire only sufficient Western knowledge to help deal with the weaknesses of traditional Korean medicine. The Government-General issued a specific directive regarding the education of the would-be physicians' assistants which went as follows: "Each course should be limited to the extent corresponding to that in traditional Korean medicine and outlines. It should avoid theory and focus on practical skills. The education of regulations should be limited to those that they need to know for their daily duties."[64] As for the use of Western drug ingredients,

traditional Korean medical practitioners were strictly banned from the "activity of using Western drugs or engaging in dangerous clinical practice," although the introduction of Western medicine to Korea expanded the tendency for the combined use of Eastern and Western medicinal stuffs.[65] The Government-General did not want traditional Korean medical practitioners to use Western drugs.

The colonial authority urged the Korean physicians' assistants to acquire knowledge about infectious diseases and related regulations.[66] This was a period in which the physicians' assistants constituted the major medical workforce, meeting medical demands in regional areas where qualified medical doctors were seriously lacking. That is the reason why the government decided to use them for the office work required for the "early discovery of infectious diseases and other issues related with public health."[67] The Government-General provided the physicians' assistants with educational programs on a regular basis to use them as "medical institutions." The subjects dealt with in the programs were as follows:

> This educational program aims to help physicians' assistants acquire the knowledge required for the performance of their daily tasks, including outlines of the related laws and regulations, and to terminate the dangerous therapies and evil practices of the old era in various medical affairs. The subjects taught in this program are: (A) outlines of physiology and hygiene; (B) the characteristics and prevention measures of general infectious diseases and endemics; (C) the types and application of disinfectants; (D) regulations on physicians' assistants, drugs, and the prevention of infectious diseases; (E) vaccination, first aid, medical dressing and other techniques.[68]

As is shown by the fact that subjects such as hygiene, infectious diseases, endemics and disinfectants were listed as priorities, the education of physicians' assistants was performed so that they would be able to play the role of qualified medical doctors in emergency situations such as outbreaks of an epidemic. In a situation where medical doctors armed with Western medical knowledge and skills were gravely lacking in regional and remote areas, the colonial authority regarded the role of the physicians'

assistants as very important.[69]

One may conclude that a situation wherein the Government-General had to rely on the physicians' assistants for the operation of a new medical system in Korea indicates that the intention to terminate traditional Korean practitioners was a radical one that did not sit well with the Korean medical situation at the time. The colonial government felt it urgent to establish a medical system based on Western medicine even in a situation where no educational system had been prepared to nurture medical practitioners armed with Western medical knowledge and skills. Its decision to exclude traditional medical practitioners from the new health system via legislation was made under the direct influence of Japan, where traditional medicine had been forced out from the reformed medical care system mercilessly.

Traditional Korean medical practitioners in the colonial period were vigorously exploited by the Government-General, which regarded them as no more than physicians' assistants with the function of complementing the severe lack of "medical care institutions." The title given to these traditional practitioners, "physical assistants" [or *ŭisaeng* in Korean, literally meaning "medical student"], implied that they would no longer be used once the demand for properly trained physicians and surgeons had been met. However, the fact is that they continued to function as crucial members of Korea's health care system until the very end of the colonial rule.[70] They "played a particularly important role in the medical care services" operating in rural areas.[71]

3. Medicines and Medical Products Trade Act and the Control of Traditional Herbal Drugs

The first legislation drawn up on medical practitioners in the colonial period was the Medicines and Medical Products Trade Act (hereafter referred to as the "Medicine Act") which dealt with health professionals engaging in the field of pharmacology. Promulgated in March 1912, the Medicine Act contained a definition of pharmacists and provisions on the management and sale of medicines, the management of poisonous substances, the supervision of pharmacy activities, and the control of unauthorized medicines. The legislation is regarded as historically

significant in that it imposed "strict control"[72] on the sale of poisonous drugs which had traditionally been traded without regulations and because it classified the professionals engaged in the medicine industry, who had been divided into two groups, pharmacists and medicine merchants, during the Taehan Empire period, into four categories: pharmacists, officinal drug traders, drug makers and drug traders.

According to the definitions in the act, a pharmacist was "one who mixes and compounds drugs according to a doctor's prescription," an officinal drug trader "one who sells officinal drugs," a drug maker "one who manufacture drugs" and a drug trader "one who imports and sells drugs."[73]

The legislation contained provisions on the qualification and role of each medicine professional group. A pharmacist, for instance, should be any person who mixes and compounds drugs according to a doctor's prescription. The definition reveals that the new health system sought to promote specialization in medicine production by dividing the role of pharmacist and doctor between preparation and prescription. The Government-General felt that it was necessary to change the Korean tradition in which the roles of pharmacist and doctor were interwoven with each other.

