



The Work of Sherwood Hall and the Haiju Tuberculosis Sanatorium in Colonial Korea*

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1. Introduction

Sherwood Hall, whose activities this paper aims to analyze, reminisced in his autobiography as follows:

I was heartbroken when I learned that she had contracted the disease, and in those days there was no sanatorium or proper treatment facility where she could be sent in Korea. ... Esther's death came as a shock. I resolved to do all in my power to help prevent the disease that had snatched her away in her prime and wasted the lives of so many of her fellow Koreans. I vowed that I would return to Korea as a TB specialist and would establish a

* Professor Park Hyoung Woo gladly let me use raw materials he has collected on Dr. Hall. I would like to express my deep appreciation for his kindness.

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tuberculosis sanatorium (Hall, 1978: 223).

The death of Esther Park, a medical assistant of his mother and his beloved 'sister', caused him to devote his whole life to tuberculosis control. After having graduated from Toronto Medical School and returned to Korea, he materialized his dream in 1928 when he established a tuberculosis sanatorium in Haeju, Hwanghaedo Province. Since its establishment, Haiju Sanatorium had often been regarded as a paradise for patients who had not had a chance to recover from their disease.¹⁾

This paper aims to reveal how the sanatorium was established by Hall and what its establishment meant in the medical history of Korea. The work of the sanatorium that Hall dreamed of went beyond the hospitalization and curing of patients. A sanatorium should do more: be the center of the anti-tuberculosis movement. To achieve his goal, Hall published Christmas seals, using the sanatorium as a rehabilitation school for patients in the convalescent stage and trying to make the sanatorium a self-sustaining institution. These all were the first attempts at such matters in Korea.

No matter whether Hall had the intention or not, from the middle of the 1930s, the missionary power represented by Hall vied with the colonial power for the control of the tuberculosis movement. Hall was, to the colonial power, not only an ally but also a rival to controlling tuberculosis. In this paper, I would like to show the medical space in which the colonial and the missionary power competed as well as cooperated, by analyzing the anti-tuberculosis activities of Hall, focusing the work of the Haiju

1) According to the Romanization rule of Korea, 'Haiju,' the name of the sanatorium, should be 'Haeju,' But, as Hall called his sanatorium Haiju Sanatorium, I will use 'Haiju' instead of Haeju, when I mention the sanatorium.

Tuberculosis Sanatorium in particular.

Few scholars have conducted research on Hall. The primary book that deals with the general history of tuberculosis in Korea does, in fact, mention Hall at length, focusing on the founding of the Haiju Sanatorium and publishing of Christmas seals (The Korean National Tuberculosis Association, 1998: 214-40), but it is more narrative than analytical. As I am interested in the relationship between missionary medicine and the colonial power, scholarly works on this relationship are helpful in evaluating Hall (Jung, 1997; Yeo, 2006; Cho, 2009). These works conclude that missionary medicine was a rival, struggling for hegemony in the colonial environment. According to this research, missionary medicine's intimacy with the colonized made itself, unlike colonial medicine, survive in post-colonial Korea. Generally speaking, my research holds the same views with other scholars. As I have found, however, that the line drawn between colonial and missionary medicine for achieving hegemony in the medical field was not as clear as scholars describe, this research tries to reveal not only the conflict but also the cooperation between them. In the same way, my approach emphasizes more the leadership of missionary medicine than the rivalry with the colonial power, because medical missionaries appear to have been in the lead in some areas such as establishing and managing tuberculosis sanatoriums.

2. Sherwood Hall, the Veiled Leader

1) The Establishment of a Sanatorium

In colonial Korea, leprosy was looked upon as the greatest of all diseases.

A leper was generally reviled and sometime became a terror because he or she allegedly ate a baby for a cure. Yet, tuberculosis was actually more dangerous than leprosy. As a tuberculosis patient did not show any clear sign of the disease, unlike the case of the leper, the patient who was even in the final stage of the disease was not reported by any doctors.²⁾ Tuberculosis, especially pulmonary tuberculosis, was so highly contagious that the live germ easily spread in the air. “In some stages of the disease (it was) as infectious as pneumonic plague.”³⁾ Tuberculosis took Korean people’s lives three to four times more than any acute diseases and the number of tuberculosis patients was ten times more.⁴⁾

A western missionary doctor who ran a leprosy sanatorium stated that the lepers of his colony looked upon tuberculosis as the greatest of all diseases, saying “If I had to choose between the two and desired long life, leprosy would certainly be the choice.”⁵⁾ What is even worse, tuberculosis especially affected young adults. The majority of tubercular cases occurred among the educated and the students who should have played a pivotal role in the national economy. Comparing a young tuberculosis patient to a leper, western medical doctors questioned, “From a purely economic standpoint, is it not just as important to save university graduates as people of the beggar class?”⁶⁾

Tuberculosis, of course, was not a new disease to Koreans. It is a little difficult to identify the traditional term ‘nochae’ with tuberculosis

2) S. H. Martin, “The Tuberculosis Problem in Korea and Japan,” *Korea Mission Field (hereafter KMF)* 29-12, 1933, p. 259.

3) S. H. Martin, “The Tuberculosis Problem in Korea,” *KMF* 28-9, 1932, p. 181.

4) *Keimuiho (Bulletin on Police)* 363, 1936, p. 2.

5) R. M. Wilson, “Leprosy and Tuberculosis,” *KMF* 36-10, 1940, p. 159.

6) S. H. Martin, “The Tuberculosis Problem in Korea and Japan,” *KMF* 29-12, 1933, p. 258.

but, it was true that the causes and symptoms of nochae were similar to tuberculosis (Choi, 2012: 228-34). So, it is safe to say that for a long time Korean traditional doctors had administered herbs and decoctions to cure tuberculosis. Yet, these remedies were not highly appreciated by western medical doctors. Western doctors treated as foolish a Korean who took some herbal medicine containing tigers' teeth, beetles' wings, etc.⁷⁾ The Korean who was ridiculed said, "If I could only obtain the bones of a fox and cook them for medicine, I know I would get well."⁸⁾ But it was true that neither western medicine nor traditional Korean medicine had a specific treatment for tuberculosis.

