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Architectural Transformations and Shifting Perspectives of Sorokdo Charity Hospital from 1916 to 1928

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Abstract

This study examines the spatial transformation of Sorokdo Charity Hospital in the 1910s and 1920s to understand its architectural plans' social and medical implications. The researchers cross-checked and analyzed 76 drawings related to Sorokdo Charity Hospital held in the National Archives, examining and synthesizing their characteristics. The differences in the facilities' plans between the two periods reveal a change in the way people viewed Hansen's disease and the intended architectural practices that affected the changes. First, the site plan of the 1910s Sorokdo Charity Hospital reveals a reliance on geography and topography to physically isolate patients from staff or other patients. However, in the 1920s, focus shifted to a functional site division and with efficient control through surveillance. Second, changes in the treatment of Hansen's disease led to changes in clinic floor plans. Third, changes in the hospital's architectural design, such as its floor plan, heating system, and exterior materials, reflect a shift in perspective: in the 1910s, designers treated patients as mere objects of isolation and accommodation, while in the 1920s, they viewed them as active beings capable of self-sufficiency.

Keywords: Sorok Island, charity hospital, Hansen's disease, ward, clinic, summer shaft

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Introduction

Sorok Island, at the southern tip of the Korean Peninsula, is a historical place that has played a central role in the treatment of Hansen's disease for nearly a hundred years since the establishment of the Sorokdo Charity Hospital in 1916.[1] Ordinary charity hospitals (*jahye uiwon* 慈惠醫院) were local medical facilities of a benevolent nature, established in 19 major cities in Korea between 1909 and 1912. By contrast, the Joseon Government-General[2] established the Sorokdo Charity Hospital, located far from the mainland, as an isolated camp to manage Hansen's disease patients by segregating them from society due to health concerns about infection and security concerns about maintaining order. In other words, the government established Sorokdo Charity Hospital for a different purpose than other charity hospitals, and they must have designed its architectural plan accordingly.

However, reflecting its long history, Sorokdo Charity Hospital's spaces and architecture date from the 1930s and later. The main building, purportedly built in the 1910s, was also renovated in later years, and its original design is difficult to determine. In other words, the spatial situation of Sorok Island until the 1920s is shrouded in mystery, and we can only find macro-level information, such as the area of the site and the number of buildings, from the literature.

On the other hand, scholars and advocates emphasize the historical value of Hansen's disease facilities in Korea and other countries and promote their listings as World Heritage Sites. However, in order to recognize this value, a comprehensive study of the entire history and physical environment of Sorokdo Charity Hospital is required.

Thus, this study examines the spatial transformation of Sorokdo Charity

1. The word "*do*" in Sorokdo denotes "island," but in the word, Sorokdo Charity Hospital, it is used as a proper name for the region, so we refer to Sorok Island as Sorokdo in this article.
2. Joseon was a Korean dynastic state, founded in 1392 and ruling for over five centuries until it was forcibly annexed by the Japanese Empire in 1910. The Japanese Empire then used this name for its supreme governing body in colonized Korea—the Joseon Government-General.

Hospital during the 1910s and 1920s to better understand the perspectives on and treatment of Hansen's disease and its patients, and how these are reflected in the hospital's architectural plans. We first examine in detail the architectural drawings of Sorokdo Charity Hospital collected in the National Archives to identify its particular characteristics relative to other charity hospitals in Joseon. Next, we explore the historical significance of Sorok Island's architecture and space in the context of changing times, and with reference to previous studies, in order to interpret the social and medical implications.

Research on Sorokdo Charity Hospital

Prior Research on Sorok Island

Research on Hansen's disease in Joseon from a medical perspective began in the 1960s with a few magazines that presented views of the Hansen's disease program in the colonial period. Historical accounts of the establishment of Sorokdo Charity Hospital, major events that occurred on Sorok Island, and the lives of people with Hansen's disease began to be compiled in the 1970s, led by staff and patients who lived on Sorok Island. Since then, research on Sorok Island has mainly been done in the fields of sociology, architecture, and history.

First, in field of sociology, since the 1990s, Choi (1994) and Jung (1997) focused on the colonial policies and human rights of Hansen's disease patients or conflicts between patients and the indigenous people of Sorok Island. Jung continued his research into the 2000s, looking at the issue of discrimination against and the human rights of Hansen's disease patients from an imperialist or racist perspective and comparing the differences in policies between Korea and neighboring countries (Jung 2002). Takio's (2001a) work, published in Japan in the early 2000s, dealt with the history of colonial-period Sorokdo Charity Hospital that led to the Sorokdo Rehabilitation Center. By collecting scattered Sorok Island-related documents and interviews with former patients of the colonial-

period hospital, he shed light on human rights issues of patients and the relationship between the Sorok Island Hansen's disease relief project and the image politics of the Japanese imperial family. In 2005, the National Human Rights Commission published its *Hansen's Disease Human Rights Survey Report* (*Hansenin ingwon siltae josa*). And Kim Jaehyung (2019) deepened research into the topic by examining the causes and consequences of stigmatization and discrimination against those with Hansen's disease.

In the field of history, in 1996, the National Sorokdo Hospital published its *Eighty-year History of Sorok Island*, an official account of the hospital's history, utilizing annals written during the Japanese occupation. In 2001, Takio (2001b) published a compilation of the collected statistical annals of Sorok Island, newspaper articles, and policy papers. And in 2017, as part of its commemorative efforts for the centennial anniversary of Sorokdo National Hospital, that hospital compiled a hundred-year history of the island, divided into two parts: general history and medical history (SNH 2017).

In 2003, the Jeollanam-do provincial government designated the surviving buildings of Sorokdo Charity Hospital as Jeollanam-do Cultural Heritage Material. Thus, since 2004, the facilities of Sorokdo Charity Hospital, built in the 1930s, have been designated as state-registered heritage. This designation has led to the survey and publication of reports on architectural cultural heritage, including Cheon and Kim's (2010) study on the modern architecture in Sorokdo focused on the Japanese colonial period. However, the buildings designated as registered cultural properties that are the subject of analysis were all built in the 1930s, and there is no specific follow-up research on hospital facilities built from the 1910s to the 1920s. Jang and Kang (2018) analyzed the evolution of the patient campsite on Sorok Island over the period of a hundred years. From this they macroscopically derived the time series characteristics of Sorok Island, focusing on the major extant facilities.

What and How to Research Sorokdo Charity Hospital Architectural Drawings

Currently, the National Archives of Korea holds over 24,000 architectural drawings produced between the 1900s and 1945 by the architectural

organization of the Joseon Government-General and its predecessor, the Takjibu Architectural Office (度支部 建築所). This study examined drawings in the National Archives related to the Sorokdo Charity Hospital, believed to date between 1910 and 1920 (Lee 2007; Joo 2010).[3] First, we included architectural drawings with the words "Sorok Island" or "Sorokdo Charity Hospital" in their title. We also included architectural drawings with the words "residence" (官舍)," "dormitory" (宿舍), or "ward" (丙舍) after confirming they were facilities within the Sorokdo Charity Hospital. The search resulted in 76 drawings of Sorokdo Charity Hospital from the 1910s and 1920s. We used a cross-comparative analysis to synthesize the information about the space and architectural plan of Sorokdo Charity Hospital scattered through these drawings and identified their characteristics. The existing state of the 76 drawings consulted in this study can be found in Table 1.