> Korean medicine professionals tend to engage themselves not just in the sale of medicines but in the same tasks as the medical doctor's as well by hearing from patients of their symptoms, and compounding and dispensing drugs. Similarly, medical doctors tend to prescribe and dispense a medicine without conducting a medical checkup but just by hearing of the patient's condition from the patient or a third person representing him or her or according to their self-diagnosis. Their practice is not very different from that of pharmacists ...[74]

Such a critical view of the confusion in the practices of pharmacists and medical doctors compelled the colonial authority to include clear-cut definitions on the duties of both parties in the Medicine Act.[75]

However, the effort to separate the roles of pharmacist and medical doctor did not come to fruition, largely because the legislation contained a

provision that allowed doctors to sell drugs to their patients: "The pharmacists can make and sell medicine, and the medical doctors can sell and dispense medicine as part of their medical care service."[76] The authority gave no clear explanation as to why the separation of roles did not ultimately take place. One reason might be that, as in Japan at the time, there were not enough pharmacists in Korea to meet demand and that the colonial government found it difficult to bring about dramatic change in a situation where medical doctors traditionally kept their profits via medicine sales.[77]

According to the Medicine Act, officinal drug traders were those who were allowed to sell officinal drugs, including industrial and chemical drugs. The legislation, however, strictly prohibited them from engaging in any type of medical practice. The products that the Government-General officially acknowledged as "medicines" were Western medicines. Accordingly, the colonial authority allowed officinal drug traders to prepare traditional Korean herbal remedies according to the prescriptions issued by traditional Korean medical practitioners [i.e. "physicians' assistants"]. They were even allowed to handle poisonous substances if they were necessary for making the traditional remedies.[78] It seems that the authority had no choice but to allow the officinal drug traders to manufacture herbal medicines as a temporary expedient to meet the surging demand for medical care.

A new profession that appeared in the Korean health market after the end of the Taehan Empire period was that of "drug maker" [*cheyakcha* in Korean]. The drug makers had to obtain a license for each specific medicine category, whereas officinal drug traders were allowed to handle a comprehensive range of general medicine products with just a single license. Accordingly, any one was able to obtain a drug maker's license for a specific medicine if he had related knowledge on how to make and use it, irrespective of whether he had any general knowledge about medicine manufacturing.[79]

Another type of medicine profession that hadn't previously existed under the Taehan Empire was the drug trader. A major element distinguishing this profession from others concerned the items that drug traders were allowed to handle. According to the Medicine Act, officinal drugs and others belonged to different categories as the first referred to prescription drugs that were available only with written instructions from a

doctor whereas the second were the medicines made and sold without a prescription.[80] With the legislation medicines were now divided largely into two categories: those readily available without a doctor's prescription and those made and sold only with a specific instruction written by a doctor.

As for the classification of medicines, the Government-General explained that it aimed "to provide clear definitions on the nature and scope of the duties of the four medicinal professions, set qualification requirements for those seeking to enter the professions, and issue a license to those equipped with the related knowledge and experience."[81] The colonial authority expected that the classification of medicine professionals according to clear definitions would help strengthen the qualifications and competence of the health workforce and improve the quality of medical care in general.

Records show that regulations on medicine professionals had already been prepared by the government of the Taehan Empire with the aim of establishing comprehensive control of the nation's medical service market. In the subsequent period, however, the Japanese colonial rulers refused to acknowledge the regulations set by the Korean imperial government, claiming that they "are a little good as a legal document, but as for their operation it is nothing but empty writing because none of the provisions have been observed since the promulgation."[82] The colonialists added that the absence of legislation to control the circulation of medicines had created favorable conditions for the prosperity of unqualified medical practitioners, often resulting in serious medical problems.

> There is no doubt that anyone who wants have a job carries some medicine bags on his back although he knows nothing about medicine. He then dispenses the same medicine to the patients regardless of their symptoms, whether they have an internal or external disease, and swindles money out of it. How can they be so negligent about medicines that can so easily result in a matter of life or death? We can infer from this, and it is no exaggeration to say it, that the number of those who have lost their life with the medicines must be several times higher than that of those whose lives have been saved.[83]

What was needed in this situation was the establishment of new legislation to strengthen the qualification standards for, and the control of, medicine professionals. The main target of the Medicine Act, which classified medicine professionals into four categories and strengthened the colonial authority's control over them, was the suppression of traditional Korean medical practitioners.[84] With the legislation, they were allowed to dispense only traditional Korean herbal medicines, and the strengthened regulations on Western medicines entitled the police to undertake strict measures to prevent the Korean practitioners from trading in Western medicines.[85]

Traditional Korean medical practitioners, having long enjoyed the right to trade medicines freely, considered that the goal of the new legislation was the fall of their profession.[86] The Government-General reacted promptly to their negative response, stressing that "this Medicine Act is not aimed at eliminating traditional Korean medicine."[87] The authority's position was that the traditional Korean medicines would not be subject to the control provisions of the Medicine Act as long as they were not poisonous substances or could not inflict harm upon human health.[88] It seemed to have a high opinion of the physical constitution theory of traditional Korean medicine; i.e. that it is better suited to the physical constitution of Korean people compared with Western medicine. The colonial rulers continued to insist that "as the organs in the human body are different from one another and the waters and mountains on the earth are not the same, how can we handle hundreds of thousands of symptoms and diseases by using Western medicines alone?"[89] Their view seems to have been that it would be impossible to cure diseases occurring in different natural environments and different physical constitutions with the exclusive use of Western medicine.