Building a sanatorium where the disease might be arrested was a good way to show that western medicine had an alternative. From the mid-nineteenth century, open-air and rest therapies for tuberculosis became increasingly popular throughout Europe and the United States, and as an extension of rest therapy, pneumothorax, or the collapsing of a heavily diseased lung so that it could "rest" became popular. The systematic integration of these therapies with other forms of treatment culminated in a sanatorium (Schell et al, 1993: 1065).

As long as a patient was in the incipient stage, he or she could look forward to recovering primarily through resting in a sanatorium. Having a rest was sometimes said to be more helpful than taking medicine. A doctor working at a sanatorium argued that patients in the incipient stage would recover within 1-2 months if patients kept the rules, bathed in the sun, took a regular walk, read good books, didn't listen to songs of

7) S. H. Martin, "Anti-Tubercular Work As the Severance Union Medical College, Seoul," *KMF* 26-2, 1930, p.41.

8) A. A. P, "The Anti-Tuberculosis Campaign," *KMF* 36-10, 1940, p.145.

sorrow, consumed high-calorie meals, practiced praying in the morning and evening, and so on.⁹⁾ Patients were regulated to take absolute rest until their body temperature became normal.¹⁰⁾ “Rest, fresh air, sunshine and skilful nursing work miracles every day.”¹¹⁾

Even for advanced cases, a sanatorium was a better place than home. In terms of taking a rest, one’s home was most unsatisfactory. The patients found it difficult to carry out the orders of the doctor, and the danger of other members contracting the disease increased as the patient’s infection progressed.¹²⁾ A sanatorium was a place not only for treatment but also for prevention, as it separated patients from the public.

Before Hall arrived in Korea, some western missionary doctors showed that tuberculosis could be arrested and controlled. For instance, in Gunsan, Jeollabukdo Province, inflating the pleura with sterile air was tried to give the diseased tissues complete relaxation and rest. Bigger had the patients cut a neck hole in the outer door and rest and sleep with their head outside the room, which produced good results in several instances. However, those treatments were of value in some selected cases.¹³⁾ Severance Hospital remodeled a separate building only for tuberculosis patients in 1920, which was regarded as the first tuberculosis ward in Korea, but, it was closed soon afterward.¹⁴⁾ A missionary doctor estimated, “In Korea, no definite beginning had been made to counteract the disease either by ourselves or by the authorities, at least not on a scale of any magnitude.”¹⁵⁾

9) *Samcheolri (The Whole Land of Korea)* 7-1, 1935, p. 138.

10) *Keimuiho* 274, 1928, p.40.

11) *KMF 36-10*, 1940, front page.

12) E. Gill, “Tuberculosis as Seen in the Clinic,” *KMF 36-10*, 1940, p. 158.

13) L. C. Brand, “Tuberculosis in Korea Today and Tomorrow,” *KMF 24-5*, 1928, p. 99.

14) *Severance Gyouhoibo (The Severance Bulletin)* 11, 1929, pp. 64-5.

15) T. D. Mansfield, “Tuberculosis: Its Menace and Its Cure,” *KMF 18-7*, 1922, p. 143.

Hall took actions, showing an ambitious plan to establish a sanatorium. Yet, the environment around him was not favorable. First of all, foreign missions could not afford a sanatorium. Almost all the missions seemed to have decided not to extend medical work. Missions supplied missionary doctors and nurses when there were vacancies only and thus any increase over the present number was not anticipated.¹⁶⁾ The Methodist mission that dispatched Hall was no exception. Due to the lack of funding and medical personnel, it already had no choice but to abolish several hospitals (Lee, 2003: 807). The response that Hall received from the Board of Methodist Missions was a negative one, when he expressed his willingness to be of service to the tuberculosis preventive work:

It is a serious illness of the natives of Korea and China and threatens our missionaries. I would not expect, however, that we would be able to allow you to specialize in that subject on the field, [and] you will probably be assigned to general work and it would only be as you can emphasize tuberculosis as a phase of your general program that your specialty would develop.¹⁷⁾

When the plan of building a sanatorium was proposed, some members at the Executive Meeting of the Annual Conference asked how they could possibly support a new work when they had difficulty in continuing the maintenance of well-established endeavors. Some said that such an idea might be all right in the West but would never work in a “have-not” nation like Korea, criticizing Hall as just a wild visionary and an idealist. Hall had to persuade the mission to allow him to proceed. “Fortunately, it was ruled

16) *The Christian Movement in Japan, Korea & Formosa* (Tokyo: The Japan Times & Mail), 1926, p. 343.

17) Letter to Mr. Sherwood Hall from Dr. Vaughan, October 16, 1922.

that I should be allowed to approach individual donors in both Korea and the United States and that funds so derived could be channeled through the Board” (Hall, 1978: 354-5, 433). In fact, it was the Ms. Verburg bequest of \$3,650 that enabled Hall to build a sanatorium to fight tuberculosis in Korea.¹⁸⁾

The next obstacle that Hall had to overcome was the objections of neighbors. It was widely known that tuberculosis was very contagious and dangerous, so opposition was repeatedly raised whenever a plan for establishing a tuberculosis sanatorium was proposed. Objectors insisted that a sanatorium would ruin the health of residents, slandering the would-be sanatorium as “the enemy of sanitation.”¹⁹⁾ When Severance Hospital, located in central Seoul, planned to make a sanatorium, accommodating tuberculosis patients in the city hospital was found to be impossible. Alternatively, it began to find a suitable place near Seoul.²⁰⁾

Like Seoul citizens, most residents in Haeju offered strong opposition. The Mayor of Haeju said to Hall, “I don’t want my city crowded with tuberculosis patients” (Hall, 1978: 366). To overcome opposition, Hall used his wits. As he was familiar with the Korean tradition that had veneration for schools, he had decided not to call it a tuberculosis hospital or sanitarium, but a “School of Hygiene for the Tuberculosis” (Mun, 1996: 83). He went on to persuade the Mayor that a sanatorium would keep patients from the temptation to come into the city and infect citizens (Hall, 1978: 392).