Among these, there are 17 site-related drawings. The two site planning drawings, probably made in 1916, show the scope of the Sorok Island Gubuk-ri, purchased in 1916, and their relationship to the layout of the buildings. Fourteen site planning drawings, dated 1927 or 1928, reveal changes to the hospital area. They show the newly expanded scope of Namsaeng-ri and the new layout of facilities.

There are 60 sheets of floor plans, elevations, and sections related to architectural plans, showing the facility's floor plans, equipment, and structures. The largest group of drawings (19) are for residences for governmental officials and workers, including those for seniors (奏任), juniors (判任), employees (雇員), and workers (傭人). The ward plans include eight sheets for male wards, female wards, infectious disease wards, family wards, and wards for severely ill patients. The clinics and offices category includes six plans, while there are 27 sheets of plans for other

3. Research through architectural plans has certain limitations in terms of feasibility. However, considering the way the architectural organization of the Takjibu Architectural Office of the Joseon Government-General operated during the Japanese occupation, we can assume that most of the plans were realized. For example, the main building of the Central Experimental Laboratory (now the History Building of Korea National Open University), built in 1912, is an exact match between the plans and the current building.

Table 1. Existing State of Drawings

Classification	Type	1910s	1920s	Amount
Site planning	Site	2	14	16
Architectural planning	Residence	6	13	19
	Ward	3	5	8
	Clinic and office	2	4	6
	Other	10	17	27
Total		23	53	76

Source: Authors.

facilities, such as chapels, warehouses, bathrooms, disinfection rooms, dissection rooms, wells, and barbed wire fences.

Intentions behind the Establishment and Architectural Reflections of Sorokdo Charity Hospital in 1916

Background to the Establishment of Sorokdo Charity Hospital

1) The Joseon Government-General's Policy of Provincial Hospitals in the 1910s and the Direction of International Hansen's Disease

From August 1909, the Japanese Resident-General (Tonggambu) and the Joseon Government-General (Joseon chongdokbu) established charity hospitals throughout the country (Joo and Jeon 2011). In the mid-1910s, with the increasing number of local charity hospitals, governments began to discuss establishing Hansen disease institutions at the national level. Managing and treating infectious diseases was an expression of the modern nation and society and a means of enforcing racist rule in the colonies. Delegates at the First International Leprosy Congress in 1897 decided that the only solution to controlling Hansen's disease was enforced isolation, a position carried over from Japan to Joseon (SNH 2017).

2) Progress and Policy Initiatives for Establishing Sorokdo Charity Hospital

In April 1910, Yamane Masatsugu 山根正次, who in 1907 became the first person to propose a bill for a leprosy law in Japan, served as an advisor to the Sanitary Bureau of the Joseon Government-General. The government conducted a survey and found there were was over 3,000 Hansen disease patients in Joseon, and recognized that those without accommodations in private sanatoriums were crowding neighborhoods, begging for food, roaming the streets, and becoming local social problems. Eventually, the government developed a plan to accommodate and relieve Hansen's disease patients (SNH 2017; Oda 2019).

Eijiro Yoshiga 芳賀栄次郎, the head of the Joseon Chongdokbu Hospital 朝鮮總督府醫院 (Joseon Government-General Hospital), was in charge of site selection. According to his memoirs, the governor-general wanted to create a "complete sanatorium," even if it were small. Yamane and Gojo Sato 佐藤剛藏, the director of sanitary affairs, noted Sorok Island's mild climate and natural conditions, which would reduce heating costs and provide an abundance of seafood. In addition, according to Sato's recollections, Tsunesaburo Otsuka 大塚常三朗, the second director of the Regional Bureau of the Ministry of Internal Affairs of the Joseon Government-General, displayed a willingness to create a camp of significance and to announce to the world that the government had created a Hansen's disease facility (SNH 2017). In March 1916, the government purchased the necessary land on Sorok Island, and construction began in July of that year.

Based on Sorok Island's geographical location, we can understand the intention to establish a charity hospital there. As mentioned earlier, Sorokdo Charity Hospital was intended to be a "complete sanatorium," situated in a coastal area with warm temperatures. However, the fact that Hansen's disease was prevalent in Joseon's southern provinces (Gyeongsangnam-do and Jeollanam-do) prior to Japanese colonization (Kim 2019), that its intented patients were vagrants causing safety problems and social unrest, and that the government-general chose a southern coastal island as the site for the hospital's establishment, all suggest that the intention was also to quickly isolate the vagrants of the southern provinces and to physically

isolate them from the general populace. At the same time, another intention was to assimilate the newly colonized Joseon population as "Japanese" under the guise of charity.

Site Planning Centered on Containment and Control

1) Topographical Characteristics and Accessibility of Sorok Island

Sorok Island is a 4.4 square-kilometer island attached to Geumsan-myeon, Goheung-gun, Jeollanam-do province,[4] reachable by a 600-meter boat ride from the closest wharf of Nokdong, Goheung. Sorok Island has three main peaks, each about 100 meters high, with undulations throughout. One main peak is on the western side of Sorok Island, while two are on the eastern, with gentler hills running north and south between the peaks (Fig. 1). On

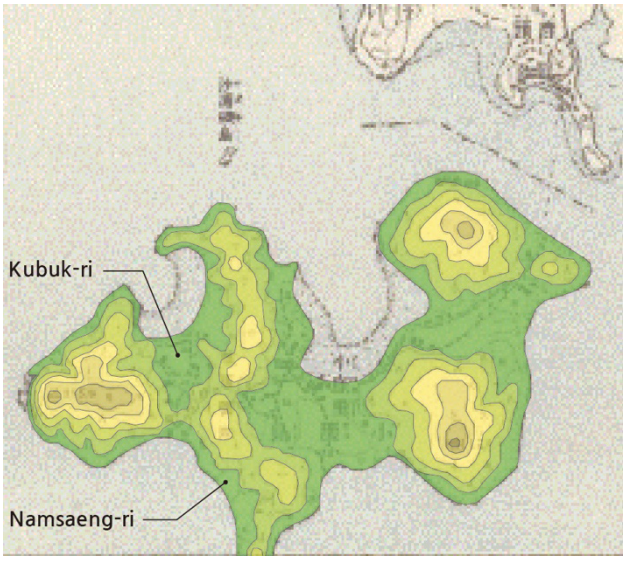

Figure 1. Geography and topography of Sorok Island

Source: National Geographic Information Institute.

4. Sorok Island is currently located in Doyang-eup, Goheung-gun, Jeollanam-do province.

March 28, 1916, the Sorokdo Charity Hospital purchased some 299,704 *pyeong* 坪 (approximately 990,757 sq. meters) of land (about one-sixth of the island), and ten private houses (Joseon Government-General 1929). The charity hospital was built on the western side of Sorok Island, surrounded by a 115.9-meter mountain to the west and hills within 80 meters to the east. The only way to access the hospital site by land was to follow the road southwest from the wharf on Sorok Island's northeast and then use the valley road between the hills to the east of the site.