One may conclude then that the Medicine Act was established with the aim of granting authority to Western medicine by restricting traditional Korean medical practitioners' access to it and, at the same time, of helping the Government-General, which had by then become Korea's highest governing body, to expand its influence in the field of medicine. With the enactment of the legislation, the license issued by the colonial authority had now come to be regarded as far more important than the fame and

authority of individual medical practitioners. "If one has not obtained a license," the Government-General warned, "even one who has maintained a great name as a medical practitioner for ten or twenty years, one shall not be accorded the right to practice."[90] The colonial authority insisted that the authorization process was an indispensable step in Korea's progress towards modernization because all civilized states operated a system by which anyone seeking to engage in the field of medicine needed to acquire a license from the state.

> All civilized countries have regulations that control the trade of refined medicines and require the acquisition of a license from the relevant authority before engagement in such activity can be permitted. Each authority allows the products to be traded only when they are in perfect condition and offered at a reasonable price. If any changes are made regarding the products, they are promptly banned from the market even if they have obtained authorization to be sold.[91]

The quotation above clearly shows that anyone who wanted to engage in a medicine-related business needed to obtain a business license from the Government-General. The explanation offered by the police to the effect that the ultimate goal of the Medicine Act was to bring medicine professionals "under special control" was also related with the effort to strengthen the colonial authority's influence on the Korean medical industry.[92]

Indeed, specific efforts to strengthen the influence of the Government-General on Korean medicine professionals were largely made via the police. The right to issue a license or permit to individual applicants allowing them to engage in a medicine-related business activity was given to the police. In other words, enforcement of the legislation governing the activities of medicine professionals—with the exception of pharmacists, which included the right to grant, terminate or suspend the license, was in the hands of chief police officers.[93]

The police played an extensive role in the administration of the Medicine Act, from issuing a license to controls over specific activities. The supervision of the activities stipulated by the legislation was

conducted by police officers, including military police officers, and the medical practitioners and pharmacists belonging to them,[94] and important decisions regarding violations of the law were made by local police chiefs.[95] Even activities in more specialized areas such as the examination of drugs took place at police laboratories under the pretext of the lack of specialist organizations.[96]

As mentioned above, the publicly announced goal of the Medicine Act promulgated in 1912 was to classify medicine professionals according to the scope of their activities and to strengthen the qualifications of the medical workforce in Korea. The hidden, and more pressing, goal of the legislation was, however, to officially acknowledge the authority of Western medicine and increase the influence of the Japanese colonial authority on the field of medicine. With the legislation, Korean medical practitioners who had been able to freely use Western medicines were now faced with certain restrictions, and had to obtain a license issued by the Government-General in order to continue exercising their profession.

Conclusion

According to the Regulations on Medical Practitioners promulgated by the Government-General in 1913, medical practitioners specializing in Western medicine were defined as regular medical doctors, while traditional Korean medical practitioners were defined as assistants to regular medical doctors. The legislation accordingly laid an important legal foundation for the establishment of a medical care system based on Western medicine. The Japanese colonialists used the legislation to discredit traditional Korean medicine and Korean medical practitioners, but they were unable to eradicate the tradition largely because the Korean public still had a lot of confidence in traditional medicine. Another important factor behind the colonial authority's retention of traditional Korean medicine within the newly established medical care system was its inability to meet health demands in regional and remote areas exclusively with medical practitioners specializing in Western medicine.

In reality the colonial government, in order to maintain the size of the medical workforce demanded by the new medical care system, was obliged to depend on temporizing measures such as the introduction of licensing

examinations and "physicians' assistants" rather than more fundamental measures such as the establishment of medical schools specializing in Western medicine. The effort to turn out large numbers of medical practitioners within a short period of time led the authority to lower the qualification standards and diversify the requirements for medical licensing examinations. It seems that the Government-General was overwhelmed by the need to complete a medical care system based on Western medicine, and had to introduce medical legislation even in a situation where there were no specific measures for nurturing qualified medical doctors.

As has been discussed above, the Government-General promulgated the Medicines and Medical Products Trade Act which divided Korean medicine professionals into four groups, namely pharmacists, officinal drug traders, drug makers and drug traders. With the promulgation of the legislation traditional Korean medical practitioners, having been free to use Western medicines, were now under tight governmental control and had to obtain a license to continue exercising their profession.

The legislation on medical practitioners is historically significant in that it established objective qualification requirements for medical practitioners who had previously been engaged in medical care activities without regulation. Also, the fact that an official license was granted by the government to those with the relevant qualifications resulted in the promotion of the social position of medical practitioners who had been regarded as lower class. The ultimate goal of the legislation was, however, to get a cause to back the Japanese colonial rule by emphasizing the superiority of Western medicine, which had been introduced to Japan some years prior to its appearance in Korea. This presents a striking contrast with the objective of the Taehan Empire, which sought to establish a medical system in which East and West could accept each other and prosper together and where traditional medical practitioners were authorized and respected as regular medical doctors. Finally, that it became impossible to engage in medical practice without the Government-General's authorization led to the intervention of the Japanese colonial authority in the field of medicine.

