



Bodies for Empire: Biopolitics, Reproduction, and Sexual Knowledge in Late Colonial Korea*

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Introduction

On May 12, 1944, an advertisement for the patent medicine Liuton appeared in the *Maeil sinbo* (Daily News)¹⁾. A militant-looking woman is

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1) I have used the McCune-Reischauer and Hepburn Romanization Systems for Korean and Japanese texts. All translations are mine. Following Korean and Japanese conventions, I have placed family names first, followed by given names.

featured on the right, while the text in the middle narrates: “If a woman leaves *puinbyōng* (婦人病) untreated, she ends up with an unhappy life. Without a doubt, a woman suffering from *puinbyōng* under wartime circumstances has a poisonous, harmful effect on the maintenance of social hygiene and public health, and the preservation of race (*jongjok*).” The advertisement goes on to emphasize that Liuton is a highly effective medicine for *puinbyōng* (*fujinbyō* in Japanese)—a term covering a constellation of women’s diseases, including menstrual cramps, irregular menstruation, uterine hemorrhage, frequent miscarriage, leukorrhea, and so on.

Figure 1 Advertisement for the Patent Medicine *Liuton*



(Source: *Maeil sinbo* (Daily News) May 12, 1944, p. 7)

This advertisement for Liuton, a Japanese pharmaceutical product that was imported and distributed by the Korean company Yuhan Yanghaeng, serves as an effective window to the place that women’s bodies, reproduction, and diseases held in late colonial Korea under Japanese rule (1910 – 1945). It illuminates the pervasive opinion that women’s diseases adversely affected not only a personal sense of happiness and well-being,

but also the health of society as a whole and the conservation of race, on the grounds that *puinbyŏng* had a detrimental effect on women's reproductive health, conception, birth, and thus the reproduction of the national population. This advertisement further offers us an opportunity to consider the modern, biomedical construction of women's illness and the technological intervention in women's bodies and reproductive health in the form of patent medicines in colonial Korea and the Japanese Empire at large in the early twentieth century. Here one can see that women's diseases and bodies are the subject of public attention and the target of commodified medicines. In other words, women's bodily health and procreation entered the public domain of knowledge, concern, and intervention. This process may echo what David Horn has observed in the formation of post-World War I Italian modernity as a phenomenon in which reproduction became a site of political contestation and technological intervention; women's bodies became scientifically constructed as *social bodies*—bodies that are “located neither ‘in nature’ nor in the private sphere, but in that modern domain of knowledge and intervention carved out” by varying medical, biological, and social sciences, the sciences that meticulously seek to count, observe, scrutinize, account for, and police bodies (Horn, 1994: 4–5).

In this paper, I explore the history of the biomedical construction of women's bodies as social bodies in the formation of colonial modernity in Korea (Shin & Robinson, 1999). To do so, I engage with Michel Foucault's concepts of governmentality and biopolitics and with the postcolonial history of medicine that has re-examined these Foucauldian notions in imperial and colonial contexts. The postcolonial literature on medicine offers critical insights for understanding the modern calculation of population and the biomedical gaze on female bodies on the Korean Peninsula under Japan's colonial rule. This postcolonial reappraisal also sheds light on the role of biomedical physicians in the advancement of colonial biopolitics. Biomedical physicians (as opposed to doctors trained in *hanŭi*, traditional Korean medicine)—state or non-state employees

and colonizers and colonized alike—served as key agents investigating, knowing, and managing, as well as proliferating a discourse about, women’s bodies and reproduction, for managing the colonial population in the empire.

This paper seeks to illuminate the processes by which Korean women’s bodies became objects of intense scrutiny as part of an attempt to quantify, as well as maximize, the total population in late colonial Korea. In the aftermath of the establishment of the Manchurian puppet state in 1932, Japanese imperial and colonial states actively sought to mobilize Koreans as crucial human resources (*jinteki shigen*) for the further penetration of Japan’s imperial holdings into the Chinese continent. State and non-state medical doctors meticulously interrogated, recorded, and circulated knowledge about the sexual and conjugal practices and reproductive life of Korean women in the agricultural sector, for the purposes of measuring and increasing the size, health, and vitality of the colonial population. At the heart of such medical endeavors stood the Investigative Committee for Social Hygiene in Rural Korea, and Japanese as well as Japan-trained Korean medical students/physicians, including Ch’oe Ŭg-sŏk, who carried out a social hygiene study in the mid-1930s on the peninsula. Their study compels us to reflect upon the role and complicity of Korean biomedical physicians in the colonial biopolitics of the Japanese Empire. The Investigative Committee’s transnational work is simultaneously indicative of the ways in which Korean women’s bodies entered the modern domain of knowledge at the intersection of Japan’s imperialism, colonial governmentality, and biomedicine.

Empire, Governmentality, and Physicians as Agents of Colonial Biopolitics

In *The History of Sexuality*, Foucault introduces a “biopolitics of the

population” as one of the two poles of what he termed “biopower” (Foucault, 1990: 135 – 159). In the West, there had been a shift since the classical age in which the sovereign power to kill was replaced by biopower, or power over life. With the rise of modern biopower, power began to be situated and exercised at the level of life, the species, the race, and other large-scale phenomena of population. Foucault explains that, beginning in the seventeenth century, biopower evolved in two basic forms that were not antithetical, but rather developed as two poles constituting a whole intermediary cluster of relations. The first pole to be formed was *an anatomo-politics of the human body*, which was “centered on the body as a machine: its disciplining, the optimization of its capabilities, the extortion of its forces, the parallel increase of its usefulness and its docility, its integration into systems of efficient and economic controls” (p.139). Foucault explains that the second pole, which he named *a biopolitics of the population*, formed somewhat later, focused on the “species body,” the “body imbued with the mechanics of life and serving as the basis of the biological processes: propagation, birth and mortality, the level of health, life expectancy and longevity with all the conditions that can cause these to vary”(p.139). It was with the birth of the era of biopower that biological existence became intricately tied to political existence—for the first time in history—and history witnessed the explosion of political technologies that sought to follow, through the means of investing in the body, “health, modes of subsistence and habitation, living conditions, the whole space of existence” (p.144). The birth of biopower, that is, an era intensely invested in the political administration of bodies and the calculated management of life, was marked by the proliferation of a multitude of techniques for achieving the subjugation of bodies and the control of populations.

