

Sanitizing Korea: Anti-Cholera Activities of the Police in Early Colonial Korea

Park Yunjae

The Gabo Reform cabinet in 1894 instituted the sanitary police system. With no cure or vaccine for epidemics available and few Western-trained doctors, the task of implementing disinfection and quarantine had to be taken up by the police. However, the sanitary police active in late Joseon Korea worked under civilian supervision. After the Protectorate Treaty of 1905, Japan changed the sanitary police system in Korea, reinforcing the role and the responsibility of the police. Unlike the Korean government, the colonial authority saw police enforcement as the mainstay of administrative implementation. The police-centered sanitizing system was fully established in 1911 when the full responsibility for sanitation work was transferred to the police. Whenever cholera raged through Korea, one of the first measures the Japanese colonial government took was to inspect sea vessels and trains. It was the police who were sent to examine the vessels and crews and also to see to the implementation of quarantine. Vaccination was regarded as the most effective preventive measure and the police controlled all aspects of vaccination campaigns. The most critical mission the police were assigned to carry out was house inspection.

The police-centered anti-cholera activities seemed to work. With the exception of the years 1919, 1920 and 1926, colonial Korea did not see as many casualties from cholera as Japan did during the same period. However, the anti-cholera activities carried out by the police often encountered a hostile response from the people. Some expressed doubts about the police-centered anti-epidemic activities, arguing that the colonial government should provide sanitation education, not forced sanitation. But the key aspects of the police-centered sanitary system did not change. The successive budget cuts, together with the colonial government's desire to control its subjects, prevented the rise of an adequate sanitary infrastructure, and led to the colonizers' continued reliance on the sanitary police system.

Keywords: Cholera, police, anti-cholera activity, Japanese Colonial Government, sanitary police system

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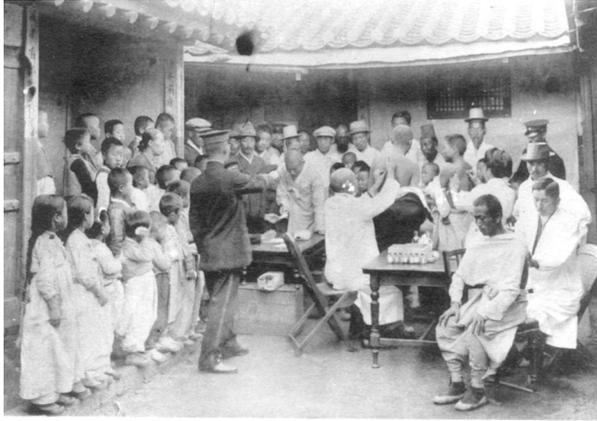
Introduction

The picture below effectively captures the argument of this article. It was taken by the Japanese colonial government in 1919. According to the explanation on the picture, the official is about to take the excreta of a traveler who either had symptoms of cholera or who did not have the certificate of vaccination on hand. In 1919, the surest method of detecting cholera in Korea was to put an excreta sample under the microscope. This unfortunate man was forced to take off his pants in public and had to endure the embarrassment of officials taking his excreta. The picture is still offensive even to today's readers, and we can only imagine how humiliating it must have been for him. Although we know little of the context in which it was taken, it seems that the photo was taken on purpose by the colonial government to propagate its hard work in disease prevention. In any case, it should be emphasized that this picture was not taken in secret. This picture can be found in the official report on anti-cholera activities. Therefore, we can surmise that the officials who were present at this scene must have thought that they were justified in leaving this activity on record. During the colonial period, the power of the colonial government to take preventive measures grew to the point where intrusive activities such as



祝狀便採ノ者行旅ルケ於ニ浦麻府城京道畿京

Figure 1. Title page photograph from *Taishō hachinen korerabyō boeki shi* (The 1919 Report on Cholera Prevention Activities) (Keijō [Seoul]: Chōsen sōtokufu, 1920).



視狀ノ施行射注防環ルケ於ニ府川仁道畿京

Figure 2. Title page photograph from *Taishō hachinen korerabyō boeki shi*.

the one described above were seen as legitimate.

According to the explanation appended to figure 2 (see above), the residents of Incheon – an important seaport in western Korea – are being injected with a cholera vaccine. The doctors are busy injecting the vaccine and the children are awaiting their turn. The policeman at the center seems to be ordering the residents to follow his instructions. Even the doctors seem to be bowing to the police as well. As this image demonstrates, in colonial Korea, it was the police, not the doctors, who had the power to direct anti-epidemic campaigns.

This article examines the mobilization of the police by the Japanese colonial government for disease prevention programs in Korea. To date, several research papers have already been published on this topic.¹ They have been successful in drawing a general picture of the sanitary police system in controlling contagious diseases. In particular, they have revealed the coerciveness of the police in tackling the spread of epidemics. While agreeing with these contentions, I would like to add a case study on cholera which afflicted Korea in the 1910s and 20s and reveal the mandatory features of colonial rule by showing the police-centered anti-epidemic activities. Cholera is a useful topic for study because it was regarded by the colonial government as one of the

1. Sin Dongwon, *Hanguk geundae bogeon uiryosa* [A medical history of modern Korea] (Seoul: Hanul, 1997), 405-9; Bak Yunjae [Park Yunjae], *Hanguk geundae uihak ui giwon* [The origins of Korea's modern medical system] (Seoul: Hyeon, 2005), 355-72.

main contagious diseases, which could endanger the colonial regime; as a result, they enforced a system of cholera prevention.² In fact, after the first major outbreak of 1821, cholera became one of the deadliest diseases in Korea. Therefore, an analysis of the anti-cholera activities will contribute to our understanding of the nature of the police-driven sanitary system that existed in colonial Korea. This article will also highlight the historical background and consequences of such a police-directed anti-epidemic system. Another purpose is to reveal the features of Japanese colonial rule: by comparing Korea to mainland Japan, it will become clear that the police in colonial Korea intervened more aggressively in anti-epidemic activities.

