

Child Welfare, Leprosy, and Mental Illness:
Australian Medical Influence in Modern Korea (1902-1941)

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Abstract

Modern Korea witnessed a historical transition from the Korean Empire (1897-1910) to the colonial reign of the Japanese Empire (1910-1945). During this time, over 70 Australian men and women voluntarily came to the Korean peninsula and dedicated their lives to the local enlightenment of the *Kyŏngnam* province. While the colonial policy of modernisation was harsh, the Australian workers under the spirit of the Student Volunteer Movement (SVM) introduced a liberal ideology to this Confucian region. The focus of these workers included improvements in education, health, and culture for the less privileged, including women and children. How did they then involve the public health of Korea? What was their strategy to improve the local health in *Kyŏngnam* province? What was their impact on the modernisation of Korean medical science? Through an examination of testimonial sources of official correspondence, personal diaries, local and international newspapers, original publications, and diplomatic documents, this paper explores the impact of the Australian medical workers on regional health in the context of Korean renaissance. It argues that the introduction of modern medical and health technology positively challenged the traditional concepts of sickness and treatment, especially for child welfare, leprosy, and mental illness.

Key words: Australian volunteerism, *Kyŏngnam*, modern Korea, leprosy, and Charles McLaren

Traditional Chinese medicine was widely practiced as the main medical method of pre-modern Korea from the 10th or 11th century. The theory of *Yin* and *Yang* was the foundational norm to prevent illness. The regimen that was developed in the medical books of the *Eight Trigrams for divination* (八卦)¹ and the *Classic of Materia Medica* (本草經),² was generally applied among Chinese and Korean people. The method of diagnosis employed interviews,

¹ The eight trigrams or Bagua (Pa Kua) is a group of symbols that hold deep meaning in Chinese philosophy. These eight symbols are representations of naturally occurring processes. They represent movement and change: Heaven, Sky, Air (Ward Off), Earth (Roll Back), Water (Press), Fire (Push), Wind (Pull), Thunder (Split), Lake and Valley (Elbow Strike), and Mountain (Shouldering).

² The *Classic of Materia Medica* concerns the medical insight on main effects of herbs.

pulse, voice, and body checks. The activities of acupuncture, moxibustion, mental therapy, nutrient intake, and drug delivery, were the main treatments. Medicinal herbs, greenstick, insects, stones, and minerals were generally used as medicine.³ The Chosŏn dynasty operated a hygiene-medical system in which the medical centre for the royal family (內醫院: 내의원) was established in 1443. *Chŏnŭigam* (典醫監: 전의감) was a department in which medical administration and education were performed and medicinal herbs were grown.⁴ *Hyeminsŏ* (惠民署: 헤민서) was a department looking after the condition of public health. Such traditional systems of pre-modern Korea weakened when the national policy of the Chosŏn dynasty changed from conservative to liberal to Japan and the Western powers (the USA, the UK, German, etc.) in 1876.⁵

While the social structures of *Hyeminsŏ* and *Chŏnŭigam* were powerless in 1882-1884, Horace N. Allen, along with the Japanese medical organisations of *Chaesaeng* (再生: 재생) clinic (1877) and *Sangsaeng* (上生: 상생) clinic (1880), established the first western hospital, '*Chejungwŏn* (the Royal Corean [= Korean] Hospital, 濟衆院: 제중원),' which was supported by King Gojoun in 1885.⁶ Kyu-hwan Sihm argues that the Western medical institution was not created to modernise the nation, but to enable the king to express, internationally, the existence of his authority.⁷

Meanwhile, the nation was struggling with the spread of cholera. The disease that originated from the Northeast region of China in 1821, killed approximately 1,000,000 Koreans. Between 1859 and 1860, about 400,000 people died. During the four months (June-September) of 1895 about 300,000 citizens also passed away because of the effects of the disease.⁸ As a result, a cholera hospital was established that attempted to restrict the diseases.

³ Jong-hae Oh and Soonjung Kwong, "A Study about the Historical Development-Process of the Modern Healthcare Facilities in Korea, 1876-1945 Years," *Journal of Korean Healthcare Architecture* 9, no. 2 (Sep., 2003): 25-26.

⁴ Hun-Pyeng Park, "A Research on the Jeonuigam Medical Cadet in the Late 19th Century," *Journal of Korean Medical History* 26, no. 1 (2013): 1-7.

⁵ Kyu-hwan Sihm, "The Making of the National Health Care System and State Medicine: Experiences of Korea and China in the Late 19th and the Early 20th Centuries," *Journal of Eastern Studies (Dong Bank Hak Gi)* 139 (2007): 141-145.

⁶ In-sok Yeo, "the Formation of Medical Missionary Institutes in Korea and Their Characteristics," *Journal of Eastern Studies (Dong Bank Hak Gi)* 139 (2007): 109-112. Hyun-Hye Yang, "A History of Severance Medical Centre Mission," *Korean Journal of Church History* 24 (2009): 48-89.

⁷ Sihm, "The Making of the National Health Care System and State Medicine: Experiences of Korea and China in the Late 19th and the Early 20th Centuries," 142.

⁸ Cholera broke out in Busan in September, 1902. 300 of 8000 Choryang people died, while there were 700 deaths in Kokwan and Yangsan where about 28,000 to 30, 000 people dwelled. Sang Gyo Lee, *To Korea*

The initiative was not successful. With a death rate of 75% (of 135 patients), the hospital was eventually closed down.⁹

The major issue of health and medicine at the end of the 19th century was contagious diseases.¹⁰ *Korea Repository* (1896) reports that the diseases were caused by filthy habits, poor food, and densely inhabited houses. Diphtheria, scarlet fever, Typhus fever (among the poor), malarial remittent fever, and typhoid fever were rare diseases in Korea. However, there were many common diseases including venereal diseases (such as syphilis), tubercular and joint diseases, itches, skin diseases (scalp eruptions by lice and suppurating sores), severe eye diseases (purulent conjunctivitis, cataracts, pterygium, ulceration of the cornea, complete destruction of the eyeball), measles, harelip, nasal polyps, epilepsy, paralysis (roundworm), pneumonia, tertian ague, quatern fever, chills, grippe, and smallpox.¹¹ Intestinal worms, ulcerative tonsillitis, and occasional epidemics of sore throats also prevailed as filth-related diseases.¹² Malaria was the most general disease in Korea and was “especially prevalent in sections where there are numerous rice fields.”¹³

Emergence of Modern Medicine

The modern history of Western medicine in Korea is often seen as composed of four stages until 1940: (1) the introduction of Western medical technology and the modern medical adoption of the Chosŏn dynasty (1884-1889); (2) the national spread of Christian medicine enterprise (1889-1903); (3) the regional development of the medical technology (1904-1909); and (4) the establishment of public health, infancy health, and leprosy health under the colonial persecution (1910-1940).¹⁴ The Chosŏn government authorised Oliver R. Avison to be in charge of the Royal Korean Hospital for the national health department, as health police

with Love: Australian Presbyterian Mission Work in Korea, 1889-1941 (Melbourne: PVC, 2009), 102-103. Sihm, “The Making of the National Health Care System and State Medicine: Experiences of Korea and China in the Late 19th and the Early 20th Centuries,” 144-145. Yang, “A History of Severance Medical Centre Mission,” 68-69.

⁹ “Cholera in Seoul,” *The Korean Repository II* (Sep., 1895): 339-344.

¹⁰ Sihm, “The Making of the National Health Care System and State Medicine: Experiences of Korea and China in the Late 19th and the Early 20th Centuries,” 144-145.

¹¹ Royal Asiatic Society Korea Branch, *Korea Repository I – V* (Seoul: The Trilingual Press, 1896). O. R. Avison, “Disease in Korea,” *Korea Repository IV* (March, 1897): 90-94. Sung-Kil Min, *Word Became Flesh: Life and Thought of Dr Charles Inglis McLaren* (Seoul: Yonsei University Press, 2013), 30-35.

¹² Avison, “Disease in Korea,” 209-211.

¹³ *Ibid.*, 207-211. Lee, *To Korea with Love*, 254-255.