Foucault links biopolitics with his theme of government and governmentality (Foucault, 1991)²⁾. Foucault identifies the end of the

2) For an excellent discussion of governmentality and governmental power, see Mitchell Dean’s work (Dean, 1994: 174 – 193).

eighteenth century as when the problematic of government comes into being. It is the emergence of the problem of “population” as an object of political calculation, intervention, and management that constituted the historical ground for the displacement of the problematic of “sovereignty” by “government.” As Colin Gordon (1991) has elucidated, in contrast to sovereignty, government has as its ultimate purpose the “welfare of the population, the improvement of its condition, the increase of its wealth, longevity, health, etc.” (Foucault, 1991: 100). The question of “*population*” is what connects biopolitics and government. Biopolitics is concerned with “subjects as members of a population, in which issues of individual sexual, reproductive conduct (and I would like to add conjugal life) interconnect with issues of national policy and power” (Gordon, 1991: 5). In essence, the analytics of government and governmentality is ultimately concerned with how to govern a population and the political rationality that underpins the practices of government.

Foucault’s formulations of biopower and governmentality have drawn criticism for paying little attention to the imperial expansion and colonial domination that were constitutive of Western, European modernity, in which modern biopower and biopolitics came into being. Foucault’s concepts remain fundamentally Eurocentric and are blind to their imperial and colonial trajectories. Being aware of both these shortcomings as well as the enormous insights that Foucault’s theory potentially bears on the political management of the social body—the population—in imperial and colonial contexts, Ann Stoler, Gyan Prakash, David Scott and others have sought to shed light on the colonial evolution and configurations of governmentality and biopolitics (Stoler, 1998; Prakash, 1999; Scott, 1999; Bashford, 2004).

In line with these scholarly endeavors, the Foucault-influenced postcolonial medical historians have looked critically into the tight interplay between colonial governmentality and Western medicine (or biomedicine), with a keen eye on the various roles that physicians performed in the

administration of colonial biopolitics. The evolution of biomedicine as knowledge, institution, policy, and practice and the activities of biomedical physicians (as opposed to doctors of traditional Korean medicine, or *hanŭi*) were well aligned with the business of the colonial empire, playing a crucial role in the colonial administration of public health, epidemic control, sanitation, and the provision of therapeutics that ensured the health and well-being of the colonial population. This process, in the view of David Arnold (1993), in fact entailed violent corporeal colonization, constituting Western medicine's assault on the native body. In his path-breaking work on state medicine and the colonization of the body in British India, Arnold has vividly shown how British colonial medicine counted, scrutinized, classified, and "healed" colonial bodies, especially during the epidemic outbreaks of the late nineteenth and twentieth centuries. Such a violent colonization of the body, in Gyan Prakash's (1999) terms, was enacted under colonial governmentality in the name of the "care" of the native body. The second half of the nineteenth century witnessed, primarily due to colonial anxiety about the security of the empire, the rise of state interest in the health of the population in India. The recurring epidemics posed a formidable threat to the well-being of not only the Indian population but also the British Army—the irrefutable symbol of British imperial power. In controlling diseases and coming up with appropriate therapeutics, the colonial state and government officials worked extensively on statistics for developing a medical profile of the native population. As Prakash further stresses, the Indian body, in the process, became "scientifically observable only through the knowledge and practices of colonial medicine," which developed starkly different and conflicting ideas about disease and treatment from those of indigenous medicine (Prakash, 1999: 136), enforcing a coercive and juridical mode of colonial rule as the "welfare" of the population. In such efforts to control infectious diseases, state health officials did not rely exclusively on coercive and compulsory techniques to enforce the healthy behaviors of the colonized. As Alison Bashford (1999)

has elucidated in the context of colonial Australia, public health officials such as J.H.L. Cumpston, Commonwealth director-general of health in early twentieth-century Australia, found it highly effective rather to seek the “consent” of the governed and to create the population’s desire for health during the outbreak of epidemics (for example, smallpox) instead of trying to forcefully quarantine the diseased. This process of producing a disciplined subject that desires health, Bashford further argues, is indicative of a shift from sovereign power to a governmental mode of power at work in the “modernizing” colonial regime.

In colonial contexts, biomedical physicians were at the forefront of producing knowledge about the physiology, hygiene, health, disease, and nutrition of colonial subjects, while closely investigating them in laboratories, hospitals, leprosaria, and so on (Vaughan, 1991; Bashford, 2004; Anderson, 2003; 2006; 2008). This medical knowledge was meticulously recorded, translated, and put to use as the “objective” health conditions of the colonial population and, in turn, put under the “statistical gaze” of the colonial state for the administration of colonial biopolitics (Prakash, 1999:135). In this regard, Warwick Anderson’s influential study *Colonial Pathologies* (2006) has revealed that the colonial governance of the native population in the Philippines under U.S. imperial power was much contingent upon the medical scrutiny that identified Filipino bodies as “promiscuous,” “contaminated,” “filthy,” and “disease-ridden,” thus a major threat to white colonizer’s health and their viability in the archipelago. The medical examination of colonial bodies by white physicians, and their identification of native bodies as dangerous to the well-being of white colonizer’s, not only fed into the discourse of white vulnerability but also served as a basis for the demarcation of racial and social boundaries between colonizer and colonized, in support of the governance of the Philippines by foreign rulers.

As Japan represents the only non-Western imperial regime of modern times (Robertson, 2001; Driscoll, 2010), it is worth exploring its colonial

biopolitics with a focus on the medical governance of the colonial population and the biomedical construction of women's bodies. To this end, a compelling set of questions may be pursued: How may we understand the colonial management of the population on the Korean Peninsula in light of Foucault's concepts of governmentality and biopolitics? How was the Korean population viewed, investigated, conceptualized, and managed under Japan's colonial regime? In what ways did biomedicine—or colonial medicine—and biomedical physicians figure in the Japanese colonial management of life and the social body? Most importantly, how did biomedical physicians participate in the investigation of Korean women's bodies, sexual behavior, conjugal life, and diseases central to the reproduction and elevation (of the size) of the colonial population?