2) Spatialized Isolation Plans Utilizing Topography

In 1916, Sorokdo Charity Hospital's site plan was in relation to the island's natural terrain. Sorok Island's topography and features, such as its mountains, its overall shape, and its the rice paddies and fields, separated patients from the general public, staff, and each other. First, the mountains and hills surrounding the site separated the hospital from the island's residents, and various facilities were spread out on the fan-shaped flatland between these features. Figure 2 illustrates Sorokdo Charity Hospital's site plan.

The hospital wards were primarily on the wider plain in the north, while clinics and offices were on the narrower plain in the south. The plague ward was isolated beyond the ridge to the northwest of the other wards, with the dissecting room and incinerating facility were located beyond the hills to the northeast. These latter locations were in the most remote areas of the island and could only be reached by traveling around the mountains. The staff quarters on the site's south side were the facilities furthest from the wards. The terrain divided the living quarters into lower-ranking employees' quarters and higher-ranking officers' quarters. The men's ward ran along the west side, and the family and women's wards along the site's east side, centered on a fan-shaped flat area with a long rice paddy running north-south. In addition, a clinic, a building for mass feeding, and a chapel for patients were at the southern end of the paddy.

While the terrain and geography compartmentalized most of the clusters of facilities, the barbed wire fences used in some areas were a direct manifestation of a strong commitment to isolation. The fence physically

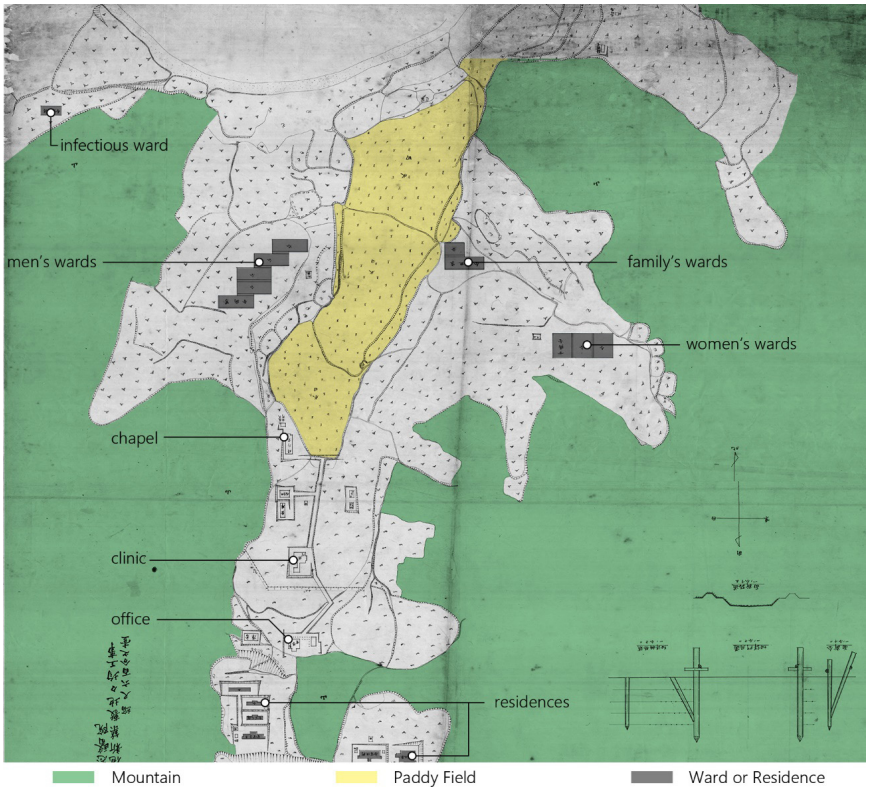

Figure 2. Site plan of Sorokdo Charity Hospital (1916)

Source: National Archives of Korea.

separated the areas used by patients from those used by staff, preventing movement between the two. A fence also separated the grounds of the women's ward from other patients.

3) Differences in Charity Hospital Plans of the 1910s

If we compare the site plan of Sorokdo Charity Hospital with charity hospitals in other provinces during the same period, we can note certain similarities and differences. The first commonality was the segregation of

infectious disease wards. In general, charity hospitals separated general wards and infectious wards from an early date. In hospitals situated in urban areas, physical barriers such as fences were used to segregate infectious wards.[5] In contrast, in hospitals with expansive grounds, the natural topography was used to separate each space.[6] Later, the promulgation of the Plague Prevention Decree in 1915 and the *Joseon Government-General Architectural Standards* in 1916 legally mandated the separation of infectious and general wards. Sorokdo Charity Hospital, which began construction in 1916, applied these laws by placing the infectious wards behind a mountain range at the northernmost part of the site, completely separating them from other hospital spaces.

Charity hospital differences are evident in the sites' respective geographical locations, internal layouts, and circulation plans. Initially planned in 1909–1910, the charity hospitals, unlike Sorokdo Charity Hospital, was were in city centers with good accessibility. The charity hospitals of this period utilized standard plans that were easy and quick to build while still containing basic functions. All charity hospitals built in Joseon in 1912 had a rectangular main building at the center of the site, with annexes or wards arranged in a row to the rear. In this period, the spacing between the wards and the main building narrowed, with a corridor built through the buildings. The plan intended to maximize the use of the relatively narrow site while increasing the circulation efficiency for nursing and administrative convenience.

5. For example, Gwangju Charity Hospital, Jeju Charity Hospital, and Daegu Charity Hospital before the site was moved. See, "全羅南道慈惠醫院板塀其他新設設計圖" (New Drawing for Jeollanam-do Charity Hospital Board Fence and Others), "濟州慈惠醫院敷地配置圖" (Jeju Charity Hospital Site Plan). These can be found in *Ilje sigi geonchuk domyeon akaibeu* (Archives of Architectural Drawings of the Japanese Colonial Period), National Archives of Korea, https://theme.archives.go.kr/next/plan/viewMain.do.
6. Gwangju Charity Hospital after the site was moved. See, "光州慈惠醫院增築工事配置圖" (Gwangju Charity Hospital Expansion Construction Site Plan), *Ilje sigi geonchuk domyeon akaibeu* (Archives of Architectural Drawings of the Japanese Colonial Period), National Archives of Korea.

Key Architectural Plans Reflecting the Intent to Control Hansen's Disease

1) Typical Floor Plan of a Charity Hospital of the 1910s

The floor plans of charity hospitals differed depending on when they were built. In and around 1910, a corridor connected the main building and the wards (Fig. 3), and the main building had a separate operating room along with various medical department offices, such as surgery, internal medicine, and otolaryngology (Fig. 4). The main building and wards planned in the mid-1910s tended to increase in size over time. Various hospital rooms were planned, and nursing departments and nurses' dormitories were installed. As the *Joseon Government-General Architectural Standards* set the basic regulations for hospital design, designers planned most hospitals in the 1920s based on common drawings (Fig. 4).

Unlike the previous period when the main building and wards were separated, by the mid-1910s there was a tendency to integrate the main building and wards into a single building. Although the architectural features of the hospitals differed from one period to the next, operating rooms were always planned in addition to the various department offices when establishing a hospital. Medical practices centered on medical and surgical procedures influenced the organization of the space.