The Establishment of the Sanitary Police System

It was the Gabo Reform government (1894-1896) and not the Japanese colonial government that first attempted to establish a sanitary police system in Korea. The Gabo Reform was an attempt to modernize all sectors of Korean society and medicine was no exception to that overall effort. As part of the reforms, the Sanitary Bureau (Wisaengguk 衛生局) was established and came to replace the Jeonuigam 典醫監, the former central hospital. Whereas the Sanitary Bureau acted as the central institution of hygiene, the newly established police force focused on the practical aspects of sanitary works, such as the prevention of epidemics and disinfection. In 1895, the Sanitary Bureau cooperated with foreign medical doctors to tackle the spread of a cholera epidemic.³

Due to the lack of records, it is not easy to discern the government's exact reasons for adopting the sanitary police system. Knowledge about the medical police system in late nineteenth century Europe might have been transmitted via Japan to the so-called Enlightenment Party (Gaehwapa 開化派), which devoted itself to establishing a modern Korea. However, a few conclusions can be drawn from the writings of Yu Giljun (1856-1914), one of the key figures of the Gabo Reform, who had been to Japan in 1881 and America in 1883 as one

2. It was estimated that in 1895 tens of thousands of cholera patients had died in Korea. But such a high mortality rate alone does not effectively provide an explanation on why Korean people were deeply concerned about cholera. Both the infamous symptoms, such as unbearable suffering, unstoppable vomiting and diarrhea, and the patients' general feeling of anxiety while they are being transferred to a dreadful isolation ward should also be taken into account. Sin, *Hanguk geundae bogeon uiryosa*, 164.

3. *Gwanbo* [The Korean Official Gazette], 1894.07.14. O. R. Avison, "Cholera in Seoul," *The Korean Repository* (1895), 340.

of the first students sent abroad. In his *Seoyu gyeonmun*, the first Korean book to introduce Western civilization to the Korean people, he supported the role of the police in controlling epidemics. As the Minister of Internal Affairs in the short-lived Gabo Reform cabinet, he also believed that government should have the power to restrict the freedom and the rights of individuals for the sake of the nation. He saw the police as well as sanitation laws as activities essential for building a modern nation.⁴ Also, with no cure or vaccine for epidemics yet available (a cholera vaccine was first used in Japan in 1902, but it is not certain when it was first used in Korea), the task of implementing disinfection and quarantine, which were unfamiliar to Korea until the introduction of Western medicine, had to be taken up by the most competent administrative body in Korea, the police. As sanitation (*wisaeng* 衛生) was a newly coined term in East Asia, oriental doctors, who were then the only officially sanctioned practitioners in the Korean medical field, were not considered to be a useful tool for anti-cholera activities, which had been newly developed through Western medical perspective.

Furthermore, during the Gabo Reforms there were very few medical personnel who received Western medical training in Korea. Western medical education began in 1886 in Korea, but it was not until 1902 that Korea began to produce doctors trained in Western medicine.⁵ Some records testify that before opening its ports to Western countries the Korean government used some methods to tackle cholera, for example by distributing traditional medicine, but with the present state of our knowledge, it is not possible to ascertain whether the medicine was effective or not.⁶ With few trained experts, it is not too difficult to understand that early epidemic control in Korea relied on the police to oversee the disinfection and quarantine of a large population. In 1895, when cholera broke out in the northern part of the peninsula, the Gabo Reform government ordered the population, including doctors, to report cholera patients to local police stations. The police also took a leading role in inspecting patients and enforcing disinfection.⁷

However, the role of the police at the time was still confined to practical matters. More comprehensive epidemic control was conducted by central and

4. Yu Giljun, *Seoyu gyeonmun* [Observations of a Journey to the West] (Tokyo: Kōjunsha 交詢社, 1895), 272-4.

5. Sin, *Hanguk geundae bogeon uiryosa*, 276-9.

6. Sin Dongwon, "Joseonmal ui cholera yuhaeng, 1821-1910" [Cholera epidemics in Korea in the late Joseon, 1821-1910], *Hanguk gwahaksahak hoegi* 11, no. 1 (1989), 66-73.

7. *Gwanbo*, 1895.06.08; 06.10.

local officials.⁸ This pattern is clearly shown in the writings of Oliver R. Avison, a Presbyterian medical missionary, who, at the time, was in charge of the newly created Sanitary Board. He describes the situation as follows.

It was decided that we should call a meeting of all the physicians in Seoul and organize a Sanitary Board During the next two days, the organization was completed, both Japanese and Western physicians being included. The officers elected were, Pres. Dr. Avison, Vice Pres. Dr. Kozio, Sect'y Miss Dr. Cutler. . . . A central office was opened and placed in charge of both Japanese and Western Physicians. . . . His Excellency the Home Minister [Yu Giljun], who authorized us to carry on the work thereafter without consulting any one, and full control over a special force of policemen detailed from the regular force to assist us.⁹

As Avison's report states, the police functioned under the command of the Sanitary Board, which consisted of doctors of different nationalities but who shared a common worldview on medical practice. The doctors of the Sanitary Board had the authority to direct and to dispatch the police in support of epidemic control. Also, according to Avison, the Ministry of Internal Affairs even granted him the right to dismiss problematic policemen.¹⁰ The police were placed under civilian officials or, more precisely, considering the powers granted to the doctors, they were commanded by the medical professionals.

