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Yoon Sun Yang

Curing, but not healing, in Pak Wans’s “During Three Days of That Autumn”

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Karen Thornber
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The importance of the medical and health humanities to improving health and wellbeing is becoming increasingly clear in the United States, Asia, Europe, and elsewhere around the world. Recent years have seen a proliferation of new research as well as curricular focus on these and related fields, which use the arts, humanities, and social sciences both to increase understandings of key challenges in medicine and healthcare and to facilitate the health and wellbeing of individuals, families, communities, and societies. To date, scholarship in the English-speaking world on literature and medicine, a subfield of the medical and health humanities, has tended to include very few materials from outside North America and Europe, despite the tremendous outpouring of Asian cultural products on disease and health. Especially noticeable has been the near-absence of Korean literature.

One of the many works of Korean literature that engage with challenges of providing medical care that attends to health and wellbeing is Pak Wansŏ’s (1931–2011) short story “Kŭ kaül ŭi sahŭl tongan” (“During Three Days of That Autumn,” 1980). The protagonist and narrator of this story is a female physician whose own traumatic past at once motivates her to provide medical treatment for women facing similar circumstances—unwanted pregnancy, whether from rape or consensual sex—and prevents her from doing more to offer these women person-focused care that would help them improve their long-term wellbeing. In the aftermath of the Korean War (1950–3), the short story’s first-person narrator, known only as Na (I), opened what she informed her landlord would be an obstetrical and gynecological practice, but she almost immediately converted it into an abortion clinic. “During Three Days” is narrated nearly thirty years later, over the three days preceding Na’s fifty-fifth birthday, the day she plans to retire. As she counts down these final three days of her career, hoping fervently that she will have the opportunity to deliver a living infant before she abandons her practice, Na thinks back over some of the defining experiences of her tumultuous life and career. Still traumatized by her own rape, pregnancy, and abortion during the Korean War and overwhelmed with guilt at decades of terminating pregnancies, Na feels haunted by the eyes of the countless fetuses she has aborted over the years and eventually slides into partial madness.

“During Three Days” engages with the quandary of cure, particularly in cases of rape and unwanted pregnancy, and the responsibility of physicians not only to meet the immediate needs of their patients and cure them of a particular condition but also to promote healing, to liberate
their patients from anguish more broadly conceived and to enable their wellbeing. Na believes that regardless of a woman’s circumstances, unwanted pregnancy causes her more intense suffering than any disease possibly could. So Na devotes her life to performing abortions, “curing” women of their unwanted pregnancies. But many women become pregnant again, and they return to Na for repeat abortions. These women ask Na how to avoid pregnancy. Yet Na has long since stopped advising her patients about birth control, even though discourse on contraception was prevalent in South Korea beginning in the 1960s, a result of the military regime’s concern that unchecked population growth would endanger economic development (Moon, 81). Na’s past traumas, and in particular her hatred of the women she treats as well as the “unwanted lives” within them (233), prevent her from doing more to heal her patients. The cures she provides are only temporary.

In Part 1 of “During Three Days,” Na remarks that the previous occupant of the space where she established her clinic had been a photographer and that not long after moving in she discovered a pornographic photograph among the trampled, discarded pictures still scattered on the floor. This image brought back memories of being raped and impregnated. These memories, combined with the dissolute atmosphere of her new neighborhood, with its thriving adult entertainment industry catering to US soldiers, cemented her resolve to specialize in women’s health, abortion in particular. When the real estate agent tells Na’s future landlord, Mr. Hwang, that she will be opening a general practice, Na quickly corrects him, stating that she will be specializing in gynecology. Later in “During Three Days,” Na admits that she had been attracted by the depravity of the neighborhood. Her intention from the start, she reveals, was to profit from the illicit unions taking place in the vicinity of her practice; even though the sign marking her office advertised it as an “obstetrics and gynecology clinic,” she did not bother to furnish it with a delivery table. The neighborhood changed considerably over the years, but business did not suffer. Na became well known among the city’s sex workers, and they traveled to her office from afar. Just as important, the government’s population-control policies encouraging families to limit themselves to two children regardless of gender meant that many housewives in the area also made repeat use of her services.

After describing how she had told her real estate agent and landlord that she would be specializing in women’s health, Na warns,

Only a woman who has an unwanted baby in her womb can appreciate the extent of the pain. Pain from all diseases elicits sympathizers regardless of the disease, but that pain [of carrying an unwanted baby] brings about only censure and ridicule. If the dream of the healing/benevolent arts is to liberate people from disease, my dream was to liberate women from that lonely pain, which is worse than the pain of disease.