Finding staffs, nurses in particular, was an unexpected problem. Few would apply for the job at a sanatorium. It was said that no one would

18) “An M.D. Sees Korea After Sixteen Years Absence,” *The Christian Advocate*, Aug. 2, 1928, p. 961.

19) *Donga Ilbo (Donga Daily)*, 25 February 1938; 3 March 1938.

20) L. C. Brand, “Tuberculosis in Korea Today and Tomorrow,” *KMF* 24-5, 1928, p. 100.

marry a nurse who had worked in a tuberculosis institution for fear of contracting tuberculosis. After being hired, staff members were convinced that, with precautionary measures, there was relatively little risk. Yet, the staff problem was his “weakest link” (Hall, 1978: 411-2). At length, however, Haiju Sanatorium was duly established in 1928.

2) Life at a Sanatorium and the Publication of Christmas Seals

Haiju Sanatorium was located on a sunny slope of the South Mountain surrounded by pine forests. It was also situated near a dairy where a supply of pasteurized milk could be obtained.²¹⁾ Hall tried to endow the sanatorium with the most modern facilities: X-ray, Alpine sun lamps, Pneumothorax apparatus, and a sun room fitted with special windows for admitting the ultra-violet rays.²²⁾ To meet the needs of the people who were accustomed to traditional room warming, the sanatorium was equipped with Manchurian style of warm beds.²³⁾ The completion of the sanitarium, equipped with modern facilities, was a monumental event to the mission board. According to the Methodist Mission, it was the outstanding feature of 1928 in medical work.²⁴⁾

In the sanatorium, patients had to follow a strict timetable. One of the best lessons the sanatorium provided, according to a discharged patient, was the keeping of regular hours and observing a daily routine.²⁵⁾ After getting up at 7 a.m., patients were scheduled to go to bed at 9.30 p.m., and they

21) “A Tuberculosis Sanatorium,” *KMF* 24-7, 1928, p. 148.

22) B. W. Billings, “Korea's First Tuberculosis Sanatorium,” *KMF* 25-2, 1929, p. 30.

23) *KOREA'S SCHOOL OF HYGIENE FOR THE TUBERCOLOUS* (Leaflet)

24) Annual Report of the Board of Foreign Missions of the Methodist Episcopal Church, Korea, 1928, p. 103.

25) *Yoyangchon (A Sanatorium)* 14, 1940, p. 29.

spent most of their time resting and taking a walk, playing amusements, chatting, or reading books. Patients were permitted no movement during a rest time. They were required to lie quietly. To ensure a deep sleep at night, even taking a nap was prohibited.²⁶⁾ Sometimes a strict schedule weighed heavily on patients. A discharged patient recalled that staying in a sanatorium was boring and backbreaking. It was like a long and bad dream to him.²⁷⁾

Yet, the sanatorium promoted the beneficial effects of the strict schedule in different ways. It was emphasized that patients could be healthy if they followed the rules required.²⁸⁾ One of the discharged patients confessed that he took herbal medicine after leaving the sanatorium, and he started coughing up blood again. It was, he speculated, because of ignoring the instructions of the medical doctors. “Unless you follow the instructions of the medical doctors, you cannot meet with good results.”²⁹⁾

Getting some peace of mind through prayer was a very important activity in Haiju Sanatorium. Hall, as a missionary doctor, knew that the sanatorium would never be completed without a chapel (Hall, 1978: 463). Believing in God was one of the most important aspects of life in the sanatorium. Dispelling fear with the help of prayer was a good way to recover.³⁰⁾ “Without belief in God, you cannot have a hope to be healthy.”³¹⁾ A sanatorium would thus be the best place for evangelism. There was better

26) *Yoyangchon* 4, 1938, pp. 40-1.

27) *Yoyangchon* 14, 1940, p. 25.

28) *Samcheolri* 7-1, 1935, p. 138.

29) *Yoyangchon* 14, 1940, p. 27.

30) *Sahaegongron (Public Opinions in the World)* 2-7, 1936, p. 125.

31) *Yoyangchon* 14, 1940, p. 30. Some patients worried that too much belief in God could make patients disregard the importance of treatment, only focusing on prayer. (*Yoyangchon* 16, 1940, p. 15)

opportunity for evangelistic work compared to other methods, because patients stayed longer than in the hospital, so they could become grounded in the faith.³²⁾ Female Bible teachers conducted a regular Bible course for the patients.³³⁾ This type of evangelism clearly bore fruit. “For nearly all the patients who come to the sanatorium become Christians before they leave and often their friends and relatives as well.”³⁴⁾

Hall felt the need to connect a model farm with the sanatorium (Hall, 1978: 404). The affiliated farm made the Haiju Sanatorium different from others. Before Hall, Bigger in Pyeongyang had bought a Korean building, erected to accommodate five tuberculosis patients in 1924, which could be judged as the first move towards a tuberculosis sanatorium. It had not only rooms for patients but also the related facilities of X-ray, operations, etc. At Severance Hospital a new wing added to the Isolation Building was opened for tuberculosis patients in 1930.³⁵⁾ The Canadian Mission joined in this movement. Around 1930, the Mission Hospital in Hamheung erected a building accommodating twenty patients, the number of which increased to thirty-five in 1941.³⁶⁾ However, they only provided patients with emotional as well as medical treatments. Hall thought that there was a need for more to be done.