In 1896, the legislation on epidemic control enacted under the Gwangmu Reform put more emphasis on the role of the civilian officials in controlling epidemics. As a result, the town headman became the reporting authority rather than the police.¹¹ In 1902, when cholera broke out again, the Korean government instructed the national police agency to establish the Provisional Board of Sanitation (Imsi wisaengwon 臨時衛生院) to take charge of the outbreak. Heads of central and regional governments participated in the operation of the Provisional Board of Sanitation. Moreover, the foreign medical doctors joined as major commissioners and the students from the Uihakgyo, the national Western medical school, carried out quarantine efforts and made visits to localities.¹² In other words, cholera control was conducted as a cooperative effort between the police, government officials, and medical personnel.

8. *Gwanbo*, 1895.intercalary05.13.

9. O. R. Avison, "Cholera in Seoul," *The Korean Repository* (1895), 339-44.

10. *Gidok sinbo* [The Christian News], 1932.05.04.

11. *Gwanbo*, 1899.08.29.

12. *Gwanbo*, 1902.07.29; *Gakbu cheonguiseo jonan* [Official Ministry Documents], 23-96.

After the Protectorate Treaty of 1905, Japan transformed various Korean institutions to further aid their colonial rule. In the process, they changed the role and the responsibility of the police as well. In 1906, to further increase bureaucratic efficiency, the Japanese Residency-General transferred the duties of the Department of Sanitation (Wisaenggwa 衛生課) to the police.¹³ Given that there were no independent organizations in charge of sanitation, the installation of the Department of Sanitation within the police agency reinforced the role of the police in overseeing the overall hygiene projects.¹⁴ It is true that in 1893 local police in Japan was granted full power in performing sanitary activities. Yet, the situation in Japan was somewhat different at the central government level. Contrary to colonial Korea, the Bureau of Sanitation existed along with the Bureau of Police, making general plans on sanitary works.¹⁵

In colonial Korea, the police-centered sanitary system was completed in 1911 after the Department of Sanitation in the Ministry of Internal Affairs was abolished so that all sanitary activities of governmental and public hospitals would be performed by the police. By the following year, the jurisdiction over quarantine was also transferred to the police.¹⁶ Until 1919, there would be no other agency in charge of sanitary activities apart from the police officers under the command of the Ministry of Police.

When the colonial government implemented the Cultural Policy (*bunka seiji*) in the aftermath of the March First Movement, it introduced changes to the police-directed epidemic control and sanitation legislation.¹⁷ In 1919, the government transferred authority to control epidemics from the director of the provincial police to provincial governors. The decentralization of policies on sanitation followed suit the year after. In 1920, when cholera broke out, the colonial government simply mapped out a general plan to allow each province to address the crisis at the provincial level. The devolution of authority proceeded to the point where, in 1924, the colonial government greatly expanded the power of local governments to intervene in epidemic prevention.

13. *Jubon* [Memorials to the King] (Seoul: Seoul daehakgyo Kyujanggak, 1996) 9, 5.

14. The sanitation work done by the Department of Sanitation within the National Police Agency was transferred to the Daehan uiwon (Daehan Hospital) in 1907 and then moved again to the Department of Sanitation of the Ministry of Internal Affairs in December 1907.

15. Sugaya Akira, *Nihon iryo seidosi* [History of the medical institution in Japan] (Tokyo: Harashobo, 1976), 20-2.

16. Bak, *Hanguk geundae uihak*, 334-5.

17. The new policy was intended to gradually prepare Koreans for independence in 'due course' of time. See Bruce Cumings, *Korea's Place in the Sun: A Modern History* (New York: W. W. Norton & Company, 1997), 154-7.

As a result, the doctors, upon examination of corpses, were required to report to the village headmen and the town mayor as well as the police.¹⁸

On the surface, there were numerous similarities in the approaches taken by the Late Joseon and Japanese colonial governments to the question of hygiene and sanitation. However, there were also a number of key differences. Whereas the Korean government had envisioned epidemic prevention with civilian officials at the helm and the police playing a supportive role, the colonial government saw the police as the head, with the administration as a complementary body. Whenever cholera was detected in the 1910s, it was the police chief, not the governor, who issued announcements ordering Korean subjects to report suspected patients to the authorities. Also, the chief of the national police exhorted the provincial police to stringently apply the Infectious Disease Prevention Act, promulgated in 1915, to possible carriers as well.¹⁹ Further illustration of this pattern will be seen below with the example of the 1920 cholera outbreak. When this outbreak occurred, the colonial government dispatched officials to the crisis area and ordered them to devise a plan to address the problem. The dispatched officials discussed the strategies for fighting cholera with the provincial chief of police, rather than with the governor of the province.²⁰

The Anti-cholera Activities of the Police

Clearly, the cholera outbreaks did not originate in Korea. The disease usually came through China and Japan. The annexation of Korea brought growth in human and material exchanges with Japan and thus increased the exposure of the Korean population to cholera as well. Furthermore, the narrow width of the Yalu River – the physical border between Korea and China – made it easier for the disease to travel into the peninsula.²¹

The police began to intervene at the very first stage of anti-cholera measures. Whenever a cholera invasion loomed on the horizon, one of the very

18. *Chōsen sōtokufu kanpō* [The Official Gazette of the Government-General in Korea], 1919.09.11, 1924.06.02; *Taishō kyūnen korera byōhoe kisi* [The 1920 Report on the Anti-cholera Preventive Activities], 58 (Hereafter, “The 1920 Report”).

19. *Chōsen ibo* [The Bulletin on Korea] 10 (1916), 142.

20. *The 1920 Report*, 11.