¹⁴ See, Man-yŏl Yi, *Han'guk kidokkyo ūiryosa* [History of Christian Medicine in Korea] (Seoul, Ak'anet, 2003).

were not able to manage the health risk of the nation.¹⁵ The success of the Western method officially opened more opportunities for the initiation of modern medical systems in Korea. Dr. Lillias H. Underwood (wife of Horace Grant Underwood) established a dispensary called ‘Shelter,’ with a capacity of 170 patients, outside of Western Gate in Seoul in 1895,¹⁶ while there was the Eastern Gate Hospital, a mission hospital of the American Methodist Church at the Eastern Gate of the royal palace.¹⁷ The government of the Korean Empire opened a modern medical school in 1899 and its affiliated hospital for clinical training and patient services.¹⁸ Naebu Hospital was another public health organisation where there were 15 medical doctors for the marginal groups of society.¹⁹ In the same year, 1899, the project of establishing the foremost Western hospital was launched through the financial contribution of L. H. Severance and was completed in 1904. The so-called Severance Hospital was the key medical institution in Korea. The Korean Red-Cross Hospital was also built on the advice of the International Red-Cross (IRC) in 1905, for which King Gojong donated royal funding for its establishment.²⁰

Afterwards, *Taehan* (대한) Medical Centre was organised by the colonial authority of Japan in 1907 in order to control all medical organisations in the Korean Empire. However, the volunteers of the Western religious organisations were more influential in the development of the modern medical technology in the Korean peninsula of East Asia in the early 20th century.²¹ Although the number of Western medical workers (doctors and nurses) increased in China from 102 to 500 between 1902 and 1917, colonial Korea from 1905 to 1940 was still able to maintain approximately 27 institutions under the support of 30 doctors and 21 nurses.²² J.D. Van Buskirk described the regional environment as, “there are no large hospitals, but the number of nice, small hospitals ... is now a source of real gratification.”²³ A record from 1917 indicates that the Union hospital in Wönsan and the Presbyterian hospital in

¹⁵ Sihm, “The Making of the National Health Care System and State Medicine: Experiences of Korea and China in the Late 19th and the Early 20th Centuries,” 144-145.

¹⁶ The Shelter was located in the district of Mo Ha Kwan outside the West Gate. Among 173 cases the death rate was remarkable as only 35%. “Cholera in Seoul,” 341-342.

¹⁷ “Cholera in Seoul,” 341-342. Oh and Kwong, “A Study about the Historical Development-Process of the Modern Healthcare Facilities in Korea, 1876-1945 Years,” 27-28.

¹⁸ Oh and Kwong, “A Study about the Historical Development-Process of the Modern Healthcare Facilities in Korea, 1876-1945 Years,” 27-28.

¹⁹ *Ibid.*, 28-29.

²⁰ *Ibid.*, 28-29.

²¹ *Ibid.*, 30-33.

²² H. Balme, *China and Modern Medicine* (London: Church Missionary Society, 1921), 59.

²³ J. D. Van Buskirk, “Medical Missions in Korea,” in *The Christian Movement in the Japanese Empire including Korea and Formosa (a Year Book for 1913 Sixteenth Annual Issue)*, ed. Edwin Taylor Iglehart (Japan: the Conference of Federation Missions, 1918), 350.

P'yŏngyang were not operated properly without the Western medical experts, but the Severance Union Medical College systematically fostered young local medical students in Seoul. The nurses' training school also had 24 Korean students. The clinical work of the Severance Hospital was gradually developed, as the hospital increased the number of beds from 63 to 90.²⁴ The Western hospitals and dispensaries gradually spread to all of Korea around 1918.²⁵

Impacts of Australian Medical Volunteers

What, then, was the historical position of Australian medical volunteers in colonial Korea? Where and how did they involve the modernisation of Korea? What were their unique characteristics compared with the other foreign medical workers? The Australian volunteers performed in the *Kyŏngnam* region. For Joseph H. Davies (the first Australian worker), who died in Busan in April 1890, the voluntary workplace was spontaneously based in Korea's southern regions of Busan (1891), Chinju (1905), Masan (1908), Kŏch'ang (1913), and T'ongyŭng (1913).²⁶ In particular, Busan was a leading port of Korea, the "main point of call for ships between the West and the Far East."²⁷ While the colonial public health system did not reach the middle and low-class strata of society, the initiation of practicing the modern medical and health technology did challenge the local concepts of sickness and treatment. As a result, the Chinese medicine and folk remedies that were traditionally practiced in the region, confronted the cultural and economic sense of crisis. Although the voluntary medical services were not launched until 1902, 11% of the total Australian workers (four medical doctors and seven nurses) were involved in improving the health conditions of local citizens. The introduction of modern medical technology positively transformed the traditional concepts of sickness and treatment through the social issues of 'child welfare,' 'leprosy,' and 'mental illness'.

²⁴ Van Buskirk, "Medical Missions in Korea," 351-352.

²⁵ Seoul, Chemulp'o, Wonsan, Kanggye, Syenchun, P'yŏngyang, Ch'oryyang, Ch'ŏngju, Andong, Taiku (Taegu), Ch'ŏngju Kunsan, Kongju, Kwangju, Mokp'o, Sunch'ŏn, Youngjung-1, Songjin-2, Hamhŭng, Chinju, T'ongyŭng, Haeju, Wŏnju, Songdo, Ch'unch'ŏn, Chinch'ŏn, and Sonan. Ibid., 355-356.

²⁶ The *Chosen Christian News* (1897-1899) and *Christ Newspaper* (1897-1906) generally informs about the social renaissance movement of Korea. Sang-Gyoo Lee, "A Historical Sketch of the Medical Work of the Australian Presbyterian Mission in Korea," *Yonsei Medical History* 14, no. 2 (Dec., 2011): 38-40.

²⁷ In Su Hanhn, *The Australian Presbyterian Mission in Korea, 1889-1941* (ed. Edith A. Kerr and George Anderson) (Seoul: Pietas Publishing House, 2015), 43-45.

One of the major-medical developments was the establishment of the first modern institution, the “Mrs. Margaret Whitecross Paton Memorial Hospital” in Chinju, the regional capital of *Kyŏngnam*. Chinju’s population was approximately 40,000, with no foreign citizens dwelling there in 1900. When the hospital was opened, two Australian doctors, one Korean doctor, one Australian nurse, three Korean nurses (including Nurse Kim and Nurse Pak), one pharmacist, one Korean evangelist, and two hospital securities worked together there.²⁸ In particular, an Irish-Australian, Dr. Hugh Currell, who graduated from the Medical School at the Royal University of Ireland and a member of the Student Volunteer Movement (SVM),²⁹ previously came to Busan in 1902. Currell, with his partners (Mr. Sung Ae and Mrs. Soon Pok), performed the medical visitation in Gi-Jang, Gi-chal, Yang-san, and Aram-pung regions in 1903.³⁰ He then moved to Chinju where there was no medical work being done, and opened a dispensary which was the first modern medical activity in the region. Currell later realised the necessity of a hospital in the region. His personal appeal eventually inspired the Victorian NGO organisations of Australia including the Presbyterian Women Missionary Union (PWMU).³¹ The fundraising campaign was launched and received £825 in 1906 and £1,100 in 1908 towards the cost of a hospital. Currell purchased three pieces of land and a three-room house. The hospital plan was drawn up by architect H. H. Kemp in 1909. The two-story hospital was estimated to cost £1,841. Although there was a disastrous fire at the final stage of the building, the hospital was finally opened in November 1913.³² Currell, the founder of the first Western hospital in the province of *Kyŏngnam*, not only assisted its establishment but also oversaw its work until 1915.

²⁸ Lee, *To Korea with Love*, 261-262. “Our Missionary Mail Bag,” *the Chronicle of the Presbyterian Women’s Missionary Union of Victoria* (Dec., 1914): 2-3.

²⁹ Byung-Joon Chung, “Australian Student Christian Movement and Korean Mission, 1889-1942,” *Christianity and History in Korea* 24 (Mar., 2006): 224-234. Busan Council of Korean Presbyterian Church, *Witnesses of Busan Gospel* (Busan: Prynne Tech, 2010).

³⁰ Hanhn, *The Australian Presbyterian Mission in Korea, 1889-1941*, 131-133. Lee, *To Korea with Love*, 260-261.