The affiliated farm was able to furnish the sanatorium with types of help that medical facilities alone could not provide. First of all, a stock farm for providing milk and meat would be an important institution, as good

32) Letter to Doctor Diffendorfer from Sherwood Hall, March 28, 1929.

33) Letter to Mr. Chenoweth from Sherwood Hall, April 10, 1929.

34) Letter to Brother Cartwright from Sherwood Hall, Sept 12, 1936.

35) O. R. Avison, “Tuberculosis in Korea,” *KMF* 26-5, 1930, pp. 90-1.

36) F. J. Murray, “Medical Work in the Canadian Mission,” *KMF* 37-5, 1941, p. 79.

nutrition was very important to overcoming tuberculosis.³⁷⁾ However, Hall dreamed a bigger dream. As the period of treatment took a long time, and the fee was not cheap, patients often did not have any place to settle in, when discharged. Hall wanted a place where the patients would have an avenue for occupational therapy.³⁸⁾ The farm was regarded as an indispensable institution to the sanatorium:

Some of the advantages are that it would insure an abundant supply of dairy products, chickens, eggs, honey and vegetables for the patients as well as furnishing a field for occupational therapy under medical supervision and expert agricultural supervision. Many of the patients while here could be trained in work suited to their physical capabilities and [thus be] able on returning home to earn a living in a satisfactory way... As our patients come from all over Korea and from as far north as Siberia and Manchuria the knowledge gained here will be carried not only to the different sections of Korea but to these other countries as well.³⁹⁾

To achieve his dream, Hall bought ten thousand pyeong of land and made a farm, which, he dreamed, would be a model village rehabilitation center for convalescing patients, a center that would persist (Hall, 1978: 459). Furthermore, the farm would be a training camp for Christian farmers. Discharged patients who had worked on the farm would be in a better position to put their country churches on a self supporting basis.⁴⁰⁾

Living standards and working conditions were more important than the

37) *Yoyangchon* 14, 1940, p. 15.

38) Letter to Mr. Rugg from Marian & Sherwood Hall, Sept 24, 1929.

39) Letter to Dr. Edwards from Sherwood Hall, November 15, 1929.

40) Letter to Mr. Rugg from Sherwood Hall, Jan. 24, 1930.

prevention movement. In that sense, the effort made by Hall to create a model farm affiliated with a sanatorium for the recovering patients would be valued as wide and sustainable.

In spite of the merit of a sanatorium, to Hall it was not a strong enough tool for defeating tuberculosis. He was positive about and committed to the importance of sanitary education. Public health work had always been his interest.⁴¹⁾ Like the enlightening episode he experienced in recruiting staffs, people needed to be educated, but this could not be done overnight. He felt that the aspect of public health education of the campaign was very important (Hall, 1978: 444). “There is a great need for work along that line in Korea”⁴²⁾

To use in an educational campaign, Hall secured a moving picture machine and a magic lantern outfit,⁴³⁾ and organized an exhibit of public health in the sanatorium. The colonial government even conferred an award on Haiju Sanatorium for the exhibition. “The Public Health exhibit of the Sanatorium received an award at the National Exposition and Certificates of Merit from VisCount Saito, Governor-General of Korea”⁴⁴⁾ Haiju Sanatorium not only used its educational facilities for its own purposes, but it also provided them to other institutes having an interest in anti-tuberculosis activities. For instance, Severance Medical College students, through the kindness of Hall, were able to watch many lantern-slide views and a moving picture.⁴⁵⁾ The sanatorium thus became a place where the public

41) Letter to Mr. Hildreth from Sherwood Hall, July 11, 1924.

42) Letter to Secretary Ward from Sherwood Hall, October 1, 1923

43) B. W. Billings, “Korea’s First Tuberculosis Sanatorium,” *KMF* 25-2, 1929, p. 30.

44) Letter to Doctor Edwards from Marian and Sherwood Hall, December 31, 1930.

45) S. H. Martin, “Anti-Tubercular Work As the Severance Union Medical College, Seoul,” *KMF* 26-2, 1930, p. 41.

was taught to fight against tuberculosis.

Despite these seemingly advances, Hall was not happy with what he had done. On account of lack of space and funds, Haiju Sanatorium was able to receive only a limited number of patients and only a limited number of charity patients.⁴⁶⁾ To make full use of the space, Hall was obliged to put beds in the sun room, office, and treatment room.⁴⁷⁾ Such makeshift measures could not solve the space problem. The sanatorium still had a long waiting list. Hall felt regretful over the lack of proper space. "It nearly breaks our heart to have to say there is no room and there is no other Sanatorium in Korea where we can send them."⁴⁸⁾

It was clear that the sanatorium needed expansion to accommodate more patients. Transforming it into a paying institution was an option. However, as a missionary enterprise, such a transformation could change the identity of Haiju Sanatorium, for only wealthy patients might be able to afford the institution. Such favoritism in regard to wealthy patients was not a Christian ideal and not what Hall was interested in.⁴⁹⁾ He had to make alternative plans.

While he was in America on furlough, he met two leading figures who pioneered the promotion of Christmas seals as a fund raising technique. In America, he heard, Christmas seals were the chief source of income for the Tuberculosis Association. Hall was thrilled at the prospect of publishing Christmas seals in Korea, hoping that their success in America might be duplicated in Korea (Hall, 1978: 419-20).

After having returned to Korea in 1931, Hall prepared to publish his

46) "Korea's First Tuberculosis Sanatorium," *The Christian Advocate*, June 13, 1929, p. 761.

47) Letter to Mr. DeVesty from Sherwood Hall, April 9, 1929.

48) Letter to Mr. Chenoweth from Sherwood Hall, April 10, 1929.

