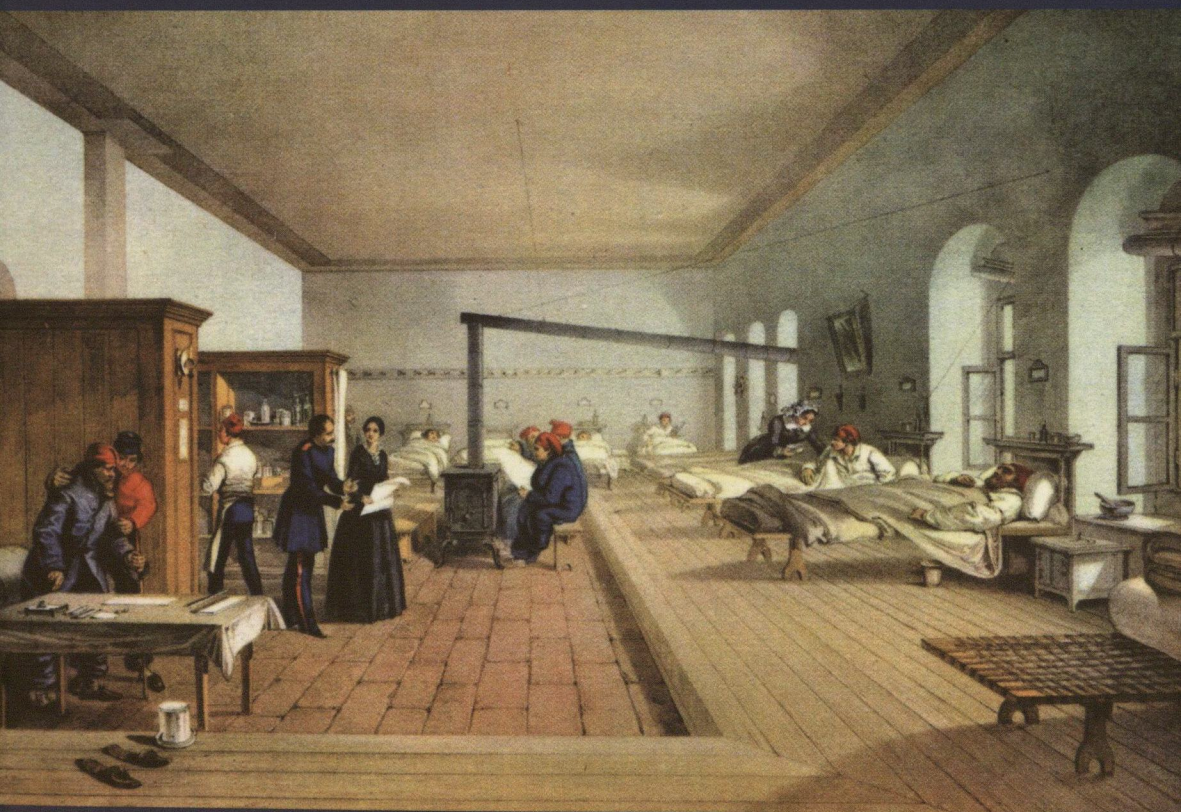


# BIOMEDICINE AS A CONTESTED SITE



SOME REVELATIONS  
IN IMPERIAL CONTEXTS

EDITED BY POONAM BALA

# Biomedicine as a Contested Site

*Some Revelations in Imperial Contexts*

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## Translations and TransFormations: Toward Creating New Men in Early Twentieth-century China

Angelika C. Messner

The Shanghai *Dianshizhai huabao* 點石齋畫報 (The Lithographer's Pictorial)<sup>1</sup> in 1892 contains an article named 西婦被窘 (A Western Woman in Distress). See figure 6.1. The illustration is divided into two scenes. On the right hand side we see a young woman with tousled hair, half naked, half clothed within lumps, people crowding around her are obviously amused and observe the scene which is going on right now. Children are looking curiously. A man, obviously belonging to the building, a temple—talking to her might show her the way home. Her crossed arms indicate that she somehow appears to detest his suggestions. In front of the picture, there are two men talking to each other—but not necessarily about those standing behind them. A man coming from behind turns toward the second scene (on the left of the picture) where obviously a tumult is going on. The above is the description of the illustration.

The text tells the story about a

woman, who, after suddenly having become mad (*diankuang* 癡狂) was standing [for a long time] in front of the temple. A *Jieshizhe* 解事者 (one with understanding and experience) come by giving her cloths. One day another mad person, a male one (*fengnanren* 瘋男人), came to the temple implanting himself vis-à-vis the woman. One day two Westerners came by, a man and a woman,

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This chapter is based on my book *Medizinische Diskurse: Medizinische Diskurse zu Irresein in China (1600-1930)* (Stuttgart: Franz Steiner Verlag, 2000) and my contribution "On 'Translating' Western Psychiatry into the Chinese Context in Republican China," in *Mapping Meanings: The Field of New Learning in Late Qing China*, ed. Michael Lackner and Natascha Vittinghoff (Leiden: Brill, 2004), 639-57.



credit: *Dianshizhai huabao* 17–26.4. [1892], 16.

Figure 6.1. The Shanghai *Dianshizhai huabao*

when the mad man approached the [Western] woman and beset her. At this moment a child carrying a basket with a bottle of oil come along.

