

Terminology and the translational ambiguities of public health

In this collection, which provides a critical history of Chinese public health during the colonial and post-colonial eras, the authors decentre the nation state in order to critically expatiate the global genealogies of scientific practices in interaction with local conditions. Special reference is made to outbreaks of disease such as plague, malaria, and Severe Acute Respiratory Syndrome (SARS). The collection is organised into three main themes, in roughly chronological order: indigenous Chinese notions of disease and cleanliness before the 1911 revolution; colonial health and hygiene in Taiwan under Japanese rule; and, campaigns against epidemics.

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Health and Hygiene in Chinese East Asia: Policies and Publics in the Long Twentieth Century. Durham: Duke University Press. 337 pp. ISBN 9780822348269 (paperback).

The four case studies illustrated in the volume – plague in Manchuria, malaria in Taiwan, schistosomiasis in the lower Yangzi delta and SARS in South China, Taiwan and Singapore – shed invaluable light upon the incorporation of Western biomedical concepts into Chinese medical cosmology, the popular understandings of disease control programs, and the framing of disease within the context of traditional Chinese medicine.

Contagion

Angela Ki Che Leung's chapter chronologically traces the evolution of the notion of contagion (*chuanran*) and contextualises the multiple meanings attributed to contagion, from the tenth century until the advent of the germ theory of disease in the early twentieth century. Yu Xinzhong's essay contends that while human excrement was considered an integral element of increasing agricultural production rather than an insanitary concern in the Qing period, it became a part of urban public health programs in foreign concessions in the latter half of the nineteenth century. The association of public health measures with the vitality of the population in China dates back to the turn of the twentieth century which was marked by Japan's defeat of China in the First Sino-Japanese War (1895). The Chinese intelligentsia, most notably the author Liu Tingchun, who studied in Japan in 1907, established a correlation between cleanliness, orderliness, and punctuality, which constituted discipline of the individual body and the body politic.

Sean Hsiang-lin Lei's chapter highlights the indeterminate particularity of the notion of *chuanran* that was vaguely associated with either infection or contagion and the translational difficulties encountered when rendering 'contagion' into traditional Chinese medicine in the context of the Hong Kong (1894) and Manchurian plague epidemics (1910 and 1921 respectively). Unlike Chinese traditional medicine, which advocated avoiding epidemics (*biyi*) and fleeing the

site of plague outbreaks, the modern quarantine measures implemented by the colonial authorities in Hong Kong recommended blocking the chain of transmission of infection. As a result of the conceptual differences regarding the notion of contagion between Western and Chinese medical cosmologies, the Qing government had not enacted any legislation regarding the notification of infectious diseases. The Manchurian plague served as a catalyst for the Chinese doctors to unify Chinese and Western medical terminologies.

Medical evil

Shang-Jen Li examines the British medical views regarding food, drink, hygiene in China, and the relationship between diets and climates in the construction of national and racial identity. Ruth Rogaski's nuanced and well-argued chapter draws upon a rich variety of sources, e.g., articles in scientific journals, village rumours and urban legends, to explore the multiple meanings attributed by both the Chinese and Japanese to public health activities in Manchuria. As well, she throws light on the hopes and anxieties that accompanied the introduction of 'hygienic modernity' into the region's complex informal and formal colonial settings. The Japanese colonial physicians constructed Manchuria as a 'singularly diseased environment' that required vigilance and control by the colonial state; the local population, in sharp contrast, regarded biomedicine of the colonial state as the embodiment of medical evil. The 'hypodermic syringe' was variously a signifier of healing, the mark of the colonial state, or of addiction.

Rogaski's discussion of hygienic modernity raises questions pertinent to representation, truth, history, and justice while at the same time discussing the embodiment of the 'hypodermic syringe' in colonial Manchuria. Rogaski argues that Japanese scientists neither used 'hypodermic syringes' to inject harmful substances nor to draw blood from humans, but positioned humans and animals on an ecological continuum, performing autopsies on human and animal corpses as objects of scientific dissection. As a consequence, the framing of injections as a medical evil can be interpreted as a form of subaltern resistance exercised by the local Manchurian population to the objectification of science.

Wu Chia-Ling's chapter uses oral history interviews of twenty-one women to question the causal link between the use of traditional birth attendants and the high rates of infant mortality in colonial Taiwan. Wu advocates a greater centrality of accounts in Science, Technology, and Society Studies (STS) *vis-à-vis* the non-use of the new midwifery system introduced during the colonial period, and the excessive use of obstetrical services in the twenty-first century.

Political medicine

Lin Yi-ping and Liu Shiyung's chapter addresses the continuity between the pre-World War II Japanese anti-malarial efforts and the post-World War II malaria eradication programs undertaken in Taiwan with the technical assistance of the US. The authors argue that the study of malaria eradication efforts in Taiwan is situated at the intersection of medical and political history. Li Yushang's chapter traces the history of schistosomiasis elimination in Jiaying and Haining counties in the People's Republic of China, during the ten-year period 1948-1958. In the early 1950s, when the chances of contracting schistosomiasis were attributed to the environment, the government emphasised large-scale sanitary measures, which required tremendous human and material resources. But, due to a long famine from 1959-1963, and the Cultural Revolution (1966-1969) eradication programs could not be implemented in full. By 1958, schistosomiasis control had become a political issue incorporated into Mao Zedong's Great Leap Forward. But, because treatment of schistosomiasis came into conflict with the interests of the local cooperatives, it could not be realised in practice.

Marta E. Hanson regards biomedicine's inability to engage with traditional Chinese remedies when combating SARS (Severe Acute Respiratory Syndrome) as a conceptual blind spot. Tseng Yen-fen and Wu Chia-Ling's chapter reveals that during the SARS outbreak in 2003, there was a great discrepancy between scientific evidence and decisions related to designating 'danger zones'. The World Health Organisation (WHO), despite its inability to determine how SARS would develop, nonetheless paradoxically established scientific criteria for listing danger zones. In a brief but well-written afterword, Warwick Anderson argues from a Foucauldian perspective that the predominant modality of the colonial state – registration and surveillance of the colonial subjects – was disciplinary, and a necessary condition for political self-government or national sovereignty.

Readership

This collection, which is a welcome addition to the historiography of medicine in East Asia, should be read profitably in conjunction with Ming Cheng Lo's 2002 monograph, *Doctors within Borders*, for a fuller understanding of the ambiguities surrounding Japanese colonial medicine. The Japanese educated Taiwanese doctors positioned themselves as intermediaries between the colonial state (Japan) and the colonised (Taiwanese subjects).

The intermediary role of physicians in Chinese East Asia as interpreters of biomedical knowledge continued after World War II, as illustrated by Martha Hanson's chapter, but the continuities and changes of the physicians as interlocutors deserves further exploration. The contributors to the volume converse with each other on a variety of themes; most notably, Angela Ki Che Leung's discussion of *chuanran* is critically reflected upon by Sean Hsiang-lin Lei. The chapters of this volume, which critically explore in turn questions of the conceptual plasticity of Chinese medical terminologies, and the translational ambiguities surrounding the implementation of public health procedures, for example quarantine, address a broad academic readership including medical anthropologists, historians of medicine, and cultural studies.

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Above: Rendering the Notion of Contagion into Chinese. This 1920 poster shows cartoon-type drawings of situations that can cause cholera and methods of prevention. Courtesy of the National Library of Medicine (public domain).