Examining the architectural drawings, we see that the names of the wards differed slightly across charity hospitals. The wards can be classified based on flooring materials, such as ondol or tatami, and by patient ethnicities, such as Japanese and Joseon. The ondol flooring was installed specifically in the wards designated for Joseon people. The main users of the charity wards were the needy or Joseon patients, and according to Article 76 of the *Joseon Government-General Architectural Standards*, charity wards should include ondol flooring.[7] In other words, the concept of a ward with ondol was widely

7. Chapter 5 of the *Joseon Government-General Architectural Standards* consisted of regulations for hospital design, of which Articles 68–76 concerned ward planning. Article 76 was about charity wards, and it stated, "Charity wards should be made with ondol flooring as much as possible" (Joo 2019, 75).

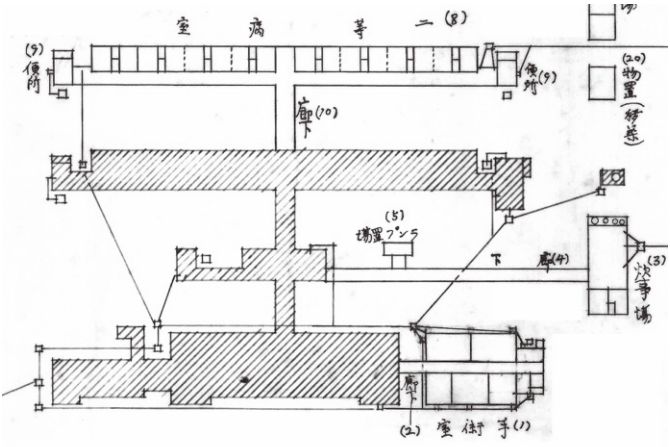

Figure 3. Drawing of Gwangju Charity Hospital (1915)

Source: Joo (2021, 179); National Archives of Korea.

Figure 4. Drawings of the main building of charity hospitals of the 1910s and 1920s (left: Daegu Charity Hospital, ca. 1915–1917; right: charity hospital standard drawing. ca. 1922)

Source: Joo and Jeon (2011, 245); National Archives of Korea.

synonymous to a ward for Joseon people" was widespread (Joo 2021). On the other hand, wards could also be categorized according to the severity of the disease, the medical department, or the pathology.

2) Specific Features of the Architectural Plan of Sorokdo Charity Hospital

According to a plan drawn in 1916, the clinic of the hospital was not organized into medical departments (Fig. 5). It consisted of a bandage changing room, examination room, laboratory, and pharmacy, with ancillary buildings such as a changing room, toilet, and bathing room. The clinic was within the ward area, and the office was in the area of residences for governmental officials and workers on the other side of the fence.

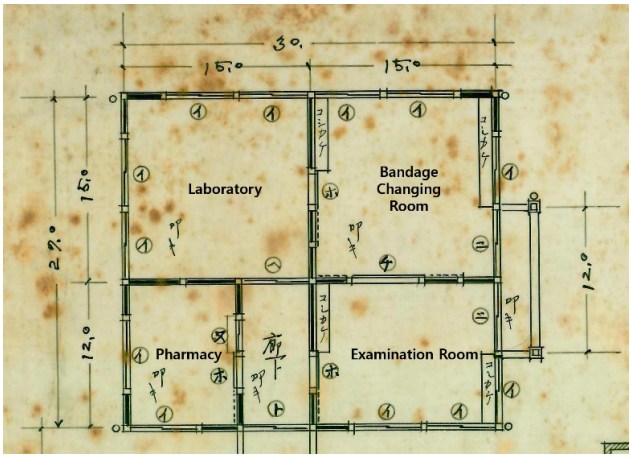

Figure 5. Floor plan of the clinic of Sorokdo Charity Hospital (1916)

Source: National Archives of Korea.

The wards of the Sorokdo Charity Hospital included men's, women's, family, and infectious disease wards. The men's, women's, and family wards had different names but the same floor plan: two ondol rooms next to each other, with a single protruding space in the front row of rooms, consisting of a dishwashing station and fireplace (Fig. 6).

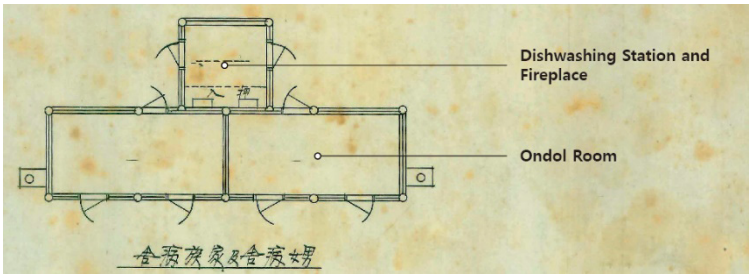

Figure 6. Ward plan for men, women and families of Sorokdo Charity Hospital (1916)

Source: National Archives of Korea.

The wards all had ondol flooring, indicating they were for Joseon patients. The infectious disease ward consisted of five rooms in a single row, all with parquet floors and no heating (Fig. 7).

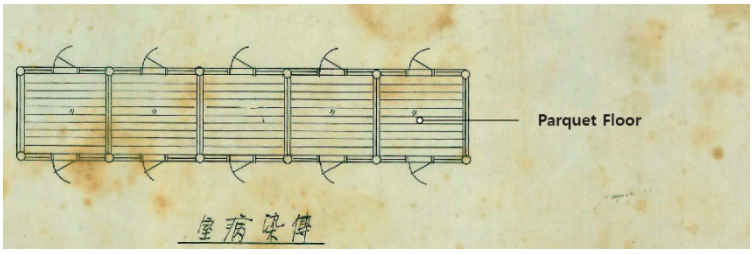

Figure 7. Infectious disease ward plan of Sorokdo Charity Hospital (1916)

Source: National Archives of Korea.

There were four types of residences for governmental officials and workers: those for senior officials (奏任官), junior officials (判任官), government employees (雇員), and workers (傭人). The residences were variations of a standard plan and could accommodate eight people. Five people attended the opening ceremony on May 17, 1917, so the three worker residences were likely for additional personnel. There were two types of worker residences at this time, one with ondol and one without. On the other hand, other

residences only had the type without ondol, which shows they were for Japanese.

3) Architectural Plan of a Care Facility for Joseon Hansen's Disease Patients

If we compare the architectural plans of Sorokdo Charity Hospital with those of other charity hospitals, we can discern the differences in patient care. When comparing Sorokdo Charity Hospital with the charity hospitals in Gwangju and Daegu, planned around the same time as Sorokdo, the biggest difference is the presence or absence of a main building. Inside the main building were various departments, such as outpatient departments, surgical departments, a pharmaceutical laboratory, and a pharmacy, as well as rooms for staff, such as the director's office, offices, and changing rooms (Fig. 4). In other words, in hospitals, the main building was where outpatient care and medical procedures such as surgery were performed. However, at Sorokdo Charity Hospital, the offices and clinics were all in separate buildings, with no departments or operating rooms (Lee and Joo 2024). These spatial features indicate that Sorokdo Charity Hospital has the identity of a nursing home focused on medical care, not surgery.

In addition, other charity hospitals had a corridor connecting the main building with the wards for efficient movement. By contrast, at Sorokdo Charity Hospital the clinic and the wards were far apart.