Korean Population, Human Resources, and Women's Reproduction in the Japanese Empire

From the early years of colonial rule in Korea, Japanese leaders approached the Korean Peninsula as a pivotal military base from which to expand colonial holdings farther into the Chinese continent, as the peninsula shared its northern border with China. Governors-general of Korea such as Terauchi Masatake (the first governor-general, 1910 – 1916) declared the central significance that the Korean Peninsula held in Japan's empire-building (Hong, 1997: 357). Further, Terauchi, along with other imperial and colonial officials, conceived of a scheme to advance the Korean population as crucial human resources (*jinteki shigen*) for such imperial expansion (Kang, 1995: 420 – 421). Henceforth, the transformation in the size of the Korean population was, throughout the colonial period, meticulously investigated and monitored by the colonial state.

The records of the Government-General of Korea (GGK) allow one to suggest that the task of population management in the early years of

colonial rule was carried out under Japan's "civilization" mission. A case in point is a report by Jenshō Eisuke, a colonial state employee who played a central role in the collection and dissemination of data on the population in early twentieth-century Korea. Jenshō was commissioned in 1923 by the Bureau of Investigation of the GGK to conduct research on the population of the Korean Peninsula. In 1935, he published, based on his extensive research, an approximately 200-page treatise entitled "The Problem of Population in Korea" (Chōsen no jinkō mondai) in *Chōsen*, the official monthly journal of the GGK (Jenshō, 1935).³⁾ As far as Jenshō was concerned, population increase was one of the core criteria with which one could measure the growth of national power, along with increase in national wealth, industrial development, civilization, the improvement of transportation, and national defense. Jenshō identified a correlation between the striking growth of the population and the extreme success of Japanese colonial governance on the Korean Peninsula – in his terms, a masterpiece of Japan's colonial enterprise. He went on to explain that, under the Unified Silla (BC 57 – AD935), Koryō (935 – 1392), and Chosōn (1392 – 1910) dynasties, not only natural disasters but all sorts of devastating epidemics caused a high mortality rate and thereby prevented a substantial population increase. However, under the administration of Japan's colonial rule, there had been a remarkable upsurge in the population of Korea: from 13,313,017 at the beginning of Japan's rule in 1910 to 20,791,321 in 1933. Such a notable increase, he underscored, was the mark of the "benign" and unprecedentedly vigorous colonial administration of imperial Japan and, more importantly, an unquestionable sign of Korea's "modernization" under Japan's rule. Imperial Japan, he emphasized, must feel proud of this great achievement, for no other *empire* had done a comparable job (Jenshō, 1935: 4 – 9; emphasis mine).

3) Jenshō left a massive number of records on the population of Korea. He published *The Study on the Population of Korea* (Chōsen no jinkō kenkyū) in 1925 through a private press and *The Population Phenomenon of Korea* (Chōsen no jinkō genjō) in 1927 through the GGK. See Jenshō (1925, 1927).

Nonetheless, the GGK's goal of population growth as the key modernizing agenda of Japanese rule is contradicted by Jenschō Eisuke's own emphasis on the "greater" business of the Japanese Empire. In the view of Jenschō, echoing that of other colonial state officials and state-employed researchers, the management of the population in Korea in the aftermath of the invasion of Manchuria in 1931 and the establishment of Manchukuo (the Manchurian puppet state) in 1932 held far greater significance. Manchuria signified a way of "securing a lifeline" (*seimeisen*) for further penetration into the Chinese continent. Jenschō shared with other state and state-hired officials the imperial notion that the further extension of colonial holdings would be impossible without the fullest production, reproduction, and utilization of such apt human resources as the Koreans. Colonial state leaders, including Governor-General Minami Jirō (1936–1942), showed a willingness to engage with this imperial project of mobilizing human resources, endorsing the idea of the Korean population as able human resources for the further cultivation of Manchuria and northern China and the construction of the Greater Asia Co-Prosperity Sphere. State-hired and pro-state scholars supported these leaders and their imperial ideology by classifying Koreans as the exemplary population upon which to model such further cultivation. In particular, these scholars, including Moritani Katsumi, a professor at Keijo (Seoul) Imperial University, centrally emphasized the importance of three types of human resources: soldiers (*sensi*), industrial soldiers (*sangyō sensi*), and emigrants/settlers (*takushi*, a specific term used to refer to a large population that emigrated to Manchuria) for the development of agriculture in Manchuria (Jenschō, 1935: 1–9; Moritani, 1942: 1–7). The Koreans had to be mobilized as capable (*yūnō*) human resources, since they had been already "enlightened and educated as ideal human resources of imperial Japan" under the colonial policy of *naisen ittai* (Korea and Japan as One Body) (Moritani, 1942: 7).⁴⁾

4) The Japanese colonial policy of *naisen ittai* was adopted in late 1930s. This policy aimed for the total assimilation of Koreans as Japanese imperial subjects. It had a number of

In this process, women came to be counted, for the first time in Korean history, as individual members of the national population, initially through the administration of the civil registration law and later through the national census (*kokusei chōsa*), conducted every five years beginning in 1925. As U. Kalpagam has observed in relation to British India, the census enabled an empirical view of colonial society by transforming “qualitative attributes and subjectively perceived differences into quantifiable numbers and hierarchically ordered facts” and by rendering the colony and people as “enumerated communities” and populations (Kalpagam, 2000: 51). In colonial Korea, in the spring of 1909, through the administration of the newly established “civil registration law” (*minsekihō*), the Residency-General of Korea intended to count every person on the peninsula in contrast to the household registration law of the Chosŏn dynasty (1392–1910), which excluded women from being counted. As Kyung Moon Hwang has vividly shown, the new registration law records also sought to account for every person’s living status by indicating their entry in and departure from the family—that is, how each individual came to join (through birth, marriage, concubinage, or adoption) or leave (through death, divorce, or establishment of a separate household) a household or family (Hwang, 2004: 366). Such collection and documentation of information about Korean women enabled, for the first time in Korean history, the calculation of the total number of females and the conversion of their marital and reproductive information (for example, marriage age and childbirth) into the public knowledge of the state.

