

The Enforcement of Anti-Venereal Diseases Measurement
in the Tokanbu (Residency-General) Era (1906-1910) in Korea

Park Yunjae (Yonsei University, Korea)

1. Introduction

The purpose of this study is to present the several discussions concerning a medical examination of prostitutes in the Tokanbu (Residency-General) Era in Korea from 1906 to 1910.¹ Even though most of people who were involved in this issue agreed to the necessity of the medical examination of prostitutes, quite a few internal debates remained on the subject of the process whether it should be employed as a mandatory legal procedure by the law enforcement and the police or as an autonomous health check-up by a prostitute union. Since these debates expanded into the means how the Japanese administrations effectively govern Korea, this paper reveals the particular aspects of Japanese colonial policies by examining anti-venereal diseases measurement in Korea.

After opening its harbors to foreign countries in 1876, the Korean government regarded a venereal disease as the one of the major diseases to look into, since it prohibited its people from improving their health which was the basis of the wealth and power of a nation. Syphilis was particularly dangerous not only to the infected patients but also to their descendents. Japanese immigrant individuals residing in Korea were also very cautious not to be infected by venereal diseases.

There was no certain cure for venereal diseases while Japanese colonial government

¹ Although I employ the term 'prostitute' for this paper, there are several aspects to be concerned. Japanese uses 'syogi' for the prostitute and there is neither equivalent occupation nor the term for 'syogi' in Korean. The closest one would be 'gisaeng' mainly singing and dancing for entertainment not for prostituting. Even if they work as prostitutes, they sell their body only for particular people not for the public. Korean 'gisaeng' is similar to Japanese 'geigi.' However, since the purpose of this study is to investigate the anti-venereal diseases in Korea, I intentionally use the term 'prostitute' throughout the paper.

Tokanbu had ruled Korea from 1906 to 1910. The most effective method for Tokanbu to prevent the growth of venereal diseases was to employ a regular health check-up to prostitutes who were predominantly infected by these diseases.

2. Venereal Disease and the Wealth and Power of a Nation

There was no statistical data based on Western medical perspectives concerning any types of diseases before Korea opened its harbors to foreign countries in 1876. Therefore, no specific information was available about Korean's venereal diseases in the same era. Japanese military doctor Masanao Koike first introduced the Westernized medical statistical data deriving from patients in Saisei Hospital, Busan in Korea. Saisei Hospital, the Westernized medical center, was originally founded to treat Japanese immigrants living in Korea but it came to give a medical treatment to Korean.

According to Koike, 136 Japanese patients were infected with venereal diseases among 592 general patients, which comprised 23 percents of a total patient population. The venereal disease was the second most common disease among Japanese patients. However, there were 69 venereal disease infected patients among 505 Koreans, which comprised only 14 percents of a total Korean patient population. Dr. Koike could not understand the fact that the numbers of Korean venereal disease patients were less than those of Japanese. Koike argues, "since a Korean prostitution was more extensively spread out than that of French and unsanitary Koreans did not possess any syphilis examination site nor curative means, the numbers of Korean patients should be larger".² He tried to reveal that Japan is better than Korea in any aspects including the health of the people.

However, other Western medical missionaries working in Korea revealed that Koike could probably right. Allen, the founder of Jejoongwon—the first Westernized hospital in Korea built in 1885, mentioned that syphilis was the second most widespread disease to Koreans following malaria. Gonorrhoea was also a very common venereal disease.

Allen and Heron argue, "Malaria is the most common cause of disease ... Syphilis ranks next to malaria, as a causative agent, and its effects are very numerous and varied. ... We find this a frightfully common disease, and many seem to care little about it until it is almost past relief. We have seen some terrible cases. ... Gonorrhoea is quite common and the patients do not seem ashamed of it."³

² Koike, Masanao, *Keirin Iji (Medical Affairs in Korea)*, 1887, p. 36.

³ H. N. Allen & J. W. Heron, "First Annual Report of the Korean Government Hospital, Seoul, for the

Avison, who succeeded Jejoongwon and operated it following Allen, indicated that the venereal diseases were common in Korea. Avison's annual report on imperial Korean hospital wrote, "A glance over the list of diseases shows that nearly one-third of the cases suffered from some form of skin disease, syphilis leading with nearly 25 percent of these."⁴

Korean doctors agreed to the observations of Western missionaries. Ji Seokyeong, the president of Government Medical School, also implied that the venereal diseases were very common in Korea. About 70 to 80 percents of medicine were aimed to cure the venereal diseases and the syphilis comprised 70 to 80 percents of general patient population.