21. *Taishō jugonen korera byōki ni kan suru kiroku* [The 1926 report on cholera prevention activities], 3 (Hereafter, “The 1926 Report”); *Taishō hachinen korerabyō boeki shi* [The 1919 report cholera prevention activities], 9 (Hereafter, “The 1919 Report”).

first measures the colonial government took was to inspect sea vessels and trains. The inspection of sea vessels was crucial since the disease was almost always brought into Korea by incoming vessels. The government then designated seaports as cholera-infected districts and imposed quarantine on all vessels stationed at these ports. Although doctors were dispatched to key seaports, on occasions such as these, it was the police who were sent to examine the vessels and crews and also to see to the implementation of the quarantine. For example, when the port of Shimonoseki was identified as a possible conduit for the disease, the police were sent to inspect passengers coming to Busan from Shimonoseki.²² The deaths of passengers were to be reported to the police and the vessels originating from Shimonoseki were forbidden to contact other vessels.²³

All crews and passengers coming from cholera-ridden districts were quarantined upon their arrival to Korea. Passengers were not allowed to leave their entry point unless they extended their stay in Korea beyond the permitted duration. Also, passengers were required to have excreta inspection at the slightest chance of an outbreak. For the colonial government, the best possible method of protecting Korea from cholera was to investigate all vessels, to inspect all crews and passengers for their excreta and to search all incoming baggage.²⁴

With a deadly disease such as cholera, train inspection was no exception to the rule of police-led sanitary vigilance. Although it was widely acknowledged that train inspection was not the most effective way to prevent the spread of disease, train crews were nonetheless required to report the discovery of suspects to the police, and the police in turn had to check the physical condition of the passengers.²⁵ For each passenger, the police generated profiles detailing personal information, the point of departure and arrival, as well as

22. *Chōsen iho* 10 (1916), 141; *The 1920 Report*, 161-2; *The 1926 Report*, 109; *Chōsen iho* 9 (1919), 103.

23. *Chōsen iho* 12 (1916), 109.

24. *The 1920 Report*, 161-2; Ito Kenzo et al., “Taishō gonen Chōsen ni okeru korera ryuko ni tsuite” [On Cholera in 1916 Korea], *Chōsen igakukai zashi* 20 (1917), 26. As the surest way to identify if a person was infected with cholera was conducting an excreta inspection, the colonial government mobilized all institutions including private hospitals which were able to conduct inspection. According to 1920 report, 5,771 out of 16,991 patients, namely 33.96% of patients were confirmed as cholera-infected by excreta inspection. *The 1919 Report*, 96; *The 1920 Report*, 146.

25. *Chōsen iho* 10 (1916), 144; *Chōsen iho* 9 (1919), 101; *Chōsen iho* 9 (1919), 104. The quarantine doctors were dispatched to examine the passengers at the train station. *Maeil sinbo* [Daily News], 1910.10.02.

the name of the final destination where he or she was to notify their arrival. This was applied even to those individuals who did not show symptoms of the disease and were unfortunate to come from the same region as the diseased passengers.²⁶

As for the train inspection, when a passenger was identified with cholera, all passengers had to leave the train and undergo excreta inspection.²⁷ In addition, whenever a cholera epidemic seemed imminent, those coming from problematic regions such as Andong, China, had to go through excreta inspection at the border and they were allowed to enter the country only upon proving their bill of health. For those individuals who attempted to evade inspection, the colonial government punished them by making it impossible to buy train tickets without the certificate of vaccination.²⁸

This system of detection, reporting, and inspection was not only confined to public routes and open spaces. The capacity of the Japanese colonial government to enforce disease prevention reached down to the smallest of units. When a family member showed symptoms of vomiting and diarrhea, the head of the responsible household was required to alert the doctor. Upon diagnosing the disease, the doctor in turn had to immediately report to the police.²⁹ Thus, from the inspection of ships over trains to individual households, everything was either carried out directly by the police or doctors or other professionals who were beholden to the police, who thus occupied the top place in the sanitary chain of command.

Another public site where the police carried out inspections was restaurants. At the time, it was understood that the disease was contracted from spoiled food and the colonial police performed routine inspections of places where food was served to make sure that vendors abided by pertinent hygiene regulations. Water was also targeted as another potential route for the spread of disease and the population was strongly encouraged to boil water for consumption.³⁰

The colonial government believed that vaccination was the most effective preventive measure and in all its reports it was cited again and again that eight or nine out of ten people who were vaccinated gained immunity to a particular

26. *Chōsen iho* 9 (1919), 104-5.

27. Ito Kenzo et al., "Taishō gonen Chōsen ni okeru korera," 27.

28. *Chōsen iho* 11 (1919), 138, 140.

29. *Chōsen sōtokufu kanpo* [The Official Gazette of the Government-General in Korea], 1916.09.06.

30. *Chōsen sōtokufu kanpo*, 1920.08.06, 1916.10.11; *Chōsen iho* 12 (1916), 109.

disease. They also trumpeted the fact that some areas had been saved from the plight of the disease due to cholera vaccinations. In promoting vaccination against cholera, the colonial government not only aimed to promote wider use of vaccination, but also attempted to deflect attention from the fact that they were responsible for poor public sanitary conditions and the lack of adequate medical facilities. When asked to respond to the dismal failure of the preventive measures, the colonial government cited the very “primitiveness” of Koreans as the principle reason for the failure, rather than admit any responsibility on the part of the government.³¹

That is why, whenever fears of cholera outbreaks were raised, the colonial government invariably resorted to vaccination. Considering that in 1902, when Japan for the first time made its own vaccine, some debates were already taking place on the effectiveness of vaccination,³² it would not be unfair to say that the colonial officials had exaggerated the efficacy of vaccination, in an attempt to suppress mounting skepticism. For the government, the detection of a single patient, even if he or she was only suspected of having the disease, was usually sufficient to swiftly mobilize the vaccination programs. In 1920, the colonial government thus legalized its implicit belief in the effects of vaccination by promulgating an act which mandated that Koreans carry certificates of vaccination at all times. As people sometimes fabricated certificates or bought other’s certificates, the officer checked the details of the certificate, for instance, name, age, vaccination date and place, in order to confirm whether the certificate was genuine or not.³³