While the civil registration law and the national census enabled the understanding of the female population on the peninsula, colonial state officials, state-hired physicians and pro-state biomedical physicians sought to observe, interrogate, and monitor the sexual health and marital practices

specific subpolicies, including the changing of Korean surnames to Japanese ones, the prohibition of the use of the Korean language in public education, and the worship of the Japanese Emperor.

of women as the “biological reproducer of the national people”(Robertson, 2001: 9). While abortion became illegal in 1912, based on the Meiji state criminal code, Korean birth control movements were also heavily censored by the GGK. The public dissemination of knowledge about contraception became outlawed in the 1930s (Sō, 2000; S. Kim, 2008). As Japan waged a war against China in 1937 and as the Pacific War began in 1941, the colonial regime in Korea made explicit the maternal role and centrality of fertile bodies for the state and empire. Under these circumstances, Korean women’s bodies came to be conceptualized and articulated as the basis of the colonial state and empire, as exemplified by “Women as the Basis of the State” (*fujin koso kokka no motoi*), one of the official slogans for state-sponsored health campaigns as well as symposia held with the aim of boosting fertility. A series of health campaigns under the sponsorship of GGK were carried out, aimed at educating young Korean women about maternal health and infant mortality. One example would be the annual health campaigns called “A Week for Caring for Infants and Children” (*jenkoku nūyōji aigo shūkan*), organized by the Association of Social Work in Korea under the auspices of the Home Department of the GGK and later the Bureau of Health and Welfare in the 1940s. At state-sponsored health campaigns like this, physicians working at state-funded imperial universities (for example, the Keijo Imperial University Hospital) as well as public physicians (a term referring to a physician who worked at private clinics, but was called in for state health campaigns or inspections), especially obstetrician-gynecologists and pediatricians, were frequently invited as lecturers.⁵⁾

A case in point is Kudō Takeki (1878 – ?). As one of the most active Japanese doctors in colonial Korea, Kudō not only frequently appeared as a lecturer at the above-mentioned campaigns and wrote for pro-state magazines, but also worked closely with the GGK and conducted GGK-

5) These physicians’ lectures were later published in the association’s monthly journal, *The Journal of the Association of Social Work in Korea*.

sponsored medical research (Park, 2013). Kudō ran his own private hospital, called the Seoul Women's Hospital (Keijo fujin byōin), and had as his patients both Korean women as well as those from Japanese settler communities. One of his most important missions was to educate Korean women about the role of women as the biological reproducers of state and empire and about the importance of the maternal body and health for the pronatalist colonial state. Kudō envisioned his mission as one that healed the “sick” womb of Korean women, promoted conception, and medicalized childbirth and puerperium for the Japanese imperial and colonial state, as he centrally highlighted in one of his monographs, *The Promotion of Women's Health (Fujin no yōjō)*, 1928). Emphasizing his paternalistic role in the salvation of Korean women from all sorts of “unmodern” practices, Kudō claimed that he was “committed” to preventing the loss of Korean life that often resulted from the “anachronistic,” “barbarian,” and “superstitious” practices during pregnancy and child delivery and thus to “rescuing” (*sukuu*) Korean women from physical ailments (Kudō, 1928: 1–8). In his article for the pro-state journal, *The Journal of Social Work in Korea*, we may observe how this high-profile physician conceptualized the relationship between the maternal body, conjugal relations, and prenatal care in relation to the state administration of the population. In his contribution to the journal's special issue on childcare, Kudō wrote the following under the title “True Ways to Care for Infants and Children from the Perspective of Gynecology”:

Humankind and its social institutions have progressed to reach a stage where we now have the State and its population. In this stage, children are not simply the object of parental love but rather the object of the State's care and affection... Childbirth should be considered not only a yearning of an individual parent but also the aspiration of the State that seeks to raise quality citizens... In the past, parents loved them based on their instincts. However, at the current moment, we have advanced

science and thus parents must strive to raise as healthy and good children as possible based on scientific and medical truths. From the perspective of gynecology, one must understand that true childcare should start with having the will to conceive and bear a healthy child and that childcare should begin prior to conception (Kudō, 1931:9).

The examination of another article by Kudō reveals that he put much emphasis on the reformation of conjugal relations in a eugenic sense (Kudō, 1930). Based on his formulation that the health of the mother was a prerequisite for producing healthy offspring as described above, Kudō underscored that the unfit, vicious (*akushitsu*) mother must be discouraged from reproducing. As such, colonial doctors and public physicians such as Kudō played a pivotal role in the circulation of the knowledge that the maternal body should be conceptualized as the site for the birth of the future population of the state. Japanese physicians like Kudō were substantially involved in the imperial project by formulating and advertising the ideal female body and physique for state and empire. It was not only Japanese physicians but also Korean physicians who gazed at the Korean female body, reproductive practices, and conjugal relations in the domestic sphere, to which I turn below.

Investigating Sex, Conjugal Life, and Pregnancy in Late Colonial Korea

From 1931 onward, when Japanese imperial military officials and political leaders projected Japanese domination beyond the turbulent frontiers of Japan's existing empire, the agricultural area of the Korean Peninsula received much attention from medical scientists as well as colonial officials and state-employed scholars. The agricultural sector of

the empire was perceived to be a “treasure house” (*hōko*) in that it was critical for solving shortages of food and providing an inexhaustible supply of human resources (Hayashi, 1942: 1). Given the particular circumstances of Manchuria in terms of climate, lifestyle, and farming methods, the settlement of emigrants was likely to take a long time. This concern played a critical role in identifying and mobilizing people from the northern part of Korea as an ideal population group for agricultural emigration (Jenshō, 1935: 8–9). Korean as well as Japanese biomedical physicians sought to meet—or were complicit in contributing to—the imperial demand by furnishing data about the hygiene and health of the rural population and the reproductive capacity of the female population in the agricultural area. At the heart of these medical endeavors stood the Investigative Committee on Social Hygiene in Rural Korea (Chōsen nōson shakai eisei chōsakai), whose research reflected the empire’s geopolitical dynamics and emigration policy.

