



“더 살고 싶다” 鬪病과 이별의
유방수술 환자 위
가족들, 조의금모

Rethinking Breast Mountain (*Yuam*): Surgical Treatments of Breast Cancer in South Korea, 1959-1993

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Abstract:

By analyzing premodern medical treatises, professional journals of Korean surgeons, and a patient's memoir, this paper aims to complicate an understanding of the innovations of surgical treatments of breast cancer in South Korea from 1959-93. The South Korean conceptualization of breast cancer as a “suddenly emerging yet properly controllable epidemic” manifests the promise of biomedical development, thereby conjuring up a brighter future for Korean women. However, this forward-looking portrayal of breast cancer often discounts past experience, thereby ignoring the contested views of the causes and treatments of the disease. This essay intends to historicize the changing connotations of breast ailments and surgical intervention, while tracing the Korean accommodation and subsequent abandonment of William Stewart Halsted's (1852-1922) radical mastectomy procedure. Female patient Yi Hyo-suk's response to her own radical mastectomy in the late 1970s encourages us to contemplate issues around the patient-doctor relationship, moral grounds of secrecy, the possibility and limitation of a patient's activism, and the religious and commercial meaning of seeking alternative medicines. Rethinking the manifold narratives about surgical intervention across time and profession helps us begin a dialogue that can raise hope beyond an increased five-year survival rate.

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Introduction

Women in South Korea have faced rapidly increasing rates of breast cancer for the past ten years. According to a special report by the Korean Breast Cancer Society, the crude incidence rate in 2012 marks 70.7 cases per 100,000 women, including cases of ductal carcinoma in situ. This rate is two times higher than the 29.5 cases reported in 2002.¹ When calculated by including only incidents of invasive cancer, the number amounts to 60.1. The statistical report by the (Korean) National Cancer Center shows a similar trend, displaying 68.2 cases per 100,000 women in the year of 2013.² This number is lower than the 125 new cases per 100,000 women in the United States in the same year, yet South Korea presented the highest incidence rate in Asia in 2013.³

Paralleling the sudden rise of breast cancer, discourses about successful prevention and control have also emerged. Through early detection and advanced treatments, breast cancer is now deemed a curable disease. The government statistics present that the five-year survival rate has increased from 78.0% in 1993-95 to 91.5% in 2009-2013 - an overall increase of 13.5% over 20 years.⁴ Innovations in radiology, pathology, histology, and genetics have effectively developed diversified treatments, and specialized surgeons not only perform "breast conserving" surgeries but also undertake breast reconstruction, thereby meeting patients' individual needs more fully.

The majority of popular reports of breast cancer since 2000 have been shaped by a narrative trajectory in which the "sudden emergence" of the disease is followed by "successful control." For example, Dr. No Tong-yŏng, one of the most well-known breast cancer specialists in South Korea, expressed his professional confidence in controlling the disease. When one is diagnosed with breast cancer, s/he can treat it well with the help of advanced surgery and chemotherapy. Breast cancer, even in the case of metastasis, can be cured. If you are in one of the earlier stages, hope is unquestionable. More to the point, cancer in general is no longer a rare, incurable, and life-threatening disease. According to Dr. No, every Korean with a prolonged life expectancy is now susceptible to cancer.⁵ Yet we can prevent and control cancer successfully, as we have done with breast cancer.⁶

The South Korean conceptualization of breast cancer as a "suddenly prevailing yet properly controllable epidemic" manifests the promise of biomedical development, thereby conjuring up a brighter future for Korean women. However, this forward-looking portrayal of breast cancer often discounts past experience, thereby ignoring the origins and evolution of the disease. Contrary to the conventional understanding, women in Korea have long suffered from a range of breast ailments, some of which appear similar to today's breast cancer.⁷ Although the term "breast cancer" gained circulation only in the twentieth century, a rich understanding of what we may now call "breast cancer" previously existed. This essay thus aims to historicize the changing connotations of breast ailments, which have created textual (dis)continuity for patients seeking to interpret the ontology of breast cancer in postwar South Korea. When did Koreans first come to terms with breast cancer? Before the current terminology was introduced, what terms did Koreans use to describe

symptoms similar to today's definition of carcinoma in the breast? In what ways does the premodern understanding of breast ailments shape or ignore the current interpretations of breast cancer?

Following such inquiries about the origins of Korean medicine's understanding of breast cancer, this paper examines the Korean adoption of William Stewart Halsted's (1852-1922) radical mastectomy. Halsted's technique removed the breast, the two underlying chest-wall muscles, and the lymph nodes of the axilla as a major treatment of breast cancer. Halsted's surgical method reflects his understanding of the physiology of the disease as well. According to Barron H. Lerner, "Halsted believed that breast and other cancers began as small foci that then enlarged in a slow, orderly, centrifugal manner before spreading to local lymph nodes."⁸ By eliminating the entire site en bloc, Halsted aimed to cure the disease and to avoid the possible impacts of surgical dissection on local recurrence: the liberation of cancer cells, and the contaminated knife's introduction of cancer in the operative site.

The existing scholarship has well documented the origins, development, and decline of Halsted's radical mastectomy in the United States. Once adopted by American mainstream surgeons, the Halsted method remained the most authoritative treatment for breast cancer. American surgeons remained loyal to Halsted more tenaciously than their European and Canadian counterparts. Although condemned as "barbaric" by female activists, the Halsted method was hardly challenged by American surgeons. The technique became obsolete in the late 1970s, only through contested interactions among different causes, such as the introduction of novel statistical methods, patient activism, a few surgeons' own criticism, and the changes in American popular perceptions about women's health. Employing a "war" metaphor, Lerner persuasively demonstrates how inextricably surgical innovations were associated with the clinical and cultural specificities of Cold War America.

What, then, caused the embrace and subsequent termination of Halsted's method in South Korea? To what degree does the changing surgical technique of breast cancer illustrate attributes of Korean medical culture? Through these questions, this paper also analyzes the Korean medical professionals' attitude toward American medical authority, which also impacted the well-being of Korean female patients. Last but not least, this paper questions the extent to which Korean women became agents, and not merely passive objects, of surgical innovation.

In considering the aforementioned questions, I analyze three types of documents. Breast ailments depicted in premodern medical treatises provide textual labels and contents through which both physicians of traditional medicine and some patients reasoned the causes and cures of breast cancer in postwar South Korea. Second, I examine case reports published in the *Journal of the Korean Surgical Society* between the late 1950s and early 1990s, which exhibit the mode of professional evaluation of Halsted's radical mastectomy. Given that the nationwide statistics of cancer became available only in the late 1990s, the clinical cases published between 1959-1993 allow us to explore the early stage of Korean accommodation of breast cancer surgery. Third, I scrutinize a patient's memoir to balance professional male elites' perspectives on surgical treatments. Although the patient's voice is limited in terms of circulation and her socio-cultural background, her struggle with breast cancer and eventual death helps us contemplate the meaning of surgery outside of professional narratives.

Tales about breast cancer have an Anglo-American origin. A variety of patients' memoirs, biographies of the disease, research on changing modes of surgery, radiotherapy, chemotherapy, and analysis of different trajectories and meanings of prevention, to name a few, mainly focus on the United States and Britain. In so doing, the stories about those who "radically transformed breast cancer's epidemiological, clinical, and personal meanings" have largely reflected the fear, hope, struggle, and confusion of American and European societies.⁹ Recently, anthropologists have called for more attention to be focused on cancer as a "transnational condition involving the unprecedented

flow of health information and technologies as well as people across national borders,"¹⁰ soliciting strands of local analyses in a global context.

Building up the geographically expanded research on cancer, my analysis aims to benefit from a long-term perspective, which demonstrates the “unnatural” attributes of experiencing breast cancer. As Robert A. Aronowitz points out, whereas the “natural” history of breast cancer, the doomed destruction of the body, seems hardly to have changed, the way an individual, or a society, experiences the fear of breast cancer and hope for its cure has been radically evolving over the past centuries.¹¹ The changes from “isolated, private fears of breast cancer to immense individual and collective concern over the risk of breast cancer”¹² reflects the “unnatural” socio-cultural vicissitudes that have shaped the language and mode of patients’ experience in American society. In a similar vein, this paper examines the “unnatural” manifestation of the disease in patients on Korean soil, which may or may not disclose the same degree of dynamics and contestations, compared to the United States, on Koreans’ own terms. Far from a linear progress, the surgical treatments of breast cancer in history reflect moments of ruptures and resonance. At the core of the “unnatural” evolution of breast cancer lie the changing techniques of surgery. The meaning of surgical treatments had changed in postcolonial South Korea because of the pre-existing understanding of breast ailments in East Asia, Korean surgeons’ pro-American upbringing under the Cold War contestation, and patients’ yearning to find every means possible for a cure. In search of the evolving meanings of surgical treatments, I begin by tracing the origins of a Korean term for breast cancer or carcinoma— breast mountain, *yuam* (乳巖).

Treating Breast Mountain (*yuam*) without Surgery, from 1600-1945 C.E.

The scholarly tradition of Korean medicine recognizes breast mountain (*yuam* 乳巖) as a major disease category of female breast ailments, yet does not suggest a surgical intervention as an effective clinical solution. The Korean translation of breast cancer today is *yubangam* (乳房癌), yet until the 1990s, the *Journal of Korean Surgical Society* did not differentiate *yubangam* from *yuam*. In the textual repertoire of Korean traditional medicine, *yuam*, the combination of *yu* (breast, 乳) and *am* (rock or mountain, 巖), signifies a non-lactational breast illness, which literally implies the rock-shape dent or a mountain-shaped boil on breasts. No source has yet identified when, exactly, the character *am* (巖) was applied as a label for cancer in Korea. Yet, given that *am* was interchangeable with many characters, such as 岩, 巖, 岳, and 崑, which all sound like *am*,¹³ it is not exaggerating to say that using the label of *yuam* for modern breast cancer resonated with the pre-existing understanding of breast mountain, that is, a hard, stone-shaped lump visibly growing in the breast.¹⁴

The traditional understanding of breast mountain did not recommend a surgical treatment, as the cause of the disease was thought to be rooted deeply in a woman’s way of life and her entire bodily circulation. Hō Chun (1539-1615), the best-known physician/scholar in the Korean history of medicine, detailed the breast mountain category by selecting three medical texts from Yuan and Ming China: Zhu Zhenheng’s (1282-1358) *Danxi’s Methods of Mental Cultivation* (*Danxi xinfa* 丹溪心法, 1481), Li Chan’s (active 1573-1619) *Introduction to Medicine* (*Yixue ruwen* 醫學入門, c. 1575), and the *Orthodox Transmission of Medicine* (*Yixue zhengzhuan* 醫學正傳, 1515). Hō Chun titled his composition “An Old Lump Becomes Breast Mountain.”