³¹ Presbyterian Women Missionary Union. Chung, “Australian Student Christian Movement and Korean Mission, 1889-1942,” 226. Busan Council of Korean Presbyterian Church, *Witnesses of Busan Gospel*, 226-228.

³² Hanhn, *The Australian Presbyterian Mission in Korea, 1889-1941*, 133-135.

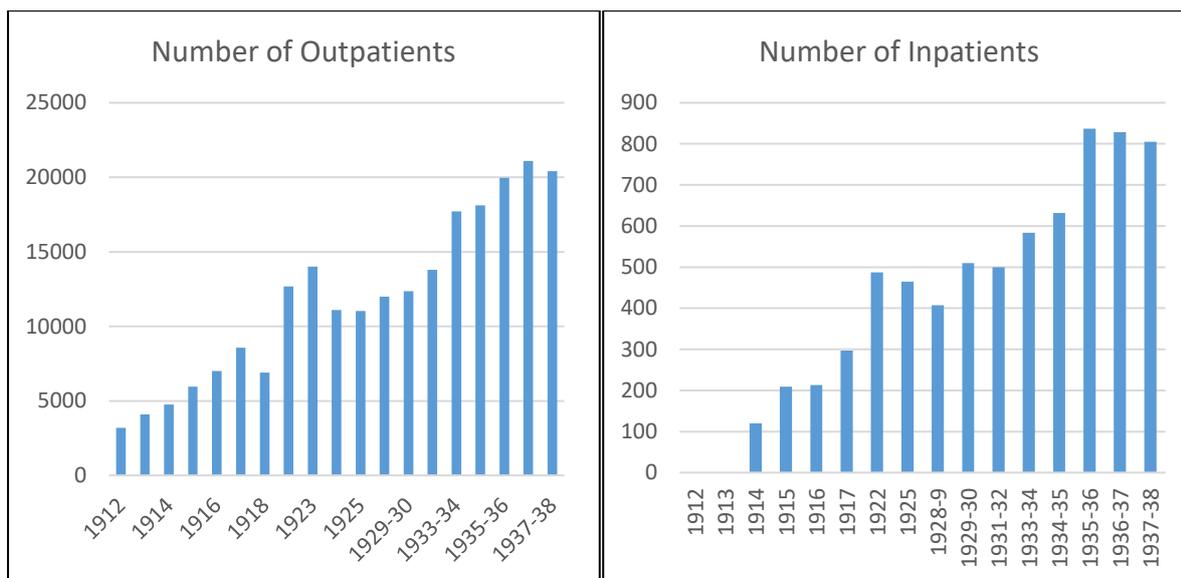


Table 1: Patient Numbers of Mrs. Paton Memorial Hospital in Chinju 1912-1938³³

The medical work of Australians commenced in 1905, but when the hospital building was completed the number of outpatients rapidly increased from 4,100 (1913) to 20,403 (1938).³⁴ The total number of patients treated was approximately 224,730. As the hospital treated the citizens of *Kyōngnam* as well as the interstate visitors, the introduction of modern medical technology reached beyond the province. The hospital started receiving inpatients from 1914. Operations were also possible in the hospital. Table 1 details how the number of inpatients also increased from 120 (1914) to 805 (1937-38). Over 6,800 people were able to be hospitalised for long-term treatment. The most common diseases at that time in the region were tumors, leprosy, skin diseases, eye diseases, cavities, indigestion, diarrhea, and eczema. Outbreak epidemics of measles and whooping cough were common among children, while tonsillitis and dysentery were the main social diseases of Korea.³⁵ The cost of treatment was not free for everyone, but free medical benefits were provided to a lot of marginal people (poor women and children) in the society. The size of the hospital was gradually extended, but the number of inpatients was always much higher than its medical capacity: “The work at the hospital is increasing month by month, both in-patients and out-patients.”³⁶ Meanwhile,

³³ For this data, see Chung, *Theology of Australian Presbyterian Missionaries and Korea Mission, 1889-1942*, 159-160.

³⁴ Lee, “A Historical Sketch of the Medical Work of the Australian Presbyterian Mission in Korea,” 49. Esmond W. New, *A Doctor in Korea: the Story of Charles McLaren, M. D.* (Sydney: The Australian Presbyterian Board of Missions, 1958), 13-15. Hugh Currell, “Annual Report of Chinju Mission Station,” *the Chronicle of the Presbyterian Women’s Missionary Union of Victoria* (Feb., 1907): 9-10.

³⁵ Lee, “A Historical Sketch of the Medical Work of the Australian Presbyterian Mission in Korea,” 37-53.

³⁶ “The Hospital,” *the Chronicle of the Presbyterian Women’s Missionary Union of Victoria* (Aug., 1914): 4-5.

World War I (1914-1918) indirectly affected the number of Australian medical volunteers. The political pressure from the colonial powers likewise limited the capacity of the medical performance in the 1920s. Nevertheless, the hospital started to train local women as nurses from the 1930s. Among the students, two of them (Oksuk Son and Yōngbok Lee) were sent to Australia for more academic studies and then returned to Severance Hospital in Seoul and Mrs. Paton Memorial Hospital in Chinju.³⁷ The hospital was still developing in the second half of the 1930s as seen in the special expenditure details “building two houses for the Korean doctors, a new free ward, the installation of an X-ray plant, a dental department, central heating, and numerous other smaller but essential improvements.”³⁸

Such external influences on the hospital were the result of the dedication of medical volunteers from Australia. Dr. William Taylor, a graduate of Edinburgh Medical College, arrived in Korea and was then relocated to T`ongyūng for medical work in 1914. He operated a dispensary and often visited the islands by motorboat. In the meantime, as the acting superintendent, Taylor temporarily started to be involved at Chinju hospital from 1918.³⁹ From 1923, he became the head of the hospital for 16 years (1923-1938). Edith A. Kerr and George Anderson refer to local medical helpers—two Korean doctors practising in the hospital in 1935. Dr. Lee looked after the Department for Ear, Nose and Throat, while Dr. Cho focused on liver infection research.⁴⁰ The first female doctor, Dr. Ellice Jaen Davies, came to the Chinju Mrs. Paton Memorial Hospital in 1918. Until 1941, she was “responsible for the surgical department and also for most of the medical work among the women and children.”⁴¹ She sought to develop her medical skills by attending the international conferences of the Christian Medical Association in Peking (1926), Shanghai (1932), and Vienna (1937).⁴² When Dr. Davies became the superintendent of the hospital (1938-1941), the number of hospital departments was extended to four: surgical, gynecological, ear-nose-throat, and dental.⁴³

One cannot also ignore the many Australian nurses who volunteered in Chinju and other places. For example, Miss Frances Louisa Clerke, who was a member of SVM, came to

³⁷ Hanhn, *The Australian Presbyterian Mission in Korea, 1889-1941*, 135-136.

³⁸ *Ibid.*, 138.

³⁹ Brown, *Witnessing Grace*, 349-351. Busan Council of Korean Presbyterian Church, *Witnesses of Busan Gospel*, 354-359.

⁴⁰ See Hanhn, *The Australian Presbyterian Mission in Korea, 1889-1941*, 137.

⁴¹ *Ibid.*, 134-135.

⁴² *Ibid.*, 136.

⁴³ *Ibid.*, 138. Brown, *Witnessing Grace*, 368-370.

Chinju in 1910 when the hospital was undergoing the preparatory stage. She worked as matron until 1920.⁴⁴ From 1913 to 1915, she particularly dedicated her time to create the nursing and domestic programs of the Paton Memorial Hospital and the training of local nurses.⁴⁵ The female nurse, like the other colleagues, had compassion for their patients:

As I write one of our patients is haunting me. She is a young woman who has become very depressed. She always has something that is distressing her; this time, it is a sore toe which, having bandaged up, I write again, while she watches me. We have two dear little boys as patients. One has a tubercular hip... the other little boy is one of three orphans, who are living on charity. It was pathetic to see the two little fellows bringing their little sick brother to the hospital.⁴⁶

From 1931 to 1941, Elsie Trudinger Edgar ran the medical course for training nurses. *The Australian Presbyterian Mission in Korea, 1889-1941* attests that the initial candidates were widows, and it was “difficult to persuade girls to train as nurses as it was not considered as a proper occupation for women.”⁴⁷ Despite the cultural difficulty, after training in the course, the local nurses undertook the role of lecturing in hygiene and child care at the women’s classes. Thus, there were two government-trained nurses, four registered nurse graduates of the hospital, and eight pupil nurses under the management of Miss Edgar in 1939.