From mid-July through August 1936, the Investigative Committee implemented what it envisioned as a “pioneering” social hygiene project in Talli, an agricultural town in Ulsan, Kyōngsangnamdo Province, located in the southern part of Korea. The Investigative Committee consisted of twelve Korean and Japanese medical students and one economics student from Tokyo Imperial University, the Tokyo Women’s College of Medicine, and the Tokyo Women’s College of Dentistry. This project was originally inspired by the Korean student Kang Chōng-t’ak, who was then pursuing a postgraduate degree in economics at Tokyo Imperial University. Kang planned to pursue socioeconomic research on two Korean agricultural towns: Dōkhangmyōn, located in Pyōnganpukdo Province, in the northern part of Korea, and Talli. While Kang’s interest in Dōkhangmyōn reflected the heightened scholarly attention paid to the northern region of Korea in light of the Japanese imperial scheme to mobilize a massive number of Koreans for agricultural emigration to Manchuria, his interest in Talli arose from his personal ties. Talli was Kang’s hometown. His position as an

imperial university-educated elite would give him easy access to the human and material resources in that town.⁶⁾ From the early inception of Kang's transnational research, the Korean medical student Ch'oe Ŭg-sŏk expressed to Kang an interest in carrying out a biological study on the agricultural population of Talli from the perspective of social medicine. Ch'oe earned Kang's consent and later served as the leader and representative of the Investigative Committee. Upon implementing the committee's research in Talli, Ch'oe took charge of completing the final report up until 1939 by the time he officially became a physician. He published the report through a Tokyo-based publisher, Iwanami Shoten, which showed a keen interest on the publication of a series of scientific studies on Japan's colonies in the 1930s under the auspices of pro-government Japanese civilian organizations (Yajima, 2006).

When Ch'oe conducted the social hygiene study, he was studying at the medical school of Tokyo Imperial University. At this premier Japanese institution, Ch'oe's study (as well as that of his senior Kang Chŏng-t'ak) was fully funded by Shibusawa Keizō (1896 – 1963), who wrote the afterword for the committee's final report (Shibusawa, 1939: 288). It was through Saito Makoto (1858 – 1936), a well-known governor-general of Korea from 1919 to 1927 that connected young Korean students, including Ch'oe, in the leading Japanese institutions to powerful Japanese elites, such as Keizō. Ch'oe was introduced to Keizō by Saito through the Society for National Renewal (Jikyōkai), an elite proto-nationalist group, established after the 1923 Kanto earthquake to “assist” Korean students in the Tokyo metropolitan area. Shibusawa was a grandson of Shibusawa Eiich (1840 – 1931), founder of the First National Bank, established in 1873 (forerunner of the current Mizuho Bank, one of the three largest banks in Japan).

6) After the liberation of Korea, Kang Chŏng-t'ak became a professor at the Department of Economics at Seoul National University, formerly Keijo Imperial University under Japanese rule. Kang later served as the first vice-minister of the Agricultural Department of the newly established South Korean government.

As a graduate of the Tokyo Imperial University, Keizō became a highly influential figure in finance as well as politics, serving as president of the Bank of Japan in 1944 and as minister of commerce in 1945. Important to note, Keizō is also considered the father of Japanese ethnology. He was a major financial supporter of various projects of the Japanese Society of Ethnology, whose members worked closely with the Japanese government and military using their research findings to justify Japanese intervention in Asia, especially during World War II (Pelzel, 1948: 55 – 58; Doak, 2001: 18). It would not be too far-fetched to suggest that Keizō's patronage for the Investigative Committee's research stood within the parameters of Japanese wartime ethnology.

While financially supported by Keizō, the Investigative Committee's research design followed the protocol of medical scientist Teruoka Gito, who is considered the father of social hygiene in Japan and who wrote the preface to the committee's final report.⁷⁾ It appears that Ch'oe maintained personal contact with Teruoka during the course of the committee's research and publication. In his preface to the committee's publication, Teruoka indicated that Ch'oe had visited and consulted with Teruoka before the Investigative Committee conducted field research in 1936. In 1939, three years after the completion of the committee's research, Ch'oe, who had then graduated from the medical school of Tokyo Imperial University and become a physician, revisited Teruoka to ask him to write the preface to the final report, as the committee's research had been centrally grounded on Teruoka's theory of social hygiene (Teruoka, 1940).

Upon graduating from the medical school of the Tokyo Imperial University in 1916, Teruoka developed his medical career in the field of labor science (*rodō kagaku*) (which appears to have had an influence on setting the parameters of the committee's research) as well as social hygiene. In the late 1910s and the early 1920s, Teruoka served as a researcher at the Ōhara Institute of Social Problems (Ōhara shakai mondai kenkyūjo), founded

7) For a detailed biographical account of Teruoka, see Miura (1991).

by Ōhara Magosaburo (1880 – 1943), a business magnate and owner of the Kurashiki Spinning Factory; Teruoka worked there as the chief editor for *Yearly Book of Social Hygiene in Japan* (Nihon shaki eisei nenkan). Teruoka also directed the Kurashiki Institute of Labor Science (Kurashiki rōdō kagaku kenkyūjo), which he established with Ōhara. While at Kurashiki, with the support of Ōhara, Teruoka came to have an opportunity to study social hygiene in Germany (Miura, 1991; Miura, 1980: 517 – 518). In particular, in 1921, Teruoka worked with A. Grotjahn, professor of social hygiene at the University of Berlin, who was the author of the *Dictionary of Social Hygiene* (Handwörterbuch der Sozialen Hygiene, 1912) and *Social Pathologies* (Soziale Pathologie, 1915) and who was the first professor of social hygiene endowed by the German state. Grotjahn followed the views of his contemporary racial hygienists such as M. Gruber, Kaup and Lenz, who highlighted racial hygiene as the central object of social hygiene (Miura, 1980: 521 – 522). Afterwards, Teruoka, in developing the discipline of social hygiene in Japan, sought to draw on the main thrusts of German racial and social hygiene — especially with regard to pronatalist policy and the control of women's reproduction (Proctor, 1988: 118 – 130). Increasingly in the 1930s, Teruoka was involved in the support of Japan's wartime pronatalist policy in ways that would facilitate the science-based management of human resources, the propagation of the national population, and the maintenance of its health for the Japanese imperial state. As a matter of fact, Teruoka's contribution as a medical scientist to the Japanese imperial state's policy on human resources, around the time of the Investigative Committee's research and publication activities between 1936 and 1940, is well demonstrated in his 1938 book, *The Study of Human Resources* (*Jinteki shigen kenkyū*), which was published as part of the Tokyo-based publisher Kaijōsha's wartime series, *Lectures on Economics during and in Preparation for War* (*Senji junjenji kezai kōgi*). Indeed, in contrast to the leaders of the newly established Japanese Association of Racial Hygiene and of the racial hygienist movement such as Nagai

Hisomu and Koya Yoshio, who worked rigorously toward the enactment of a sterilization law (Frühstück, 2003: 162 – 167), Teruoka paid substantial attention to developing methods of population increase and investigating factors contributing to population growth such as marriage, sexual activity, fertility, and maternal health. For this purpose, Teruoka explicitly criticized birth control in his 1935 volume, *The Study of Social Hygiene*, and instead focused on ways to propagate a healthy Japanese population by paying attention to the reproductive capacity of women and the sociocultural conditions affecting women's reproduction, which included housing, domestic hygiene, nutrition, occupation, and, in particular, conjugal relations (Teruoka, 1935: 106 – 108, 113 – 130, 171 – 183).