If women (puin 婦人) accumulate concerns, anger, and depression for a long time, the qi of the spleen becomes weak, and the qi of the liver deviates from the way it should be. Without knowing it, the woman grows mass-like stones or a small, soft-shelled turtle in the breast. This mass neither causes pain nor itching; then, after ten years, it festers, and becomes retracted. This is called breast mountain. The shape of the sore part was dented like a caved-in rock. If this happens, the disease cannot be healed. The lady can be cured

[or return to normal] if she gets rid of the causes [of the disease], keeps a calm mind and peaceful spirit in an early stage, and carries out healing principles. (Danxi's Methods)

A lump grows in the breast when a lady accumulates worries and anger. The lump neither pains nor itches, yet after five to seven years, the skin becomes swollen, then gets dark, and the inside of the lump festers to a head. This is called breast mountain. If the woman exhausts her qi and blood, she would perish. Sixteen-Ingredient Drink for Qi Flow and Decoction of Steamed and Dried Peel of Unripe Mandarin should be prescribed quickly. If the lady's qi is depleted, prescribe only Clear the Liver and Thrust-out Constraint Decoction. If the lady clears her mind and rests and replenishes, then she may survive for a couple more years. (Introduction to Medicine)

In the beginning of breast mountain, the disease can be treated if a patient takes medicine that helps her qi run and blood circulate, and the patient's emotions and thinking are not in conflict. This disease mostly arises from depressive thoughts and accumulated anger, particularly among middle-aged women. If the breast mountain did not fester, then it can be treated. But if the lump festered, it cannot be treated. (Orthodox Transmission)¹⁵

By selecting these references, Hǒ Chun underlines four major attributes of breast mountain. First, the disease originated from accumulated emotional disturbance, particularly among middle-aged women. Lifetime concerns, anger, resentment, and depressive thoughts, which had no expression, led to sunken and festered breasts. Second, Hǒ Chun notes that the rock-shaped breast dent has to do with the circulation of the entire body. The blocked *qi* and blood directly aggravate the swelling breast. The strength of the liver *qi* or the weakness of the spleen *qi* determines the size and state of the lump. Third, Hǒ Chun highlights that timely intervention at an earlier stage may yield positive results. If the mass is too large or festers, then the patient cannot be treated at all. For recovery, Hǒ Chun uses nuanced expressions, such as "prolonging the life" or "getting back to the way it should be," instead of simply indicating "complete cure" or "full recovery." Fourth, as Yi-li Wu carefully demonstrates with her analysis of the Qing medical classic's identification of female breast disease,¹⁶ Hǒ Chun reveals a flexible understanding of the gender of breast mountain: Hǒ Chun put the above passage in the chapter on "breast" (*yu* 乳) in *External Forms* (*oehyǒng* 外形), the second volume of his five-volume encyclopedic compilation, indicating a universal application of the disease category. Other breast diseases were put under the chapter of "women" in *Miscellaneous Diseases* (*chappyǒng* 雜病), the third volume. Although Hǒ Chun viewed breast mountain as a gender-neutral category, he also clearly differentiated male from female causes and portrayed breast problems in general as a part of female reproductive complications or a female disease resulting from accumulated emotional disturbance. Breast mountain both challenges and retains Hǒ Chun's normative understanding of breast ailments as women's diseases.

As Hǒ Chun did not diagnose breast mountain as a locally developed lump, he prescribed only decoctions aiming to rejuvenate the patients' *qi*. Hǒ Chun mentioned a surgical intervention for breast abscesses, yet only as an example of failure. Quoting a Chinese source, Hǒ Chun highlighted that a 70-year-old female who tried a surgical intervention eventually passed away. The passage implies that the patient could have lived longer if she did not do anything.¹⁷

Understandings of breast mountain or breast illness in general remained largely consistent with Hǒ Chun's framework in subsequent centuries.

As Table 1 summarizes, Hǒ Chun's contemporary, Yi Sök-kan (1509-1574), for instance, listed breast abscesses, *yuong* (乳癰), and breast boils, *yuch'ang* (乳瘡), under the category of *yujong* (乳腫),¹⁸ although he did not mention breast mountain explicitly in his *Experienced Prescriptions by Yi*

Table 1

Author	Title	Period	Introduced Categories
Yi Sök-kan	<i>Experienced Prescriptions by Yi Sök-kan</i> 李碩幹經驗方	16 th century	Breast abscesses, breast boils, <i>yuch'ang</i> (乳瘡)
Yu Yi-t'ae	<i>Experienced Simple Prescriptions</i> 實驗單方	Late 17 th century-early 18 th century	Breast mountain
Unknown	<i>Divine Prescriptions from Chingyang</i> 晉寓神方	Late 18 th century	Breast mountain
Kang Yi-o	<i>Essential Prescriptions of Abscesses by Yaksan, the Antiquer</i> 若山好古腫方撮要	c. 1799-1857	Breast abscesses, <i>yuong</i> (乳癰)

Suk-kan (李碩幹經驗方, sixteenth century). Kang Yi-o's (1788-?) *Essential Prescriptions of Abscesses by Yaksan, the Antiquer* (若山好古腫方撮要, c. 1799-1857) followed Hō Chun in categorizing breast diseases under "External Section" (*oegwa* 外科), and briefly summed up effective treatments for breast abscesses and other child-birth-related complications.¹⁹ Another edited volume of prescriptions, *Divine Prescriptions from Chingyang* (晉寓神方), which was well circulated in late-eighteenth-century southeastern provinces, described breast mountain in light of Hō Chun's framework, highlighting the emotion-related and non-lactational causes of the disease.²⁰

To sum up, there was no surgical treatment recommended for breast mountain in the scholarly tradition of Korean medicine. Given that the disease was thought to be caused by accumulated emotions and major constraints of the entire body's circulation, treatments focused mostly on calming the mind, controlling the patient's attitude, and administering medicine during the early stage. Breast mountain was primarily perceived as a women's illness, yet unlike other breast ailments categories, it was not directly related to lactation or post-partum issues. Once the lump grew and festered, the physician held no hope for a cure.

In the eighteenth and nineteenth centuries, a couple of renowned practitioners who specialized in treating abscesses, *chongūi* (腫醫), gained recognition in an elite compilation of medicine.²¹ However, performing surgical techniques had in general meant a lower status for medical specialists. While scholarly physicians, *yuūi* (儒醫), were expected to freely discuss the entirety of the body in relation to seasonal changes and human affairs, technicians of abscesses, *chongūi*, were supposed to merely remove pesky boils. Extant cases scarcely testify to the extent to which female patients suffering from breast mountain embraced surgical treatments wholeheartedly. Scattered textual records only briefly addressed manual intervention into the abscesses, yet did not replace the existing decoction-centered therapies. Yu Yi-t'ae (1652-1715), for instance, suggested "break by needle" (*ch'imp'a* 針破) to treat breast mountain or boils (*yujong* 乳腫) in his *Experienced Simple Prescriptions* (實驗單方, 1709).²²

During the Japanese colonial reign (1910-45), the practice of mastectomy appears to have been introduced to Korea in tandem with other advancements of Western medicine. The official history of the Korean Surgical Society states that breast cancer surgery was carried out in Korea during the 1930s.²³ However, we know little about the operating surgeons or the female patients beneath the scalpel. No details of the surgical technique are known, yet the term "surgery" (*susul* 手術) for breast ailments gains visibility in the 1930s. In 1917, *Maeil sinbo* published an advertisement of the

Cho family's plaster (*Cho koyak* 趙膏藥) only by underlining its remedial efficacy for breast boils, *yujong*. Yet, in 1934, the revised advertisement added that the plaster could heal *yujong*, "without any surgical intervention."²⁴ The idea of surgical intervention as a clinical solution for breast ailments becomes visible in printed advertisements in the 1930s.

When viewing available information from the end of World War II, it is not entirely clear to what extent Korean women suffered from breast mountain. The official history of the Korean Surgical Society, which prioritized pyloric stenosis caused by ulcers during the 1940s and 50s, delayed cancer research until after the Korean War (1950-53).²⁵ However, the aforementioned analysis demonstrates that elite medical practitioners since the sixteenth century had elaborated the causes, prognoses, and treatments of breast mountain by navigating through Chinese medical texts and folk remedies. The holistic understanding of breast mountain did not support surgical intervention, particularly when the lump grew large and was aggravated. Breast mountain at its core defies any idea of a "local" disease. If the root cause of the lump resided in the patient's lifestyle, the blockage of *qi* circulation in the entire body, and pent-up emotion accumulated for years, amputating the breast to merely remove the lump did not make any sense.²⁶

Surgery for National Rejuvenation and New Identities, from 1945 to the 1950s

Surgery and surgeons began to emerge as emblems of innovation and infallible medical authority around the turn of the last century. Paralleling the introduction of Western medical education and the establishment of the modern license system, surgery arose as the most efficacious cure for Koreans' desperate health issues. Anecdotes of privileging surgery and surgeons abound in modern Korean history. When Min Yōng-ik (1860-1914), a high-ranking official from the powerful Queen Min family, was stabbed during the Kapsin Coup in 1884, an American physician, missionary, and officer, Dr. Horace Newton Allen (1858-1932) successfully treated Min's wound. Neither hospitalization nor a serious surgical operation was carried out. Rather, Dr. Allen's skillful management of Min's hemorrhage and pyosis was sharply contrasted with the incompetence of fourteen surrounding physicians of traditional medicine. Running about in confusion, those doctors wanted to apply pitch to the wound to stop the bleeding, according to the narrative of the Korean Surgical Society. It was the "superior technique of Western surgery" that saved the life of Officer Min in the emergency.²⁷ Not surprisingly, Allen was allowed to establish the first Western-style medical clinic, House of Extended Grace (*Kwanghyewōn* 廣惠院 廣혜원), in 1885 with royal support.²⁸

In the 1930s, surgery as the symbol of Western medicine's supremacy gained further recognition. Even the passionate advocates of traditional medicine, who publicly debated with doctors of Western medicine, willingly acknowledged the prowess of Western surgical techniques. Cho Hōn-yōng, a talented graduate of Waseda University in Japan, gained a reputation as the best-known Korean advocate of traditional medicine. Even Cho acknowledged that, by definition, "Eastern medicine is internal medicine whereas Western medicine is surgical intervention... Western medicine is all about the technique of surgery."²⁹ To Cho, the core virtue of Western medicine lay in its aggressive yet efficacious manipulation of the body.