49) Letter to Doctor Cartwright from Sherwood Hall, Jan. 6, 1931.

first Christmas seals. The initial reaction Hall met with was one of doubt about the success of this venture. As it was just two years after the Great Depression took place, some skeptics argued, Koreans could not afford Christmas seals. Also, some insisted that Korea was not ready for such a seal campaign because the chief preoccupation of Koreans was not on health matters but on how they might achieve independence (Hall, 1978: 441). Yet, the sale of the first Christmas seals in 1932 was more successful than the campaigners expected. In fact, the sale made a profit. Excluding expenses, they gained 170 dollars, which was distributed to the missionary hospitals that had wards for tuberculosis patients. To raise as much money as possible, Hall in 1933 attempted to sell Korean Christmas seals in the United States, expecting people in the States to be glad to have them because of their uniqueness.⁵⁰⁾

Compared to the total hospital income of around \$5,000 in 1933-4 (Lee, 2003: 810), the relatively small sum of \$170 did not constitute a huge financial boost. To Hall however, Christmas seals existed not just for a financial profit. He used the sale as an opportunity to organize a civil movement for anti-tuberculosis. The members of the sanatorium dispatched special instructors along the train lines to let the public know the danger of tuberculosis so that the enlightened public would participate in and support the anti-tuberculosis movement. One staff went to each church and gave a short talk on tuberculosis, its dangers, symptoms, prevention and cure.⁵¹⁾ Participants would be the financial source of the movement through buying Christmas seals.⁵²⁾ For the purpose of enlightenment, Haiju

50) Letter to Dr. Frank T. Cartwright from Sherwood, Oct 25, 1933.

51) Sherwood Hall, *THE HEALTH-O-GRAM* (booklet), pp. 6, 14.

52) *Jungang Ilbo* (*Jungang Daily*), 29 November 1932.

Sanatorium also published a yearly calendar in which special days for sanitation were printed.⁵³⁾

Hall estimated the year of 1932 as the turning point in the attitude toward tuberculosis in Korea, for a health educational campaign started that year.⁵⁴⁾ In 1932, an Anti-Tuberculosis Society for the Support was established in Hwanghaedo Province. Haiju Sanatorium was at the center of this society,⁵⁵⁾ with the governor and many of the higher officials' participation as patrons.⁵⁶⁾ The campaign seemed to have worked. "Local Chairmen all are stressing the Public Health educational value of the campaign. There have been requests also for lantern slides which we were glad to fill so far as possible."⁵⁷⁾ Korean people understood the buying of Christmas seals meant participating in the tuberculosis extermination movement,⁵⁸⁾ thinking that its public health and educational value was far more important than the monetary value of the campaign.⁵⁹⁾

3. Colonial Government, the Uncomfortable Supporter and the Rival

In colonial Korea, government hospitals were strong, but they were not able to dominate the medical field. In each province, missionary and

53) *Gidok Sinbo (Christian News)*, 20 February 1935.

54) Sherwood Hall, "The Progress of Missionary Anti-Tuberculosis Work in Korea," *KMF 36-10*, 1940, p. 151.

55) *Donga Ilbo*, 1 December 1932.

56) Letter to Brother Cartwright from Sherwood, Oct 2, 1933.

57) Sherwood Hall, *Campaign News from the Front* (booklet), p. 6.

58) *Gidok Sinbo*, 14 December 1932.

59) Sherwood Hall, "The Story of Korea's First Christmas Seal," *KMF 29-5*, 1933, p. 94.

government hospitals sometimes experienced competition over patients. Patients were not loyal to a specific hospital. What made them choose one hospital over the other was the curative power of a hospital. When the news was spread that the Haeju missionary hospital run by Hall treated dysentery well with new methods, many Japanese patients who had been attending the government hospital transferred to Hall's hospital (Hall, 1978: 363). Thus, medical missionary power ended up fighting with the colonial hospitals for hegemony (Jung, 1997).

In spite of the competition, the relationship of Haiju Sanatorium with the colonial power was, generally speaking, on favorable terms. Indeed, Hall was able to establish the sanatorium through the generous co-operation of the colonial government. To the colonial power, the establishment of a tuberculosis sanatorium was a good thing, as it would mean a lessening of the suffering and death rate from tuberculosis of the people of Korea.⁶⁰⁾ In keeping with this view, the colonial government granted the sanatorium a "Zaidan" or "Official Charter," which some had prophesied that Hall would never be able to obtain. It was very unusual for the governor to recognize such a young institution.⁶¹⁾ Sasaki, a Japanese friend of Hall and the Chief of Police in Haeju, was a great help in this matter,⁶²⁾ because police had total control over medical and sanitary works during the colonial period. Hall was proud of him. "He has proved a wonderful friend in many ways and on many occasions."⁶³⁾ Yet, it should have been the colonial government that thanked Hall, because he established a medical institution that the colonial government should have created.

60) Sherwood Hall, *THE HEALTH-O-GRAM* (booklet), p. 1.

61) Letter to Mr. Chenoweth from Sherwood Hall, Feb. 18, 1929.

62) Letter to Frank from Marian B. Hall, October 24, 1936.

63) Letter from Sherwood Hall, unknown date.

With receipt of the title of zaidan, which gave permanent and official recognition and protection, Haiju Sanatorium was exempted from all taxes and was placed in line for receiving larger grants as time went by.⁶⁴⁾ The Government-General in Korea, and even the Japanese Emperor supported the sanatorium. In 1929, Hall received a Certificate of Merit from the Emperor of Japan and a gift of 100 yen (Hall, 1978: 397). Not only the Japanese Emperor but also the colonial government continued to subsidize the sanatorium year after year.⁶⁵⁾ Another type of support followed. The Government Experimental Station gave white leghorns to start a poultry farm, and the mayor gave 400 yen to construct a good road to the sanatorium.⁶⁶⁾

The Methodist Mission acknowledged the general support of the colonial authority as well, estimating that Haiju Sanatorium was “made possible by the Verburg bequest and by other friends as well as by the generous cooperation of the government.”⁶⁷⁾ For the sales of Christmas seals in 1932, the Governor of Whanghaedo Province, later appointed as Honorary President of a Christmas Seal Committee, was an enthusiastic supporter, as he organized a citizen’s meeting in which the representatives agreed on the sales of the Christmas seals.⁶⁸⁾ Not only Japanese authorities but also Japanese persons living in Korea supported the sanatorium. For example, Japanese Christians proposed to erect a building in connection with the Haiju Sanatorium for the relief of Japanese suffers from tuberculosis in

64) Letter to Brother Cartwright from Sherwood Hall, Sept 12, 1936.