NOTES

1) For the reform process of the medical care system by the Office of the Residency General, see Shin Tong-wŏn, *Han'guk kŭndae pogŏn ŭiryosa* [The Modern History of Health and Medicine in Korea], Hanul, 1997; Pak Yun-jae, *Han'guk kŭndae ŭihagŭi kiwŏn* [The Origin of Korean Modern Medical System], Hyean, 2005.
2) In 1911, the Medical Institute of the Chosŏn Government-General Infirmary was attended by 6 fourth-, 29 third-, 47 second- and 33 first-grade students, while the Severance Medical School was attended by 65 students. See *Chōsen sōtokufu iin dai ikkai nenpo (1911 nen)* [The First Annual Bulletin of the Government-General of Chosŏn Hospital (1911)], pp. 186–188, and "Severance Hospital, Seoul," *The Korea Mission Field*, nos. 8–9, 1912, p. 274.
3) For medicine professionals, see Chapter 4.
4) Pak Yun-jae, op. cit., pp. 99–142.
5) Pak Hyŏn-gu, et al., "Chejung'wŏnesŏŭi ch'ogi ŭihak kyoyuk (1885–1908)" [Early Medical Education in Chejung'wŏn Hospital (1885–1908)], *Ŭisahak* [History of Medicine], 8-1, 1999. On July 11, 1910, the Physicians' Assistants Bureau of the Ministry of Internal Affairs granted medical licenses to the graduates of the government medical school. "Ŭisul kiŏp inhŏ" [Medical Licenses Bestowed], *Taehan Maeil Shinbo* [The Korean Daily News], July 12, 1910.
6) "Zappō" [General News], *Keimu ihō* [The Police Gazette], no. 38, 1912, pp. 646–647.
7) *Eisei keisatsu kōgi ippan* [Sanitary Police General Lectures], P'yŏng'annam-do Provincial Police, 1913, p. 128.
8) "Ŭisa kyuch'ik palp'o (1)" [Regulations on Medical Practitioners (1)], *Maeil Shinbo* [Korean Daily News], November 22 (1), 1913.
9) "Shitsugi kaitōroku" [Questions and Answers], *Keimu ihō*, no.22, 1912, p. 21; "Shitsugi ōtō" [Questions and Answers], *Keimu ihō*, no. 30, 1912, p. 35.
10) Regulations on medical practitioners were promulgated later than those concerning other medical care professionals because of their complexity. There had been plans to promulgate the regulations along with those on lawyers, but promulgation was postponed to 1913 "because research into the current situation has revealed that it is extraordinarily complicated

and incomparable with the regulations on lawyers." "Chosŏn ŭisa kyuch'ik" [Regulations on Korean Medical Practitioners], *Maeil Shinbo*, September 22 (2), 1911.

11) The legislation provided that a medical license could be granted to Japanese people who had graduated from a foreign medical school, which had been issued a medical license by a foreign government and hence were regarded as eligible to practice medicine, and to those whose foreign nationality had been acknowledged by the Governor-General, who had been issued a medical license by a foreign government and hence were regarded as eligible to practice medicine. The number of people conforming to the conditions was significantly small compared with those in the earlier case. "Ishi kisoku" [Medical Practitioners Regulations], *Chōsen sōtokufu kanpō*, January 15, 1913.

12) Gomi Noritomo, "Kankoku shingishū tsūshin" [A Letter from Shinŭiju, Korea], *Dojin*, no. 2, 1906, p. 21.

13) Kijima Shin'nosuke, "Kimch'ŏn tsūshin" [A Letter from Kimch'ŏn], *Dojin*, no. 8, 1907, p. 15; Han Hŭng-gyo, "Kungminŭi kwahakchŏk hwaltong'ŭl yoham" [We Need People to Engage in Scientific Activities], *Taehan hŭnghakpo* [Korean Education Promotion Gazette], no. 11, 1910, p. 11.

14) "Chōsen no ishi kisoku" [Regulations on Korean Medical Practitioners], *Dojin*, no. 66, 1911, p. 24.

15) *Eisei keisatsu kōgi ippan*, 1913, op. cit., pp. 121–122.

16) "Ŭisaeng kyuch'ik tŭng'e taehaya" [On Regulations on Physicians' Assistants], *Maeil Shinbo*, November 18 (2), 1913.

17) *Chōsen sōtokufu shisei nenpō (1913 nen)* [Annual Report on the Administration of the Government-General of Korea (1913)], p. 210.

18) "Ŭisagyee taehan hŭimang" [A Hope from the Medical Professions], *Maeil Shinbo*, November 21 (2), 1913; "Shinŭibŏbe taehan haehok" [Understanding the New Medical Care Law], *Maeil Shinbo*, November 20 (1), 1913.

19) The Severance Medical School was promoted to a college-level institution in1917, and with the revision of the Korean Education Act in 1922, began a full-fledged effort to increase the number of professors in the faculty to meet the requirements imposed by the Government-General by hiring those with degrees from foreign institutions and by

sending students abroad for advanced learning as a means to nurture future professors. The effort enabled graduates from the school to obtain a medical license without examination in 1923. Yŏnse taehakkyo ŭikwa taehak ŭihak paengnyŏn p'yŏnch'an wiwŏnhoe (The Medical Centennial Compilation Committee of the Yonsei University College of Medicine), *Ŭihak paengnyŏn* [Medical Centennial], Seoul: Yonsei University College of Medicine, 1985, pp. 80–83 & 98.