(226)

Notable in this passage is how the physician separates her personal goals from those of the medical community, clarifying that her dream is not simply to free people from disease but to liberate women from the lonely agony of carrying an unwanted child: in other words, to heal, not only to cure. Na also establishes a sharp distinction between social responses to disease and social responses to undesired pregnancy: pain from disease engenders sympathy, while anguish over carrying an unwanted child is almost guaranteed to trigger accusations. Na overstates the case in that social responses to suffering brought about by an adverse health condition depend to a large degree on the particularities of the condition, and Na’s resistance to nuance is in part what leads to her psychological breakdown as she nears retirement. But her larger point is important, namely that society’s reactions to health conditions are determined not by the degree of suffering but instead by the type of condition.
Striking as well are the reactions of the real estate agent and landlord when Na informs them that she will not be opening a general practice, as they had assumed, but instead will be focusing on obstetrics and gynecology. Revealing contemporary biases against women’s healthcare, Mr. Hwang is repulsed by this proposition, asking how a “respectable woman” could possibly benefit from such a clinic. The real estate agent reassures him that despite what Na says about opening an OB-GYN practice, she will in truth be treating everyone because she has been trained to cure a range of maladies. All Na can do is smile sadly as the two men head off to a bar; they are as ignorant as most of their gender, she laments, when it comes to women’s healthcare needs (227). Na here makes clear that despite her broad medical background—something she stresses in the opening paragraphs of “During Three Days” was precisely what gave her great flexibility in determining what type of practice to open—she will no longer be treating men. For her, at least at the beginning, medicine, and particularly obstetrics and gynecology, is less about curing disease than about alleviating women’s suffering.

The first person to visit Na’s clinic is her father, and her brief conversation with him likewise solidifies her plans. Her father warns her that her practice, located in a slum, is not likely to be lucrative. And he counsels, “Since the olden days, the art of medicine has been called the healing art [lit: benevolent art]. Keeping that in mind, do it humanely.” Na clenches her teeth to keep from laughing, confiding in “During Three Days,” “No one could suspect my secrets. Not my past, not my plans for the future, and not the current convulsing pain deep within my heart” (229). But Na cannot suppress her laughter when she opens her father’s gift—a framed copy of the Hippocratic Oath (Ορκος), which declares, among other things, that the physician will neither provide lethal drugs nor “give to a woman an abortive remedy” (Edelstein, 3). Not surprisingly, rather than hang it on the wall, Na immediately relegates the Hippocratic Oath to a closet, preferring as the years go by to remember her father by an aging velvet chair that all agree is nothing but an eyesore.9

Na’s first patient is the heavily pregnant daughter of landlord Hwang, so the first procedure that Na performs in her new clinic is a delivery, not an abortion. The birth goes smoothly, but the following day, Hwang complains that his daughter has just informed him that the infant was the result of rape, which he declares has now besmirched his family name. Na becomes aware almost immediately of the disparity between Hwang’s concern for lineage in the abstract and his utter obliviousness to the “living hell” that his daughter must have experienced while carrying an unwanted child (232). But Na’s empathy for Hwang’s daughter is short-lived. Hwang shares with Na his solution—adopting his grandchild as his own son, spreading the word that he found this infant abandoned on his doorstep—a turn of fate that brings him no small amount of pleasure. Na acknowledges that doing so would be best for the daughter, the infant, and Hwang himself, yet she also admits to envying how rapidly he has transformed seeming misfortune into joy, claiming that she “might even be jealous.” Her resentment becomes undeniable after she discovers that he has paid her far more than the going rate for delivering a child, likely to ensure her silence; Na depicts herself as being enveloped once again in indescribable jealousy and even more secure in her decision never to deliver another child.10

Looking back, Na claims that she is motivated by hatred, and it is hatred, she believes, that has allowed her to cure women, to relieve them almost instantly of their suffering. Na’s hatred is directed in part at the pain that has been imposed on her patients:

When they come to me, carrying an unwanted baby, most women wear a face of absolute despair, as though they want to drop dead. But as soon as they realize that it [the fetus] has been safely and completely eliminated, their faces immediately are refreshed and carefree. My skill at removing their pain without a trace is genuinely miraculous.
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I can do this only because of the deeply rooted hatred harbored within me for the pain inflicted on women. It is I who free them from their pain.