The type of wards also differed from those of existing charity hospitals. While the main criteria for categorizing the types of wards in existing charity hospitals was the ethnicity of the residents, divided into ondol and tatami rooms, the classification of Sorok Island wards reflected patient control. Male and female wards were separated. In Japan, Mitsuda Gensuke advocated for the termination of Hansen's disease patients and began to sterilize male patients who wanted to marry (Kim 2019). Although the Yeosu Leprosy Hospital in 1933 was the first to introduce sterilization surgery, there was probably a view even before then regarding controlling Hansen's disease patients' reproductive ability. The Sorokdo Charity Hospital, which had to house patients for the long term, controlled their living radius by separating wards for men and women. We see this control

in the iron fence surrounding the women's ward.

All wards at Sorokdo Charity Hospital had ondol except for the infectious disease ward.[8] Sorok Island's location at the southernmost tip of the Korean Peninsula suggests that the Joseon Government-General wanted to establish a *complete sanatorium* to serve the Joseon people. However, within this intention, the existence of the infectious disease ward without heated ondol flooring confirms that the government had no will to treat or cure the infectious patients, but rather, to isolate them completely and thereby neglect them.

Plans for the New Sorokdo Charity Hospital and Hansen's Disease Control Policies in the 1910s

The Joseon Government-General wanted Sorokdo Charity Hospital to be a *complete sanatorium* for Hansen's disease patients. As a warm southern island, Sorok Island's geographic isolation and rugged terrain effectively separated the hospital from mainland society, staff from patients, and patients from each other. (Anderson 2006)[9] In other words, Sorokdo Charity Hospital's site plan in 1916 was developed from a completely different perspective and under quite different conditions compared to other charity hospitals in Joseon and the first government sanatorium for Hansen's disease in Japan.[10] Also, the ondol flooring planned for every ward

8. Articles 72 and 76 of the *Joseon Government-General Architectural Standards* stipulated that wards and charity wards built in the northern regions should be heated.
9. In his report concerning the selection for a Hansen's disease sanatorium in colonial-period Philippines, the American Dean Worcester recommended choosing a location that was warm and geographically isolated, a recommendation that influenced the ultimate selection of Culion in the Philippines. These international discussions were also taken into account when building the Japanese public Hansen's disease sanatorium, and influenced the site selection for Sorokdo Charity Hospital. Dean C. Worcester, "Report of the Committee Apporinted to Select a Site for a Leper Colony," January 1, 1902, pp. 447, 449, RG 350-1972-2, National Archives and Records Administratin (NARA), as cited in Anderson (2006, 164).
10. For example, the site plan of the Northern Area Rest Home, as a zone two institution in Aomori, followed the plan of the general hospital, and Zensei Hospital, a zone one institution, used the word "housing" in the name of the ward and placed the general wards

(save for the infectious disease ward) meant that Sorokdo Charity Hospital was intended to accommodate Joseon Hansen's disease patients. The simple spatial organization of the clinic's plan suggests that the intention was not to treat patients but to observe and accommodate them. Furthermore, architectural plans such as the enclosed women's ward and the infectious disease ward without ondol reveal the aim of controlling and isolating patients without consideration for their human rights.

Expansion of Sorokdo Charity Hospital and Shift in Planning Concept in the Late 1920s

Changes in the Hansen's Disease Patient Management Policy in 1920

1) Concentration of Hansen's Disease Patients into Urban Centers and Government Acceptance of Social Change in the 1920s

Until the first half of the 20th century, the main treatment for Hansen's disease was hydnocarpus anthelmintica oil. Researchers developed it as an injection in 1917, but it only began to be used regularly in Joseon in the 1920s. Sorokdo Charity Hospital seems to have used it from around 1921 (Kim 2019, 83). The Third International Leprosy Congress in 1923 still adhered to the principle of isolating patients with Hansen's disease but recommended that patients be isolated under humane conditions (SNH 2017).

Meanwhile, as awareness of the epidemic spread to the general population, people were hesitant to touch lepers. Communities increasingly ostracized those with Hansen's disease, so that patients turned to the cities for greater anonymity (Kim 2019, 74). Article 8, paragraph 2 of the Epidemic Prevention Decree, revised in February 1924 and enforced on June 1, 1928, stated that "patients with infectious diseases may not engage in work where there is a risk

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and communal facilities in the center of the area. This shows that sanatoriums for Hansen's disease in Japan took into consideration patient human rights.

of spreading the disease."[11] As a result, people with Hansen's disease could no longer engage in economic activities.

The influx of Hansen disease patients into the cities became a threat and source of fear for the urban population, and urbanites regularly petitioned the government to keep Hansen disease out of the city centers (Kim 2019, 73–74). By the mid-1920s, the central government and the local governments that had been neglecting the situation began to recognize the problem. In addition, Japanese sanitary officials argued that medical missionaries should not be allowed to take over caring for and treating Hansen disease patients.[12] Eventually, the Joseon Government-General determined the number of Hansen disease patients in the country and, in May 1928, formulated a plan to house those patients (Kim 2019, 67–68).

2) Increased Capacity and Continued Expansion of Sorokdo Charity Hospital

The capacity of Sorokdo Charity Hospital was a hundred patients, and from its opening it accommodated about ninety. But this number gradually increased, reaching 125 in 1924 and 250 by 1925 (SNH 2017, 82). Although there were small-scale expansions or renovations aimed at increasing capacity, there was insufficient land and wards to accommodate the influx of patients from throughout the country. Eventually, in June 1925, discussions began regarding the expansion of Sorokdo Charity Hospital.

In 1926, the government conducted a second land purchase on Sorok Island, this time of about 63,800 *bo* 步 (approximately 210,540 sq. meters) of land in Namsaeng-ri, located along the southern shoreline of the existing

11. Decree No. 3 of the Joseon Government-General (Korean Law Information Center, Ministry of Government Legislation).
12. After traveling to the southern regions of Joseon, sanitary official Murata Masataka published "The Problem of Leprosy Relief in Joseon," in which he analyzed "Joseon public sentiment" and called for countermeasures against medical missionaries (Murata 1921). Mitsuda Kensuke 光田健輔 also argued that leprosy policy should be the responsibility of the government, as the work for leprosy relief of medical missionaries was giving them influence over the mindset of the Joseon people (SNH 2017, 43).

Sorokdo Charity Hospital site at Kubuk-ri. In 1928, the government made plans to accommodate Hansen's disease patients and to this end invested about 46,000 *won* over three years. In addition, it planned to increase the number of patients from 250 at the end of 1927 to 750. The government also planned to increase the number of doctors by two, the nursing staff by ten and expand the facilities. As a result, the first expansion in 1928 increased the hospital's capacity to 450 patients, and in 1929, this increased further to 750 (SNH 2017, 82).

Plans for the Formation of Self-Sufficient Communities

1) Expansion of Sorokdo Charity Hospital from 1926 to 1928

Sorokdo Charity Hospital continuously expanded its facilities from the early to mid-1920s to accommodate the growing number of patients, utilizing the site of the existing wards as much as possible. Dedicating existing wards or arranging extra land near existing wards enabled the building of new wards. Some new hospitals were built near the plague house, dissecting rooms, and incinerators, which shows the scarcity of land on which to build them.