20) "Ŭisa kyuch'ik palp'o (1)" [Regulations on Medical Practitioners (1)], *Maeil Shinbo*, November 22 (1), 1913.

21) The experience of the West also shows that the top priority with regard to the production of legally qualified medical practitioners was the establishment of the national licensing examination. The license obtained through the exam played a decisive role in strengthening the authority of medical doctors. Yi Chong-ch'an, *Sŏyang ŭihakkwa pogŏnŭi yŏksa* [The History of Medicine and Health in the West], Seoul: Myŏnggyŏng Books, 1995, p. 291.

22) "Ŭisa shihŏm kyuch'ige taehaya" [On the Medical Licensing Examination Regulations], *Maeil Shinbo*, July 23 (2), 1914.

23) "Taishō 3 nen ni okeru Chōsen" [Korea in 1914], *Chōsen sōtokufu geppō* [Monthly Bulletin of the Government-General] 1, 1915, p. 18.

24) Kijima Shin'nosuke, "Kimch'ŏn tsūshin" [A Letter from Kimch'ŏn], op. cit., p. 17.

25) For instance, the number of physicians per 100,000 residents in Taiwan was 0.436 in 1914 and 0.368 in 1923, which are 6 to 10 times higher than the figures for Korea. Liu Shi-yung, "Taiwan ni okeru shokuminchi igaku no keisei to sono tokushitsu" [The Development and Characteristics of the Colonial Medical System in Taiwan] in *Shippei, kaihatsu, teikoku iryō* [Diseases, Colonization and Imperial Medical System], University of Tokyo Press, 2001, p. 255.

26) In 1921, the Chief Police Officer, who was responsible for health affairs in Korea, reported that Korea needed twice the number of medical workers than were in active practice in his day, even including "physicians' assistants." "Chōsen chūō eiseikai dai ikkai iinkai" [The First Conference of the Korean Central Health Association], *Chōsen igakukai zasshi* [Korean Medical Association Journal], no. 36, 1921, p. 72.

27) "Ishi shiken" [The Medical Licensing Examination], *Chōsen ihō* [The Korean Gazette], no. 4, 1915, p. 196. The medical licensing exam was widely regarded as "a means to increase the number of qualified medical practitioners across the nation and to achieve the goals of the legislation." "Ŭisa shihŏm kyuch'ige taehaya" [On the Medical Licensing Examination Regulations], *Maeil Shinbo*, July 23 (2), 1914.

28) "Ishi shiken kisoku" [Medical Licensing Examination Regulations], *Chōsen sōtokufu kanpō* [Gazette of the Government-General of Korea], July 20, 1914.

29) "Ŭisa shihŏme taehaya" [On the Medical Licensing Examination Regulations], *Maeil Shinbo*, August 14 (4), 1914.

30) "Ŭisagyee taehan hŭimang" [A Hope from the Medical Profession], *Maeil Shinbo*, November 21 (2), 1913.

31) *Isei hyakunenshi* (*Kijyutsu-hen*) [Centennial History of the Medical Care System (Techniques)], Tokyo: Medical Affairs Bureau, the Ministry of Health and Welfare, 1976, pp. 73–74.

32) "Shitsugi ōtō" [Questions and Answers], *Chōsen ihō*, no. 3, 1915, p. 196.

33) "Ishi shiken kisoku no kaisei" [The Revision of the Medical Licensing Examination Regulations], *Chōsen ihō*, no. 1, 1918, p. 134.

34) "Ishi shiken kisoku kaisei" [The Revision of the Medical Licensing Examination Regulations], *Chōsen sōtokufu kanpō* [Gazette of the Government-General of Korea], October 25, 1917.

35) "Ishi, yakuzaishi, shikaishi shiken kisoku kaisei ni tsuite" [On the Revised Examination Regulations for Medical Doctors, Pharmacists and Dentists], *Chōsen*, no. 2, 1928, p. 36.

36) "Changnaeŭi ŭisa suhŏmsaeng'ege" [To Would-be Medical Licensing Exam Candidates], *Maeil Shinbo*, June 4 (3), 1915.

37) "Ŭisa suhŏmjarŭl wihayŏ" [For the Medical Licensing Exam Candidates], *Maeil Shinbo*, May 23 (3), 1918.

38) "Isei kisoku" [Regulations on Physicians' Assistants], *Chōsen sōtokufu kanpō* [Gazette of the Government-General of Korea], November 15, 1913. In December 1921, the Regulations on Physicians' Assistants were revised for the launch of the system to promote practice by physicians' assistants in remote areas and to prevent the concentration of medical practitioners in large cities: "Once they have earned a license, they tend

to concentrate in urban areas, leaving inhabitants in the remote regional areas suffering from a lack of medical care. That is why, on December 3, the authority revised part of the Regulations on Physicians' Assistants with Mayoral Decree no. 154, by which a license will be granted for a specific area and the license holder's practice restricted to the area for which they have been certified." "Isei kisoku kaisei" [Revision of the Regulations on Physicians' Assistants], *Chōsen sōtokufu kanpō*, December 3, 1921; and "Eisei" [Hygiene], *Chōsen*, no. 1, 1922, p. 163.