(244)

But Na also describes herself as harboring hatred for women and their unwanted fetuses:

This fleeting but cruel touch often made me feel hatred. That’s how it’s been. I’ve done this job with hatred. To do this job without making a mistake, I must feel hatred at all times, hatred for the women lying on their backs holding their malodorous privates up to me like a face, and hatred for the unwanted lives inside them. This hatred was necessary as well for me to handle mistakes immediately.11

(236)

Much of this anger finds its origins in Na’s own traumatic past. Even on the final day of her practice—when she is torn between wanting to relieve a woman of her unwanted pregnancy and thereby save her life and her fear that performing a late-term abortion will justify Hwang’s accusation that she is a “butcher of humans”—she speaks of her patient’s torment as being replaced by her own. It is not until the final paragraph of the short story, after the premature baby whom she unexpectedly delivered has died, that her hatred is replaced by sorrow, a sorrow she describes as so massive that it now is capable of flooding wide open spaces.12

Na is convinced that she has spent her career tormenting her patients in the same way that she herself was tormented:

Every time I perform an abortion, the unforgettable persecution of the past comes back to life . . . [and I avenge] that persecution with another persecution. . . . Feeding them someone else’s immature placenta and letting them spew filthy stories from their fishy mouths was [another] way I persecuted women. Nothing is more natural than persecution in discharging hatred. Like this, I’d relentlessly tried to lessen my own resentment by distributing to others the memory of the shuddering persecution to which I’d been subjected because I was a woman, no matter what it takes. I’m willing to distribute to others my suffering, no matter what it takes. But no matter what I did, it [my resentment] never relented. No matter how much I made others miserable and unsightly, in the end I always found that I was the one who was more miserable and unsightly.

(251–2)

Repeating “persecution” and “miserable and unsightly,” Na accentuates the parallels that she draws between her own suffering and the suffering that she allegedly inflicts on others. To be sure, never having injured anyone seriously and serving the needs of women who are far from privileged, Na is known in the city for her reliability and affordability.13 She has a steady clientele, and the fact that women continue to return to her with unwanted pregnancies suggests that her patients are not dissatisfied with how they are being treated.

At the same time, although Na has made a career out of providing women with the medical procedure that “cures” them, at least temporarily, her lack of respect for and even hatred of her patients, informed in part by her own trauma and privilege, prevents her from partnering with them to find appropriate contraception to prevent additional unwanted pregnancies and bring them at least a limited sense of healing.14 Na claims that in the early years of her practice she had attempted to educate the neighborhood women about contraception, speaking with
them about different methods and handing out free samples and information pamphlets, but no matter how hard she tried, these women continued to repeat the same mistakes, “like illiterate, mentally deficient children incapable of learning even the Korean alphabet” (252). Disillusioned by the many women in the early years of her practice who failed to take her advice on birth control, Na for decades has actively refused to counsel her patients on the topic. Instead, she has responded to their persistent question of how they can prevent pregnancy by replying: “Don’t XX,” with XX presumably standing in for “fuck” and other colloquial equivalents (253).

Na believes that women continue to ask her how they can prevent pregnancy because they know she will repeat her “vulgar” answer. She assumes that these women, most of whom are from the lower classes, enjoy hearing her profanity and actually have no interest in learning how they can actively prevent pregnancy (252–3). To be sure, patients frequently ignore the recommendations that they receive from health professionals, and Na appears to have encountered this phenomenon regularly in the early days of her practice. But Na has no way of knowing, all these years later, if every woman who asks her how she can avoid an unwanted pregnancy truly has no interest in preventing pregnancy. Instead, grouping her patients together and comparing them to mentally deficient children, she claims that instructing them not to fuck refreshes her, as though she has just spat on them (253).

Pak Wansŏ’s narrator temporarily “cures” women of their unwanted pregnancies, meeting an immediate medical need. In this, she is a sharp contrast from literary characters such as Swedish writer Hjalmar Söderberg’s (1869–1941) Dr. Glas in the novel Doktor Glas (Doctor Glas, 1905), who denies a young unmarried woman an abortion despite her desperate pleas and despite the fact that he is all too cognizant of the stigmas that plague such women and aware that this particular woman has an abusive father, a mother who cares only about appearances, servants who mock her, and aunts and uncles full of indignation and self-righteousness. Describing the shotgun wedding as “humiliating,” the doctor notes in his diary, “Couldn’t I have helped her that time when, in her hour of utmost need, she crawled on her knees in this room? Instead, I spoke of duty, in which I didn’t believe” (70).