Such theorization by Teruoka of women's role in the problem of population management largely structured the research foci of the Investigative Committee on Social Hygiene in Rural Korea, especially on what they called "The Problem of Women, Infants, and Babies" (*fujin, nyūnyōji no shomondai*). In addition to investigating the economy, housing, food and nutrition, disease, and the constitution of population in Talli, the Investigative Committee approached the issues of women, infants, and babies by emphasizing that these issues had a "close relationship with the broad population problem, especially population movements" (Investigative Committee [hereafter IC], 1940: 156). This aspect of the Investigative Committee's study distinguishes its work from that of a similar study on the people of a shanty town in Keijo (Seoul) conducted by a research team composed of Japanese as well as Korean medical students at the Keijo Imperial University (Keijo Imperial University Investigative Committee on Hygiene, 1942). With the movements of population in mind, the members of the Investigative Committee interviewed 157 married women in Talli, utilizing a survey form (see Table 1). From the form, one can tell that the committee explored a wide range of reproductive and physiological activities of these women, including their age at the time of first marriage; the age difference between husband and wife at the time of

marriage; the timing of menarche; the number of pregnancies per female subject; the period of sexual activity and its impact on pregnancy; the projected number of surviving children; factors contributing to incomplete birth, including miscarriage, premature birth, and stillbirth; and women's illnesses, including rupture in the womb and uterine prolapse (IC, 1940: 158). Given these categories of investigation, it is safe to argue that, following Teruoka, the Investigative Committee paid much attention to precisely measuring the reproductive capacity of women in Talli as well as examining such contributing factors of population growth as sexual activity, marriage, fertility and maternal health.

The committee had decided in advance that it must be female committee members who conducted this kind of research, as it involved interrogating the female subjects about their intimate, private, and reproductive lives. This aspect of the study raises crucial questions about female medical subjectivities—both those of the researchers and of the women researched. It does not appear that female investigators participated in a similar study on maternity in rural Japan, conducted in 1941 (Hayashi, 1942). This fact could speak for the perception that the Japanese female rural population consisted of modern medical subjects who were well informed about these kinds of medical research procedures. In contrast, women in the colony were perceived still to be preoccupied with what the committee called a “sense of feudalistic morality” (*hōkentekina doūtoku kannen*) (IC, 1940: 157); they were thus less likely to act as informed medical subjects and to cooperate with a “professional” and “modern” medical inquiry, a view that echoed that of other medical studies carried out by Japanese physicians in the colonial holdings of the Japanese Empire, such as Taiwan (Terazawa, 2005). Thus, the female Korean committee members, including O Sŏn-il and Yi So-chŏ from the Tokyo Women's Medical College⁸⁾ and Hong

8) About fifty-nine Korean female students studied at the Tokyo Women's Medical College, which was the most popular destination for women pursuing a medical career. See Ki Chang-dŏk (1994), cited in Yoo (2008: 252, see footnote 31).

Chǒng-im from the Tokyo Women's College of Dentistry, interviewed the 157 married women in Talli by visiting their homes. It was assumed that these women would be illiterate and the above-mentioned survey form was accordingly prepared for the female committee members to fill out while interviewing the rural female subjects. For the purposes of the research, the committee categorized their examinees into upper, middle, and lower classes. Those placed in the upper class were *yangban* (aristocratic class) as well as independent and independent/tenant farmers who possessed large amounts of land and had at least two employees. Not only did their income from farming exceed 1,000 *wǒn* but they also had an additional income of several hundred *wǒn* from other sources. This income status distinguished them from the rest of the middle- and lower-class population. Those categorized in the lower class were half of independent and independent/tenant farmers and more than eighty percent of tenant farmers. They lived on limited incomes and were unable to generate a living and relied on loans. The committee classified into the middle class several independent farmers, forty percent of independent/tenant farmers, and a small portion of tenant farmers that fell into neither the high nor the lower class (IC, 1940:28 – 29). Research findings were presented according to these women's class status in every area of inquiry.

Table 1. Survey Form on Maternity used by The Investigative Committee of Social Hygiene in Rural Korea in 1936

Househol		Survey Form on Maternity					Name of Investigator:					
Place		Date:										
Name				Date and Year of Marriage:			Age of Spouse:					
Birth Date				Menarche:			Menopause:					
				Days of Menstruation:			Menstruation for the last 12 months: Normal/Abnormal					
	Before Marriage	First delivery	After first delivery	Menstrual cycles:			Pain:					
Menstrual cramps				# of pregnancies:			# of deaths:					
Leucorrhoea				# of survivals:			# of miscarriage:	# of premature births:				
Order of Pregnancy			1	2	3	4	5	6	7	8	9	0
Date of Birth												
Somatic Characteristics												
Birth (Survival or Death)												
Miscarriage												
Premature Birth (Survival or Death)												
Days of repose before birth												
Days of repose before birth												
Assisted by midwife?												
B I R T H	Health in the last period of pregnancy	Rupture in the Womb (yes/no)										
		Uterine Prolapse (yes/no)										
	Puerperal fever											
Days of puerperal repose												
# of days from birth to a date of resumption of work												
L A C T A T I O N	Mother's milk											
	Combination (shortage of mother's milk or disease, etc.)											
	Non-maternal milk (no mother's milk or disease, etc.)											
	Infant death before a period of lactation											
Survival period of infant before death												
The weaning period												

(Source: Investigative Committee on of Social Hygiene in Rural Korea, 1940: 158)

The committee paid special attention to marriage age (IC, 1940: 157 – 163). Teruoka Gito viewed it to be of central importance that women marry at the age that most ideally secured the reproduction of the maximum number of healthy children, and hence the proliferation of a robust population. Following Teruoka, female committee members investigated the age at which women in the rural town began conjugal life. The average marriage age overall was found to be 17.02 years. While the average marriage age of women in the upper class was 18.33 years, those in the middle and lower classes were 17.15 and 16.36 years, respectively. The average age of these women's spouses at the time of marriage was also examined. The committee reported that, while those males who belonged to the upper stratum married at the average age of 19.57, those in the middle and lower groups wedded at the average ages of 23.94 and 24.90, respectively.