39) "Shinŭipŏbe taehan haehok" [Understanding the New Medical Care Law], *Maeil Shinbo*, November 20 (1), 1913.

40) "Hanŭigye" [Traditional Chinese Medicine], *Maeil Shinbo*, February 27 (1), 1914.

41) "Ku ŭihakkyeŭi kyŏnggo" [The Old Medical Care System Receives a Warning], *Maeil Shinbo*, March 11 (1), 1913.

42) "Ŭisagyee taehan hŭimang" [A Hope from the Medical Profession], *Maeil Shinbo*, November 21 (2), 1913.

43) Shiraishi Yasushige, *Chōsen eisei yōgi* [The Introduction of Health and Medicine into Korea], 1918, pp. 47–48.

44) "Kyōshinkai kiji" [A Report on Agricultural Shows], *Chōsen ihō*, no. 11, 1915, p. 136.

45) "Kaichū kiji" [A Meeting Report], *Tōi hōkan*, no. 1, 1916, p. 64.

46) "Kwŏn'go ŭiŏpcha" [Medical Carers Recommended], *Maeil Shinbo*, November 23 (1), 1910.

47) "Chosŏn ŭisaŭi soet'oe" [The Destiny of Korean Medical Practitioners], *Maeil Shinbo*, November 20 (2), 1910.

48) "Chōsen no eisei jōtai to densenbyō ni tsuite" [Hygiene and Endemic Diseases in Korea], *Chōsen oyobi Manshū* [Korea and Manchuria], no. 189, 1923, p. 32. General distrust of the medical knowledge of traditional Korean medical practitioners during the early 20th century, when Korea was introduced to Western medicine, led to widespread opposition to the use of traditional medicinal products. The Government-General, for instance, once pointed out, "Though there may not have been many serious medical problems when they depended only on traditional Chinese medicine, recently they have tended to copy the prescriptions of inland [i.e. Japanese] practitioners as they please, often guiding their patients to an irrecoverable situation via the reckless use of

poisonous substances originating from Western medicine." *Chōsen sōtokufu shisei nenpō (1912 nen)* [Annual Report on Administration of the Government-General of Korea (1912)], p. 375.

49) Kogushi Seiji, *Chōsen eisei gyōseihō yōron* [An Overview of the Health Administration Law in Korea], private publishing, 1921, p. 278.

50) Moriyasu Renkichi, "Eisei shisō no fukyū" [Propagation of the Ideas of Hygiene] in *Chōsen tōchi no kaiko to hihan* [Recollections and Criticisms of the Colonial Rule over Korea], Seoul: Chosŏn Newspaper Company, 1936, p. 64.

51) Ibid., p. 62.

52) *Keijō ishikai 25 nenshi* [The 25th Anniversary of the Seoul Physicians' Association], 1932, p. 94.

53) The Japanese colonialists were well aware of the fact—even in the time of the Residency General—that they could not impose unilateral regulation of traditional Korean medicine because "a great majority of Korean people are confident of their traditional medicine, and they could be easily thrown into turmoil if the traditional Korea medicine were banned." Kim Chŏng-myŏng ed., *Nikkan gaikō shiryō shūsei* [Collected Korea-Japan Diplomatic Documents] vol. 6 (Part 1), Tokyo: Gannandō Shoten, 1964, p. 181.

54) *Chōsen sōtokufu shisei nenpō (1913 nen)* [Annual Report on the Administration of the Government-General of Korea (1913)], p. 215.

55) *Chōsen sōtokufu tōkei nenpō (1914 nen)* [Annual Report on Statistics of the Government-General of Korea (1914)], p. 366; and "Ŭisa kyuch'ik palp'o (2)" [Medical Practitioners Regulations (2)], *Maeil Shinbo*, November 23 (1), 1913.

56) Shiraishi Yasushige, op. cit., p. 48.

57) "Isei kisoku" [Regulations on Physicians' Assistants], *Chōsen sōtokufu kanpō*, November 15, 1913. Unlike in Taiwan, the Japanese colonialists allowed Korea to continue producing "physicians' assistants" via the legislation on physicians' assistants. The Japanese colonialists in Taiwan granted licenses to traditional medical practitioners via the Regulations on Taiwanese Physicians' Assistants promulgated in July 1901, but thereafter no new licenses were issued. *Taiwan eisei yōran* [An Overview of Health and Medicine in Taiwan], Taipei: Taiwan Government-General Central Police, 1925, pp. 138–141.

58) "Ŭisaeng kyuch'ik tŭng'e taehaya" [On the Regulations on Physicians' Assistants], *Maeil Shinbo*, November 18 (2), 1913.