Child Welfare

Child Welfare was one of the main concerns for Australian nurses in the hospital and other regions of Masan, Pusan, Kōch`ang, and T`ongyŭng. Miss Gertrude Napier came to Masan and established a mother and infant clinic in 1912. Napier was then appointed to the hospital for nursing services to mothers and babies after Miss Clerke and was also involved in nursing education from 1921 to 1934.⁴⁸ After the first modern dispensary of T`ongyŭng in 1913,⁴⁹

⁴⁴ Hanhn, *The Australian Presbyterian Mission in Korea, 1889-1941*, 134-135.

⁴⁵ Brown, *Witnessing Grace*, 312-314. “Our Missionary Mail Bag,” *the Chronicle of the Presbyterian Women’s Missionary Union of Victoria* (Nov., 1912): 2-3.

⁴⁶ “Our Missionary Mail Bag,” *the Chronicle of the Presbyterian Women’s Missionary Union of Victoria* (Dec., 1914): 3.

⁴⁷ Hanhn, *The Australian Presbyterian Mission in Korea, 1889-1941*, 136. Lee, *To Korea with Love*, 264-265.

⁴⁸ Busan Council of Korean Presbyterian Church, *Witnesses of Busan Gospel*, 346-347. “Editorial Notices,” *the Chronicle of the Presbyterian Women’s Missionary Union of Victoria* 6, no. 9 (Sep., 1912): 1-2.

⁴⁹ Mrs. Alice Taylor (nèe Alice Main) worked as a nurse in Tongyeng (1914-1922) and Chinju (1923-1938) with Dr Taylor.

Mrs. Elsie V. Irene Trudinger, a competent nurse, established a child welfare clinic of inestimable benefit to the mothers and children in Kyōngmasan. She then took charge of the health work in T`ongyūng from 1923.⁵⁰ A Korean nurse was appointed to assist her work. The local nurse went out to help to country mothers and regularly visited the seven regional centres.⁵¹ Mrs. H. Lane, a trained nurse, carried on the health work of Mrs. Trudinger from 1938 to 1941 in T`ongyūng.⁵²

In Pusan, Mrs. Violet Isobel Anderson (nèe Costello) arrived in 1919 and then established an infant welfare and baby feeding centre. She was also responsible for oversight of the home for untainted children of leper parents.⁵³ Previously, mothers and infants of Kuchang were cared for by the efforts of Miss Elizabeth M. Ebery in 1914. She “was able to render much help to the sick and injured”⁵⁴ in the region. By 1923, there was a plan to establish a modern child welfare and health centre. After doing a post-graduate course in infant welfare, Miss Ethel Dixon started to volunteer in Kōch`ang. Dixon occasionally became the relieving matron in the hospital of Chinju, while in charge of the welfare centre based in Kōch`ang in 1933. According to a record of 1936, “1,099 patients attended (hospital) for treatments and 1,042 cases had been visited in their homes.”⁵⁵ As a result, a new building was completed in 1940 for infant welfare. It was regarded as a branch of the Chinju hospital.⁵⁶ Thus, one cannot disregard the role of Australian nurses in relation to the introduction of child welfare in the southern region of Korea.

Leprosy

Leprosy is understood as a chronic infectious disease caused by *Mycobacterium leprae*.⁵⁷ The tropical disease is presumed to have a broad spectrum of clinical manifestations that

⁵⁰ Hanhn, *The Australian Presbyterian Mission in Korea, 1889-1941*, 140-143.

⁵¹ *Ibid.*, 147.

⁵² *Ibid.*, 142-143. Lee, *To Korea with Love*, 266-267.

⁵³ Brown, *Witnessing Grace*, 383.

⁵⁴ *Ibid.*, 351.

⁵⁵ Hanhn, *The Australian Presbyterian Mission in Korea, 1889-1941*, 147-148. Byung-Joon Chung, *Theology of Australian Presbyterian Missionaries and Korea Mission, 1889-1942* (Seoul: History Institution for Korean Christianity, 2007): 159-160.

⁵⁶ Hanhn, *The Australian Presbyterian Mission in Korea, 1889-1941*, 147-148. Brown, *Witnessing Grace*, 384-385.

⁵⁷ Eun-Young You, Tae Jin Kang, Se-Kon Kim, Seong-Beom Lee, and Gue-Tae Chae, “Mutations in Genes Related to Drug Resistance in *Mycobacterium Leprae* Isolates From Leprosy Patients in Korea,” *Journal of Infection* 50 (2005): 6.

correlates with the level of cell-mediated immunity (CMI) to *Mycobacterium leprae*.⁵⁸ There were few prescriptions for leprosy in the middle of the 19th century. The Royal College of Physicians of London initially assumed “that the disease was hereditary, non-contagious and did not require segregation” in the 1860s.⁵⁹ The view was changed by the Royal Commission on Leprosy in India in 1891, which found that Hansen’s bacillus was contagious through the infectivity of the disease.⁶⁰ The British Empire Leprosy Relief Association (BELRA) regarded the health of the indigenous population in Asia from the early 20th century.⁶¹ V. G. Heiser and Leonard Rogers led the research of leprosy in the context of the health issue of colonists and indigenous people in South and Southeast Asia.⁶² Before BELRA, the “Mission to Lepers” of India was founded by Wellesley C. Bailey in Dublin in 1874. There were similar societies in the Philippines and French Indo-China in the 1910s.⁶³ From the 1930s, the Japanese Empire launched its Hansen policy in the regions of East Asia. As Mitsuda Kensuke was appointed as the first director, the Nagashima Aiseien Sanatorium (国立療養所長島愛生園) of Japan was in charge of the imperial strategy, which affected the colonial policy of lepers. They particularly organised the colonial leprosarium in the Sorok Island in Korea.⁶⁴ The *Losheng Sanatorium* (樂生療養院) was the one for the colonial Taiwan. The *Doukouin Sanatorium* was also planned in the region of Manchuria (China) in 1939. In this regard, Keun-sik Jung argues that the colonial policy of leprosariums was stricter than Japanese ones. The Japanese facilities were spread all over the nation while the colonial lepers were limited to remain within one facility. The doctor-patient ratio was also quite different between the colonies and Japan.⁶⁵

⁵⁸ Seong-beom Lee, et al., “Missense Mutations of the Interleukin-12 Receptor Beta 1(IL12RB1) and Interferon-Gamma Receptor 1 (IFNGR1) Genes are not Associated with Susceptibility to Lepromatous Leprosy in Korea,” *Immunogenetics* 55, no 3 (Jun., 2003): 177-181.

⁵⁹ Michael Worboys, “The Colonial Work as Mission and Mandate: Leprosy and Empire 1900-1940,” *Osiris* 15 (2001): 213.

⁶⁰ Worboys, “The Colonial Work as Mission and Mandate: Leprosy and Empire 1900-1940,” 213-214.

⁶¹ “The British Empire Leprosy Relief Association,” *The Lancet* (Feb., 9th 1924): 306-307.

⁶² *Ibid.*, 924.

⁶³ R. M. Wilson, “Leper Work in Korea,” in *The Christian Movement in the Japanese Empire including Korea and Formosa (a Year Book for 1913 Sixteenth Annual Issue)*, ed. Edwin Taylor Iglehart (Japan: the Conference of Federation Missions, 1918), 362. Worboys, “The Colonial Work as Mission and Mandate: Leprosy and Empire 1900-1940,” 213-214. “Leprosy in the Empire: Need for Research,” *the Times of India* (Apr 19th 1933): 4. “International Congress of Leprosy at Cairo,” *The Lancet* (May, 7th 1938): 1077.

⁶⁴ Hanhn, *The Australian Presbyterian Mission in Korea, 1889-1941*, 132. Steven L. Baumann, Ok Ja Lee, and Sook-Bin Im, “Stories of Suffering with Leperosy and Cancer in Korea,” *Nursing Science Quarterly* 26, no. 3 (2013): 274-279.