But even as Pak Wansŏ’s Na not only is attuned to the suffering of her patients but also, unlike Dr. Glas, provides them with the abortions they seek, Na’s outright contempt for her patients prevents her from helping them avoid future unwanted pregnancies, the very condition she herself declares causes more suffering than any disease. There is no indication in “During Three Days” that the women on whom Na performs abortions suffer the same long-term trauma from their pregnancies as does she, even when those pregnancies resulted from rape. But by including information on some of the possible complications of abortion, “During Three Days” also makes clear, however unwittingly, that this medical procedure—although safer than childbirth—is not without risk and that women desperately need compassionate counsel and a focus on healing over the long term. Na believes herself mocked by the eyes of the fetuses she has aborted, that they claim she is not a physician because patient suffering is not her primary concern and because she instead prioritizes her own corrupt pleasure (249). Without question, Na has relieved tremendous suffering. She is not so full of hatred that she refuses women the safe abortions they so desperately seek. In fact, operating an abortion clinic is an important part of her fight against the pervasive gender-based violence that is a hallmark of patriarchal Korean society. Yet the cures that Na has offered have been fleeting, and she has needlessly added to the suffering of her patients. Her inability to overcome her own trauma—especially her rape and the Korean War—has made it nearly impossible for her to respect other women, particularly those less privileged than herself, much less to focus on their health and wellbeing.

Pak Wansŏ’s oeuvre has been translated into a number of Asian and European languages, and “During Three Days” is no exception. Most notable is Pakistani journalist and short story writer
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Mas’ūd Ash’ar’s (مسمعد اشعر) Urdu-language version, based on Hyun-Jae Sallee’s English-language translation of “During Three Days of Autumn” in A Sketch of the Fading Sun: Stories by Wan-Suh Park (1999) and published by Mashal Books in Lahore, Pakistan. Examining how the Urdu version of Pak’s story departs from its English source allows us to highlight the degree to which Na’s relationship with her patients is further complicated by her medical expertise and equipment. In particular, among many changes to its source, the Urdu translation of Pak Wansō’s story transfers the task of the physician from practicing medicine to treating patients. Paradoxically, however, the Urdu translation further normalizes the medical procedure of abortion as a cure for unwanted pregnancy, at the expense of preventing such pregnancies in the first place and promoting women’s healing and long-term wellbeing. So even as more attention is paid to patients, the focus remains on cure rather than healing.

The opening pages of the Urdu translation of “During Three Days” explicitly transfer the task of the physician from practicing medicine to treating patients. Describing her professional training, Na writes, in the English translation, “Based on my colorful and sweeping experience as a doctor during the war, I was confident I had all the qualifications required to open my own office. I was not concerned about what kind of medicine I should practice since it was entirely my own decision” (223). The Urdu translation changes the final sentence of this passage to “I didn’t care what kind of patients I would be treating [علاج كرنا]. All I cared was that I start working” (16). Whereas both the English and the Korean versions focus on the doctor’s embracing her freedom to decide what type of medicine to practice, the Urdu translation emphasizes her eagerness to begin taking care of actual patients. Likewise, several pages later, Ash’ar translates “I hung below [the ‘Eastside Medical Clinic’ sign on my office] a smaller sign, ‘Specialty-Gynecology’” (20) as “I had a sign placed below [the ‘Eastside Medical Clinic’ sign] stating ‘expert in the care of newborns and their mothers’” (16).

Again, the focus is on the patients rather than on the medical specialty. Furthermore, the phrase “zacha aur bacha” (زچہ اور بچہ) adds a layer of complexity to the Urdu text. Whereas “bacha” means “child,” “zacha” is used in Pakistan as a medical term to refer to childbirth, midwifery, maternity centers, and the general practice of caring for infants and pregnant women. But “zacha” was conventionally used to refer to a woman who had recently given birth, and this meaning lingers today in rural areas, which gives the sentence a somewhat archaic tone. “Ilaj,” for its part, is not a word usually associated with midwifery but instead originally referred to practitioners of Greek and then Western medicine; it can be translated as either “to treat” or “to cure” but usually refers to “cure” only when in the past tense. In other words, far from providing a literal translation of “gynecology,” the Urdu version of Pak Wansō’s story has Na advertise herself as caring for newborns and their mothers; the focus thus moves from specialty (gynecology/pediatrics) to activity (treating) and to patients treated (newborns and their mothers). The contrast between the Urdu-language sign and Na’s actual profession as an abortionist is deeply ironic: zacha, or women who have just given birth, are replaced by women whose fetuses have just been aborted. So the maternal undermines the medical only to be displaced completely.