According to Ji, the most important problem was that the venereal diseases were substantially spread over the nation. Ji believed that the venereal diseases harmed people's health and the wealth and power of a nation were closely related to people health. Consequently, diffusion of the venereal diseases was the most destructive cause to construct a powerful nation.⁵

Acute infectious diseases such as pest, cholera, typhus were dangerous for people since they were highly infectious. However, the venereal diseases were more dangerous because they were first latent and later damaged the infected patients' health fundamentally.⁶ Syphilis was the most hazardous one among the venereal diseases. It threatened not only the patients' own health and lives but also their family members and, possibly, the society since it was too highly infectious. Most of all, it was inherited to their descendents.⁷ However, Koreans did not pay much attention to syphilis. In case the syphilis infected patients were rich enough, the prostitutes were willing to work with them regardless their health conditions. Therefore, Ji Seokyeong demanded the government to promptly build the examination system duplicating similar foreign systems.⁸

Year Ending April 10th, 1886", Yokohama: R. Meiklejohn & Co., 1886, p. 2, p. 18, p. 30.

⁴ O. R. Avison, "Annual Report of the Imperial Korean Hospital," Seoul: Methodist Publishing House, 1901, pp. 4-5.

⁵ Ji Seokyeong, *Hwangseong Sinmun (Hwangseong Newspaper)*, 1902. 11. 17., 1905. 3. 21.

⁶ Kankoku igakukai, *Kankoku igakukai kaiho (Journal of Kankoku Medical Association)* 1, 1909, p. 82.

⁷ Yi Gyuyeong, *Seobukhakwoiwolbo (Monthly Report of Northwest Society)* 1, 1908, pp. 9-10.

⁸ Ji Seokyeong, *Hwangseong Sinmun(Hwangseong Newspaper)*, 1902. 11. 17. 1905. 3. 21. In the view of the fact that Ji Seokyeong was willing to import the Western medical system via Japan, it can be inferred that the system he wished for bringing in was the medical examination of prostitutes which was established in Japan.

3. Medical Examination of Prostitutes

When Korea opened its harbor to foreign countries in 1876, Japanese immigrant influx started as well as that of Japanese prostitutes. According to the census in Incheon in the year of 1883, there were approximately 400 Japanese residents comprising 326 males and 74 females. Another record said that the numbers of married females was one digit, which implied the most of Japanese female residents in Incheon were prostitutes.⁹

The official red-light district was officially born in Korea in October 1900 when Japanese Consulate in Busan permitted “special” restaurants to have business in a part of the Japanese resident area. Until then, there was no official prostitution street in Korea. However, as Japanese population increased and the prostitution showed a large profit, the prostitutes’ quarters became visible in Korea.¹⁰ The prostitution quarters proliferated in harbors such as Incheon, Wonsan, etc., in which many Japanese resided. It was in June 1904 when the prostitution quarters first appeared in Seoul. The Japanese settlement corporation bought the land around their resident areas and started to build the licensed quarters on it.¹¹

While special business was previously allowed, it was October 1904 when the prostitution was officially legislated in Korea by the law as Japanese Consulate in Seoul enacted the law to authorize the licensed prostitute. This law categorized two types of restaurants namely the first and second licenses. The second licensed restaurants, which aimed to prostitution, enabled to operate their business only in the restricted area that Japanese consul had assigned. Japanese government enacted another law in August 1908 differentiating *changgi* for prostitution and *gisaeng* for entertainment.¹²

As the prostitution was legalized and proliferated, Japanese government came to beware the venereal diseases. It was generally admitted that the increase of prostitution was natural phenomenon in ‘frontier.’ A Japanese wrote while analyzing the Japanese’s advance into Korea, “someone says that Japanese foreign transactions are developed by its prostitutes and I think it is reasonable.”¹³ The venereal diseases were widespread among Japanese residents as the prostitution became frequent. 70 to 80 percents of

⁹ *JuJoseonilbonguk Yeongsagwanbogo (Report of Japanese Consulate in Korea) Part 1*, 1992, p. 59. Takasaki Soji, *Simminji Joseonui Ilbonindeul(Japanese Immigrants in Colonial Korea)*, Seoul: Yeoksabipyongsap, 2006. p. 34.

¹⁰ *Incheon Busi(History of Incheon)*, Seoul: Indcheonbu, 1933, p 1421.

¹¹ Son Jeongmok, *Hangukgaehanggi Dosisahoigyeongjesayeongu(The Political Economic Study on Korean Cities, 1876-1910)*, Seoul: Iljisa, 1982, p. 235-6.

¹² Son Jeongmok, *Iljegangjeomgi Dosisahoisangyeongu(A Study on the Phases of Social Life of Korean Cities in Colonial Period)*, Seoul: Iljisa, 1996, p. 445, 447-8.

¹³ Son Jeongmok, *Ibid*, 1982, p. 234.