⁶⁵ Keun-sik Jung, “Tong Asia Hansenbyöngsa yön'gu rül wihayö [For the Study of East Asian History of Hansen’s Disease] *Pogön gwa sahoe kwahak* [Public Health and Social Science] 12 (2002): 5-41.

In contrast, the medieval and early modern governments of Goryeo and Chosŏn were already concerned about the health issue of leprosy from the thirteenth century. The text called *Hyang-Yak-Gu-Gub-Bang* first mentioned on “the symptomatology of a probable leprosy lesion” in 1251.⁶⁶ There was also the description of a definitive leprosy lesion in the 15th century text of *Hyang-Yak-Jip-Sung-Bang*. The historical record explains that the existence of the endemic foci of leprosy in Cheju Island and the maritime territories. According to Joon Lew, the Great King Se-Jong established three leprosy care centres in the same island in 1445, even though they were not maintained well.⁶⁷ The early modern textbook of *Donguibogam: Principles and Practice of Eastern Medicine* (東醫寶鑑: 동의보감), written by Joon Huh in 1613, already indicated that *Chaulmoogra* was an effective treatment for leprosy. However, when the Chosŏn monarchy politically faced a national crisis in the 19th century, the government organisation of health and medicine was collapsed by corruption and irregularity. The marginalised people of the Confucian society, including lepers, were excluded from the daily life of the community. They were socially isolated even from their own families and friends. Leprosy was not very common in Korea, but fairly prevalent in the southern provinces.⁶⁸

The colonial government officially reported 3,000 lepers in Korea in 1913 and that number increased to 12,000 in 1932.⁶⁹ The leprosy clinic on Sorok Island opened in 1916. The Korean lepers were forced to come and stay. There were 735 patients in 1929.⁷⁰ Where, then, were the rest of the Korean lepers? Such data reflects that the colonial government did not effectively manage the health of lepers. Alternatively, the Non-Profit Organisation (NGO) volunteers started to involve the development of Lepers’ health from the 1900s.⁷¹ The social ignorance of Korean lepers was transformed by the care of Western volunteers. Since leprosy was a tropical disease, it was typical that there were many lepers dwelling in the southern part

⁶⁶ Joon Lew, “Leprosy in Korea, Past and Present: A Model for the Healing of Leprosy in Korea,” *Korea Observer* (1993): 197-200.

⁶⁷ Ibid. Oh and Kwong, “A Study about the Historical Development-Process of the Modern Healthcare Facilities in Korea, 1876-1945 Years,” 35-36.

⁶⁸ Avison, “Disease in Korea,” 208-209.

⁶⁹ This date is often seen as an inaccurate source. According to R. M. Wilson, the number of lepers was between 15, 000 and 20, 000 in Korea in 1918. Wilson, “Leper Work in Korea,” 360-364, Oh and Kwong, “A Study about the Historical Development-Process of the Modern Healthcare Facilities in Korea, 1876-1945 Years,” 35-36.

⁷⁰ Oh and Kwong, “A Study about the Historical Development-Process of the Modern Healthcare Facilities in Korea, 1876-1945 Years,” 35-36. Byung-Taek Choi, “The Leprosy Relief and Asylum-establishment of America’s Southern Presbyterian Missions in Korea (1909-1950),” *History of Korean Christianity* 32 (Mar., 2010): 227-262.

⁷¹ Hanhn, *The Australian Presbyterian Mission in Korea, 1889-1941*, 132.

of Korea. There were three NGO leper homes in 1918. Fusan (Busan) was initially established in 1902. The Kwangju leper house began from 1908/9 while the Taiku (Taegu) leprosarium was launched in 1917.⁷² R. M. Wilson, an NGO agent (FM: Federated Missions) in 1918, mentioned that very few lepers were seen in the capital (Seoul) of Chosŏn.⁷³ It was also presumed that about 7,000 lepers dwelled in the southern part of the nation.⁷⁴ Among the volunteers of leper work, the personal efforts of James Noble Mackenzie after C. H. Irvin not only encouraged the lives of local lepers in Busan and surrounding regions, but also challenged the Japanese Imperial family and colonial government of Korea to launch the public health system for colonial lepers.

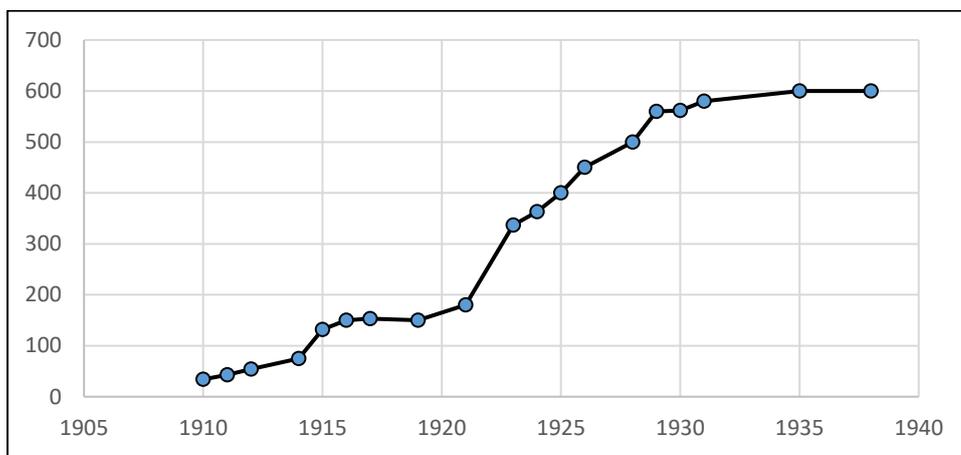


Table 2: Inpatient Numbers of Fusan Leper Hospital between 1910-1938⁷⁵

Under the support of the “Mission to Lepers” (400 pounds) of India and the East, a leper asylum (*Busanna* hospital) was founded in Kam-Man Dong of Fusan (Busan). Twelve people were hospitalised at the beginning in 1909. Thirty people came to the hospital in 1910.⁷⁶ James Mackenzie, who was a member of the SVM, was in charge of the Busan Leper Hospital (*Sangaewŏn*) from 1910 to 1938 for more than 25 years.⁷⁷

⁷² Dr Forsythe motivated the work from 1909. Mr. and Mrs. Bailey of the ‘Mission to Lepers’ visited Taiku in 1913 and asked Dr Fletcher to come and involve the Taiku work. He then came and helped lepers from 1916. Van Buskirk, “Medical Missions in Korea,” 538.

⁷³ Wilson, “Leper Work in Korea,” 360-364.

⁷⁴ Helen Mackenzie, *Mackenzie Man of Mission: A Biography of James Noble Mackenzie* (South Melbourne, Vic.: Hyland House, 1995), 140-141. Chung, *Theology of Australian Presbyterian Missionaries and Korea Mission, 1889-1942*, 358-359.

⁷⁵ Helen Mackenzie, *James Noble Mackenzie, Missionary to the New Herbrides and Korea* (London: The Mission to Lepers, 1940), 38-41.

⁷⁶ Chung, *Theology of Australian Presbyterian Missionaries and Korea Mission, 1889-1942*, 354-355.

⁷⁷ Mackenzie, *Mackenzie Man of Mission*, 101-103. “Mission to Lepers,” *the Chronicle of the Presbyterian Women’s Missionary Union of Victoria* (Aug., 1913): 6-7.