In the pages that follow, the Urdu translation of “During Three Days” deletes many of Pak Wansō’s descriptions of medical practice, drawing attention away from abortion as a medical procedure. To begin with, the Urdu translation abridges the passages in the Korean and the English stories where Na describes her medical equipment and her reactions to it. The English reads as follows:

Crossing the Han River a couple of times, I could buy most of the basic medical equipment I needed. As I examined the glistening metal instruments—vaginal speculum, flexible and versatile forceps, curettes, Heger sizes 1–15, and a long teaspoon-like
dilator—I found my cold heart being calmed by these cold metals. Although I did not feel fully competent using these medical instruments, I was enshrouded with a peculiar sense of comfort, as though I had encountered an inevitable fate.

(20)

In contrast, the Urdu states this more succinctly: “Crossing the Han River a few times, I bought all the medical instruments I needed. When I saw those cold, sparkling instruments it was as though my heart found peace. There was a strange sense that I was playing with my fate” (16). Important here is that the translator omits not only the specific instruments that Na has purchased but also her relative inexperience with them. The Urdu also condenses “I found my cold heart being calmed by these cold metals” and “I was enshrouded with a particular sense of comfort” into “it was as though my heart had found peace.” In so doing, Ash’ar’s Urdu version of the Korean short story “During Three Days” at once shifts focus away from what precisely comes between Na and her patients (instruments, slight doubts concerning competence) and de-emphasizes somewhat the partial improvement in Na’s own wellbeing.

Additionally, the English continues as follows:

I also bought an examination table with stirrups which was made specifically for examining women so that their vagina could be seen as easily as their face. To most people, the examination table is nothing but a convenient piece of medical equipment, which is designed in a most scientific way to aid the practitioner. However, once a woman lies on it, she finds that it is an unbearably degrading tool of torment. I gritted my teeth as I was forced to recall my own undeserved persecution.

(20)

In contrast, the Urdu explains that “I also bought an examination table with special conveniences for the examination of women. For most people the examination table is a common item to aid doctors but for women it is an unbearable calamity. At that moment I recalled my own suffering and gritted my teeth” (16). Ash’ar’s translation here skips over what makes the examination table convenient for physicians and abhorred by women, the reference to enabling physicians to see a women’s genitalia as readily as their faces. At one point later in the story, the examination table disappears completely: the English line “I spat out curtly, sticking my face into the waiting room after readying the girl on the examination table” (40) becomes “I said with sharpness as I examined the girl” (40).

More significant than the missing medical equipment is the condensing of descriptions of medical procedures, including delivering infants and performing abortions. For instance, the English source text describes in some detail how the doctor medicates a woman to dilate her cervix and induce labor:

First, I wanted to observe the result after inserting three Lamiraria around the cervix and letting the girl relax comfortably. As evening approached, her cervical canal dilated unexpectedly to ten centimeters. That is considered a rapid development for a primipara. Her cervix was smooth and the location was excellent. By giving a liquid stimulant inside her cervix, I tried to induce labor and started an injection to accelerate the process.

(54)

The Urdu translation is less clinical and more circumspect as to what actually happens to pregnant women on the examination table: “I put such medicines inside her that she lay down
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peacefully. In the lower part of her womb I inserted a liquid medicine and tried to induce pain [labor]. After that, to increase the pain [labor] I gave an injection” (59).

Leaving untranslated the phrases on practicing medicine allows the Urdu version both to reduce its source’s focus on medical competence and to gloss over physician error, and in so doing, it further normalizes abortion. The English version of Pak Wansō’s story depicts a doctor exceptionally confident in her own abilities; harboring great pride in her instincts, she claims that “another force” is controlling her as she performs her first delivery, that of landlord Hwang’s grandson:

At the same time the woman roared once again, and I managed to pull the baby out. Just like a midwife of long experience, I took care of the afterbirth with competence and speed. Not that it was a textbook delivery, but I congratulated myself for an excellent performance in delivering the baby without a hint of aid from any previous knowledge or experience. It was as if another force were controlling me.