Paralleling the changing popular conception of surgery, the cultural and economic status of the newly trained surgeons was distinguished from that of other Korean medics. Paek In-je (1898-1950?), for instance, successfully solidified the identity of a surgeon as cosmopolitan professional and committed, patriotic intellectual. He served as the first Korean faculty member at the Professional School of Medicine in Keijō (*Kyōngsōng ūihak chōnmun hakkyo*) from the late 1920s to 1945, and successfully ran his own clinic, which has become today's Paek Hospitals and Inje University.³⁰ Paek's financial success and clinical achievement under Japanese colonialism illustrates the growing pride and authority of Korean surgery during its fledgling period.³¹

The Japan-centered education of Korean surgeons faced a crisis at the end of the World War II. When the U.S. Army Military Government in Korea (USAMGIK, 1945-48) occupied Korea below the 38th parallel, higher education became a significant stage of development for Cold War propaganda. Korean elites noticed that the language and culture of surgical studies would soon follow the American standard.³²

The American impact on Korean surgical education and networking became clear with the formation of South Korea (Republic of Korea) in August 1948. The newly founded Korean Society of Surgery (1947) established two years of pre-medical courses followed by four years of regular medical college. Those who completed twelve years of elementary, junior-high, and high school education were allowed to apply for the pre-medical courses. The revised education system invalidated the pre-existing vocational school, the Professional School of Medicine in Keijō established under the Japanese authority. Additionally, the formation of pro-U.S. and anti-communist South Korea broadened the influx of textbooks, terminologies, mentors, and training opportunities coming from the U.S.³³

The Korean War (1950-53) accelerated the American impact on the Korean Surgical Society. No substantial research has analyzed the role of the civil war in innovating the Korean medical system.³⁴ Yet the Korean official narrative confidently recognizes the "radical" changes in surgical studies during the war. "The development of the discipline of surgery after the Korean War is the most eye-opening progress in the entire history of surgical studies."³⁵ Like a double-edged sword, the war created both tragic loss and unprecedented opportunities for Korean surgeons. The official history of the society points out that "[i]t is well known in history that the study of surgery has radically been developed through wars. The experience of treating numerous wounded soldiers substantially contributed to the advancement of Korean surgery."³⁶

After the war, the United States continued to shape Korean surgeons' yearning toward successful professionalism. Leftover American radiation instruments became a significant resource for Koreans. Interpersonal contacts nurtured Korean interest in the American system: Koreans envied Americans' generous administration of sedatives, anti-parasitics, digestives, diuretics, and antibiotics.³⁷ A variety of postwar aid agents, such as the American-Korean Foundation (AKF), foreign missionary societies, and Scandinavian medical aid, provided opportunities for exchange programs and short-term training for Korean surgeons.³⁸ As Dr. Howard Rusk, who played a significant role in establishing the AKF in 1953, succinctly put it, the medical training of South Koreans would turn the nation into a "bulwark of freedom." As a response to Dr. Rusk, Dwight D. Eisenhower said, "When young physicians from overseas receive specialized training in the United States, it gives them an opportunity to become familiar with our history, government, and cultural activities. When these physicians return home, they will be trained in the latest techniques of rehabilitation and also serve as interpreters of the American way of life."³⁹ Given the symbiosis of medical aid and Cold War ideology, no other field of medicine better demonstrated American prowess than surgery. The radical removal of tumors or body parts and creative reconstruction epitomized the yearning for recovery in postwar South Korea.

Not surprisingly, the postwar Korean Surgical Society embraced the nation-centered and pro-American virtue of surgery. The leaders of the society aimed to sustain the “radical advancement” that the bloody civil war endowed on their profession. Strengthened during the war, the Korean Surgical Society in the early 1960s assessed that “paralleling the economic revival of motherland, the young and talented surgeons, who absorbed advanced Western medicine, have driven eye-opening progress without a pause.”⁴⁰ To sustain the rapid pace of development during this early phase of adopting Western medicine, Koreans longed for a more complete absorption of American surgical techniques. The Society hoped to overcome language and research confusion caused by the sudden transition from Japanese-German medicine to American medicine after World War II.⁴¹ What remained crucial to Korean elite surgeons was catching up with American standards at the fastest pace. In the Society’s new journal, the preface by the president advocated that they should “summarize then disseminate the advanced American medicine in a short time period.”⁴²

We still cannot pinpoint when exactly Korean surgeons authorized Halsted’s radical mastectomy. The aforementioned brief history of Korean surgery, however, hints that the socio-political vicissitudes in South Korea after 1945 – liberation from Japanese colonial governance, division, American military occupation in the South, postcolonial contestation between two Koreas, the Korean War, and South Korea’s state-building under the cultural and political rubric of Cold War tension – created a surgical authority that valued English-language, American-style, rapid achievement and patriotic rhetoric. In this milieu, as long as the imported American surgical textbooks explicitly authorized radical mastectomy as the most effective treatment, no other alternative would have even occurred to a Korean surgeon when faced with a patient suffering from cancer of the breast.

Given the aforementioned context, it is necessary to analyze a two-page article published by the *Journal of the Korean Surgical Society* in 1966.⁴³ This article reported a case of a bleeding breast found in a 73-year-old, unmarried woman, Ms. Kim. The short report stated that, although the biopsy failed to show malignancy, “Halsted’s retrograde radical mastectomy” was deemed necessary.⁴⁴ Referring to American scholarship from the 1920s and 1940s, the authors viewed the hemorrhagic discharge from the nipple as evidence of invasion of cancer into the milk ducts. Accordingly, the authors carried out the removal of the entire right breast, underlying chest muscle, and axillary lymph nodes. The post-operative histological diagnosis of the surgical specimen turned out to be adenocarcinoma. The authors confidently reported on their correct judgment and timely intervention.

Although brief, the report illustrates how mainstream American surgery shaped the way South Koreans interpreted and treated breast cancer. First, Korean surgeons relied heavily on American references in narrating “breast cancer.” The two authors reasoned their diagnosis based on Miller and Levi’s 1923 article, “The significance of a serohemorrhagic or hemorrhagic discharge from the nipple,” and on *Christopher’s Textbook of Surgery*,⁴⁵ thereby authenticating their clinical decision based on a pro-Halsted surgical technique. For prognosis, the Korean authors also frequently referred to American data. The hope for the aged Korean female patient was provided not by any local experience or data in Korea, but by the American textbook, which insisted that even patients over 70 years of age could endure mastectomy, and a five-year survival rate occurred in 57% of 27 patients. Relying on another American source, the authors highlighted that “a 95-year-old patient survived for three years after radical mastectomy, then passed away due to a complication of different origin, a cardiovascular disease.”⁴⁶ American references, which trusted the efficacy of Halsted’s radical mastectomy, directed the surgeons’ clinical observation and judgment.

Interestingly, the aforementioned report did not discuss the female patient’s post-surgical situation. The case only stated that the patient, Ms. Kim, without any noticeable medical problem, was frail yet had good nutrition. A mung-bean-sized mass was palpated at the bleeding part of her milk duct, yet she did not have any pain when the lump was pressed, and there was no swelling in

her armpit. Aside from these personal notes, the authors did not present any possible after-effects, complications, or the survival period of the patient.⁴⁷ The two-page report thus raises several questions that cannot be entirely investigated through available sources: How long did Ms. Kim actually survive after the operation? To what extent did the surgeons consider that the patient's response or opinions were important to include in their reports? Was the surgeons' lack of what we now call "narrative competence" overcome as the surgical technique was improved over time?

No simple answer is possible examining the existing documents. Yet the aforementioned twofold attributes of the 1966 case – the heavy reliance on American references and the insufficient attention to the female patient – should be further investigated as we move on to Korean surgeons' embrace of Halsted's radical mastectomy.

When Did Korean Surgeons Discard Halsted's Radical Mastectomy?

Extant records testify to Korean surgeons' research on breast cancer as early as the mid-1950s. Although the disease was rare, surgeons fully recognized breast cancer and regularly updated their references from Anglophone academic sources. For instance, the first article in the first volume of the *Journal of the Korean Surgical Society* discussed hormone treatment for breast cancer in 1959.⁴⁸ Brief analyses of Korean breast cancer patients were published in the following years, demonstrating professional attention to the disease. In the journal, almost 40 case reports detailed the clinical observation of mammary carcinoma, breast mass, lesions, and cancer among Korean women between 1959 and 1992. These case analyses provide a valuable window on the manifestation of breast cancer among Korean women before a nationwide statistical survey launched in 1999.⁴⁹ The reporting surgeons were mostly affiliated with major hospitals in Seoul, yet local institutions joined in time. Each clinical report examined from dozens to hundreds of patients. The largest case study researched a total of 1,012 patients. Survival rates were tracked in three-, five-, or ten-year blocks. These clinical reports specified patients' age, gender, pathological identification of carcinoma, time between first recognition of the lump and first outpatient visit, location of the palpated lump, metastasis, and the method of treatment.