As I had had some training in Medicine during my theological course in Glasgow, I was given part charge of the Leper Home during my first year and complete superintendence thereafter.⁷⁸

The voluntary work of health was progressively developed by the cooperation of the Australian workers with overseas supporters such as individual donors, the Mission to Lepers, and the British Empire Leprosy Relief Association (BELRA).⁷⁹ The initial building called “Gethsemane Hall” was established for adult male patients, while the social club of “a Half-penny League” that was motivated by a mother and daughter, helped to build the “League Home.”⁸⁰ The BELRA contributed finances for 60 patients from the health clinic. Mr. McCrae and his Melbourne community donated for female patients in 1913.⁸¹ The “Mrs. Murray Hall” was also established for outpatients who could not be hospitalised. Yet, it was not enough to contain those who came seeking admission:

... today I [Mackenzie] admitted one young man of twenty, unable to walk, carried by another poor man on his back from where he had found three miles outside the city. After that, three men came asking admission, one [was] very bad. Then, just as I was beginning this letter I had to go to interview two women who had both travelled over 200 miles hoping to be admitted, and to my intense sorrow I had to say no! ... It is hardest of all to refuse women admission because I know that their lot wandering about begging is much more pitiable than that of men.”⁸²

The leprosy clinic was extended in the 1920s and 1930s into the modernised form of hospital through the support of Osaka Mainichi newspapers and British individuals. The medical facilities of a steam sterilising apparatus, pharmacist’s office, and steam heater were placed. Local Korean medical experts, who were able to perform operations and educate medical assistants of the hospital, also joined with Mackenzie. Mrs. Mackenzie was concerned about the dwellings of lepers’ children who were normally healthy children. Her personal efforts led to the establishment of an “Unattained Children’s Home.”⁸³ The so-called “Hadley Memorial Home” was able to contain 18 children of leper patients: “a suitable Korean

⁷⁸ Mackenzie, *James Noble Mackenzie*, 25.

⁷⁹ “The Leper Asylum at Fusan,” *the Chronicle of the Presbyterian Women’s Missionary Union of Victoria* (Nov., 1911): 8-9. “Mission Box for Fusan Leper Asylum,” *the Chronicle of the Presbyterian Women’s Missionary Union of Victoria* (Oct., 1913): 9-10.

⁸⁰ Chung, *Theology of Australian Presbyterian Missionaries and Korea Mission, 1889-1942*, 356-357.

⁸¹ J. N. Mackenzie, “Leper Work in Fusan,” *Korea Mission Field* (Apr., 1921): 83.

⁸² Mackenzie, *Mackenzie Man of Mission*, 158.

⁸³ Mackenzie, *James Noble Mackenzie*, 30-35.

building had been found as a home for the healthy children of lepers with room for ten or twelve children and an elderly couple to act as house parents.”⁸⁴ *Korea Mission Field* mentioned that *Sangaewŏn* of Fusan (Busan) treated 4,260 patients from 1900 to 1928.⁸⁵ Meanwhile, the colonial government accommodated 3,800 people in the Sorok Island of Korea in 1938.⁸⁶



Figure 1: James Mackenzie and his wife Mary Kelly with his two daughters Catherine and Helen

Although the Mackenzie family struggled in the beginning (1910-1914) without certain methods of treatment (which meant they lost their first son), they witnessed that the new method of hypodermic injection of sodium gynocardiate (the mixture of chaulmoogra oil: 大風子油) brought a change of death rate.⁸⁷ The previous rate of 25% was decreased to 15% in 1917. Wright reported about the news that “until the beginning of last year deaths were so frequent that every month we were able to take in a few more patients; but during 1917, as a result of using the new treatment, there have been so few deaths that most of patients have had to be turned away.”⁸⁸ The rate eventually became 2.5% in 1923.⁸⁹ The healed patients began to be released the same year. Therefore, it was at once announced that the national

⁸⁴ Mackenzie, *Mackenzie Man of Mission*, 159.

⁸⁵ Busan used to be called as Fusan. Chung, *Theology of Australian Presbyterian Missionaries and Korea Mission, 1889-1942*, 358-359.

⁸⁶ Ibid. Choi, “The Leprosy Relief and Asylum-establishment of America’s Southern Presbyterian Missions in Korea (1909-1950),” 227-262.

⁸⁷ Wilson, “Leper Work in Korea,” 362-364.

⁸⁸ Ibid., 360.

⁸⁹ James N. Mackenzie, “the Leper Situation in Korea,” *Korea Mission Field* (May, 1931): 91. Mackenzie, *James Noble Mackenzie*, 38-41.

leprosarium of the Philippines, which had more modern medical equipment at that time, had higher death rate (5-6%) than that of Koreans.⁹⁰ There were 580 patients in the leper home in 1931. That year witnessed even better news: the death rate was 2% and 91 leper patients were released.⁹¹ The volunteer work of the Mackenzie family continued, and they created a new village where the lepers could dwell. The development of lepers' welfare was supported by encouraging them to launch a farming campaign among themselves. There was a free dispensary in the village where about 300 people who were healed from the disease lived together. Somewhere between 500 and 600 people lived in the village in 1933.⁹² Such villages were extended into five different communities. The figure as the father of Korean lepers is reflected in Mackenzie's personal philosophy that "the success of leper treatment is the results of endless care of love, eating good food, and treatments of other diseases."⁹³ He advised that patients needed to upgrade their health conditions through physical labour including housework, cooking, farming, roadwork, and building work.

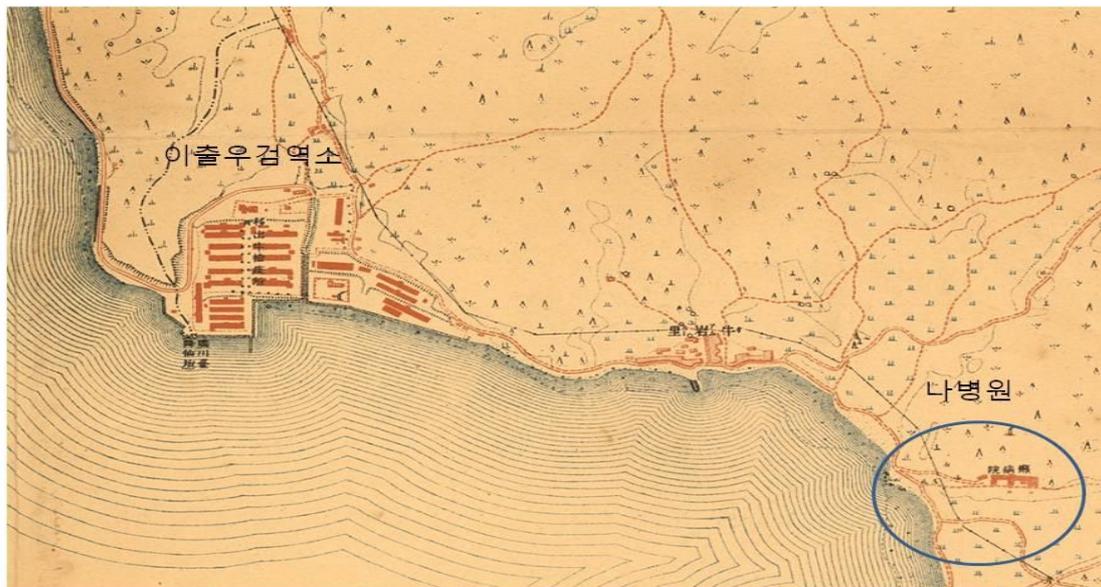


Table 3: Location of the Fusan Leper Hospital in the 1940s

⁹⁰ Chung, *Theology of Australian Presbyterian Missionaries and Korea Mission, 1889-1942*, 361.

⁹¹ Mackenzie, *Mackenzie Man of Mission*, 180. Chung, *Theology of Australian Presbyterian Missionaries and Korea Mission, 1889-1942*, 362-363.

⁹² Yang Won Sohn (손양원) who is well known as one of the Korean martyrs for the new religion of Christianity, was one of the helpers in assisting Mackenzie's work from 1924 to 1934 in Fusan and then was relocated to Suncheon, Jeolla Province. Chung, *Theology of Australian Presbyterian Missionaries and Korea Mission, 1889-1942*, 364-365. Hanhn, *The Australian Presbyterian Mission in Korea, 1889-1941*, 143-145. Choi, "The Leprosy Relief and Asylum-establishment of America's Southern Presbyterian Missions in Korea (1909-1950)," 252-256.

⁹³ Chung, *Theology of Australian Presbyterian Missionaries and Korea Mission, 1889-1942*, 362-363.