59) "Hanbang ŭigyeŭi chuŭi" [Attentions in Traditional Chinese Medicine], *Maeil Shinbo*, November 30 (2), 1913, and *Chōsen shisei no hōshin oyobi jisseki* [The Goal and Achievements of the Administration of Korea], Government-General of Korea, 1915, p. 95. The Government-General tried to use not only "physicians' assistants" but also medicine merchants as part of its policy to make the most of the medical workforce available in Korea. That is why the colonial authority issued a license to medicine merchants that imposed no restrictions on their dealings with traditional medicinal substances. Also, the authority imposed no extra restrictions on the use of poisonous substances. Kogushi Seiji, op. cit., p. 326.

60) Kawakami Takeshi, *Gendai Nihon iryōshi* [A Modern History of Medicine in Japan], Tokyo: Keisō Shobō, 1965, p. 160.

61) The Korean Daily News handled the issue of traditional Korean medicine in its editorial before the promulgation of the Regulations on Physicians' Assistants: "Fortunately, the authority announced its intention to control the situation, but before that it needs to deeply consider the situation, creating efficient methods and nurturing a large enough number of physicians' assistants. "Kwŏn'go kaeobŭi" [Medical Carers Recommended], *Maeil Shinbo*, November 23 (1), 1910. Despite the legislation on physicians' assistants, the Government-General implemented no specific measures for the nurture of physicians.

62) "Ko ŭisaeng taehoe" [Physicians' Assistants Gathering Announced], *Maeil Shinbo*, October 27 (2), 1915.

63) "Hansŏng ŭihak kangsŭpso ch'wijisŏ" [An Intent Written for the Hansŏng Medical Institute], *Maeil Shinbo*, January 12 (3), 1911.

64) Shiraishi Yasushige, op. cit., p. 50.

65) Suda Kiichi, "Eisei ni tsuite" [On Hygiene], *Chōsen sōtokufu dōfugun shoki kōshūkai kōgiroku* [Transcript of Lectures by the Clerical Staff of the Government-General], Government-General, 1916, p. 315.

66) "Ilshin ŭihakkwa hanbang" [The New Japanese Medicine and Traditional Chinese Medicine], *Maeil Shinbo*, May 12 (1), 1916.

67) *Chōsen sōtokufu shisei nenpō (1915 nen)* [Annual Report on the Administration of the Government-General of Korea, 1915], p. 311.

68) Shiraishi Yasushige, op. cit., pp. 49–50.
69) The Government-General organized associations of physicians' assistants for a more efficient use of the medical workers, and encouraged them to increase their medical and legal knowledge so that they could support regular medical doctors and the sanitary police via the organizations. "Ŭigyerŭl taehi kyŏngsŏngham" [Experts Admonish the Medical World], *Maeil Shinbo*, November 19 (2), 1913.
70) According to statistics in 1944, "only 18 percent of the death certificates issued in that year were issued by medical doctors, with 60 percent issued by physicians' assistants." "Hekison no isha" [Medical Carers in the Remotest Areas], *Chōsen*, no. 6, 1944, p. 68.
71) "Chōsen iryōrei o sadamu" [Establishing the Korean Medical Care Act], National Archives of Japan, Document no. 2A–13–2884.
72) Shiraishi Yasushige, op. cit., p. 94.
73) "Yakuhin oyobi yakuhin eigyō torishimarirei" [Medicines and Medical Products Trade Act], *Chōsen sōtokufu kanpō*, March 28, 1912.
74) Shiraishi Yasushige, op. cit., p. 94.
75) Ibid.
76) "Yakuhin oyobi yakuhin eigyō torishimarirei" [Medicines and Medical Products Trade Act], op. cit.
77) See *Isei hyakunenshi* (*Kijyutsu-hen*) [Centennial History of the Medical Care System (Techniques)], op. cit., p. 85.
78) Shiraishi Yasushige, op.cit, pp. 98–100.
79) Ibid., p. 102.
80) Ibid., p. 103.
81) *Chōsen sōtokufu shisei nenpō (1912 nen)* [Annual Report on Administration of the Government-General of Korea (1912)], 1914, p. 361.
82) *Kankoku eisei ippan* [Health in Korea], Health Bureau of the Ministry of Internal Affairs, 1909, p. 5.
83) "Ŭiyagŭi ch'wich'e" [The Control of Medicines], *Maeil Shinbo*, July 2 (1), 1912.
84) "Hanyagŏbŭi chuŭi" [Korean Medicines Need to Be Alert], *Maeil Shinbo*, July 14, 1912. This government news paper regarded the Medicine Act as the Traditional Korean Medicine Control Act. "Hanyagŏbŭi shinch'ŏng" [How to Apply for the Traditional Korean

Drugstore], *Maeil Shinbo*, August 24, 1912

85) "Kanyaku no torishimari ni kansuru ken" [The Case for the Control of Traditional Korean Medicine], *Keimu ihō* [The Police Gazette], no. 28, 1912, p. 467; Shiraishi Yasushige, op. cit., pp. 101–102.

86) "Sŏn ohae hu kambok" [Misunderstandings First and Admiration Later], *Maeil Shinbo*, July 2 (3), 1912.