Compared to post-1990s reports, clinical cases in the 1960s more frequently addressed untreatable patients. For instance, 98 patients with carcinoma were selected from 258 patients with breast disease who visited the Seoul National University hospital between January 1959 and June 1962.⁵⁰ Among the 98 patients with malignant carcinoma, 53 were treated with radical mastectomy. Among the remaining 45, 25 were not treated at all, and 20 received other treatments, such as radiation or hormone therapy.

The 1960s reports viewed radical mastectomy as the most effective and qualified treatment of breast cancer. The first article in the first volume remarked that "hormone treatment alone cannot heal breast cancer. As of now, the best treatment is early detection and early radical mastectomy. Hormone therapy is only an auxiliary method."⁵¹ The privileging of radical mastectomy over other therapeutic methods can also be found in another clinical report investigating 129 cases between 1955 and 1965. The author stated that "pre- or post-operative radiation, removal of endocrine organs, and the recently introduced chemotherapy is being discussed, adding more confusion." Given that none of the auxiliary methods had successfully improved patient survival rates, the Korean surgeons found no reason to depart from practicing Halsted's radical mastectomy.⁵²

In the mid-1960s, the researchers found it difficult to track five-year or ten-year survival rates. Data in published articles was often incomplete, and the authors themselves admitted there was a lack of long-term analyses in their research of breast cancer. They ascribed this shortcoming to the comparatively recent history of the disease in South Korea and the "uniquely Korean social environment." The authors did not specify what the cultural impediments implied, but it can be

conjectured from other reports from the journal that Korean women and their family members feared publicizing the disease.

Due to their familiarity with and admiration of American medicine, Korean surgeons trusted in what the 1956 edition of *Christopher's Textbook of Surgery* described in its Chapter 14, "The Breasts." This text explicitly argued that "until more effective, physiologic or chemotherapeutic methods become available, conventional radical mastectomy remains the definitive measure for operable, possibly curable cases."⁵³ The author, Canadian Ian MacDonald aimed to balance two "extreme" viewpoints: he rejected both simple mastectomy combined with radiotherapy and more extended types of mastectomy. For instance, Robert McWhirter and his Edinburgh associates challenged the Halsted technique as early as the 1940s, reporting that 43% of all cases of breast cancer in 1941 and 1942 had survived for five years when they were treated with a combination of simple mastectomy and radiotherapy to the axillary, supraclavicular, and internal mammary node areas. As a comparison, 32% of patients had survived five years between 1935 and 1940 when radical mastectomy was the major treatment.⁵⁴ The other "extreme" approach contemplated an even more extensive operation than the Halsted procedure: Owen Wangensteen's super-radical mastectomy dissected four more sets of lymph nodes than Halsted's mastectomy. In a similar vein, Jerry Urban's extended radical mastectomy "removed several ribs and split the sternum with a chisel," to remove the same mammary nodes Wangensteen hoped to get rid of.⁵⁵ Although the procedure gained limited converts among American surgeons, surgeons at Memorial Sloan-Kettering in New York City performed 900 extended radical mastectomies by 1978.⁵⁶ Following in MacDonald's footsteps in synthesizing contradicting approaches, Korean surgeons writing in the 1960s continued to retain Halsted's authority while partially recognizing the latest challenges to his method.

During the 1970s, the privileged status of Halsted's radical mastectomy continued. Compared to the 1960s, the number of examined cases increased, and ten years of patient data had accumulated. Mostly relying on the American quantitative data of the five-year survival rate, Korean surgeons continued to authorize the Halsted technique. However, it should be stated that Koreans did acknowledge the latest criticism of Halsted's method, and often commented on George B. Crile's argument for simplified mastectomy.⁵⁷ In general, though, Korean surgeons hesitated to try the alternative technique. The journal maintained that "most surgeons still preferred radical mastectomy. The reason is not because the method is the best, but because we cannot be sure which method is best."⁵⁸ Given the Korean ambition to catch up to the American standard at its fastest pace, American debates over complicated issues only created Korean confusion, reserve, and hesitance.

The 1970s witnessed a range of innovations in both understanding and treating breast cancer. A few Korean surgeons predicted that more extensive use of mammography would detect breast cancer sooner.⁵⁹ The significance of pathological and histological diagnosis was highlighted. Overall, 30-40% of clinical diagnoses turned out to be corrected by advanced biopsy. Approximately 30% of reported surgical breast diseases turned out to be carcinomas. Use of chemotherapy increased. More innovations in radiology and pathology, however, did not challenge Korean surgeons' understanding of cancer as a locally developed malignant mass, which should be removed from the body as soon as possible.

Under the framework of cancer as a localized phenomenon, early detection gained support among the medical community. Following MacDonald's positive remarks about the American Cancer Society's role in publicizing periodic self-examination,⁶⁰ Korean surgeons took for granted the rationale of self-surveillance. More to the point, they implicitly blamed female patients for their ignorance. Compared to Western counterparts, according to surgeons, Korean women lacked awareness of cancer.⁶¹ The reason why relatively few operable cases were found was that most patients reported their symptoms too late.⁶² The professional report ascribed patient refusal of surgical operation to "old age, poverty, and ignorance."⁶³

It was not until the mid-1980s that a few clinical reports began to address attempts to modify mastectomies.⁶⁴ Still, a 1983 article reflected the prevalence of the conventional method; it reported 40 cases out of 71 patients received radical mastectomies.⁶⁵ However, in a 1991 clinical report examining 60 patients, only five underwent a radical mastectomy, while 50 patients had either a simple or modified radical mastectomy.⁶⁶ Halsted's authority was not explicitly challenged, yet elite surgeons began to officially pronounce their changed views about radical mastectomy in the early 1990s: "The radical mastectomy or extended radical mastectomy which was quite dominant in the past...is now rapidly out of mode. And modified radical mastectomy has become the trend."⁶⁷

The prolonged dominance of radical mastectomy until the mid-1980s prompts the question of what motivated Korean surgeons to abandon the method. We find that Korean surgeons had become aware of Anglo-American criticism of radical mastectomy. For instance, a 1960 article discussed the "latest" Western challenges to the Halsted method.⁶⁸ Later, Korean authors frequently mentioned the combination of simple mastectomy and radiotherapy, along with Crile's alternative approach to breast cancer.⁶⁹ However, the Koreans ultimately remained loyal to Halsted. Additionally, Korean surgeons' biased perspective retained a more conservative attitude. Given that the breast was not a "life-threatening organ,"⁷⁰ its removal was considered a "comparatively safe surgery." In retrospect, the surgeons themselves confessed that their understanding of breast cancer was simplistic: the treatment was nothing but an "excision."⁷¹ In light of this limited understanding of breast cancer as a local mass grown in an expendable body part, a "more thorough and clear removal of the (possibly metastasized) lymphatic nodes" was understood as the most appropriate therapeutic choice. If the total removal of a once indispensable - yet now "unnecessary" - female organ was safe, simple, and already authorized by a renowned American surgeon, why should Koreans risk a new technique? The clinical case reports repeatedly state that "if no radical difference is found between radical and modified mastectomy, the former seems an appropriate and reasonable solution." In 1995, Korean surgeons themselves remarked that "an outdated conservatism, the lack of surgeon's confidence [in a new method], fear for the outcome [low survival rate], and the small size of the Korean breast compared to the Western breast" limited their dissemination of the breast-conserving technique.⁷²

How, then, did Korean surgeons come to abandon Halsted's radical mastectomy? They recognized a rapid transition in their field in the early 1990s. "Recently, the number of breast cancer patients who visit hospitals is increasing, and so is Korean society's attention to this disease. The treatments aiming at stages I and II of breast cancer are changing fast enough to embarrass our surgeons."⁷³ The innovations in radiology, genetics, and endocrinology made clear that cancer is not merely a disease with an abnormal mass. The discourse about cancer's complexity and individuality began to emerge in the journal in the late 1980s. More to the point, Korean surgeons sensed that American statistics from the National Cancer Institute in the late 1980s no longer validated the efficacy of radical mastectomy. When Koreans noticed that mainstream American surgeons had mostly discarded the radical approach, Koreans also abandoned their long-time loyalty to Halsted. As passionate followers of the American model under the Cold War mentality, and as latecomers to the breast cancer epidemic, Korean surgeons had little choice but to carefully follow in the footsteps of American mainstream surgeons.

Unlike their American counterparts, Korean surgeons and cancer specialists were able to avoid the fierce debate around surgical management, randomized controlled trials (RCTs), and the efficacy of mammography. The South Korean medical community, as a latecomer to treatment of the disease, had largely observed - rather than actively engaged in - innovations in the surgical technique. Korean surgeons, viewed from the Society's documents, carried out a delayed yet swift transition to breast-conserving surgery, beginning in the early 1990s. The prompt adaptation to the American mainstream standard was carried out at the expense of remaining largely as a bystander

- rather than a subject - of surgical innovation. The American National Cancer Institute's statistics provided an authoritative data for Korean surgeons' clinical judgement. Koreans also wholeheartedly embraced the obsession with early intervention, drawing on the war metaphor to take initiative, and on narratives of survivorship as a therapeutic resource.

One interesting feature of South Korea's termination of Halsted's method is the invisibility of patient activism. Compared to their American counterparts, Korean female patients seem to have remained voiceless about their clinical choices, or the loss and side-effects of radical mastectomy. Does this imply that breast cancer up to the 1990s was not a major health problem among Korean women? What were Korean women's responses to Halsted's radical mastectomy? To consider those questions, the following section analyzes one patient's memoir, published in the 1980s.