The Australian volunteer additionally affected the imperial policy of Japan in the first half of the 20th century. In this regard, Mackenzie suggested several strategies for the colonial government: lepers should be mandatorily accommodated in a community in order to prevent the spread of the disease; the fact that the disease can be cured at leprosariums would be disseminated at local schools and public institutions; the south part of Korea was the appropriate region for the quarantine of lepers; the regional police needed to make a list of lepers and regularly check the conditions of treatment; and the government would organise necessary methods for preventing begging lepers from infecting ordinary citizens.⁹⁴ The colonial government started to donate 500 yen from 1922 in order to appreciate the involvement of Mackenzie's social welfare. Shōwa, the crown prince of Japan (who became Emperor Hirohito) also awarded a royal medal and an imperial grant (400 yen) in 1923. With Wilson and Fletcher, Mackenzie received a royal gift (200 yen) and Royal Chrysanthemum Emblem (which symbolled in ranking the sixth level of Japan) for the leprosy work in 1924 and 1928.⁹⁵

On the advice of Mackenzie and his volunteering colleagues, the colonial government of Korea organised a Leper Relief Association in 1933. Mr. Imaida, the vice colonial governor of Japan became the president of the association, while Mr. Ikida, Colonial Commissioner of Police Affairs was appointed as the vice president. They donated and planned to establish a public leprosarium in 1937.⁹⁶ Byung-Joon Chung criticised works of Mackenzie in a nationalistic perspective that he was seen to have a close relationship with Japan to receive the regular support of Japan.⁹⁷ Although the conflict between the ideological concepts of colonialism and modernisation caused a socio-political confusion, the voices of local Korean witnesses sustained the volunteering compassion of Mackenzie over poor lepers. For example, when he was visiting Australia, Muntae Sim, the leader of *Kyŏngnam* Presbytery, wrote a letter to the Presbyterian Church of Victoria seeking Mackenzie's return to Korea: "when we heard that Mackenzie will retire soon we decided to write a letter. The Mackenzie couple which is getting old is like our parent, our mentor and our leader... we wish the family to come back soon."⁹⁸ The so called, "Mackenzie Memorial Gate" was also

⁹⁴ Mackenzie, "the Leper Situation in Korea," 262. Chung, *Theology of Australian Presbyterian Missionaries and Korea Mission, 1889-1942*, 364-365.

⁹⁵ Mackenzie, *Mackenzie Man of Mission*, 162-163.

⁹⁶ Chung, *Theology of Australian Presbyterian Missionaries and Korea Mission, 1889-1942*, 366-367.

⁹⁷ *Ibid.*, 366-367.

⁹⁸ *Ibid.*, 368-369.

constructed by the leper patients in 1935 in memory of the volunteer's 25 years of dedication to Korean lepers.⁹⁹

When we reached the beautiful 'Mackenzie Memorial' gate, the design of which was the work of the head teacher in the Girl's School, himself a leper, carried out by another inmate, an expert in imitation granite work ... Mr. Mackenzie and I were admitted through one of the small side gates and he was given the key to unlock and open the large gate.¹⁰⁰

James Noble Mackenzie (1865-1956) dedicated his life to lepers until 1938. Afterwards, his legacy of social justice and enlightenment was passed onto his daughters, Helen Mackenzie (1913-2009) and Catherine Mackenzie. They founded Il-Shine Women's Hospital in 1952 during the Korean War. Over their 24 years there, they trained 400 Korean obstetricians as well as 2,599 midwives.¹⁰¹

Mental Illness

As with physical health, the mental health of Korean people was another dimension of the work of Australian medical experts that affected the modernisation of Korea. In this regard, while most of the Australian volunteers lived in the region of *Kyŏngnam* province, Seoul (the capital of Korea) was the main location where modern mental services were provided for the local citizens. The initial, modern public hospital (*Kanghyewŏn*, meaning "the place of help for many"), established by Horace N. Allen (USA) in 1885, was systematically transformed under the leadership of A. O. Avison (Canada) in 1893. The first medical institution was able to treat 500 patients per month as two female doctors and the first nurse joined Avison in 1895.¹⁰² However, the Severance hospital that emerged from the generous donation of Mr. Louis H. Severance (Cleveland, Ohio), became the symbolic institution of modern medicine in Korea before the colonial government launched public health centres.¹⁰³ The commodious hospital building was opened with modern equipment in 1902, which was a few years before

⁹⁹ Ibid.

¹⁰⁰ Mackenzie, *James Noble Mackenzie*, 73.

¹⁰¹ The Alumni of Il-Shine Lady Hospital, *Daughters of the Mackenzie Family* (Busan: Il-Shine Lady Hospital, 2012).

¹⁰² Hanhn, *The Australian Presbyterian Mission in Korea, 1889-1941*, 139-140. Lee, *To Korea with Love*, 254-255. Wonyoung Chung, and NaMi Lee, and Bou-young Rhi, "The Introduction of Western Psychiatry into Korea (II). Psychiatric Education in Korea during the Forced Japanese Annexation of Korea (1910-1945)," *Uisahak (Korean Journal of Medical History)* 15, no. 2 (Dec., 2006): 171-187.

¹⁰³ New, *A Doctor in Korea*, 32-36.

the commencement in 1905 of medical work in Chinju by Australian doctor Hugh Currell. There were few staff members, but the first medical class of seven students graduated in 1908. The first nurse class of seven students also completed their course in 1910 from the Severance hospital.¹⁰⁴ In 1913, when the Mrs. Paton memorial hospital opened in Chinju, a medical college was officially organised as the Severance United Medical College (SUMC) in the capital city of Korea.

However, there was no medical expert of neurology in the medical college. Dr. Charles I. McLaren (1882 -1957), who dwelled in Korea for 32 years (1911-1941), was invited to the medical institution (1914) as the first neurologist in the era of Korea when mental illness was not defined as a category of sickness:

Mental patients received no consideration in old Korea. If harmless, they roamed the streets, unwashed, half-naked and unwanted. If violent, they were roped and treated on the principle that the blood had become stagnant and would not follow properly through the natural channels of the body.¹⁰⁵

McLaren had been a psychiatrist as a resident medical officer at the Royal Melbourne Hospital from 1907 to 1908.¹⁰⁶ This Australian volunteer came to the first modern medical college in Seoul after serving at the Mrs. Paton Memorial Hospital in Chinju from 1911, and he started to teach the subjects of neurology, psychiatry anatomy, refraction, psychopathology, brain science, diagnostics, and paediatric diseases.¹⁰⁷ Upon return from World War I, McLaren became a professor of neurology and psychological medicine at Union Christian Medical College, Severance Hospital from 1923 to 1939.¹⁰⁸ He also established a new department of Neurology and Psychiatry. According to a report of 1931, he received many patients with neurosis (or psycho-neurosis). Many of them were suffering from

¹⁰⁴ Hanhn, *The Australian Presbyterian Mission in Korea, 1889-1941*, 140-141. Baek-Lan Moon, "Conflict between Missionaries over the Building of Severance Hospital in Seoul and the Modification of the Mission Policy," *Dongbang Hacksa* 165 (Mar., 2014): 129-166.

¹⁰⁵ New, *A Doctor in Korea*, 14.

¹⁰⁶ *Ibid.*, 7 and 10-17.

¹⁰⁷ G. Napier, an Australian nurse also worked in the Severance Hospital, Seoul from 1916. "Severance Hospital Medical Church," *Korea Mission Church* (1913): 170. Chung, *Theology of Australian Presbyterian Missionaries and Korea Mission, 1889-1942*, 370-371. Chung, and Lee, and Rhi, "The Introduction of Western psychiatry into Korea (II). Psychiatric Education in Korea during the Forced Japanese Annexation of Korea (1910-1945)," 162-187. For the Seoul work of G. Napier, see Chung Yu Lee, Yoon Hee Cho, Ji Sook Ki, and Jung Ae Kim, "Foreign Nurse Missionaries Starting Yonsei Nursing School," *Journal of Korean Academy Society of Nursing Education* 17, no.1 (April, 2011): 47-49.