In 1926, despite the resistance of local residents, the government forced the selling of land, which it then purchased. In 1927, construction began on the expansion of Sorokdo Charity Hospital. The government built a barbed wire fence south of the existing patient and staff area in Kubuk-ri and developed the site around Namsaeng-ri, located south of the barbed wire fence. The Kubuk-ri area, the existing site, saw the building of new residences for government employees, senior officials, and workers. The new site outside the barbed wire fence in the Namsaeng-ri area included general and critical care wards for patients, workshops, a bandage-making shop for medical treatment, clinics, buildings for staff, a chapel, and an infectious disease ward.

2) Changes in the Concept of Hospital Expansion and Site Planning

While the original site of Sorokdo Charity Hospital had staff and patient spaces and was laid out linearly in a north-south orientation, the expanded

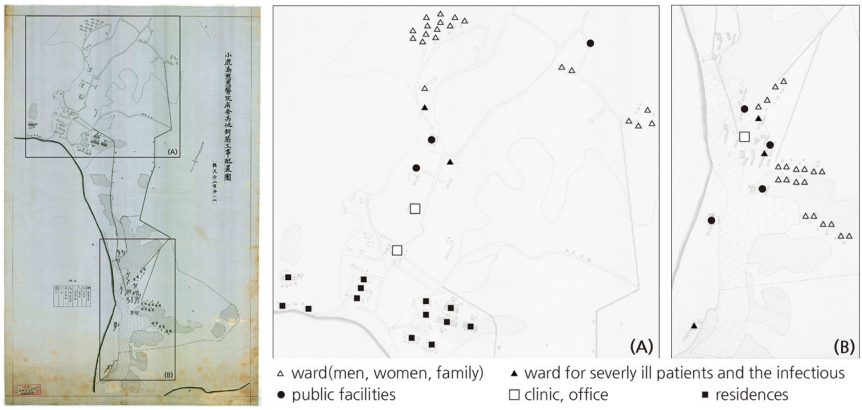


Figure 8. Comparison of the site plans of Kubuk-ri (A) and Namsaeng-ri (B)

Source: National Archives of Korea.

site at Namsaeng-ri was divided into concentric circles, each with its own function. The two sites comprised spaces based on patient severity, with the clinic at the center, the ward for severely ill patients, and the male and female wards. In the case of the new site, space was organized according to the activity conducted there, with work and residential spaces centered around the office space.

Therefore, the layout plan after 1927 was less segregated than that of 1916. In the 1920s, people knew that Hansen's disease was not airborne (*Dong-A Ilbo* 1928), and the policy of the time, which emphasized the integration of patients and staff, brought the spaces used by patients and staff closer together than before (Lee and Joo 2024). In addition, in 1927, the iron fence was removed from around the women's ward in Kubuk-ri. The new women's ward was on a different mountain slope from the men's ward, with no plans for artificial barriers. Eventually, in the late 1920s, more nurses monitored the patients at close range, and the concentric circle arrangement effectively controlled daily life. Additionally, the ward for severely ill patients was a new type that emerged in the 1920s and was on the original site plan. This situation suggests that the ward plans of the late 1920s influenced the site plan of the existing site formed in the 1910s.

3) Shift from Controlled Quarantine to Self-sufficient Village Spaces

A comparison of the 1916 and 1927 layout plans reveals a shift in social attitudes toward Hansen's disease, such as towards the humane isolation of patients. In addition, the concentric circle layout plan in the late 1920s seems to have borrowed from the idea of the ideal city that appeared in the West in the late 18th century. Ledoux's Chaux villages, which sought to realize the concept of a self-sufficient community, were laid out in concentric circles, with a space for the supervisor in the center and individual homes and self-sufficient workshops in the outer circle, where the supervisor could monitor the individuals.

In addition to this village structure, the Sorokdo Charity Hospital also set up systems and workshops to help patients become self-sufficient, allowing them to engage in economic activities that were not possible in society beyond Sorok Island. Patients lived in their homes and cooked meals in the wards instead of relying on central rationing. There were also places and programs for cultural, educational, and religious activities.[13] We can see some of the concepts of spatial arrangement, village management, and space efficiency that ideal urban planning seeks to achieve in Sorokdo Charity Hospital, which has made it possible for people to live a limited but normal life on Sorok Island that would be impossible outside of the hospital.

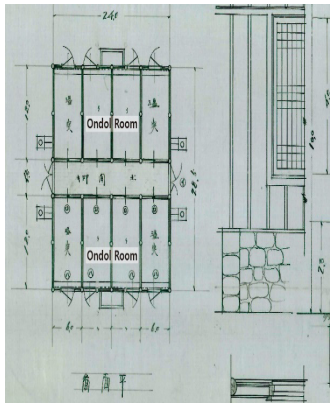
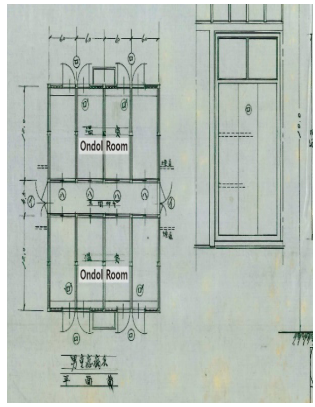
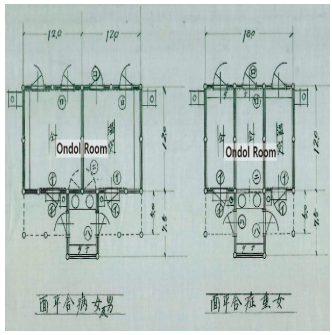
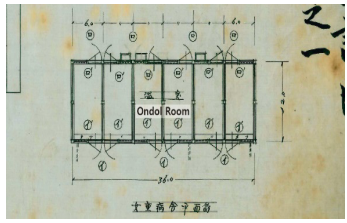
Changes in Architectural Planning for Living with Patients with Hansen's Disease

1) New Construction and Remodeling in the Late 1920s

In 1927, the government planned the following buildings for new construction in Namsaeng-ri. First, male and female wards, further divided into general wards and wards for severely ill patients according to the severity of the disease.[14] For the men's and women's wards, two 12×12 *cheok* 尺 (approximately

13. According to Sim (1993), architectural changes have had an impact on the lives of real patients and improved human rights.
14. The drawings are not labeled "general" but "male" and "female" wards.

Table 2. Comparison of Men's and Women's Wards for Severely Ill Patients

Year	1927	1928
Men's ward		
Women's ward		

Source: National Archives of Korea.

3.6×3.6 m)[15] rooms were situated adjacent to each other. A cooking room was attached to the center of the two rooms, forming a T-shaped floor plan. The dining room had two fireplaces for cooking and heating simultaneously and a separate shaft for summer.

15. A *cheok* is a unit of length used during the Japanese colonial period, with 1 *cheok* equaling approximately 0.303 meters.