A Patient's Experience of Breast Cancer Surgery

Yi Hyo-suk's *To Those Who Are Suffering from Cancer and To Their Family Members* is unique in the genre of Korean breast cancer patients' narratives.⁷⁴ It is not an exaggeration to say that patients' own voices are rare in South Korea. Catherine Jieun Kim, a Korean-American breast cancer patient, commented in the early 2000s that no monographs of Korean or Korean-American survivors were available, whereas "more than 2,000 books about breast cancer are found via the internet in the U.S. and more than 500 memoirs were written by American survivors."⁷⁵ After 2000, Korean patients began to organize associations in major hospitals: the mass media initiated a program featuring a patient who had lived with breast cancer since the 1990s. An increasing number of interviews and surveys have since been carried out to facilitate sociological and anthropological research about breast cancer in Korea.⁷⁶ Still, a patient's own monograph, with her name and image on the cover, is more of an exception than the rule in South Korea. Furthermore, Yi and her family shared not a success story of survival, but the long and painful process of encountering, treating, and succumbing to cancer.

Reflecting the rapidly industrializing South Korea, the memoir displays the hopes and despairs of an educated middle-class family. Yi was a nurse who graduated from the prestigious private Yonsei University, and her husband ran a promising business after graduating from a top university. Their financial and cultural resources enabled them to try every means possible to cure the disease. Yi's husband attempted to understand cancer more fully, pursuing every "natural diet, fast, yoga, dietary treatment, negative treatment, folk remedy, cutting-edge diagnosis, and treatment at the most prestigious general hospital, surgery and radiation treatment, and chemotherapy."⁷⁷ Encountering all types of healers and every means of cure, Yi and her family came to critically reflect on the culture of surgery and biomedicine and eventually opined about cancer's ontology, which finds resonance with Hō Chun's understanding of breast mountain.

Interestingly, both Yi and her husband had a relationship with the U.S. army. As a licensed nurse, Yi worked at a field hospital associated with the 121st American Army base in Pup'yōng between 1967 and 1974. Yi's husband was a civilian partner of an American army station in South Korea. Both showed competence in English, and their linguistic prowess and cultural affiliation helped them pursue American resources for treating the disease. They sent a letter to the American Cancer Society in 1978-79, asking for "foreign pamphlets [and] foreign journals' reports about recovery from cancer." Not only Korean surgeons but also the patient maintained a pro-American attitude and pursued a more concrete connection in their search for therapeutic solutions.

Finally, yet importantly, Yi's record exhibits how evangelical Protestantism, which was rapidly growing in postwar South Korea, helped Koreans accept an incurable disease and death.⁷⁸ Having lost her parents early in life, Yi was educated by Christian missionaries from Canada. Moreover, Yi's father-in-law, an evangelical Protestant pastor, had ministered to Koreans in Manchuria in the early twentieth century. During Yi's unexpected encounter with breast cancer, the couple deeply searched

their Christian faith for the meaning of health, life, and death. In desperation, Yi actively joined Korean-style revival meetings, fasting, and early morning prayers, which were gaining popularity in 1980s South Korea. Anticipating a miraculous healing, however, the couple tried to balance belief and reason: they refused to consult the Philippine “healers of holy spirit,” who advertised their technique of removing cancerous lumps without surgery. Yi’s Christian faith, ultimately, motivated her to reach out to other female breast cancer patients.

As Aronowitz describes in the case of Susan Dilwyn Emlen (1769-1819), the medical explanation of an illness alone does not help the patient to unravel the questions around “why me?” and “why now?” The natural history of cancer, which has evolved over millennia, gains meaning through time- and culture-specific spiritual resources. As Emlen’s breast cancer progressed, she increasingly sought solace in spiritual resources and Quaker faith,⁷⁹ as did Yi and her husband in the rapidly growing Protestantism in South Korea.

In summary, Yi’s memoir succinctly displays a patient’s perception of cancer’s nature, surgery, and the meaning of alternative healings. Given the rarity of Korean female patients’ voices captured before the 1990s, I take her memoir as a vignette that balances the aforementioned professional discourses on breast cancer. Yi and her family’s memoir helps us flesh out the patient’s agency, even if the voice was feeble.

Initial Detection

In early September 1978, Yi felt minor pain in her breast. Overall, she was a healthy homemaker, so she never examined her breasts regularly. Having chills and a fever, Yi first called her obstetrician acquaintance, who relieved her by saying that one cannot contract cancer overnight. However, Yi decided to contact a recommended surgeon when she found an unusual nodule in her breasts: they had hardened, with a bit of nipple retraction.

After clinical diagnosis, Yi’s first surgeon simply suggested removing her breast as she had completed breastfeeding. Startled, Yi looked for a second opinion from a renowned surgeon at Severance Hospital of Yonsei University.⁸⁰ After her mammogram (*yubang sajin* 유방사진), the surgeon urged an operation.

It took almost two months for Yi to finally decide to get the surgery. What annoyed her most was the lack of confidence in surgical operation. Yi’s husband, after referring to the medical primers and textbooks available at that time, believed that the surgical intervention of a malignant tumor (malignant neoplasm) would only aggravate the surrounding tissues. Yi’s sister-in-law, a flourishing physician of traditional medicine, prescribed an internal remedy, which softened Yi’s breast a bit. Yi consulted two more major institutions before making her final decision: Korean Cancer Center Hospital⁸¹ and the Catholic University of Korea St. Paul’s Hospital.⁸²

Yi’s anxiety was mollified after being introduced to a “foreign woman” who had survived breast cancer surgery and was working in South Korea at that time. Yi’s husband, in retrospect, reported



that “my wife was relieved a lot and [was] persuaded to receive a surgery after getting to know the survivors’ stories in the U.S. or other advanced countries.”⁸³ “Seeing” a foreign survivor actually persuaded Yi to trust in surgery. As Alison Macdonald argues, “it is through corpothetic visual apprehension that disease affiliation and the therapeutic work of sharing has productive and virtuous value.”⁸⁴ The foreign woman Yi met did not involve her in any activism at that moment, yet in seeing and talking to the foreign survivor, Yi immediately formed an imagined connection and found solace in the foreign survivor’s rejuvenation.⁸⁵

On November 2, 1978, Yi underwent the operation, and she was discharged on November 12. She received five to ten minutes of radiation five days per week for six weeks beginning on December 27 of that year. Around March of 1979, she regained confidence in her health, and from that moment on, she attempted to reach out to other breast cancer patients. Yi tried every possible therapy to get back to “normal” life as a mother and wife. The first part of her diary ends in June 1979, as she reveals her hope of sharing her experience with future breast cancer patients.

Yi seemed to become aware that her cancer had returned in early 1980. On March 27, 1981, she felt pain in her other breast, which had not been operated on. In the diary entry of September 21, 1981, she complained of pain which awoke her a couple times during the night. She suffered from a cough, pain in her chest, and pain in her sacrum. She also detected a lump in her throat.⁸⁶ In her prayers, Yi hoped to “go where no pain exists.”⁸⁷ For fear of alarming her two young sons and her husband, however, Yi did not want to fully expose her pain to them. During the winter of 1981 and spring of 1982, Yi and her family sensed the impending end of her life. She was briefly hospitalized at Severance when she lost digestive functions. The hospitalization escalated her disappointment, as the staff recommended a higher level of radiation and chemotherapy after an exhausting examination. Weakened and dispirited, Yi insisted on going home. Her husband tried his best to manage her pain until she died on June 17, 1982.

Surgery: The Path to A Cure?

Yi and her husband’s negative attitude toward surgery contrasts sharply with the elite surgeons’ framing of mastectomy as “simple,” a mere removal of a cancerous lump. Yi’s fear of surgery partly resulted from a lack of proper information. The diagnosis of cancer by the surgeon was brief and decisive, yet no more follow-up was provided by any hospital staff. Yi’s husband wanted to know more about the size of his wife’s cancerous lump, hoping to further understand the prognosis and obtain individualized therapy. Yet Yi’s memoir indicates that the hospital staff did not provide necessary information to the patient and her family before the surgery. Without knowing an approximate survival rate or the prognosis of her stage of cancer, Yi herself had to look for available resources, such as other patients’ experiences or other references about cancer in general. More to the point, Yi and her family doubted surgery was the ultimate cure for cancer. Her husband questioned: if cancer did not form in a moment, how could a one-time surgery cure the disease completely? Yi’s family’s familiarity with traditional medicine also enhanced their skepticism about surgery. Probably, Yi’s sister-in-law was familiar with the millennium-old explanation of breast mountain and other ailments, although no direct comments are found in the memoir.

The earlier part of Yi’s memoir fully elaborated on the unexpected pain that followed surgery. Although Yi was a woman of strong will who hoped to put up with the post-surgical pain without painkillers, she nonetheless “bawled my head off” when doctors “pushed without mercy the hose inserted under my armpit.”⁸⁸ She regretted her decision to be operated on. The knife-stabbing pain, itchiness around the compressed bandage surrounding her chest, and her ultimately powerless arm were more situations that the patient alone needed to endure. Yi eventually felt recovered four months later, but the lingering pain still awoke her during the night. The actual experience of surgery

left a deep scar on Yi's mind. She decided not to receive any kind of surgery again, even in the case of metastasis, and Yi in fact did not undergo additional surgery when her condition worsened.

In April 1980, seventeen months after her surgery, she felt discomfort in her hipbone. Considering it a symptom of metastasis, Yi consulted with the operating surgeon. Although the surgeon recommended a bone scan, she refused his advice. She thought, "Now, if the cancer is found in any other parts of me, I do not want to receive another surgery. If I have to die, then I will die. If there is any cancer in me, I will co-exist with the cancer cells until I die."⁸⁹ Yi's husband also expressed his negative impressions regarding the medical professionals' advisement of surgery. Not accepting his wife's cancer in the beginning, he blamed the surgeon as a quack with cruel techniques. "The doctor, a disastrous jerk! Although cancer is [now] prevalent [in our society], yet by recommending surgery, he is going to do an innocent person an injury for his profit. The [surgeon] is a bastard worse than a thief. A robber!"⁹⁰

Communication and Trust

Yi and her husband frequently regretted the lack of fuller communication with the surgeons and other staff in large general hospitals. From the first moment she consulted with a surgeon, Yi was repulsed. After a brief diagnosis, the surgeon lightly recommended, "Wouldn't it be all right for you if your breasts get removed? They have already played their role." By suggesting a removal, the surgeon alluded to cancer, without saying it explicitly.