The committee members additionally interrogated the age difference between married couples. Out of the 157 women interviewed, fifteen women had married younger men. Of these, seven belonged to the upper class. This was interpreted as a distinctive feature in the conjugal life of the upper class in Korea, especially independent farmers or *yangban*. The interpretation of the committee members for the village overall was that, generally speaking, women in Talli wedded older men. This marital practice had, in particular, to do with the economic conditions of the lower class, the researchers concluded. They emphasized that a lower quality of life tended to make for a wider age gap between husband and wife. Based on statistical information from the study, it was concluded that the more underprivileged a woman, the earlier she was likely to begin marital life. Yet, the opposite was true for a man. The reality reflected here was that a lower-class family was more likely to make women wed at an earlier age because it would relieve the family of the burden of supporting her. At the same time, it was advantageous for the men of such a family to remain unmarried until an advanced age, in order to help support the

household. The committee thus stated that they had proven to be a fallacy the prevalent view that “the Korean race (*chōsenjin*) tends to engage in early marriage (*sokon*)” (IC, 1940: 163). They further argued that the relationship between early marriage and class must not be understood as a distinctive characteristic of the Korean race (for instance, as Kudō Takeki had noted in early 1930s Korea; see Park, 2013), but rather one that was contingent upon social and economic status and relations.

Echoing the practices of Japanese obstetrician-gynecologists in imperial Japan, such as Yamazaki Masashige and the aforementioned Kudō Takeki, the committee members interrogated married women over the timing of menarche, menopause and their menstrual cycles, as well as *fujinbyō* (gynecological illnesses) (Terazawa, 2005; Park, 2013: 127 – 130). Their findings revealed that these women had begun menstruating at the average age of 16.50 years. There was no significant difference in terms of the timing of menarche across the different classes: the average age for the three classes ranged from 16.22 to 16.75 years. Of the 157 women interviewed, 49 women had already experienced menopause. The average age at which these women stopped menstruating was 46.32 years, again with no striking class difference evident. The committee also examined the menstrual cycles of their research subjects, while exploring whether they had experienced any abnormal reproductive cycles or menstrual cramps in the last twelve months. They found that 44.8 percent of the women had suffered irregular menstruation and 45.8 percent had experienced pain during menstruation. In addition, committee members examined whether these rural women had suffered from gynecological diseases such as leukorrhea.⁹⁾ Based on its investigation, the committee explained that about twenty percent of the women were suffering from leukorrhea (IC, 1940: 163 – 166).

While this part of the research aimed at discovering *fujinbyō* (gynecological diseases) or the factors that deterred conception, the Investigative Committee also tried to provide an accurate average rate of conception

9) Leukorrhea, or whites, is a condition in which there is a whitish discharge from the vagina.

through examining the period of active sexual life. They regarded first marriage as the beginning point of sexual activity for Korean women in Talli, by comparing and contrasting it with a theory on the starting point of sexual relations in the imperial homeland, especially that by Koya Yoshio, who carried out various functions in the Ministry of Health and Welfare of the Japanese imperial government and who played a key role in the ministry's study of population in the late 1930s and early 1940s. In his book *The Theory and Application of Medical Statistics*, Koya considered the birth of the first child (whether or not the mother was married to her mate) to be the commencement point of cohabitation and sexual relations in imperial Japan. The committee, referring to Koya, claimed that his perspective was hardly applicable to the rural Korean village, where first marriage ought to be considered the initial point of sexual relations for Korean women. Equally important in their calculation of the period of sexual life was that the committee considered, and thus measured, the sexually active years as those falling into the range of reproductive capability, that is, prior to menopause. In other words, in their calibration of sexual life among rural women, the subjects were classified into two categories—those who had experienced menopause and those who had not—and any period of sexual activity past menopause was not added to the total period of sexual life (IC, 1940: 172–178). Clearly, the period of sexual life for women was equated to that of fertile life. In the view of Ch'oe and other medical scientists, when a woman's reproductive functions ended, any sexual acts undertaken no longer counted as part of the span of her sexual life, and thus did not carry any statistical significance.

The Investigative Committee viewed it as pivotal to examine the practices of rural women immediately preceding and following childbirth (IC, 1940: 193–200). The underlying purpose of this examination was to challenge the work of the Keijo Imperial University professors Takagusu Sakae and Ueno Shigeru (1933), who had argued for the “frail nature/physicality” (*muryokutekina taishitsu*) of Korean women in explaining their gynecological

problems, especially the anomalous uteruses associated with uterine diathesis (see Park, 2008: 200 – 203; O. Kim, 2008: 197 – 198). The Japanese research team at Keijo Imperial University had theorized that Korean women frequently suffered from a range of uterine diseases, including prolapse, because they were particularly frail. The young Korean researchers attempted to dispute this theory by illustrating social and cultural causes that might have played a major part in the development of gynecological diseases, in particular certain practices around labor. This Korean-led medical committee thus measured days of repose before and after childbirth and the kinds of “labor” with which the women engaged around the time of birthing. These researchers found that ninety percent of women in Talli hardly reposed until the day of childbirth, working even on the very day of childbirth, engaging in household chores, looming, and agricultural labor. In this regard, they did not find differences across the classes. They also calculated puerperium in an effort to dispute the arguments of Takagusu and Ueno. The committee found that 90.40 percent of women had less than a week of puerperium, while 4.10 percent had a total period of in between a week and two weeks. Those who had less than a week of puerperium, they added, actually tended to have no more than three days. Furthermore, 78.50 percent of women in Talli took less than a week from childbirth to fully return to their normal work routines. This, the Investigative Committee argued, was in stark contrast to the statistics for the Japanese village of Kogetsu, where only 29.77 percent of women took less than a week to return to their usual work. These statistics, the Investigative Committee emphasized, served as the foundation for their argument that insufficient repose around childbirth had been a prominent factor in the prevalence of uterine diseases among Korean women.