¹⁰⁸ Yang, "A History of Severance Medical Centre Mission," 71-73.

neurasthenia rather than hysteria.¹⁰⁹ The general prescription included isolation, rest, counselling, comfort, nutrition, or light labour. For the cases of serious patients he had to cooperate with the colonial public mental hospital (*Taehan* Medical Centre) where there were 50 beds.¹¹⁰ For McLaren, the causes of mental defectiveness were emotions, conflict, perceptual acuity of humanity, and social neurosis.¹¹¹ The medical volunteer applied various methods of treatment such as convulsive treatment, insulin treatment, pyretotherapy, luminal, bromide, and hyoscine.¹¹² He also encouraged prevention of those mental sicknesses by working diligently, getting interested, being generous to others and getting hope for future. He was in charge of building a mental hospital unit of eight beds in 1930.¹¹³ The medical performance gained a good reputation that was based on his philosophy: “seek out the cause, find the remedy, and rehabilitate the patient.”¹¹⁴

In terms of medical education, McLaren taught the various subjects of psychiatry, neurology, neuroanatomy, children diseases, and refraction. Sung-Kil Min argues that such a teaching career of the Australian volunteer proves his medical pioneering of neurology, ophthalmology, and podiatry for Korea.¹¹⁵ The aim of his medical education contained three primary objects: to train good medical experts; to teach psychotherapy to all medical students; to nurture good religious (Christian) doctors. His medical students became the initial Korean practitioners of neurology and psychological medicine: Yong-min Kim (1914), Su-won Lee (1919), Sun-lee Park (1923), Jung Chul Lee (1927), and Lin-shu Kim (1939).¹¹⁶ In particular, McLaren sent Dr. Jung Chul Lee overseas (Peking Union Medical College, China and the Medical School, University of Melbourne, Australia) for his postgraduate study.¹¹⁷

In terms of medical research, he experimented with local patients on ethology, symptoms, treatment and spiritual meaning of mental disorders including general paresis,

¹⁰⁹ Charles I. McLaren, “Report of the Department of Neurology and Psychiatry of the Severance Union Medical College, Seoul, Korea,” *The Chinese Medical Journal* 45 (1931): 1058-1069.

¹¹⁰ Min, *Word Became Flesh*, 63-64. Sung-Kil Min, “Professor McLaren: His Theories of Psychiatry,” *Journal of Korean Neuropsychiatric Association* 51 (2012): 25-35.

¹¹¹ Charles I. McLaren, “An Approach to the Interpretation and the Treatment of the Psychoneurosis and the Psychoses,” *the Medical Journal of Australia* 21 (1936): 697-706.

¹¹² N. Lee, “The Introduction of Western Psychiatry into Korea (II). Psychiatric Education in Korea during the Forced Japanese Annexation of Korea (1913-1928),” *Uisahak (Korean J Med Hist)* 3, no. 2 (1994):147-169.

¹¹³ New, *A Doctor in Korea*, 32-36.

¹¹⁴ Lee, *To Korea with Love*, 269.

¹¹⁵ Min, *Word Became Flesh*, 89-91. Min, “Professor McLaren: His Theories of Psychiatry,” 25-35. Chung, and Lee, and Rhi, “The Introduction of Western Psychiatry into Korea (II). Psychiatric Education in Korea during the Forced Japanese Annexation of Korea (1910-1945),” 176-187.

¹¹⁶ Hyun-Jae Im (1919), Hyung-Jin Kim (1919), Ui-Byung Park (1925), and Myung-suk Nam (1938).

¹¹⁷ Hanhn, *The Australian Presbyterian Mission in Korea, 1889-1941*, 141-142. Min, *Word Became Flesh*, 92-94.

dementia praecox, mania, melancholia, paranoia, neurasthenia, hysteria, hypochondria, and even psychophysiological disorder. His medical work was published in *Korea Mission Field*, *the Chinese Medical Journal*, and *the Medical Journal of Australia*, *Preface to Peace with Japan*, *Eleven Weeks in a Japanese Prison Cell*, *They Kept the Faith in the 1943–44 Period*, and later *Christianity, Communism and the World Situation*.¹¹⁸ The first research paper was “The Necessary Connection between Healing of the Body and Healing of the Soul,” which was published in 1914.¹¹⁹ He also lectured at the medical school, the University of Melbourne in the 1920s and 1930s. The article “A Hypothesis Concerning the Relationship between the Body and the Mind” was one of the lecturer’s notes in 1927.¹²⁰ The papers of “Reports of the Department of Neurology and Psychiatry of the Severance Union Medical College (1931)” “The Psychopathic and the Physicopathic Incidence of Disease (1932),” and “Things Bother New and Old in Psychological Medicine (1931),” which were the result of the experiments on Korean patients, were presented at the annual international conference hosted in Shanghai and Peking (Beijing) of the Republic of China.¹²¹ He was also invited as part of the “Beattie Smith Lecture” under the auspices of the SVM organisation at the University of Melbourne in 1934. The research paper “Interpretation and Treatment of Psychoneurosis and Psychoses” was published in 1936. In 1941, the Victorian Branch of the British Medical Association invited the paper “The Principle of Health” at the event of the Sir Richard Stawell Oration. Afterwards, he continually published the results of his research including “The Fellowship of Christian Healing” and “Brain and Mind.” Before he was deported by the enforcement of the colonial government of Korea, he was imprisoned for 27 days in the early 1940s.¹²² Nevertheless, McLaren’s academic contributions not only reflected the unique characteristics of Korean mental diseases, but also became the foundational sources of medical science for contemporary experts.

Conclusion

¹¹⁸ Min, *Word Became Flesh*, 71-72.

¹¹⁹ Charles I. McLaren, “the Necessary Connection between Healing of the Body and Healing of the Soul,” *Korea Mission Field* (Jun., 1914): 211.

¹²⁰ Ibid., “An Hypothesis Concerning the Relationship between the Body and the Mind,” *Article (Research Department Severance Union Medical College)* no. 51 (1932).

¹²¹ Charles I. McLaren, “Reports of the Department of Neurology and Psychiatry of the Severance Union Medical College,” *Chinses Medical Journal* 45, no. 11 (1931): 1058-1067; Ibid., “the Psychopathic and the Physicopathic Incidence of Disease,” *Chinses Medical Journal* 46, no. 10 (1932): 158-164, Ibid., “Things Bother New and Old in Psychological Medicine,” *Chinses Medical Journal* 46, no. 10 (1932): 158-164.

¹²² New, *A Doctor in Korea*, 37-41.

Unlike the government-led modernisation process of Japan, the Korean peninsula did not experience a smooth transformation from Confucian feudalism in the late 19th and early 20th centuries. The weakness of the Chosŏn royal authority under the power of *Sedo* politics caused the delay of national modernisation until 1876. The Korean Empire (1898-1910) still struggled between the powers of China and Japan, but modern medical technology was eventually introduced in the confused nation from the 1880s. This paper does not support the view that Australian volunteers impacted on the whole peninsula of Korea, but they particularly supported those people who dwelled in the southern region (the Kyŏngnam) of Korea from the beginning of the 20th century. The rich, local people came and were treated in the normal consulting process, but poor women and children were given the privilege of free treatments. While the colonial government was not able to provide the public health services for the rural citizens, the NGO medical experts dedicated their lives for many decades, which became the fundamental seed of sociocultural enlightenment for colonial Korea.

The Mrs. Paton Memorial Hospital of Chinju was the first and only modern hospital in the province from 1912-1938. The social function of the medical institution was not only as an organisation where the sick people got treated but also where local young people were trained in the modern facility, in order to carry on the modern medical technology as Western medical practitioners. Hugh Currell, William Taylor, Ellice J. Davies, and many nurses devoted their lives and their expertise to the settlement and development of the modern regional hospital. Child welfare, with maternal health, was the most concerned project of the medical volunteers in the regions of Chinju, T'ongyŏng, Masan, Fusan [= Pusan], and Kŏch'ang. Leprosy, which was one of the major diseases of that era in Korea, was a unique concern to these foreigners. In particular, the work of James Mackenzie implies the perspective that Australian volunteerism was not a forced order of the state, but it was a personal compassion in cooperation with the global networks of the "Mission to Lepers" and BELRA. The medical professionalism of Charles I. McLaren even brought a historical record in the history of Korean medicine, as he was the first foreign doctor who introduced the technology of neurology for mental illness. It would be an undeniable fact that most of the initial Korean neurologists, except those from Japanese imperial education, were educated from the medical training under McLaren at the Severance Union Medical College in the 1920s and 1930s. Thus, the spirit of Australian volunteerism was the key motivation that challenged young medically educated males and females to contribute their life and skills for the sociocultural modernisation of Korea between 1902 and 1941.

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