As mentioned above, the police controlled all aspects of vaccination campaigns. In some remote areas where there were no doctors, the police themselves administered vaccinations to villagers. In fact, for a government experiencing chronic shortage of doctors, utilizing the police relieved the already overburdened medical personnel. The role of the police sometimes reached the point where the police station acted as a dispensary in the most isolated areas. The lack of medical doctors also legitimized the police to provide medical treatment under “unavoidable circumstances.” As a result, from the viewpoint of the colonial government, they were qualified to give

31. *Maeil sinbo*, 1919.08.13; *Donga ilbo* [The Donga Daily News], 1937.08.31; *The 1919 Report*, 167; *The 1926 Report*, 24.

32. Yamamoto Shunichi, *Nihon Korerasbi* [A History of Cholera in Japan] (Tokyo: Tokyo University Press, 1982), 844-50. According to a medical text book, vaccines of cholera have no useful role in an outbreak. Stephen Lock et al., eds., *The Oxford Illustrated Companion to Medicine* (Oxford: Oxford University Press, 2001), 184.

33. *The 1926 Report*, 24, 131; *The 1920 Report*, 140-1.

treatment to patients under extenuating circumstances.³⁴

The police had the exclusive task of handling patients during anti-epidemic campaigns. When cholera spread, the police were required to block roads, to confine patients to their houses and at times even to isolate an entire town.³⁵ Furthermore, they were the sole authority permitted to transport patients to quarantine hospitals.³⁶

While the activities described above are already very significant, the most critical mission of the police was to carry out house inspections. The Korean population generally hid patients from the eyes of the inspector. Although the government usually encouraged voluntary reporting, its measures were ineffective, and families would often hide sick members in the nearby mountains.³⁷ At a time when no effective cure to cholera existed, patients were carried away from the rest of the family to an isolation facility or to a hospital, which to the patients represented “a living hell.”³⁸ By law, traditional burials were not permitted for cholera victims and, as a result, Koreans sometimes left dead bodies in nearby mountains to avoid cremation. In a society where Confucian customs had been deeply engrained, cremation was considered to be an insult to the dead. Thus, the police were required to make rounds to ferret out hidden bodies.³⁹

When an epidemic like cholera struck, the colonial government immediately dispatched the police to the outbreak area and made them pay visits to each household. In 1920, 66% of the total number of patients were discovered through “visits” paid by the police during epidemic control campaigns,⁴⁰ which means Korean people did not voluntarily report. The inspection of households was not only confined to periods of epidemic outbreaks, but was also carried out at other times as well. With the 1909 cholera outbreak still fresh in their mind, in 1910, the colonial government ordered the police to perform house

34. *The 1920 Report*, 138, 153; *Chōsen keisatsu to bunka* [The Korean Police and Culture], (1930), 305.

35. *Chōsen ibo* 12 (1916), 110. In cases where there was not enough police to guard isolated towns, organizations such as the local YMCA and the Jawidae (the self-defense association) were recruited to aid the police in their activities. *The 1926 Report*, 107.

36. *The 1920 Report*, 101.

37. Ito Kenzo et al., “Taishō gonen Chōsen ni okeru korera,” 27.

38. For more details on the practice of forcibly taken patients to isolation hospitals, see Park Yunjae [Bak Yunjae], “Anti-Cholera Measures by the Japanese Colonial Government and the Reaction of Koreans in the Early 1920s,” *The Review of Korean Studies* 8, no. 4 (2005): 175-7.

39. *The 1920 Report*, 89, 105.

40. *Ibid.*, 91.

searches and to conduct investigations into the handling of food and public cleanliness. Although there was no sign of cholera, the colonial government still carried out these sanitizing activities.⁴¹ According to one source, the colonial government considered the “house inspections performed by the authorities (to have) worked most effectively.”⁴²

The Consequences of the Police-Centered Anti-Epidemic Activities

The colonial government gave two reasons for assigning such a central role to the police in conducting anti-epidemic campaigns: first, the apparent lack of hygiene awareness among Koreans, and second, the shortage of medical facilities.⁴³ Colonial authorities argued that Koreans had no consciousness of modern hygiene. They pointed out that Koreans did not make any efforts to remove excreta left in the public realm and were not alarmed at all over the sight of flies swarming around food. To the government, the traditional Korean burial custom was also responsible for the rapid spread of cholera since the practice of having meals with the dead at funeral ceremonies made it easy for one to contract the disease. Furthermore, they feared that the Korean habit of hiding epidemic patients risked rapid multiplication of new patients.⁴⁴

An article published in a police journal in 1930 used these examples of unsanitary Koreans to lend support to the expansion of police duties to include the use of force towards the populace.⁴⁵ The criticisms of “unclean” Koreans served two purposes for the colonial government: first, shirking the responsibility for the spread of disease, and second, the justification for intervening into Koreans’ traditional way of life.

In the 1920s, there were only 1,719 doctors who received Western medical education in Korea. In terms of the population ratio, this meant that there was only one doctor available per 13,000 people in 1919. This number was small even when compared to Taiwan. Under such circumstances, the number of medical personnel participating in epidemic control could only be limited. In 1926, doctors could only fill 6 out of 12 quarantine offices and also occupy

41. *Chōsen sōtokufu shisei nenpo* [The Annual Report of Government-General in Korea] (1910), 324.