87) "Yagŏpchaege haeyu" [Urging Amicable Settlement to Medicine Professionals], *Maeil Shinbo*, July 20 (3), 1912. With the promulgation of the Medicine Act, the traditional medicine traders and druggists had to improve their methods of business. A resolution issued by the Pharmacy Federation, an association of traditional medicine professionals formed in Tonghyŏn, Seoul, one month after the promulgation of the legislation, contains some details of the situation. They decided, for instance, that they would continue to solve such problems as the trade of poisonous substances, the use of rotten or low-quality materials, and unhygienic conditions. "Hanyagŭi taegaehyŏk" [Great Reform of Korean Medicine], *Maeil Shinbo*, August 8, 1912.

88) "Yakuhin torishimari ni kansuru ken" [The Case for the Control of Traditional Korean Medicine], *Keimu ihō* [The Police Gazette], no. 27 (1912), p. 446. It is true that the Medicine Act led to a significant reduction in the scope of the activities in which traditional Korean practitioners engaged. Once the act divided the professions into four categories, they had to restrict their occupation to their specialized field.

89) "Ŭiyagŭi ch'wich'e" [The Control of Medicines], *Maeil Shinbo*, July 2 (1), 1912.

90) "Hanŭiyagŏbŭi chuŭi" [Korean Medicines Need to Be Alert], *Maeil Shinbo*, July 16 (2), 1912.

91) "Yakp'um ch'wich'e kyuch'ik" [Rules for the Control of Medicines], *Maeil Shinbo*, September 26 (1), 1911.

92) *Eisei keisatsu kōgi ippan* [Sanitary Police General Lecture], P'yŏng'annam-do Provincial Police, 1913, p. 120.

93) "Yakuhin oyobi yakuhin eigyō torishimarirei" [Medicines and Medical Products Trade Act], op. cit.

94) "Yakuhin junshi kisoku" [Medicine Inspection Regulations], *Chōsen sōtokufu kanpō*, July 16, 1913.

95) "Yakuhin junshi kisoku shikō tetsuzuki" [The Procedure for the

Medicine Inspection Regulations], *Chōsen sōtokufu kanpō*, February 13, 1914.

96) *Chōsen sōtokufu shisei nenpō (1914 nen)* [Annual Report on Administration of the Government-General of Korea (1914)], 1916, p. 248.

Summary

Early Colonial Laws on Medical Practitioners and the Japanese Colonial Rule

The Government-General of Korea used medical regulations to allow only Western medical specialists to be defined as doctors. Practitioners of Chinese medicine, who were the representative medical practitioners in Korea at the time, were not defined as formal doctors. Instead, they were only defined as assistants to doctors. This created the legal basis that would cause medical schools that focused on Western medicine to be established in Korea. However, even though Chinese medicine was rejected and practitioners of traditional Chinese medicine were not defined as doctors, the Government-General of Korea was unable to advance the complete elimination of Chinese medicine. There were a few reasons for this. First of all, the general populace had a great confidence in Chinese medicine. Another more practical reason was the reality that there was a lack of doctors who specialized in Western medicine. This made it impossible to resolve problem of providing medical services to the countryside and other regions that were cut off from medical services.

Related to the training of medical practitioners, the Government-General of Korea promoted an increase in the number of people becoming doctors though the medical doctor examination rather than establishing an educational institute for Western medicine to replace Chinese medicine. At the same time, temporary measures were taken such as changing the provisions attached to medical student regulations to permit the training of medical students who were in their transitional period. Also, the qualification standards for the medical doctor examination were made more lenient than those in Japan, diversifying the examination passing requirements. This occurrence shows that the Government-General of Korea, fixated on their obligation to establish medical schools based on Western medicine, one-sidedly enacted legislation related to medical practitioners. This was despite the fact that there were no measures in place for doctor training.

At the same time, the Government-General of Korea introduced a pharmaceutical business act for medicine and medical sales. Medical

practitioners related to pharmaceuticals were divided into the following categories: pharmacist, pharmacies, pharmaceutical companies, and sellers of over-the-counter medicines. However, this was mainly put into effect for practitioners of traditional Chinese medicine. The introduction of this legislation restricted the use of Western medicine for practitioners of Chinese medicine, who could previously use it freely, and also made distinctions in their occupational categories. At the same time, they were required to receive permission from the Government-General of Korea to perform their work.

It is a positive point that the introduction of the new legislation related to medical practitioners established objective qualification conditions for those medical practitioners who were working arbitrarily without the previously required qualification standards. Granting an official license to those who satisfied the qualification conditions had the result of improving the authority of medical practitioners who had previously not been taken seriously. However, the objective for introducing the legislation was to emphasize the priority that the Japanese Empire had given to Western medicine in advance, in an attempt to gain justification to control the colonies. The intention was different from that of the Korean Empire, which was to pursue the coexistence of medical schools of Eastern and Western medicine while recognizing practitioners of Chinese medicine as formal doctors. After that, it was no longer possible to engage in formal medical activities without the permission of the Government-General of Korea. As a result, the authority of the new state organization, this Government-General of Korea, was able to penetrate the medical field.