(24)

In the Urdu translation, on the other hand, Na gives the impression that she can take little credit for the successful delivery: “Then the woman pushed hard and I took the baby into my hands like a master midwife. This was my first case, but it seemed to me as though some other force was doing this work through me” (21). The word “case” here appears in English, Na making a gesture toward medicalizing the birth of the child but ultimately recognizing that she is only an intermediary and is not in control. Interestingly, this obliging “other force” at times deserts her. In the English version of “During Three Days,” the physician admits that “Although I was so accustomed to the work that I could perform it with my eyes closed, mistakes were made frequently. Many times I made the most dreadful mistake of rupturing the uterus” (29). But the Urdu translation has Na disclose only that she frequently makes mistakes. Here the practice of medicine obstructs her alleged principal objective of curing patients and complicates the doctor’s relationship with those under her care and, more broadly, her position in society. To be sure, deleting passages on medical practice increases the focus on the patient. On the other hand, it also perpetuates silences surrounding clinical procedures and the medical establishment more generally.

Nowhere is the perpetuation of silence clearer than in Na’s refusal to discuss birth control with her patients, despite their repeated questions regarding how they might avoid repeat pregnancies. To be sure, Ash’ar’s Urdu-language version of “During Three Days” paints Na more sympathetically than Sallee’s English-language version does. The English reads as follows:

These women repeated their mistakes as if they were retarded children, incapable of learning even the Korean alphabet despite daily lessons. They detested doing anything which took much concentration; they hated even more to do anything that reduced the intensity of their sensuality.

(47)

These sentences are softened in Urdu to the following:

Those women always forgot my lessons. They would get nervous/agitated from trying to focus their attention on any task. Then it was a question of being happy.

(50)

In other words, the Urdu version of “During Three Days” no longer depicts Na as haughtily likening her patients to “retarded children” who are so obsessed with pleasure and so detest anything that
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requires concentration that they blindly repeat their mistakes. Instead, Na says only that her patients forget what they have been told, that it is difficult for them to focus on a particular task, and that their happiness matters. But the Urdu notably repeats Na’s reticence to her patients in both the English and the Korean versions of Pak Wansó’s story regarding how pregnancy can be prevented in the first place; Na continues to believe that her only option, one that she knows is ineffective, is to tell women who want to avoid pregnancy simply to stop having sex. Since for many women this is not an option, and they cannot afford additional children, they have no other choice than abortion. Normalizing abortion, describing it as a matter of course, without providing details of the procedure that might offend or frighten readers or help them build a case against it, emphasizes to Pakistani women that they can readily be relieved of an unwanted pregnancy. At the same time, as in the English version and the Korean version of “During Three Days,” women in the Urdu version of Pak Wansó story are depicted as being deprived avenues for longer-term healing and wellbeing.

“During Three Days” is part of a large and ever-expanding global body of literature on female physicians. At least since the late nineteenth century, with the professionalization of medicine, much of this corpus has addressed the difficulties that women wishing to practice medicine have faced, including the severe biases to which female physicians were subjected, the choices some had to make between marriage/children and a career, and the need to transform the practice of medicine more broadly. Pak Wansó’s narrative additionally illuminates the challenges to long-term healing, for both physicians and their patients, and its Urdu translation depicts healing as even more elusive than its Korean and English counterparts, even when a condition can be repeatedly, albeit temporarily, cured.

Notes

1 For more on the medical and health humanities, see Thornber (2020). This chapter draws from chapter 6 of Thornber, Global Healing.
2 Thank you to Miya Qiong Xie for proofreading the Korean in this chapter and for Daniel Majchrowicz and Nicholas Roth for providing the translations and explanations of the Urdu in this chapter and for conducting research on Mashal Books.
3 Although “During Three Days” focuses primarily on Na’s personal trauma and that of her patients, she also refers sporadically to the Korean War.
4 Born in what is now North Korea, Pak Wansó began publishing at age 40 with the novel Namok (Naked Tree, 1970) and rapidly established herself as Korea’s best-known female writer. She penned 20 novels and more than 150 shorter pieces—most common in her work are the tragedy of the Korean War (in which her own family suffered greatly), the hypocrisy of the middle class, and problems that women face. For more on Pak Wansó’s life and times, see Epstein, “Introduction.”
5 The focus in “During Three Days” is on abortion following unwanted pregnancy, not abortion based on sex selection, as is the case in Pak Wansó’s later “Kkum kkunún ink’yubeit’ŏ” (꿈꾸는 인 큐 베이 터, “Dreaming Incubator,” 1994), a story about a woman forced by her in-laws to have multiple abortions until she becomes pregnant with a boy. See Koloze for additional examples of Korean fiction that address abortion and infanticide (231–2). Interestingly, near the beginning of “Dreaming Incubator,” when the narrator attempts to goad a man into admitting that his two daughters are insufficient and to encourage him to have more children until his wife gives birth to a son, he responds immediately with, “No, two is enough. My children are healthy, and our means are limited. Plus I don’t want to be part of global environmental problems” (33). It is rare for such sentiments to be voiced in public, even as environmental crises become increasingly acute. For more on environmental crises and East Asian literatures, see Thornber, Ecoambiguity.
6 Abortion was banned in South Korea between 1953 and 2019, but the ban was rarely enforced, and women could readily find physicians willing to perform abortions (Rich, “Push to End South Korea Abortion Ban Gains Strength, and Signatures”). After liberation from Japan in 1945, South Koreans developed a new system of medical education. They also increased reproductive technology that enabled surgical termination of pregnancy and
created an underground market of abortion providers, particularly during the Korean War (Kim, “Limiting Birth,” 355).