42. Ito Kenzo et al., “Taishō gonen Chōsen ni okeru korera,” 59.

43. *The 1919 Report*, 141.

44. *The 1919 Report*, 27, 141.

45. *Chōsen keisatsu to bunka*, 55.

only 10 of the 13 provincial sanitary bureaus.⁴⁶

With such a shortage of Western medical doctors, the other medical personnel whom the colonial government could have relied upon were oriental doctors. In fact, if there was an outbreak of cholera, the colonial government could have utilized traditional oriental doctors, by imparting knowledge on contagious diseases.⁴⁷ However, from the viewpoint of a “civilized” Japan, oriental doctors were not trustworthy practitioners of medicine. The colonial government did not believe in the diagnosis offered by these doctors nor in the efficacy of their treatments. They thought that oriental doctors would misdiagnose a patient suffering from vomiting and diarrhea as neurasthenic and would even go so far as to issue death certificates without ever examining patients. Worse yet, they felt an oriental doctor would falsely register diseases and symptoms.⁴⁸ According to one colonial source, Korean oriental doctors were “less qualified and had little knowledge of epidemics.”⁴⁹

The colonial police could not but aggressively intervene in anti-epidemic activities. This was confirmed in the cholera control activities of 1926. 2,500 people, including provincial officials, quarantine commissioners and local county and town officials participated in the control activities. However, out of the 2,500 participants, the police accounted for 2,256, which translates to about 90 percent of the total number of participants.⁵⁰ Clearly, the police was at the center of epidemic control.

The police-centered anti-epidemic activities would appear to have worked. With the exception of the years 1919, 1920 and 1926, colonial Korea did not see as many casualties from cholera as Japan did during the same period.⁵¹

46. *The 1919 Report*, 141; *The 1926 Report*, 33; The shortage of doctors was also felt at port quarantine offices as well. As a result, the quarantine work was assigned to local private doctors. *The 1920 Report*, 70.

47. Bak, *Hanguk geumdae uihak*, 320-1.

48. *Chōsen* [Korea] 9 (1920), 126; *The 1920 Report*, 12.

49. *The 1920 Report*, 152. It was not an easy task to verify cholera. Even Western doctors, if they were not familiar with the epidemiology, often misdiagnosed cholera patients (Ito Kenzo et al., “Taishō gonon Chōsen ni okeru korera,” 41).

50. *The 1926 Report*, 21.

51. Considering that Japan had more modernized facilities than colonial Korea, the low number of casualties in Korea is difficult to explain. Apart from the sanitary police system, the less systematic reporting of patients in Korea might be another answer to the question. Until we can find an alternative method to analyze their veracity, however, we have to accept the statistics at face value. Taiwan, another colony of Japan, would be a good case study for comparative analysis, but since Taiwan has a different biological environment from Korea, cholera has never been a main problem there.

Table 1. Cholera patients and casualties in Japan and Korea, 1910-1929⁵²

		1910	1912	1913	1914	1916	1917	1919	1920	1922	1925	1926	1929
Japan	patients	2845	2614	87	5	10371	894	407	4969	743	624	25	205
	deaths	1656	1763	106	100	7482	718	356	3417	542	363	13	114
Korea	patients	486	122	1	-	2066	-	16915	24229	49	6	252	18
	deaths	382	78	1	-	1253	1	11533	13568	23	5	159	15

When considering the fact that England was protected from cholera by strict quarantine controls imposed on its ports,⁵³ we can infer the same for Korea. The rigorous imposition of quarantine measures and the anti-cholera campaigns carried out by the colonial police may well have served to safeguard Korea. Ironically, the heavy casualties from cholera outbreaks in 1919-1920 and 1926 could be attributed to the March First and June Tenth Movements, the biggest nationalist movements in colonial Korea. That is to say, the police was too occupied with the suppression of Korean nationalist movements to pay attention to the cholera outbreak. In other words, it was almost impossible for them to perform full scale anti-cholera activities.⁵⁴

Although there was no big nationalist movement in 1920, the fact that this year saw higher cholera casualties than other years might be explained by the reorganization of the police system around this time. In the wake of the March First Movement, the Japanese metropole government, in order to stabilize its colonial regime in Korea, decided to increase the number of policemen from late 1919 to early 1920. Two thousand new policemen were recruited to bring the total to fifteen thousand,⁵⁵ but the new recruits were unaccustomed to police activities such as anti-epidemic activities. In 1911, when pneumonic

52. See Yamamoto Shunichi, *Nihon korerashi* [The History of Cholera in Japan] (Tokyo: Tokyo University Press, 1982), 116, 134. *Chōsen sōtokufu tokei nenbo 1929* [An Annual Report on Statistics of Korea in 1929] (Keijō: Chōsen sōtokufu, 1931), 394-6. Note that in these statistics, in 1913 and 1914 more deaths than patients are recorded for Japan; it is not clear how this can be explained, thus I have simply left the figures as presented in the sources.

53. Sheldon Watts, *Epidemics and History* (New Haven and London: Yale University Press, 1997), 200.

54. *Chōsen iho* 8 (1919), 138. The anti-Japanese sentiment that erupted in the nationalist movements made the situation worse. For instance, Koreans spread a rumor during the March First Movement to the effect that the objective of the anti-cholera activities was the extermination of the Korean people. Chiba Satoru, *Chōsen dokuritsu hiwa* [A Secret Story of Korean Nationalist Movement] (Tokyo: Teikoku chiho gyosei gakkai, 1925), 92.

55. Matsuda Toshihiko, *Nihon no Chōsen shokuminchi shihai to keisatsu* [Japanese colonial rule in Korea and the police] (Tokyo: Koso shobo, 2009), 256-62.

plague broke out, the police attributed the success of controlling the disease to quarantine rather than to drugs such as carbolic acid.⁵⁶ Therefore, one can see why the colonial government sought to legitimize the sanitary police system in Korea.