To what extent did the surgeons and medical staff Yi met reveal the truth to her, and what did Yi and her family expect? After being diagnosed by the surgeon in Severance, Yi accepted her cancer. Yet, even in this case, the patient did not receive any exact information about her stage or the size of the lump. Yi expected a more detailed explanation, but "[t]he surgeon was known to be comparatively quiet, and he only said that the diagnosis from the mammography urged a surgery."⁹¹ When Yi and her husband sought a second opinion from a well-known cancer specialist at the Catholic University of Korea St. Paul's Hospital, the doctor hid his opinion from the patient, instead clearly confirming her cancer to her husband. Although both the doctor and the husband feared directly notifying the patient, both failed to perfectly hide it from Yi.

After surgery, Yi was informed that it had gone well. However, it did not take long for her to realize that the operation was more serious than expected. On the contrary, the operating surgeon informed Yi's husband of her state in a bit more detail. Right after the surgery, the surgeon mentioned, "It went well, but the tumor was very large; hence, we removed a lot of it. It will be OK." Her husband wanted to ask more, but the operating surgeon and his assistants "passed by quickly." On the day of discharge, the operating surgeon suddenly stated, "Take good care of your wife, as she won't survive long." In retrospect, Yi's husband described the moment as sudden and surreal. Startled, he did not even ask the surgeon how long his wife could actually survive. The communication between the surgeon and the patient was carried out on the fly, without any comprehensive guidelines for future care.

Neither Yi nor her husband openly challenged a surgeon's authority nor had a strained relationship with any of doctors they consulted. The couple rather generously understood the surgeons' lack of communication skills. Facing Yi's tears over her post-operative pain, the surgeons responded only with a "stiff look." Yet Yi understood that because "they have come across exactly the same complaints from so many patients, the surgeons cannot gently comfort me."⁹²

Nevertheless, the absence of interpersonal communication between patients and doctors eventually exacerbated Yi and her husband's distrust in the biomedical system. Yearning for more information from all kinds of domestic and foreign references, the couple came to reconsider the biomedical definition of health and disease. The husband elaborated:

I and my wife gradually came to distrust Western medicine. From the beginning, I was suspicious of Western medicine, which focuses only on symptomatic treatment. On the contrary, I trust traditional medicine, as it aims to cure the root of disease. My wife is a nurse trained in biomedicine, but is now drawn to discredit Western medicine as well. . . . I believe that the cause of a disease lies in one's mind in 80% [of all cases]. Administering medicine is surely important; so is the attitude of the mind or mental therapy. But if I come to a hospital [with my wife], a patient only sees a doctor for one or two minutes after hours of waiting. How can a patient even fully inform the doctor of her symptoms? I frequently doubt how one's disease can be cured by merely receiving prescribed medicine. More to the point, I assume cancer does not occur in one day. That being said, how can Western medicine easily cure the disease [cancer] in a short time? I came to believe that a disease can only be cured by renewing one's mind and correcting one's dietary habits.⁹³

The short and insincere dialogue between a doctor and a patient, according to Yi's husband, was caused by inadequate definition of diseases and healing. Standardized diagnoses and prescriptions for treatment silenced the individuality of human beings, thereby failing to capture the complex interactions between mind and body. The Yi family's memoir underlined focused, interpersonal communication as the central building block of trust in clinical encounters.

A Patient's Activism

As soon as Yi completed radiation therapy, she desperately wanted "to do something" for other breast cancer patients. Yi herself greatly benefited from other survivors' experiences. For instance, Yi was introduced to the work of an American activist, Teresa Lasser, who founded the Reach to Recovery support program of the American Cancer Society.⁹⁴ When Lasser visited Korea in 1974, she brought in sample bras for mastectomy patients. Emulating Lasser's example, Yi sent a special order to the Nam Young Company to manufacture bras for Korean mastectomy patients. Most importantly, during Yi's radiation therapy, she and her husband were shocked by the sheer number of breast cancer patients who they encountered at the hospital, who were also depressed, disappointed, and discouraged.⁹⁵ Without nationwide statistics, we cannot verify their statements. Yet the couple was both surprised and encouraged by the fact that they were not the only victims of breast cancer.

When the 50 bras were delivered in September 1979, Yi solicited a list of patients from Severance Hospital, then sent out 75 letters of invitation. On the 20th of the same month, ten patients gathered at Yi's house, sharing their own experiences. The memoir highlighted this moment with unprecedented empathy and hope. Connecting with other patients opened a new chapter in Yi's life as a religious and professional nurse-patient, a suffering healer. Yi's activism, although limited in scope, provided her a novel framework through which she experienced "overjoy and fullness." As long as she felt connected with other patients, she "forgot about her own disease."⁹⁶

After a year of Yi's activism, Yi's husband noticed a pattern emerging from the list. "My wife's list that was collected from many hospitals [in Seoul] detailed name, age, operation date, address, and telephone number."⁹⁷ When Yi's mood fluctuated due to the deaths of other patients, he contacted other patients on her behalf. From his firsthand observations, he came to realize that at least half of the patients who received surgical operations (mostly radical mastectomies) passed away within six months. Regarding the prognosis, he also clarified that "after nine months or a year, many recurrences tend to occur. If relapses happen, then the patient is hospitalized again. Re-surgery only prolongs life a couple of months. [Relapse] means a serious metastasis. Two-thirds of these cases would perish soon."

Yi's husband sarcastically contrasted the survivors with the dead. Those who passed away within six months after surgery, ironically, were from affluent families. Economically and culturally,

they had the resources to fully conform to a hospital's therapeutic solutions: they received radiation treatment and endured chemotherapy, yet rarely survived more than six months. On the contrary, those who lacked financial resources often deviated from the hospital's course of treatment. In desperation, they often committed themselves to religion, folk therapy, traditional medicine, and natural treatments – which sometimes helped them survive more than six months.

It is not my purpose to measure the authenticity of Yi's husband's statement based on supposedly objective data. The data about breast cancer treatment became a locus of serious debates among American and European surgeons in the 1960s, and it was only at the 1970 meeting of the American College of Surgeons that a renowned surgeon, Bernard Fisher, called for more organized and definitive randomized and controlled trials to measure surgical outcomes. Although resistance was also obvious, Lerner assesses that Fisher's remarks convinced many among his colleagues.⁹⁸ Given the uncertainty of the "scientific" data of surgical treatment, Yi's husband's own portrayal of "patterns of post-mastectomy" defies a linear progress model based only upon five-year survival rates. Whereas elite discourse in the 1970s and 1980s depicted breast cancer as a surgically controllable malignant lump, the caregiver of a patient carefully captured the complicated process of post-operation. Yi's husband cautiously conjectured that at least half of the patients who received surgical treatments (mostly Halsted's radical mastectomy) "passed away in six months." Even in a limited way, this observation can be contrasted with the ever-increasing survival rate during the 1970s and 80s. To Yi's husband, blind conformity to the guidelines of the surgeon, biomedicine, and the hospital could not guarantee a full recovery.

The Search for an Alternative

Yi found solace in prayer. She testified, "I've experienced the enormous power of prayer. I have sincerely prayed for a month, then now, I reached a conviction that this radiation therapy would surely heal me."⁹⁹ By the summer of 1980, Yi was praying for a full recovery. However, as she felt her cancer advancing, she decided to offer a prayer that might better prepare her for approaching death. At this point, Yi wanted to go to the "Mountain Prayer House" (*kidowŏn 기도원*) to deepen her spiritual realization.

Fast-growing Korean Pentecostalism celebrated divine healing as one of the most explicit signs of God's intervention.¹⁰⁰ The Yoido Full Gospel Church, which was established by Ja-shil Choi and her son-in-law, David Cho, in Seoul, provided solace to the fatigue of the urban poor, promising material success and health in addition to the salvation of one's soul. Accordingly, the church exploded from a tent gathering with less than thirty people in the early 1960s to one of the largest megachurches in the world, boasting 800,000 members in 2012.¹⁰¹ Putting her last hope in spiritual realization and miraculous healing, Yi planned an eight-day fast with prayer at the Mountain Prayer House run by the Yoido Full Gospel Church.

The prayer house first reminded Yi's husband of a refugee camp during the Korean War. The hall was crowded with ill people who were laying about unsupervised, and the bad smell was mixed with sounds of prayer and coughing. Abhorring the miserable situation, her husband begged the guard for a better place if he paid an extra fee. When Yi found a spot in a women's-only room with a Korean-style heating system, she stayed there for eight days, joining main worship twice a day and praying alone in a small underground tunnel. Overall, Yi and her husband expressed having had a positive experience at the prayer house. After eight days, Yi not only felt recovered physically, but also a rejuvenated hope to survive. The couple left the prayer house filled with gratitude, confidence, and new hope for the future.