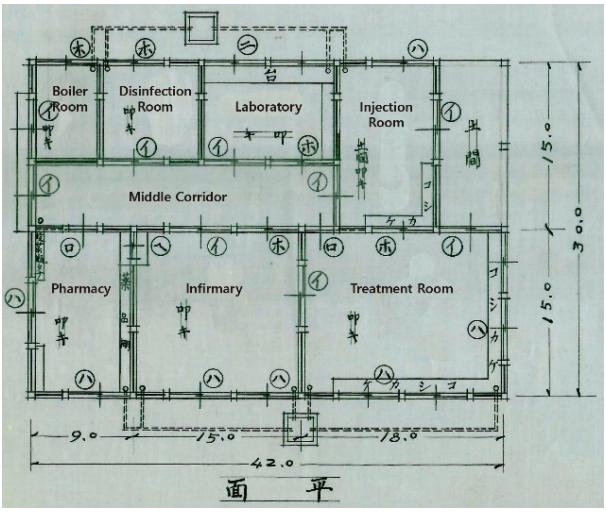


Figure 9. Floor plan of the Sorokdo Charity Hospital clinic in Nansaeng-ri (1927)

Source: National Archives of Korea.

The men's and women's wards for severely ill patients were 12×6 *cheok* (approximately 3.6×1.8 m), half the size of the general wards. Based on the 1928 plans,[16] the wards were to have fireplaces only for heating, with separate cooking spaces (Table 2). There were also differences between the men's and women's wards. The men's ward had eight rooms per ward, with a corridor in the center and four rooms facing each other, while the women's ward was a single row of eight rooms per ward.

Figure 9 shows the clinic's floor plan in 1927. The clinic was rectangular, 42×30 *cheok* (approximately 12.6×9 m), with a middle corridor, and consisted of a treatment room, infirmary, pharmacy, laboratory, disinfection room, boiler room with steam disinfection equipment combined with radiator heating, and an injection room at the end of the corridor opposite the entrance. In addition, an added office to the existing building with an

16. The men's and women's wards were planned twice, in 1927 and 1928, with changes in the latter to the their foundation structure and floor plans. More on this later.

eastward extension included a waiting room, a pharmacy, an infirmary, and a space for use as a meeting room and classroom. The government also built residences for junior officers and workers.

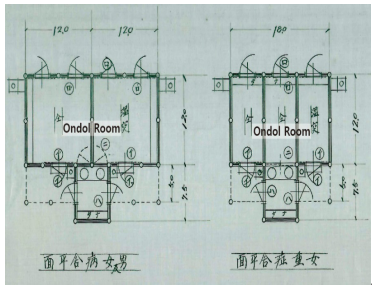
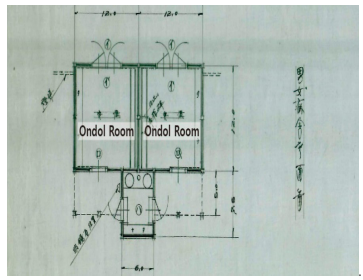
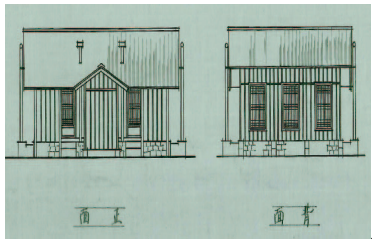
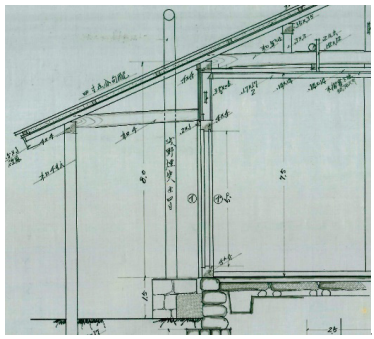
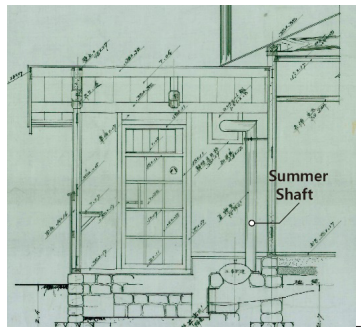
(2) From Control-oriented to Life-oriented Architectural Planning

When we compare the architectural plans of 1927 and 1928 with those of 1916, we can interpret the meaning of the change (Lee and Joo 2024). First, if we examine the plans of the wards and rooms, we can see that the layout changed to allow for better light and ventilation (Table 3). The 1916 wards were south-facing but located on the island's northern slope, and the wards' arrangement overlapped, which was inadequate for daylighting and ventilation. However, the wards built in Kubuk-ri in the late 1920s were arranged parallel to the contour line, with the front facing southwest to ensure daylighting.

In addition, the female wards, previously arranged in two overlapping rows, were now in a single row. In 1927, the floor plan of the newly built ward in Namsaeng-ri changed once. The original floor plan had the front entrance

Table 3. Comparison of the Drawings of General Wards between 1927 and 1928

Year	1927	1928
Site plan		

Year	1927	1928
Floor plan		
Elevation plan		
Detail section (summer shaft)		

Source: National Archives of Korea.

of the ward facing southwest, but the cooking area was in front of the ward. In the revised plan, the entrances and exits to the cooking place and patient rooms were on the northeast side of the corridor, but the windows faced south or southwest. Within a year, the plan changed from pursuing efficient circulation to improving the daylight environment of the ward space. The women's ward for severely ill patients also underwent a floor plan change. The 1927 plan showed three rooms in one ward, with the cooking place

attached to the ward, forming a T-shaped floor plan. In the 1928 plan, the floor plan changed to a single row of eight rooms per ward, and the cooking place was separate, as was the ward for severely ill male patients.

Second, there are more wards and administrative buildings with ondol flooring in the 1920s than in the 1916 plan, indicating an attempt to maximize efficiency. The infectious disease ward had an ondol room that absent in the 1916 plan. The side walls of the fireplaces in the men's and women's wards included stone wall thimbles to internalize the external flue. The fireplaces in the ward for severely ill patients had double closed doors to maximize heating efficiency. The residences were almost identical to the 1916 floor plan. Some still did not have ondol, but one of the tatami rooms in the senior officer's and junior officer's residences in the renovation plan changed to ondol rooms, or the new plan included an ondol room for the junior and worker residences.

The third notable change was a cooking place in the wards. The ward planned in 1916 had an ondol floor but only a fireplace opening to heat. In the 1927 plan, the ward for severely ill patients had a separate cooking area, and the plan for the infectious disease ward and men's and women's wards had combined fireplaces for cooking and heating. The men's and women's wards' plan included summer fireplaces for cooking but not heating. The ward's cooking place allowed patients to cook their own meals instead of having them distributed centrally. Therefore, there were no centrally managed cooking facilities in Namsaeng-ri. In this case, installing two shafts in one fireplace for selective seasonal use was unique and not seen in any other government facility's plans.

Fourth, as injections of Hydnocarpus anthelmintic oil became more common, an injection room was built in the clinic (Lee and Joo 2024). In 1916, the clinics consisted only of a bandage changing room, examination room, laboratory, and pharmacy. However, in 1927, the Namsaeng-ri clinic in the new plan and the Kubuk-ri clinic in the 1928 renovation plan included an injection room.

Finally, in 1928, when the government actively supported the expansion of Sorokdo Charity Hospital, there was a change in the planning of facilities for patients' actual lives. In the case of the chapel, its size in 1928 was about

four times larger than in the plan of 1927. And between the 1927 and 1928 plans the number of women's rooms for severely ill patients doubled.