Japanese patients in Korea were infected with the venereal diseases.¹⁴

In the 1880s when Japanese started to enter Korea, Japanese government in Japan charged a large amount of fee to Japanese resident prostitutes in Korea or disembarked them. The Japanese prostitution, on the contrary, came to industrialize as an official or semi-official business.¹⁵

On February 7, 1906, Japanese colonial government enacted the law announcing “the medical examination of prostitutes will be held twice a month...the infected will receive the written documents as ‘infected’....they cannot work again until they are well treated.”¹⁶

By law, the prostitutes were enforced to take the medical examination and not to allow to work if they were infected. The Japanese colonial government pointed at them as the main route of the venereal disease infection. Although the males who slept with prostitutes were recommended to use condom or sterilized water, “they did not carry the instructions into practice.” Therefore, the governmental control over prostitutes was the only way to prohibit the venereal diseases from spreading.¹⁷

4. Mandatory Medical Examination

The medical examination was not managed efficiently from the beginning, although it has started from inspecting prostitutes to prevent the venereal diseases from spreading. According to Kankoku Medical Association, some prostitutes protested not to take the check-up, interrupted the process, or escaped from inspection. The inspection occasionally resumed after the police explained the necessity of this medical examination in detail.¹⁸

Korean press criticized the effectiveness of the first medical examination. This medical inspection only targeted prostitutes, and the other party—namely men—did not have to take this inspection. Furthermore, even in the case that the prostitutes were found to be infected to venereal diseases, there was no continual follow-ups for them and these

¹⁴ Kankoku igakukai, Ibid, p. 65. pp. 82-83.

¹⁵ Son Jeongmok, Ibid, 1996, p. 233.

¹⁶ *Gomun Gyeongchal Soji(Short Report of Advisory Police)*, Hanguk Naebu Gyeongmuguk, 1909, p. 225.

¹⁷ Kankoku igakukai, Ibid, p. 83. The consistent medical examination of Korean prostitutes became first available due to this enactment. The first examination was held on March 27, 1906. According to the medical report on that day, 90 were healthy, 2 got general diseases and 47 were infected with syphilis among total number of 139 examinees. It revealed that 34% prostitute-examinees were infected with the venereal diseases.

¹⁸ Kankoku igakukai, Ibid, p. 64, 83.

infected prostitutes continued working without any further restriction. This article declared the medication examination to be useless as a conclusion.¹⁹

This article was rather inclined to nationalism, since it primarily criticized the role of 'Japanese' doctors as core inspectors of the medical examination. It wrote that 'Japanese' doctors examined the genitals/sexual organs of 'Korean' prostitutes "in front of several people," so it seemed like they treated Korean women like animals. The comparison between inspecting 'Japanese' doctors and inspected 'Korean' prostitutes entailed barbarism of Japanese.

However, the article agreed that the medical examination was essential in a sanitation perspective. Therefore, how to inspect was the key to be concerned. There were two types of the medical examination in the Tokanbu Era from 1906-1910: a mandatory legal procedure by law enforcement and an autonomous health check-up by a prostitute union.²⁰

Sanitary Situation in Korea reports that the medical examination is more commonly practiced by the union charter than by the law enforcement.²¹ Even though the autonomous health check-up was more frequent, since the effectiveness of it was in doubt, there were growing voices that the mandatory inspection was required. Therefore, the National Police Agency made inquiries to the sanitary police in regions about the medical examination for prostitutes. The responses from the sanitary police in various regions revealed Japanese's' authoritarian perspectives toward the medical examination of prostitutes. On one hand, the sanitary police in Gyeongsang Namdo (southern province in Korea) responded that the weekly health check up via the assistance of the police was enough and there was no need to legislate for the mandatory health check up of prostitutes. Some provinces replied that the medical examination was not vital, since they had a small number of prostitutes.²²

On the other hand, the majority of the provinces declared that the mandatory medical examination was required. Eight out of thirteen provinces (over 50%) asserted the mandatory medical inspection by law enforcement or by the police. One insisted that the autonomous health check up guided by the union charter would not effective because Korean prostitutes had no notion of sanitation. Another argued Korean prostitutes did not think their occupation humble and would not follow the union's

¹⁹ *Daehanmaeilsinbo(Daehan Daily News)*, 1906. 2. 16.

²⁰ Japanese colonial government enforced prostitutes to organize the union, provide its charter, and receive the official permission from the Nation Police Agency if they want to work in Korea. *Hanmalgeundae Beopryeongjaryojip(Source Books on Law in Great Han Period)* 7, Gukhoidoseogwan, 1971, p. 354.

²¹ *Hanguk Wisaeng Iban(Sanitary Situation in Korea)*, Naebu Wisaengguk, 1909, p. 9.

²² *Hanguk Gyeongchal Iban(Police Report in Korea)*, Hanguk Naebu Gyeongmuguk, 1910, pp. 375-6.

sanction as they worked with men of position. As a conclusion, they asserted the obligatory health examination.