65) *Chosen Shakai Zigyo (Social Works in Korea)* 21-2, 1933, p. 43.

66) Letter to Mr. Chenoweth from Sherwood Hall, Nov. 10, 1928.

67) “Korea’s First Tuberculosis Sanatorium,” *The Christian Advocate*, Nov. 15, 1928 p. 1414.

68) Sherwood Hall, “The Story of Korea’s First Christmas Seal,” *KMF* 29-5, 1933, p. 93.

Korea.⁶⁹⁾ Hall believed that his institution treated more Japanese than any other mission hospital in Korea.⁷⁰⁾

Hall expected that the close relations between the colonial government and the sanatorium to continue in the public health area. In fact, the issue of public health was such a massive undertaking that a private institution, like a missionary hospital, could, by itself, hardly take it on. The founding of a basic health infrastructure such as BCG vaccinations, health checks for elementary and middle school students, and the establishment of health consultation offices were not able to be achieved without the power of the state. Because of the link between living and working conditions, the prevention of tuberculosis required a governmental guarantee (Johnston, 1995: 225). As the colonial government had rendered him possible assistance, however, he in turn, had been able to furnish suggestions on public health. “In this way, public health work has been accomplished.” The relations with the government, he maintained, had been cordial and had been of mutual help.⁷¹⁾

While the colonial power and the medical missionaries worked together well, it was hardly true that they maintained a close relationship all the time. For instance, the colonial authority pointed out that the design of the early Christmas seals was offensive, so they did not permit the issuance of Christmas seals at the start. Hall had no choice but to compromise with colonial authority and change the design (Hall, 1978: 434-6). The invasion of Japan, in 1931, into Manchuria, the North-Eastern region of China, and the expansion of the war zone into the whole of China from 1937 rendered

69) “Haiju, Korea, Sanatorium Buildings Dedicated,” *The Advocate*, July 17, 1930.

70) Letter to Brother Cartwright from Sherwood Hall, April 4, 1932.

71) “Improving the Health of a Korean Province,” *The Christian Advocate*, May 8, 1930, p. 595.

precarious the situation of missionary work. As the war was escalating to a total war, for which not only soldiers but also people in the rear were mobilized, the health of people became more important than ever. And tuberculosis among contagious diseases was pinpointed as the disease that caused the greatest damage to people. As the need for the human resources of Koreans increased, the damage tuberculosis caused to the Korean race was receiving special attention (Park, 2008: 218-23).

It was estimated that there were about four hundred thousand tuberculosis patients in existence and some forty thousand who died every year in Korea. Most importantly, tuberculosis ruined the health of young adults who were supposed to serve the expanding war.⁷²⁾ Accordingly, the prevention of tuberculosis became the most important concern to governmental authorities and military leaders. It was in the early 1930s that the Annual Report of the Colonial Government Administration gave some space to reporting about chronic diseases including tuberculosis.⁷³⁾

The colonial government in Korea established in 1936 the Anti-Tuberculosis Association, consisting of governmental officers and private representatives, which was expected to lead the anti-tuberculosis control movement. The association proposed to establish a health clinic that would provide medical examinations and to protect weak children, advising on the problem of improvement of houses, nutrition and preventive activities in school, factories, and so on.⁷⁴⁾ An educational campaign was proposed as well. For instance, a local branch of the association planned to hold lectures, circulating motion pictures, distributing pamphlets, organizing

72) *Keimuiho* 361, 1936, p. 114

73) *Chosenotokuhuseinempo (The Annual Report of Government-General in Korea) 1931-1932*, 1934, p. 416.

74) *Chosen (Korea)* 5, 1936, p. 140.

advertisement marches, running advertisements in the newspaper, and founding free clinics and consultation centers at hospitals.⁷⁵⁾ Among them, few would be easily fulfilled by Western missionaries who had been suffering from a lack of funds for a long time.

The basic solution to the problem of tuberculosis was, however, to improve the economic environment (Schell, L. M et al, 1993: 1066). It was what the state should do, whereas private sectors like missionaries could not. A medical missionary emphasized this fact as follows:

Now all these things, low wages, long hours of labor and a narrow margin of subsistence are the conditions under which tuberculosis spreads with greatest ease and rapidity, and conversely, every effort to increase the wealth, and comfort and improve the hygienic conditions of life is a body blow against the enemy.⁷⁶⁾

He knew that he could never reach the goal until the economic conditions were raised to a plane where hygienic living was a possibility. Yet, the expectation of economic improvement was too much to hope for under the situation where a full-scale war was developing. Colonial Korea needed a more practical solution.

Hall, a devoted missionary doctor committed to tuberculosis control, had already suggested an alternative: the establishment of a sanatorium. The problem was that Korea had only a few citizens who had the necessary funds to submit to a long period of rest in a sanatorium. In Haiju Sanatorium, if a patient wanted the best treatment, the patient had to pay as much

75) *Donga Ilbo*, 19 May 1936.

76) T. D. Mansfield, "Tuberculosis: Its Menace and Its Cure," *KMF 18-7*, 1922, pp. 144-5.

as 110 yen, except for special treatment fees like ultra-violet treatments, X-rays, and pneumothorax. At least 55 yen was needed per a month as a minimum.⁷⁷⁾ A long illness would make drive almost all patients into bankruptcy, not to mention of losing the ability to live (Mun, 1996: 83).