In the early 1960s, alarmed by their nation’s rapidly growing population and believing it a threat to the economy, South Korean leaders called first for compulsory and then for voluntary birth control. Moon outlines South Korea’s extensive family planning policies, arguing that family planning was “the single most important policy directly involving women in the period of militarized modernity [1963–1987]” and that the modernizing state launched “aggressive propaganda” for family planning (81). From the beginning, authorities embraced the work of the Planned Parenthood Federation of Korea (Taehan kajok kyeoheuk hyŏphoe, est. 1961), now the Planned Population Federation of Korea (In’gu pogŏn pokchi hyŏphoe), but numerous organizations were involved in administering the government’s family planning policy. See early issues of the journal Studies in Family Planning for additional summaries of conditions in South Korea in the mid 1960s (Keeny, “Korea and Taiwan: Two National Programs”; Keeny, “Korea and Taiwan: The 1965 Story”; Keeny, “Korea and Taiwan: The Score for 1966”). The government introduced female sterilization in the second half of the 1970s, and this procedure reached its peak in 1979. Although married women were the primary focus of South Korean family planning initiatives, beginning in the 1970s, the government broadened its family projects to cover unmarried women as well as both married and unmarried men (Moon, Militarized Modernity and Gendered Citizenship in South Korea, 81–9). Curiously, in her study of gender and militarized modernity in South Korea, Moon never addresses abortion or even mentions the word, despite the high rate of abortion. For their part, sex-selective abortions became common in the 1980s. See Hvistendahl for more on foreign, primarily US, involvement in South Korean birth control and abortion policies (129–34).

Giving a historical perspective, Yoo outlines family planning discourse in colonial Korea, where infant mortality rates and population growth were alarming and there were calls to give women “complete control” over their own bodies (The Politics of Gender in Colonial Korea, 189–91); Yoo writes extensively about Korean women’s sexuality and health and about reproductive policies during the colonial period (ibid.). Abortion, infanticide, and other forms of birth control were criminalized in colonial Korea, but contraception was nevertheless available. Sooja Kim emphasizes how discourse on family planning, concerns of gynecology, and material culture of birth control during the colonial period deeply intertwined women’s bodies and health with their biological and social roles as mothers. Discourse on birth control in colonial Korea was more about strengthening the Korean nation than about empowering women.

7 During the Korean War, Na cared for wounded soldiers and also worked in a private presumably general practice.

8 As Edelstein notes, “the Hippocratic Oath, in its abortion-clause no less than in its prohibition of suicide, echoes Pythagorean doctrines. In no other stratum of Greek opinion were such views held or proposed in the same spirit of uncompromising austerity” (18). The modern version of the Hippocratic Oath, written by Louis Lasagna, Dean of the School of Medicine at Tufts University in 1964, does not mention abortion.

9 Later in the story, Na again recalls her father’s words to her that day about medicine being a humanitarian art and how she had to suppress the urge to laugh since she already had determined how to profit from her skills. See also Kenyan writer and pediatrician Margaret A. Ogola’s (1958–2011) novel I Swear by Apollo (2002), where medical professionals debate the Hippocratic Oath. One physician criticizes it as “a useless anachronism from a bygone era of superstition and ignorance” (66).

10 Significantly, as mentioned earlier, the one thing that she desires most in the final days of her practice is for the opportunity to attend a delivery. This longing is fueled by the pregnancy of Mr. Hwang’s granddaughter-in-law, the woman married to the man whom Hwang has claimed to be his son but is in truth his grandson.