Professional doctors, furthermore, asserted the need of the mandatory health examination. Kankoku Medical Association (KMA), the organization of predominantly Japanese doctors residing in Korea founded in 1909, announced the mandatory health check up of prostitutes should be enforced by the police in order to prevent the venereal diseases from spreading. In their perspectives, the venereal diseases proliferated largely due to illegal prostitutes not to licensed prostitutes, who took the regular health check ups. The licensed prostitutes who took the check ups were effectively screened whether they were infected with the venereal diseases. Conversely, the illegal prostitutes who did not take the examinations were the foremost sources of the venereal diseases²³.

KMA declared that the mandatory medical examination should be legislated by the law and managed by the police. It was acceptable, even though the obligatory examination might restrict the freedom of people. For example, the venereal diseases should be treated in hospital; therefore, it was not allowed for the patients to be released out of hospital, even though they asked to stay at home.²⁴

Japanese doctors, who powerfully supported Japanese colonial power over Korea, worried that Japanese immigrants might lose their health by infection with the venereal diseases. Hence, the mandatory measure suited to prevent/cure diseases was accepted. For them individuals could sacrifice themselves to achieve a national goal—guaranteed health of people.

The Government General announced the legislation for prostitution in 1916 after six years of Japanese official colonizing Korea had passed. According to this law, “prostitutes regularly or temporally should take the medical examination. The head of the police will assign time and place for the examination.” In the case that prostitutes were infected with the contagious diseases, they should be treated following the police directions. Thus, the debate on the medical examination of prostitutes in the Tokanbu era officially resulted in the compulsory forced check up by the police.²⁵

The reasons that the medical examination became compulsory could be inferred in

²³ Kankoku igakukai, Ibid, p. 83. They were against the purification movement. They thought that if the prostitution was officially permitted, the consistent medical check up became possible and, consequently, it prohibited the venereal diseases from spreading.

²⁴ Kankoku igakukai, Ibid, p. 101.

²⁵ *Chosen Sotokuhu Kampo(The Government-General's Official Gazette)*, 1916. 3. 31.

It can be inferred that the compulsory medical examination had started before Japanese officially colonized over Korea. Keijo Rijicho, a chief organization of assisting Japanese resident settlement, issued regulations for the mandatory medical examination of prostitutes. The police had an authority to order prostitutes to take a medical examination when it was necessary. If they rejected the order, they were punishable by detention or fine. *Kobo(The Residency-General's Official Gazette)*, 1909. 5. 29.

several ways. Most of all, the Japanese colonial government could not allow Koreans for the self-directed health check up, since Japanese highlighted no sense of hygiene of Koreans throughout its controlling period. Second, every sanitary-related issue was subject to the sanitary police in order to strengthen the power of it. While the sanitary police could control individual person's daily life, the colonization became more effective. Government hospitals in central and regional areas managed to charity and relief was the only exception.²⁶ Hence, the medical examination of prostitutes could not be the exception since it was neither for charity nor relief.²⁷

5. Conclusion

Japanese immigrant population has become a major part of foreigners since 1876 and its increase was accelerated by the victory of Japan against Russia in 1905. Since the Japanese immigrant population was the effective and important means to rule Koreans, the Japanese government paid attention to their health and sought to prevent them from the venereal disease because it was the major disease to impair their health conditions. The medical examination of prostitutes was regarded as the most effective tool to preclude from the venereal diseases as they were the critical source of spreading the diseases.

There was a debate on the process of the medical examination in the Japanese government in the Tonkanbu era whether it should be forced by the law or employed by the autonomous union charter. The voice to claim the self-directed check up became minor. Most of people who were involved in this issue asserted the need of the mandatory health examination by the law and by the police. Professional doctors were no exception. They decided to enforce the medical examination by the law and declared the check up should be managed by the police. In their perspectives, individuals were able to sacrifice their free wills for the good of a nation, namely health.

In 1916, the Government General enacted the new laws giving further detailed information to prostitution after six years of Japanese official colonizing Korea. According to this law, the medical examination of prostitutes officially became compulsory force by the police. It entailed to strengthen the power of the sanitary police,

²⁶ Park Yunjae, *Hanguk Geundaehuihakeui Giwon (The Origin of Korean Modern Medical System)*, Seoul: Hyeon, 2005, p. 334.

²⁷ However, it seems that the compulsory medical examination was not effective. Incheon Busi reports "it is well-know that...the medical examination of prostitutes was not in effect." *Incheon Busi(History of Incheon)*, Seoul: Indcheonbu, 1933, p 1421.

which was the characteristic of the medical system in the colonized regime. Enforcement was rather efficient and attractive to Japanese government than autonomy in the colonization.