A patient complained that paying over 100 yen per month would be ruinous for an average Korean. Haiju Sanatorium, as a missionary institution, should have, ideally, accommodated as many charity patients as possible. But the reality told a different story. In 1935, only about 15% of patients out of 50 patients stayed there free of charge.⁷⁸⁾ Of the 50, 40 patients were male, because males in Korea held the purse strings. Only the rich could afford to send their daughters to a sanatorium.⁷⁹⁾

It was generally accepted that Korean people, the peasants in particular, could not afford to be admitted to a hospital, to say nothing of a sanatorium. The dire poverty made it very burdensome for patients to receive the right kind of medical treatment or to follow a suitable diet.⁸⁰⁾ Even buying Christmas seals was a burden for the Korean people. The poor Koreans, some argued, should not be asked to contribute from their slender means, and everyone had enough burdens of their own without assuming any additional ones (Hall, 1978: 450).

Obtaining a government subsidy was one of the ways to make the sanatorium more accessible.⁸¹⁾ A sanatorium where patients could stay long enough for recovery with inexpensive fees was definitely needed. The answer would be a public sanatorium established and run by the

77) *Yoyangchon* 4, 1938, p.36.

78) *Samcheolri* 7-1, 1935, p.138.

79) *Sahaegongron* 2-7, 1936, p. 122.

80) A. A. P., "The Anti-Tuberculosis Campaign," *KMF* 36-10, 1940, p. 145.

81) *Yoyangchon* 14, 1940, p. 28.

government. From the 1930s, the colonial government continued to suggest that it would establish national sanatoria. The Anti-Tuberculosis Association unfolded its plans, including the founding of sanatoria, that would accommodate at least forty thousand patients, a number that was as the same as the number who died per year.⁸²⁾ However, Korea still had only six sanatoria that accommodated about four hundred patients until 1943.⁸³⁾ As the founding of a sanatorium cost a lot of money, the colonial authority had already mentioned in 1936 that it could not but establish a sanatorium step by step within the limit of financial budgets.⁸⁴⁾

Some authorities in Korea urged the enactment of a Tuberculosis Prevention Law which would stipulate compulsory establishment of a sanatorium and prescribe general guidelines for tuberculosis control. Since tuberculosis was not an officially designated communicable disease, the proposed guidelines would include requiring medical personnel to report a tuberculosis patient and forcing a health examination on those who were susceptible to tuberculosis.⁸⁵⁾ Newspapers sometimes reported that the colonial government was preparing to enact a law with respect to tuberculosis prevention.⁸⁶⁾ However, the colonial government did not proclaim the law until the end of its rule over Korea.

It would be appropriate to say that anti-tuberculosis measures performed by the colonial authorities constituted short-term solutions rather than a fundamental and comprehensive approach. Furthermore, in the course of organizing the tuberculosis control movement, the colonial power ruled out

82) *Chosen* 5, 1936, p. 140.

83) *Maeil sibo* (*Daily News*), 9 January 1943.

84) *Keimuiho* 363, 1936, p. 4.

85) *Chosen and Manchuria (Korea and Manchuria)* 374, 1939, pp. 44-5.

86) *Donga Ilbo*, 8 December 1932.

its possibly greatest ally, the missionary power. That is, it kept Hall from leading the anti-tuberculosis movement. In 1936, when the Association for Tuberculosis Prevention of Hwanghaedo Province, the capital city of which was Haeju, was established, Hall was appointed to none of the major positions. Instead, the director of the Haeju government hospital became a member of board.⁸⁷⁾

In fact, medical missionaries could be a threat to the colonial power, which wanted to lead the anti-tuberculosis movement. Missionary-provided places for patients, though not a sanatorium but a ward, made an appearance as early as the 1920s. In 1930, the Korea Medical Missionary Association chose a committee to devise means and methods for the study of tuberculosis prevalence, as well as an educational campaign. It also planned to organize a general association that would correlate all the educational, preventive, and curative measures, expecting the committee to encourage the organization of local anti-tuberculosis associations.⁸⁸⁾ A special campaign for the anti-tuberculosis movement was designed by missionary doctors as well. One of them said in 1930, “We are planning to ask the Government for permission to hold an “Anti-Tuberculosis Day” in Seoul.”⁸⁹⁾ The historical data demonstrate that missionary medical power penetrated earnestly into the medical issue of tuberculosis, an area in which the colonial power had barely showed real interest until then.

Hall was a primary promoter of the line of the association. As such, he accentuated the uniqueness of Christmas seal publications in Korea. “Our seals have the unique distinction of being the only missionary seals in the

87) *Keimuiho* 363, 1936, p. 118.

88) O. R. Avison, “Tuberculosis in Korea,” *KMF* 26-5, 1930, pp. 90-1.

89) S. H. Martin, “Anti-Tubercular Work at the Severance Union Medical College, Seoul,” *KMF* 26-2, 1930, p. 42.

Orient and should not be confused with national seals issued by various countries.”⁹⁰⁾ The Korean Christmas seals were the only tuberculosis seals in the world under missionary auspices (Hall, 1978: 446). Even Hall, who acknowledged the power of colonial authority without reluctance, tried to distinguish missionary medicine from the colonial one through the publication of Christmas seals. It is not inappropriate to say that medical missionaries showed admirable leadership in terms of launching the anti-tuberculosis movement. In this respect, the exclusion of Hall could be interpreted as a clear intention of the colonial power to lead the movement without the support of the missionary power.

In 1939, the Japanese government established the Japan Anti-Tuberculosis Society with a half million yen donated by the Japanese empress. A few months later in the same year, the Korean branch of the society was founded. With the chief of state affairs acting as its president and the chief of the police as its vice-president, all the top posts of the Korean branch were led by colonial government officials.⁹¹⁾ The colonial government did not allow any other power to step into a major public campaign, even one that a missionary had created, one in which Korean people had participated and had interest. As the focus of the anti-tuberculosis movement shifted to mobilizing people, the colonial government began to streamline the organization’s operations. In the course of unifying governmental control, medical missionaries came to be regarded as foreign interferers.