11 Na describes how even after making mistakes, she calmly retains control, completes the procedure, provides her patients with antibiotics, and helps them relax, so that in the end, there is no sign that anything has gone amiss. She admits to making repeated errors, including what physicians regard as the gravest mistake of all—puncturing the uterus—something that she claims has happened more than ten times during her career and has largely resulted from her own inattentiveness.

12 An alternative perspective on hatred and the aftermath of rape is found in the Pakistani writer Hasan Manzar’s (1934—) short story “Rahā” (Emancipation, 1981), which begins as follows: “I am able only to hate hatred. My parents used to often get angry about just why I could not hate anybody and later because I do not hate anyone my in-laws began to hate me.” In other words, not only do family members despair her lack of hatred, but they also react with anger and hatred because they
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struggle to understand why she cannot hate. (Thank you to Nicholas Roth for this translation and explanation.) The first-person narrator of “Emancipation” is raped on the train by the ticket checker while returning home from a visit to the Ganges. But unlike Na of “During Three Days,” she is self-consciously not consumed by hatred, instead being repulsed by her husband, who to her is “no more than the god of hatred; a man who could hate others, singly or collectively, by calling them Muslims . . . and who could also hate a lonely and vulnerable person like myself because I was incapable of producing in my stony heart an emotion as delicate as hate.” The narrator’s life changes dramatically after the rape, but hatred remains something she avoids at all costs.

13 Although she is known for her affordability, Na describes how she has earned enough during the last three decades to spend her remaining years comfortably: she has renovated a comfortable home in a quiet suburban neighborhood into which she will soon move, she has rental income from a number of properties that she has purchased over the years, and she owns a number of stocks and bonds that will ensure a relatively affluent retirement.

14 This perhaps is because contraception would reduce her income from abortions.

15 In some societies, abortion ironically has been preferred even to birth control. The birth control pill has been available over the counter in South Korea since the late 1960s. In contrast, although in 1951, Japanese cabinet members agreed that contraception should be encouraged over abortion, “to reduce injuries and health hazards inflicted on the maternal body as a result of rampant abortions,” these efforts were not successful, and the pill was not approved in Japan as a means of birth control until 1999 (Gelb and Palley, Women of Japan & Korea, 73). Prominent among the many reasons for this delay was the fear of the side effects from ingesting synthetic hormones. And, in the opinion of one official, “Abortion affects only the lower half of the body, but the pill has effects all over the whole body” (Coleman, 36–7, cited in Gelb and Palley, Women of Japan & Korea, 84).

16 See also Norgren, who points out the irony behind the reluctance of Japanese women to take the pill in a society that is one of the world’s largest pharmaceutical markets (127). Some Western advisers in Asia also claimed abortion as preferable to birth control (Hvistendahl, Unnatural Selection, 135). In Japan, abortion was common before the Meiji period (1868–1912), criminalized in 1880 as an attempt to increase the population, and legalized in 1948 as the Japanese struggled with overpopulation and poverty; Japanese women have had abortion available upon request since the early 1950s (Gelb and Palley, Women of Japan & Korea, 72).

Takeuchi-Demirci discusses the transnational politics of reproduction particularly as these concern Japan and the United States from the early twentieth century to the present.

17 For more on the use of the term ilaj see Alavi, Islam and Healing. In the appendix, Alavi defines ilaj as “cure,” but ilaj-i-badan as “treatment of the body,” ilaj-i-rooh as “treatment of the soul,” and ilaj-i-sard as “treatment of headache.” The term ilaj appeared in numerous medical works: people spoke, for instance, of a divine ilaj, an ilaj for the problems of life. The term can also signify prevention in the
Curing, but not healing

sense of certain precautions serving as ilaj against future illnesses. These go so far as to provide “detailed
deportment instructions . . . so as to ensure the birth of a healthy child. . . . Each deportment rule is listed
as an ilaj or cure for safe childbirth” (Alavi, Islam and Healing, 222).
18 The translation does the latter by replacing references to her heart being calmed and to her body com-
forted with a single reference to her heart finding peace.
19 “Examination” appears first in Urdu and then in English.
20 It is important to distinguish between “Jaise koi aur taqat mujh se yeh kaam karaa rahi thi,” which
appears in the text, and “Jaise koi aur taqat yeh kaam kar rahii ho,” the latter translated literally as “this
work was being done by another force.”

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