3) Hansen's Disease Policy Seen through Changes in Architectural Plans

The architectural plans for Sorokdo Charity Hospital in the late 1920s were closely linked to the changing treatment methods and improved living conditions for Hansen's disease patients. This was a significant change from the 1916 plans that centered on controlled isolation. First, the medical environment improved, with a new type of ward created, and the number of rooms in the women's ward for severely ill patients increased. In other words, the general ward was a living space for patients, and the ward for severely ill patients was a sanatorium. This reveals a change toward segmented patient care, and a government wishing to increase the number of patients accommodated. Further, planning an injection room in the new clinic illustrates the government's intention to introduce and apply new treatment modalities. In addition, the 1916 plan for the plague room was completely unheated, while the 1927 plan was equipped with ondol flooring, indicating a change in the treatment of plague patients.

Second, there was a steady attempt to improve public health by improving the lighting and ventilation of living spaces. The 1916 plan arranged the wards in rows on the north slope. The 1928 plan placed the wards in front of the mountain, zigzagging them to avoid overlapping as much as possible. Also, in 1927, the ward floor plan was changed again to increase the front opening area by moving the cooking space from the front to the back. In 1928, the plan added glass to the top of the windows to maximize light.

Third, Sorokdo Charity Hospital also created a self-sustaining environment for the patient community. It created a system of attendants and allowed ordinary patients to care for severely ill ones, such as by washing their clothes and preparing their meals. This system also influenced the architectural plan. For example, a summer ondol was planned only for the men's and women's wards, not found in other facilities. Summer ondol allowed for all-season cooking and increased the efficiency of seasonal use of a single ward space.

In this way, changes in the international discussion of Hansen's disease and care for its patients led to the introduction of new functional buildings, facilities, and spaces, as evidenced by changes in architectural plans for Sorokdo Charity Hospital.

From Quarantine to Sanatorium, From Enforced to Voluntary Isolation

Taking the changes above into account, we can say that the concept of *quarantine* at Sorokdo Charity Hospital shifted from a *micro* to a *macro* nature. In the 1910s, the hospital directly and physically isolated Hansen's disease patients. It controlled their movements and lifestyles. However, in the 1920s, concentric arrangements allowed for efficient monitoring and controlling of patients at a glance. In other words, there were mountains or hills separating the different wards in the past, and there were no other buildings near the ward. Afterward, however, the distance between wards and between the wards and the office facilities decreased, and economic, cultural, and medical facilities were constructed around the wards, creating a living area. In other words, in the earlier period, the government forcibly isolated vagrant patients for life, while in the later period, policies that prevented them from economic activities indirectly isolated them so that they would choose a life of solitude rather than society. In summary, the 1910s saw Hansen's disease patients forcibly quarantined for life. However, in the late 1920s, policies that prevented them from economic activity in society indirectly quarantined them, forcing them to choose a life on Sorok Island over life in larger society.

Conclusion

Sorok Island is an important site for documenting the modern and contemporary history of Hansen's disease patients in Korea. But previous research has studied Sorokdo through historical documents and surviving buildings. However, literature and surviving buildings alone do not shed much light on Sorokdo Charity Hospital prior to the 1920s. Thus, there

is no specific research on what facilities were set up or how they operated when Sorokdo Charity Hospital was first established. To address this, we reviewed 76 architecural drawings of Sorokdo Charity Hospital from 1910s and 1920s and currently held by the National Archives of Korea. By situating the architectural plans and site conditions of Sorokdo Charity Hospital in contemporaneous conditions, we identified the following regarding the establishment and later expansion of Sorokdo Charity Hospital.

First, by comparing hospital site plans of the 1910s and 1920s, we noted how a government policy of isolation and control changed from physical isolation using geography and topography to efficient control through functional site division and surveillance. When the government decided to establish the Sorokdo Charity Hospital, it selected a site on the southern tip of the Korean Peninsula to quickly accommodate and isolate Hansen's disease patients, who were then concentrated in Korea's southern provinces. The terrain of Sorok Island was utilized to the fullest extent possible to isolate patients and segregate spaces of patients and workers. However, when the hospital's site expanded in the 1920s, the new site plan took the form of concentric circles, with staff and patient treatment areas at the center and areas spreading outward in an arc according to severity of the patient's condition or the type of activity undertaken. The wards' arrangement was a zigzag pattern on the southern slope of a hill to allow for better light and ventilation while also providing an ideal layout for centrally monitoring patients.

Second, the changes in architectural design reveal changes in treatment attitudes toward Hansen's disease patients, from viewing them as passive objects to be housed and isolated in the 1910s, to considering them as active beings capable of self-reliance in the 1920s. The initially planned wards were all ondol wards with the same structure regardless of gender or severity of illness. In addition, unlike other charity hospitals of the same period, Sorokdo Charity Hospital had a simple examination room or an infectious disease ward without ondol flooring, and the focus was on accommodating, not treating, Joseon's Hansen's disease patients. In the 1920s, the floor plan and facilities of wards varied according to gender and the severity of the illness. The infectious disease ward had ondol flooring, something not heretofore seen, and the clinic's plan reflected a shift in the care of patients

toward injectable treatments.

Furthermore in the 1920s, the hospital improved hygiene and its living environment by creating a south-facing opening and maximizing windows, while also initiating economic activities and cultural and educational facilities to create a self-sustaining communal environment for patients. Institutional support accompanied these architectural changes, such as by the creation of an attendant system and the provision of educational and cultural programs for patients. In particular, the separate summer shaft for fireplaces for heating and cooking was a unique architectural facility not found in government residential facilities at the time, making it possible to cook in all seasons within the male and female wards and increasing the efficiency of the wards. In this way, patients transformed from objects of quarantine to active subjects capable of leading independent lives. However, the fact that the hospital planned in the late 1920s was still in the style of a Western wooden construction is testament to Sorokdo's poor facilities relative to other charity hospitals on the Korean mainland.

Taken together, the architectural drawings from 1916 to 1928 demonstrate the beginnings of the foundation of *voluntary isolation* on Sorok Island to allow people with Hansen's disease to continue living their lives, even in the face of legal restrictions that made it impossible for them to lead normal lives beyond the island.

By examining architectural drawings of Sorokdo Charity Hospital held in the National Archives and dating from the 1910s to 1920s, this study illuminated a crucial period in the formation of Sorok Island's identity. Unfortunately, there are no surviving buildings from the period under study, so confirming the plans' actual implementation is impossible, which is one limitation of this study. A future area of research will be to continue comparing the architectural plans and the buildings built in Sorokdo Charity Hospital after the 1930s. Nevertheless, this study was an attempt to lay the foundation for the completion of an entire history of the space of Sorok Island by complementing the results of previous studies which centered on historical documentary material. In addition, by actively utilizing architectural drawings as the primary source materials, it was possible to understand the specific situation of the period in three dimensions, not

known from the extant literature. On the other hand, the accumulation of specific research findings on the architecture and space of Sorokdo Charity Hospital could serve as a basis for a comparative study of other Hansen's sanatoriums built by Western missionaries. Finally, the results of this study on the architecture and spatial environment of the 1910s and 1920s may prove of significant for the preservation of Sorokdo Charity Hospital as a heritage site and for its promotion as a World Heritage listing.

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