After the fasting, the couple committed themselves to natural dietary and other alternative therapies. Yi ate only a small amount of vegetables, brown rice, and unshelled whole grain adlay,

refusing any meat or fish. Therapeutic cupping turned out to be particularly effective for the pain in her spine. The entire family tried it regularly. Acupressure therapy also relieved Yi's physical fatigue. Yi's family moved into a new house, looking for fresh air. Yi's husband ordered an air purifier, which was not widely known among Koreans then. He also purchased a water purifier to avoid acidification. While pursuing every means of a cure except another surgery, the couple met Dr. No, a licensed internal medicine physician and a passionate advocate of vitamin B-17 therapy. According to Dr. No, the lack of vitamin B-17 causes all kinds of cancer. It was scientifically proven by "many experiments and statistics, and clinical trials," yet the therapy was still awaiting the FDA's authorization. Yi's husband did his best to obtain B-17 shots from the U.S. and Germany. Yi experienced remarkable improvement, although not a complete cure, but she had to terminate the therapy due to the lack of B-17 shots in Korea.¹⁰²

Among other therapies, according to Yi's husband, the patient best benefited from the made-in-Japan instrument of "visible ray therapy." The principle was simple. Conventional wisdom taught that the sun's warm rays cure various abscesses or incurable diseases. A Japanese inventor made an electric spark using two carbon rods, then directed the rays onto the soles of the feet of terminal-stage cancer patients. The Japanese inventor advertised its efficacy for "all kinds of cancer treatment in addition to chronic hepatitis, trouble in the liver, rectum, throat, lung, heart, kidney, myopia, far-sighted eyes, bruises, and boils." The visible ray therapy did work in controlling Yi's pain in her final stage.

According to the memoir, after the spring of 1982, all Yi's husband could do was soothe his wife's pain. As medical morphine was illegal in South Korea, Yi's husband reached out for help to secure a sufficient painkiller. The patient needed the pain reliever every six hours in addition to the visible ray therapy. While her husband worked in his office, a hired caregiver gave Yi a shot. Soon, Yi needed the shot every two hours, and the hired "shot-lady" requested extra money for the more frequent service. From the beginning of May to Yi's last day on June 17, 1982, what soothed the terminally ill breast cancer patient were "shots of pain reliever every two hours, visible rays, vitamin B-17, germanium, forcefully given vegetable juice and water, the cool air generated by a negative ion cleaner, a respirator, the audio sermons by Pastor Kwak Sŏn-hee of So Mang Presbyterian Church and Pastor Yi Ch'ŏn-sŏng, and the hymns sung by a soloist, Kim T'ae-yŏng."¹⁰³

Conclusion

The scholarly medical tradition represented by Hŏ Chun since the seventeenth century had rarely recommended a surgical intervention, as the root of breast mountain was deeply associated with regimen, emotion, and the bodily circulation of *qi*. Hŏ Chun's explanation of breast mountain, which was derived from a millennium-old textual tradition in East Asia, is surely consonant with the current sensitivity to hormone-related therapies and etiological awareness of environmental factors. However, the biomedically-trained surgeons of the twentieth century ignored the past understanding of breast mountain, authorizing only Halsted's radical mastectomy as the most effective treatment until the mid-1980s. Under the Cold War framework of medical training, South Korean surgeons embraced American surgical authority without hesitation, and, accordingly, viewed American mainstream medicine as an infallible source of medical innovation. By the early 1990s, South Korean surgeons, as a group, were not in a position to question or debate the established American authority – Halsted's radical mastectomy.

Yi Hyo-suk's memoir primarily testifies to the patient family's desperate trials of all kinds of therapies in the early 1980s. Although Yi first relied on surgery, she and her family came to agree more with Hŏ Chun's explanation of breast mountain. The patient's testimony and surgeons' terminologies disclose a dissimilar understanding of cancer's ontology and possible treatments.

Whereas surgeon-authors often came to terms with the “simple removal” of unnecessary body parts, the female patient Yi loathed the surgery as a life-threatening anathema, which hardly secured a cure. Not merely due to physical pain, but rather to the insufficient reasoning about cancer’s etiology, Yi and her husband rejected the operating surgeon’s advice to have another surgery for her metastasis.

Needless to say, Yi’s narrative as an individual patient should not be generalized. Yi and her husband’s portrayal of clinical encounters between 1978 and 1982, however, encourages us to further historicize issues around the patient-doctor relationship in treating breast cancer, moral grounds of secrecy, the possibility and limitation of a patient’s activism, and the religious and commercial meaning of seeking alternative medicines in Korean soil.

Although popular discourse in today’s South Korea often celebrates the rapidly increasing five-year survival rate, the National (Korean) Statistics Office states that 8.9 per 100,000 women died of breast cancer in 2014. This number is surely lower than 18.3 who died of lung cancer, 14.2 of colorectal, and 12.4 of stomach cancer. However, when compared to 6.1 in 2004 and 2.0 in 1993, the 8.9 in 2014 demonstrates a steady increase of breast cancer deaths among Korean women.¹⁰⁴ As Aaron E. Carroll well points out, the increased survival rate, which is mostly based on early screening, does not necessarily imply that fewer women are dying of breast cancer. In a similar vein, H. Gilbert Welch has criticized the culture of over-diagnosis in the American health care system, which demonstrates an obsession with the idea of complete control, yet rarely pays attention to the quantity and quality of breast cancer deaths.¹⁰⁵ If translated into the Korean context, Carroll’s and Welch’s research reminds us that despite the increased survival rate and the successful cases of breast-conserving surgery, more women in South Korea died of breast cancer in 2014 than in 1993. Rethinking the manifold narratives about surgical intervention in a transnational and trans-temporal context, therefore, urges us to begin a dialogue that can raise hope beyond an increased survival rate.

NOTES

1. Kim et al., “The Basic Facts of Korean Breast Cancer in 2012,” 103-107.
2. National Cancer Center, “National Cancer Registration and Statistics in Korea 2013,” published in Dec 2, 2015 at <http://ncc.re.kr/cancerStatsList.ncc?sea>. Accessed on September 16, 2016.
3. Kim et al., “The Basic Facts of Korean Breast Cancer in 2012,” 107. For the US incidence rates, I referred to NIH: National Cancer Institute’s Cancer statistics. See, <http://seer.cancer.gov/statfacts/html/breast.html>. Accessed on September 10, 2016.
4. See the national statistical report in note 2.
5. Ch’oi, “Ch’oi Po-sik i mannan saram.”
6. Dr. No’s remarks hint at what Kristen Bell calls the “breast-cancer-ization of cancer survivorship,” a criticism about breast cancer’s normalizing impact on other types of cancer. See Bell, “The Breast-Cancer-ization of Cancer Survivorship.”
7. Breast cancer’s history is already well documented by many historians. For instance, see Aronowitz, *Unnatural History*. For a more popular version, see Mukherjee, *The Emperor of All Maladies*, 46-59.
8. Lerner, *The Breast Cancer Wars*, 20-21.
9. For instance, see special issues in *Bulletin of the History of Medicine* 81, no. 1 (2007), or other cancer-related articles published in *Journal of the History of Medicine and Allied Sciences* since 2000.
10. Mathews, Burke, and Kampriani, *Anthropologies of Cancer in Transnational Worlds*, 2-3. For anthropological research about Chinese perception of cancer, see Lora-Wainwright, *Fighting for Breath*.

11. Aronowitz, *Unnatural History*, 1-7.
12. Aronowitz, *Unnatural History*, 1.
13. "Am (암)," in *Han'guk chöngsin munhwa yön'guwön, Han'guk minjok munhwa tae paekkwa sajön*, vol. 4.
14. For a detailed analysis of breast ailments in Chinese medical classics, see Wu, "Body, Gender and Disease," 83-128.
15. Hō Chun, *Tongüi pogam, oehyöng* 外形 [External Forms], *yu* 乳 [Breast], *kyörhaek kusöng ö yuam* 結核久成於乳巖 [An old lump becomes breast mountain].
16. Wu, "Body, Gender and Disease," 93-95.
17. Hō Chun, *Tongüi pogam, oehyöng, yu, yuong nyöngo pulch'i* 乳癰年高不治 [If breast abscesses become old, they are difficult to cure].
18. Yi Sök-kan, *Yi Sök-kan kyöngghöm bang* [Experienced Prescriptions by Yi Sök-kan], *sang* 上 [the first volume], *yujong* 乳腫 [breast boil].
19. Kang Yi-o, *Yaksan hogo chongbang ch'waryo* [Essential Prescriptions of Abscesses by Yaksan, the Antiquer].
20. *Chinu sinbang* [Divine Prescriptions from Chingyang (Area)], *yu* 乳 [Breast].
21. Regarding chongüi, see Kim, *Hanüihak e mich'in Chosön chisigin dül*.
22. Yu Yi-t'ae, *Sirhöm tanbang* [Experienced Simple Prescriptions], *yubu* 乳部 [Breast section].
23. Y.W. Lee and U. K. Kim, "The History of Surgery in Korea 3," *JKSS* 13, no. 7 (1971): 476.
24. See the advertisements of the Cho family's medical plaster placed in *Maeil sinbo*, April 18, 1917, and October 15, 1934.
25. Taehan oegwa hakhoe, *Taehan oegwa hakhoe 50 nyönsa*, 16.
26. Although surgeons had been removing breast tumors since antiquity, surgical removal of breast tumors was rare in early-nineteenth-century America and Britain. Surgeons viewed cancer in the breast as a local and specific disease, although humoral theory provides an alternative approach. Aronowitz detailed the cultural, clinical, and spiritual meaning of breast surgery in the U.S. by analyzing Susan Dillwyn Emlen's (1769-1819) struggle with cancer of the breast. Aronowitz, *Unnatural History*, 21-50.
27. Y. W. Lee and U. K. Kim, "The History of Surgery in Korea 2," *JKSS* 13, no. 6 (1971): 428.
28. For the history of medical modernization in Korea, Pak, *Han'guk kündae üihak üi kiwön*. For a brief introduction to the transition of traditional medicine, Shin, "How Four Different Political Systems Have Shaped the Modernization of Traditional Korean Medicine between 1900-1960," 225-41.
29. *Chosön ilbo*, May 9, 1934.
30. For more details, see, Paek In-je paksa chön'gi kanhaeng wiwönhoe, *Söngakcha Paek In-je*.
31. The exact number of surgeons produced by 1945 is not available. However, approximately 4,000 Korean doctors were trained in biomedicine under Japanese colonialism (1910-45). The number increased from less than 100 in 1910 to 2,600 in 1943. Kim, "Ilche kangjömggi chosönin tül üi üisa toegi," 429-468.
32. To a certain degree, the Americans continued to rely on the Japanese colonial system. Koreans kept using Japanese textbooks to train surgeons, and clinical apprenticeship was carried out according to the Japanese unit of a classroom. Neither a medical board system nor specialization in anesthesiology, cardiothoracic surgery, neurosurgery, orthopedics, or plastic surgery had yet been established. However, U.S.-centered medical education was imminent, and surgeons themselves were aware of the challenge.
33. Taehan oegwa hakhoe, *Taehan oegwa hakhoe 50 nyönsa*, 16-17.
34. Regarding the postwar construction of biomedicine in South Korea, see DiMoia, *Reconstructing Bodies*.
35. Y. W. Lee and U. K. Kim, "The History of Surgery in Korea 4," *JKSS* 13, no.8 (1971): 533.
36. Taehan oegwa hakhoe, *Taehan oegwa hakhoe 50 nyönsa*, 19.
37. Anti-parasitics, i.e., anthelmintics; antibiotics included penicillin, streptomycin, and chloramphenicol.
38. See DiMoia, *Reconstructing Bodies*, Chapter Three, for the Minnesota Project (1954-1962) and the Korean accommodation of American open-heart surgery. Chi, "Teaching Korea."