Conclusion: Bodies for Empires

If the advertisement for the patent medicine Liuton helps us come to terms with the ways in which women’s reproductive illnesses became the target

of commodified medicine in colonial Korea, the Investigative Committee's meticulous study compels an understanding of how intimate information about women's sexual and conjugal life and reproductive cycles became the object of transnational medical research and public knowledge. These processes constituted the social phenomenon in which women's bodies and procreation became sites of political contestation, scientific survey, and statistical analysis. The Investigative Committee's study sheds light on how Korean women's bodies were scientifically investigated and constructed as social bodies, especially by Korean biomedical physicians who utilized the theories and techniques of emerging fields of studies such as social medicine, obstetrics, gynecology, racial hygiene, and statistics.

Such a construction of social bodies, it must be noted, took place under Japan's colonial governmentality and its political calculation and biopolitical management of the Korean population. The growth of the population on the peninsula constituted the core part of colonial governmentality due to the peculiar geopolitical circumstances of the colony and imperial Japan's scheme to mobilize the Korean population as crucial human resources of the empire, especially in the aftermath of the invasion of Manchuria. These circumstances led to intense governmental interest in the size, health, and vitality of the Korean population and the enhancement of the reproductive capacity of Korean women as the biological reproducers of population and empire. The colonial state incorporated women into the system of the national census at the dawn of the colonial period. This state initiative was followed by the activities of state-hired scholars such as Jenschō Eisuke, who produced a discourse about Korea's demographic transition under colonial governance, furnishing data concerning the population for medical scientists and other scholars to build on for their respective studies in the era of biopolitics. Colonial medical agents of biopolitics, such as Kudō Takeki, often in collaboration with other influential imperial and colonial officials and under the sponsorship of the imperial and colonial state, actively sought to contribute to the production of knowledge about the

colonial female population. The work of Korean medical agents like Ch'oe Ŭg-sŏk and the Investigative Committee on the scrutiny of the health and procreative capacity of the rural female population in Talli is symptomatic of their complicity in the production and formation of biomedical knowledge and activities that were well aligned with and conducive to the maintenance and the future of the empire. The biomedical physicians, as seen through the work of the Investigative Committee, strove to look into, as well as provide, detailed information about the sexual life and reproductive health of the female population, as knowledge about them would form the basis for the promotion and projection of the growth of the Korean population.

Given the extensive number of sources that can illuminate the management of the population in colonial Korea, this paper serves as, at best, a small case study for further research on the collaboration and complicity of biomedicine/colonial medicine in the administration of biopolitics, and on the specific effects of biopolitics on gender in colonial Korea. I am hopeful that those who work on other territories of the Japanese Empire may be able to articulate the specific contours of colonial biopolitics as deployed in the different contexts of this non-Western empire. These collaborative efforts would help draw a bigger map of non-Western colonial biopolitics under Japanese imperial power. I also call for extended research into the reconfiguration of colonial biopolitics in “postcolonial” and postwar Korea. One may choose to shed light on, for instance, the medical work and career trajectories of agents of colonial biopolitics after the liberation of Korea in 1945 and the Korean War (1950 – 1953). The Korean physician Ch'oe Ŭg-sŏk, who led the Investigative Committee, became one of the most important figures in the fields of medicine and public health in North Korea, serving as associate dean of the medical school at Kim Il-sŏng University and president of the university's hospital. The collective efforts would help clarify the reformulation of knowledge, ideas, and institutions derived from colonial biopolitics, as well as the re-appropriation of this

experience that the medical agents of colonial biopolitics engaged with in order to rebuild the divided nations and the two Koreas. Finally, we should also be compelled to explore how the health, hygiene, reproduction, and welfare of social bodies were investigated, controlled, or even “cared for” in “postcolonial” Korea in the age of the U.S. military empire.¹⁰⁾

Keywords: Biopolitics, colonial governmentality, Japanese Empire, social hygiene, Korean population, human resources, women’s bodies, gynecological illness

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10) See Höhn and Moon (2010).

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- Abstract -

Bodies for Empire: Biopolitics, Reproduction, and Sexual Knowledge in Late Colonial Korea*

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This paper explores the history of the biomedical construction of women's bodies as social bodies in the formation of colonial modernity in Korea. To do so, I engage with Michel Foucault's concepts of governmentality and biopolitics and the postcolonial history of medicine that has critically revisited these Foucauldian notions. These offer critical insights into the modern calculation of population and the biomedical gaze on female bodies on the Korean Peninsula under Japan's colonial rule (1910 – 1945). Foucauldian reflections on governmentality and colonial medicine can also shed light on the role of biomedical physicians in the advancement of colonial biopolitics. Biomedical physicians—state and non-state employees

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and colonizers and colonized alike — served as key agents investigating, knowing, and managing, as well as proliferating a discourse about, women's bodies and reproduction during Japan's empire-building. In particular, this paper sheds light on the processes by which Korean women's bodies became the objects of intense scrutiny as part of an attempt to quantify, as well as maximize, the total population in late colonial Korea. In the aftermath of the establishment of the Manchurian puppet state in 1932, Japanese imperial and colonial states actively sought to mobilize Koreans as crucial human resources for the further penetration of Japan's imperial holdings into the Chinese continent. State and non-state medical doctors meticulously interrogated, recorded, and circulated knowledge about the sexual and conjugal practices and reproductive life of Korean women in the agricultural sector, for the purposes of measuring and increasing the size, health, and vitality of the colonial population. At the heart of such medical endeavors stood the Investigative Committee for Social Hygiene in Rural Korea and Japan-trained Korean medical students/physicians, including Ch'oe Ŭg-sŏk, who carried out a social hygiene study in the mid-1930s. Their study illuminates the ways in which Korean women's bodies entered the modern domain of scientific knowledge at the intersection of Japan's imperialism, colonial governmentality, and biomedicine. A critical case study of the Investigative Committee's study and Ch'oe can set the stage for clarifying the vestiges as well as the reformulation of knowledge, ideas, institutions, and activities of colonial biopolitics in the divided Koreas.

Keywords: Biopolitics, colonial governmentality, Japanese Empire, social hygiene, Korean population, human resources, women's bodies, gynecological illness