Superficially, however, the colonial power assisted the activities of the missionaries. A medical missionary stated in 1940 that, thanks to the granting of the Empress’ rescript, the distribution of the official booklets

90) Letter to Brother Sutherland from Sherwood Hall, October 14, 1935.

91) *Keimuho* 413, 1940, p. 57.

and a special week of lectures were greater successes that year.⁹²⁾ As late as 1940, Hall too maintained an optimistic view of the situation. Even when Hall was accused, allegedly, as a spy of America, he did not feel concerned about the Christmas seal campaigns (Hall, 1978: 574). His optimism made sense. Hall was appointed as one of the official delegates to attend the 2600th anniversary of the founding of Japan, which appointment, according to Hall, was considered a real honor.⁹³⁾ He anticipated that all those who could fit into the new circumstances, for instance, medical and welfare workers, would be urged to stay.⁹⁴⁾

In fact, Christmas seals were issued in 1940. At the same time, Hall was expelled from Korea that year and it was the last year for the issuance of Christmas seals. As long as missionary institutions provided citizens with medical treatments of which Japan was in dire need, the colonial government, from political perspective, would not have had any reason to reject medical missionaries. But the colonial government did, in fact, dismiss them, not only because western missionaries came from enemy countries, but also because they became an obstacle to a single unified anti-tuberculosis movement. It seems clear that what the colonial government wanted was just an institution, not a missionary who had been leading a movement of which colonial government wanted to take the leadership.

4. Conclusion

When Hall began his career in Korea, the relationship with the colonial

92) Lura Mclain Smith, "Tuberculosis Prevention in Pyeong Yang," *KMF 36-10*, 1940, p. 155.

93) Letter to Frank from Sherwood, September 21, 1940.

94) Letter to Frank from Sherwood Hall, September 21, 1940.

government was cordial. Indeed, the Haiju Sanatorium was able to be established only through the generous co-operation of the colonial government. Missionary power, as represented by Hall, was delighted to fight with colonial government on the anti-tuberculosis front. Indeed, the colonial power did not have any reason not to cooperate with medical missionaries. Yet, from the middle of the 1930s, the colonial government began making inroads into the medical field where a medical missionary had taken the first step, excluding the missionary power from anti-tuberculosis movement. Medical missionaries were regarded as foreign interlopers who would intervene in the state-led movement.

As Hall's activity had shown, missionary power sometimes raised an important issue and then solved it. It was medical missionaries that first heightened the health problem caused by tuberculosis. As medical doctors as well as missionaries, they could not but pay much attention to tuberculosis, a serious disease that had been ruining per year the lives of presumably more than four hundred thousand Koreans. Furthermore, the project Hall made for the control of tuberculosis, such as running a farm affiliated with a sanatorium, was a broad and sustainable plan. The colonial power could not easily turn a blind eye to what missionary medicine was accomplishing, leading to the improbable result that missionary medicine could exist as both a partner to prevent tuberculosis and a rival to colonial authority at the same time.

It is not accurate to say that the missionary power dominated the medical field in colonial Korea. That notion was actually unimaginable. That reality constituted one of main reasons why Hall attempted to maintain a cordial relationship with the personnel who worked for the colonial government. At the same time, the sanatorium helped Hall to consolidate not only his

medical power but also his social authority with the result that missionary medicine was able to emerge again after the liberation of Korea. A clear example of this fact would be the republishing of Christmas seals, which were issued again in 1949, in liberated Korea by one of Hall's Korean colleagues. The Korean people possessed the clear intention to succeed in the work that medical missionaries had undertaken during the colonial period. Missionary medicine, as represented by Hall, was a leader in the anti-tuberculosis movement, even though it could not cover every aspect of the movement, and it had no formulated plan to set itself in opposition to the colonial power.

Keywords: Sherwood Hall, Tuberculosis, Haiju Tuberculosis Sanatorium, Medical Missionary

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-Abstract-

The Work of Sherwood Hall and the Haiju Tuberculosis Sanatorium in Colonial Korea

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Sherwood Hall established a tuberculosis sanatorium in 1928 in Haeju, Hwanghaedo Province. While founding Haiju Sanatorium, he had to overcome a couple of problems. Firstly, foreign missions could not afford a sanatorium. The Methodist mission that dispatched Hall initially expressed a negative response to his endeavors. Ms. Verburg's bequest finally enabled Hall to build a sanatorium. The next obstacle was the objections of neighbors. To overcome opposition, Hall called the sanatorium a School of Hygiene for the Tuberculosis. Finding staffs, nurses in particular, was another problem. Hall stressed that, with precautionary measures, there was relatively little risk.

Hall tried to furnish the sanatorium with the most modern facilities and make the sanatorium a place where the public was taught to fight against tuberculosis. Furthermore, Hall built a model farm in conjunction with the sanatorium. The farm would work not only as a stock farm for providing milk and meat but also as a field for occupational therapy. In 1932, in order to secure funding for the expansion of the sanatorium, Hall published the first Christmas seals in Korea, using the sale as an opportunity to organize a civil movement.

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The relationship of the Haiju Sanatorium with the colonial power was very amicable. Hall was able to establish the sanatorium through the generous co-operation of the colonial government. To the colonial power, the establishment of a tuberculosis sanatorium would mean a lessening of the suffering and death rate from tuberculosis. However, the situation changed in the early 1930s. The colonial power ruled out one of its potentially greatest allies, the missionary power. When the Association for Tuberculosis Prevention of Hwanghaedo Province was established, Hall was appointed to none of the major positions. Medical missionaries could be a threat to the colonial power, which wanted to lead the anti-tuberculosis movement. In 1940, Hall was expelled from Korea, being allegedly accused as a spy of America.

Keywords : Sherwood Hall, Tuberculosis, Haiju Tuberculosis Sanatorium, Medical Missionary