The anti-cholera activities carried out by the police often encountered a hostile response from the people. Rumors of isolation hospitals killing people and of vaccinations poisoning innocent people circulated among the populace. In particular, the isolation hospital was regarded as a living hell.⁵⁷ With the population visibly opposed to anti-cholera activities, isolation of the carriers of disease became virtually an impossible task. The intense involvement of the police further exacerbated the already tense situation. In particular, the intrusion by the police into the women's quarters of the households for excreta collection produced the most vocal resistance. As a result, one governor ended up regretting the excessive involvement of the police in the sanitation program.⁵⁸

As seen in the case of the administration of vaccines, the police in Korea were stretched beyond their capacities and for some medical authorities, this was a worrisome development. From their viewpoint, the police were no different from civilians in their lack of medical knowledge. Also, no matter how provisional their involvement may have been, for the doctors, the administration of medicine by the police carried the risk of treating patients more as security subjects than as medical patients.⁵⁹

Some publicly expressed doubts about the police-centered anti-epidemic activities. In 1926, at the height of the cholera control system, Gim Change [Kim Changsei] 金昌世, who was in charge of the Department of Public Health at the Severance Medical College, strongly criticized the sanitation policies of the colonial government. He argued that forced sanitation by the police constituted the mainstay of the government's sanitation policies. He believed that such approach only resulted in more resistance from people. He ended the article by exhorting the government "to provide sanitation education, not forced sanitation."⁶⁰ To Kim, the notion of sanitation policy and anti-epidemic activities included education of the people as well as the implementation of

56. *Chōsen* 9 (1934), 90.

57. Park, "Anti-Cholera Measures by the Japanese Colonial Government," 175-7.

58. *Keijō husi* [History of Seoul] (Keijō: Keijōfu, 1936) 3, 703; *Donga ilbo*, 1926.09.20; *Chōsen sōtokufu kanpo*, 1920.09.08.

59. *The 1920 Report*, 153; *Keimuiho* [The Police Bulletin] 213 (1923), 71.

60. *Donga ilbo*, 1926.09.17.

government regulation and supervision.⁶¹

Also in his view, education in public sanitation could further improve the current sanitary policy system. In fact, Koreans' sense of sanitation had been improving. In 1926, when cholera broke out, according to one newspaper article, people "rushed to get shots." Another article writes that in cities like Sinuiju and Pyongyang, "the police were overwhelmed" by the number of people demanding to receive vaccine shots. The residents of Pyongyang even complained that their city administration did not take proper actions on excreta management. According to the article, the residents "were very enraged at the negligence of the city administration."⁶²

Despite this criticism, the colonial government continued to simply rely on the police to perform sanitation duties, especially since doctors were still very hard to come by. The colonial government did have three categories of doctors to call upon in case of emergency – those from public, provincial, and private hospitals – but these doctors all had reasons to avoid the state. The few number of doctors at public and provincial hospitals were so overwhelmed with work that they could not attend to the anti-epidemic activities. As for the private doctors, medical associations at the time simply did not have the means to organize and mobilize them for the state. With such an acute shortage of medical professionals, in cases such as the 1926 cholera outbreak, the colonial government desperately relied on personnel from the Department of Bacterial Inspection to work in the field.⁶³

Due to budget cuts, the government thus continued to rely on the sanitary police system. With little resources available, the government could not establish sufficient medical facilities to address the needs of the population. In summarizing the epidemic control activities in 1920, the Government-General concluded as follows:

Due to the deteriorated finances of local governments, there is only one *myeon* (district) equipped with an isolation hospital or ward in each *gun* (county). The budget assigned for epidemic control is so small that provinces such as North Chungcheong and Gangwon cannot receive funds for epidemic control. As a consequence, much needed measures for epidemic control cannot be properly

61. Gim Change agreed that in some parts the compulsory interventions by the police were essential to the prevention of contagious diseases. Yet, regardless of the validity of these measures, the crucial step to take, claimed Gim, was sanitation education. Gim's view makes it possible to imagine a different way to describe a modern sanitary system in colonial Korea.

62. *The 1919 Report*, 141; *The 1926 Report*, 31; *Donga ilbo*, 1926.09.24.

63. *The 1926 Report*, 34, 27.

taken.⁶⁴

To wit, the metropole government in Japan also took austerity measures at this time. Although Japanese finances briefly improved after the First World War, the government soon had to resort to budget cuts. In 1924, after the Kando earthquake, the Katō Tosaburō cabinet had to run on very tight finances.⁶⁵ As a result, in the same year in Korea, three out of thirteen doctors in charge of provincial sanitation were dismissed due to lack of funds. Such layoffs further exacerbated the already worsening situation, as the dismissed doctors were those who were most knowledgeable in epidemic control activities. The 1926 report expressed this problem when it wrote that “the biggest obstacle in epidemic control is the lack of experienced technicians for sanitation administration.”⁶⁶

The colonial government understood that it needed financial and human resources to adequately address epidemic problems. With such a poor economic situation, however, the establishment of proper sanitary facilities was almost impossible.⁶⁷ After the Great Depression of 1929, the government’s financial woes increased and the escalation of wars from the early 1930s onward made it difficult for both the colonial and the metropole governments to secure a sufficient budget to expand medical facilities and supply necessary equipment.

With an almost 50% success rate in detecting cholera patients,⁶⁸ to the colonial government the police was naturally the most dependable of all institutions. As people showed reluctance to sanitary activities, one policeman was quoted as saying “without the compulsory actions of the police, sanitary activities would not have been easy.”⁶⁹ Hence reliance on the police was an inevitable choice for the colonial government.