39. Letter from Dwight D. Eisenhower to Howard Rust, Nov. 17 1956. Howard A. Rusk Papers, 1937-1991. Western Historical Manuscript Collection-Columbia, Missouri University Archives, Columbia, MO. Folder f.21. I am grateful to Karl Schutz for calling my attention to this archive.
40. Taehan oegwa hakhoe, *Taehan oegwa hakhoe 50 nyōnsa*, preface.
41. K. S. Min, "Hoeji palgan e chehayō," *JKSS* 3, no. 1 (1961): 11.
42. Ibid.
43. The first volume of *Taehan oegwa hakhoeji* [*The Journal of the Korean Surgical Society*] was published in 1959. The monthly journal was retitled *Annals of Surgical Treatment and Research* in 2014, and publishes only in English now.
44. C. W. Eun and T. Y. Baik, "Bleeding Mamma," *JKSS* 8, no. 6 (1966): 353-54.
45. Miller and Levis, "The Significance of a Serohemorrhagic." Regarding Christopher's Textbook of Surgery, see a book review, *Journal of the American Medical Association* 161, no.4 (1956): 396.
46. Eun and Baik, "Bleeding Mamma," *JKSS* 8, no. 6 (1966): 354.
47. Given that Korean women's life expectancy in the 1960s did not exceed 65 years, the patient Ms. Kim received a strenuous surgical operation at an old age. In today's terms, the operation was like a radical mastectomy upon an 85-year-old woman, which many surgeons would oppose.
48. W. K. Kim, "Yuam ūi holmon yoböp," *JKSS* 1 (1959): 105-109.
49. A renowned historian of medicine commented that reliable statistics about cancer in South Korea began in 1983. See Hwang Sang-ik, "T'onggye ro ponūn am samangnyul." The Korean Breast Cancer Society first gathered as a study group in 1996, then officially announced its establishment in 1999. The first volume of the society's periodical, the *Journal of Breast Cancer*, was published in 1998.
50. H. J. Chu, "Aksōng yubang chongyang e kwanhan imsang mit imsang pyōngnihak jōk kwanch'al." *JKSS* 4, no. 9 (1962): 622.
51. W. K. Kim, "Yuam ūi holmon yoböp," *JKSS* 1 (1959): 109.
52. K. S. Min, "Clinical Experiences of the Mammary Carcinoma with Special Reference to Late Result." *JKSS* 8, no. 3 (1966): 142.
53. Davis, *Christopher's Textbook of Surgery*, 380.
54. Lerner, *The Breast Cancer Wars*, 96-97.
55. For Owen Wangenstein and Jerome Urban, see Lerner, *The Breast Cancer Wars*, 74-79.
56. Ibid., 80-81.
57. For George B. Crile, see Aronowitz, *Unnatural History*, 322-323, or Chapter Eight.
58. H.Y. Park, "Clinical Studies of Breast Tumor." *JKSS* 17, no. 4 (1975): 322.
59. Y. H. Rhee et al., "Clinical Evaluation of Surgical Breast Disease," *JKSS* 17, no. 6 (1975): 529.
60. Davis, *Christopher's Textbook of Surgery*, 349.
61. J. H. Choi, K. S. Lee, and K. L. Choi, "A Clinical Analysis of Breast Tumor," *JKSS* 26, no. 1 (1983): 21. In most clinical reports in the 1970s, female cancer patients consulted medical professionals within six months or a year after their first detection of a lump.
62. Ibid.
63. Y. S. Choi, "A Clinical Study of 42 Cases of Breast Cancer," *JKSS* 17, no. 1(1975)
64. J. B. Park and S. M. Kim, "A Clinical Review of Breast Cancer," *JKSS* 30, no. 4 (1986): 419. S. Y. Choi, J. H. Lee, and Y. K. Lee, "Clinical Study of Breast Cancer in Korea," *JKSS* 34, no. 2 (1988): 148-155.
65. J.H. Choi, K. S. Lee, and K. L. Choi, "A Clinical Analysis of Breast Tumor," *JKSS* 26, no. 1 (1983): 25.
66. J. C. Kim and J. S. Bae, "A Clinical Study of Breast Cancer," *JKSS* 40, no. 5 (1991): 561. A similar trend was addressed in S. S. Jung, Y. K. You, C. H. Park, and I. C. Kim, "Recent Trends of Breast Cancer Treatment in Korea," *JKSS* 41, no. 6 (1991): 717-726.
67. J. C. Kim and J. S. Bae, "A Clinical Study of Breast Cancer," *JKSS* 40, no. 5 (1991): 561.

68. Hō Kyōun-sun, Yi Chong-hun, Ha Yōug-ho, and Kim Sun-ūng. "Survey of Breast Diseases in Korea," *JKSS* 3, no. 2 (1961): 157-162.
69. For George Crile Jr, see Lerner, *The Breast Cancer Wars*, 61-64.
70. *Ibid.*, 159.
71. S. T. Oh, S. S. Jung, S. C. Yoon, and K. K. Jung, "Breast-Preserving Surgery for Breast Cancer," *JKSS* 46, no. 1 (1994): 60.
72. C. H. Lee, D. S. Yoon, C. O. Suh, W. H. Jung, K. K. Oh, H. D. Lee, "Partial Mastectomy with Axillary Lymph Node Dissection and Radiotherapy as a New Treatment Modality of Breast Cancer," *JKSS* 49, no. 3 (1995): 308.
73. S. S. Jung, Y. K. You, C. H. Park, and I. C. Kim, "Recent Trends of Breast Cancer Treatment in Korea," *JKSS* 41, no. 6 (1991): 718
74. Yi Hyo-suk, *Amūro kot'ong pannūn yi*.
75. Kim, *Syain*, 117.
76. For a recent ethnography, see Nelson, "Diagnosing Breast Cancer in South Korea." For a recent review of patient-interview-based research in South Korea, see Suh, "The Impact of Cancer Diagnosis and Its Treatment." Today, we can trace patients' voices through breast cancer patients' organizations (Hwanuhoe) both on- and off-line, published survivor stories, and media interviews.
77. Yi Hyo-suk, *Amūro kot'ong pannūn yi*, 12.
78. Regarding the growth of Evangelical Protestantism as the most influential religion of South Korea between 1885 and the 1990s, see Lee, *Born Again*. For the rapid growth between 1953 and 1988, see Chapter 3.
79. Aronowitz, *Unnatural History*, 49-50.
80. As a graduate of Yonsei University, Yi chose the surgeon because he was the husband of Yi's old friend from the university.
81. This institution was established in 1963.
82. This institution originated from a clinic founded in 1944, and then became affiliated with Catholic University in 1961.
83. Yi Hyo-suk, *Amūro kot'ong pannūn yi*, 78.
84. Macdonald, "Revealing Hope in Urban India," 129. Macdonald analyzes survivor volunteers in cancer charities and nongovernmental organizations (NGOs) in Mumbai, India, between 2009 and 2010.
85. Yi Hyo-suk, *Amūro kot'ong pannūn yi*, 130.
86. *Ibid.*, 214.
87. *Ibid.*, 207.
88. *Ibid.*, 18.
89. *Ibid.*, 113. From Yi's diary in July 1980.
90. *Ibid.*, 10.
91. *Ibid.*, 14.
92. *Ibid.*, 18-19.
93. *Ibid.*, 111-112.
94. Regarding Lasser, see Lerner, *The Breast Cancer Wars*, 102-103.
95. Yi Hyo-suk, *Amūro kot'ong pannūn yi*, 92-93.
96. *Ibid.*, 95-96.
97. From today's point of view, it is unthinkable for major hospitals in Seoul to share patients' records with another patient. However, Yi was once a nurse, hence she was probably understood as "one of us" by some medical staff at that time. In addition, Yi's intention to organize a voluntary patient meeting might be considered positively by other medical staff. The first breast cancer patients' organization, Korea

Venus, dates back to 2000. See www.koreavenus.com. Accessed Jan 28, 2016. For the Union of Korean Breast Cancer Patients, which was established in 2011, see <http://www.gakb.co.kr>. Accessed Jan 28, 2016.

98. Lerner, *The Breast Cancer Wars*, 139-140, or chapter 6.
99. Yi Hyo-suk, *Amüro kot'ong pannün yi*, 25.
100. Regarding divine healing, see Kim, "Reenchanted."
101. For the church's history from an insider's perspective, see Lee, *The Holy Spirit Movement in Korea*, 93-110.
102. Yi Hyo-suk, *Amüro kot'ong pannün yi*, 226-230.
103. Ibid.
104. T'onggyech'öng [National Statistics Office], "Causes of Deaths Statistics in 2014."
105. Welch, "When Screening is Bad for a Woman's Health." For more of his argument, see Welch et al., *Making People Sick in the Pursuit of Health*. Carroll, "Why Survival Rate Is Not the Best Way to Judge Cancer Spending."

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