Cholera was not the only contagious disease that the police was helping to combat. Typhoid fever was another disease that legitimized police-driven anti-epidemic activities in colonial Korea. Numerous reports were made on typhoid

64. *The 1920 Report*, 159.

65. Hori Gazuo, “Joseon eseo ui singminji jaejeong ui jeongae” [The development of colonial finance in Korea], in Gang Jeeon et al., *Singminji sidae Hanguk ui sahoe wa jeohang* [Korean society and resistance in the colonial period] (Seoul: Baeksan seodang, 1983), 191.

66. *The 1926 Report*, 47, 48, 33.

67. *Chōsen keisatsu to bunka*, 55.

68. Next was individual reporting (13.1%) followed by doctor reporting (8.5%), and family member reporting (5.5%). Ito Kenzo et al., “Taishō gonon Chōsen ni okeru korera,” 43.

69. *Chōsen keisatsu to bunka*, 305-6.

in colonial Korea, because an unaccountable fever was often mistaken for the said disease. It is also the reason why it was referred to as “the king of epidemics in Korea.”⁷⁰ Since typhoid mainly spread through water, modern sanitary infrastructures, such as water and sewage systems, needed to be put in place.⁷¹ For the colonial government, however, the more critical challenge lay in discovering patients.⁷² Thus, the police was tasked with searching for patients, as it had done in the case of cholera outbreaks.

As colonial rule progressed, the function of the police gradually moved from monitoring acute infectious diseases to chronic diseases. In the 1930s, the colonial government focused its medical interest on Hansen’s disease and tuberculosis. The reason for choosing tuberculosis had to do with the fact that it was considered one of the most debilitating diseases affecting the health of Korean male adults. By this time, military conscription had begun to intensify and securing healthy male adults for war mobilization was of utmost importance to the government. The police however, were not as successful in tackling tuberculosis as they had been for cholera. Since tuberculosis had a long incubation period, there was no need for immediate intervention by the police. Also, unlike the quarantine wards, tuberculosis sanatoria were seen as places of recuperation rather than confinement. To address the problem, in 1936, the Korean Tuberculosis Prevention Association was founded to build more sanatoria throughout the country.⁷³

In response to the increasing demand, the colonial government placed spittoons in public places. According to the administration, phlegm was found to be the major carrier of the tuberculosis bacterium and, therefore, proper disposal of phlegm was more than adequate to address the need. This stop-gap measure was of course, accompanied by continued emphasis on the need for public awareness of hygiene and the police monitoring of public spitting.⁷⁴ As for cholera, the government passed regulations on tuberculosis but most of them were short-lived. They did not pass any long-term proposals such as the building of a national sanatorium system. This can again be explained through

70. Jeon Jonghwi, *Hanguk geupseong jeonyeombyeong gaegwan* [An Outline of Acute Infectious Disease in Korea] (Seoul: Uiyakgyesa, 1965), 18. Although more people died from cholera, typhoid broke out more frequently and at an increasing rate in colonial Korea.

71. Shiraishi Yasushige, *Chōsen eisei yōgi* [An Explanation on Sanitation in Korea] (Seoul: Nikan insatsusho 日韓印刷所, 1918), 262-3.

72. *Chōsen* 8 (1923), 216.

73. *Donga ilbo*, 1939.11.12; *Korean Mission Field* 35, no. 10 (1940), title page photograph; *Chōsen* 5 (1936), 140.

74. *Donga ilbo*, 1938.05.20.

the continued budget problems.⁷⁵ However, as seen above, the colonial government continued to rely heavily on the police to maintain the Korean sanitation system. What had been envisioned during the Gabo reforms as a supplementary body within the overall structure, developed into a system that, by the late 1930s, ended up hindering the growth of sanitation infrastructure.

Conclusion

In 1894, the Gabo Reform cabinet first instituted the sanitary police system in Korea. When compared to European nations, which by this time had moved towards practicing social medicine, Korea lagged behind the global trend. However, for the Enlightenment Party nation building was primordial. Yu Giljun, one of its members, went so far as to argue that the nation was justified in intervening in private affairs in times of crisis, such as during an epidemic. At the same time, however, the Gabo cabinet also instituted a Sanitary Board, led by doctors, to coordinate and direct sanitation activities, including those by the police. Despite the lofty goals spelled out by the party, however, the short-lived Gabo government did not have the means to establish a modern sanitary system.

Under the colonial government, a different sanitation system was established. As illustrated in the case of cholera outbreaks, the role of civilians was greatly reduced and that of the police was greatly expanded. Since colonial rule during the 1910s mainly focused on the suppression of Korean resistance, the colonial government would not permit civilian participation in anti-epidemic activities. The police had to be tapped as a more trustworthy agent to realize the goals of the state. Also, given the fact that the mortality rate from cholera was low during this period, the colonial police could effectively present itself as protector of native Koreans.

As the colonial rule moved into the 1930s, the shift in the government's interest to Hansen's disease and tuberculosis demanded a reconfiguration of the functions of the police. They had, until then, been more familiar with addressing epidemic crises than managing more routine outbreaks of infectious diseases. However, despite the rising need, the key aspects of the police-centered sanitary system did not change and no major overhaul of the

75. Bak Yunjae [Park Yunjae], "Joseon chongdokbu ui gyeorhaek insik gwa daechaek" [A study of the policy on tuberculosis of the Government-General in Korea], *Hanguk geunhyeondaesa yeongu* 47 (2008), 231.

sanitation system was attempted. The successive budget cuts certainly were one factor in this, but it could also be argued that the colonial government clung to the sanitary police system lest the colonized acquire their own well-equipped sanitation infrastructure.