The mad man took the bottle, began to laugh loudly and poured the oil on the head of the [Western] woman. The Western man threatened wildly with his umbrella-stick without success. Only when other people came by to help the Westerners could escape.<sup>2</sup>

The author states that this story could also be part of a collection of jokes (*xiaolin* 笑林). That is why he reported the story. What is important for the following remarks is that the story shows people suffering from madness were moving freely in the public sphere. It is not the place here to speculate about the “hidden” messages regarding the role of Westerners and their clumsy and at the same time threatening behavior when being confronted with unexpected situations on Chinese streets. Important for our concern is the suggestion that the gesture of acceptance of helpless people was a quite normal phenomenon among people in late Imperial China.

The quoted text is about madness. Madness does not appear as a specific problem, however. People appear as being more concerned with the fact that the woman was naked than with her “inner” situation. In opposition to that,

madness in nineteenth-century Middle European and North American societies increasingly became perceived as a major “social problem” that had to be solved with urgency. This was the background of the Presbyterian medical missionary, John Glasgow Kerr’s (1824–1901) attempts to establish the first Hospital for the Insane<sup>3</sup> in China. In 1898, only a few years after the above-quoted story was published, the first insane patient was brought to his asylum in Canton: The philanthropic, medical, and political discourses reflecting missionary attempts to convert Chinese people to Christianity essentially aimed at changing them into “civilized human beings.”<sup>4</sup> This was connected with the Western “project of modernity”<sup>5</sup> which was propagated as the only way and the only direction human beings had to develop.

Although China, compared to the situations of colonial domination elsewhere, was successful in restricting the foreign powers to a minimum of possible influences, the Chinese experience of substantial breakdown in early twentieth century is impossible to tell without referring to western powers on the Chinese mainland beginning with the Opium wars in 1840–1842. By 1895, when China suffered the defeat at the hands of the Japanese (Treaty of Shimonoseki), attempts to save the old order became connected with the struggle for renewing the society. Reform proposals by Kang Youwei 康有為 (1858–1927) and Liang Qichao 梁啟超 (1873–1929), released in 1898,<sup>6</sup> included demands for an indigenous (Chinese) industry, an army according to Western models, a modern postal system, and a banking system run by the State. After the Boxer Rising (1900),<sup>7</sup> the court launched reforms in 1905,<sup>8</sup> with the purpose of the total renovation of the Chinese order of life, ending up with the replacement of the empire by the Republic of China in 1911. This summary is a brief sketch of the socio-political background for the following analysis.

## VARYING PERCEPTIONS OF MADNESS

This chapter focuses on the rhetoric and social activities aiming at changing the Chinese “Selves.” Being part of the hegemonic contacts between western powers and China from the late nineteenth century until the 1930s, these activities are steeped in the “project of modernity.” More specifically, the focus in this chapter is on a small fragment of the “project of modernity.”<sup>9</sup> The newly introduced view in the early twentieth century identifying the (Chinese) nation as a sick person by referring to sickness, mainly as “insanity”; the relatedness of the “project of modernity,” the “propagation of the Christian message,” “modern Western medicine”<sup>10</sup> and the human body.

Madness was well known within indigenous Chinese medical systems before, but this knowledge hardly resembled the newly introduced conception of

insanity by medical missionaries in the early twentieth century.<sup>11</sup> The Chinese perception(s) of madness at the time and before can be outlined by three basic constants: First, the lack of any institutionalization of care for the insane. Second, the judicial concept of “Three Pardonables” (*san she* 三赦) which was to ensure the specific lenient treatment (*te bei aiqin* 特悲愛親) of offenders who were very young, very old, or mad: Already the *Zhouli* 周禮 (Rites of the Zhou)<sup>12</sup> paid attention to the “ignorant and imbecile” (*zhuangyu* 癡愚): In the case of offence they should be treated with clemency.<sup>13</sup> This specific lenience appears as a persistent feature within judicial codices until the early twentieth century.<sup>14</sup> Third, at the epistemological level, the complex nature of the “medicine of systematic correspondences” did not allow the extraction of any single organ or aspect as sole location or cause for the outbreak of illness. The central concept of madness (*diankuang* 癲狂<sup>15</sup>) within the medicine of correspondence was that of disharmony (madness due to *yinyang*-imbalance, disturbances in body fluids connected to *qi* 氣-disturbances inside the body, e.g., *qi*-reversal, states of repletion (*shi* 實) and depletion (*xu* 虛), blockages of *qi* within the various organ-systems). Hence, although “mental” symptoms and “mental” illness were not known among Chinese physicians, madness was not described in terms of “mental” symptoms and “mental” illness. The respective descriptions by no means formed a single and separate category in opposition to a single physical category. This is also evidenced by various medical theories appearing in late imperial China, such as the prominent role of the study of the heat (heat as the origin of all diseases, and hence also for madness) as well as different attempts to locate the cause of madness (and/or *kuang* 狂<sup>16</sup> for instance) as “fire in the *yangming* 陽明-meridian,” or in the spleen-organ system, or in the liver and gallbladder, or in the heart (the heart-holes). The partial accumulation of sputum or wind within a certain place within the human body was seen as causing madness as well as sudden frights. Even approaches which (since the seventeenth century) attempted to subsume different forms of madness under the category “*shenbing* 神病” (life-force diseases), indicating a beginning of conceptual extraction of madness from other illnesses, eventually remained within the general systematic approach of correspondences both in diagnosis and treatment. The two fundamentally interwoven spheres (physical and mental) were not divided and cannot simply be reduced by an exclusion of a single element from the whole. Hence, madness figured as any other disease rather as a “quantitative” alteration of normal health; in this, madness did not differ from other illnesses and was not considered a different state, which would imply a fundamental “qualitative” difference between insanity and health. Thus, the “indigenous” medical discourses on various forms of madness obviously neither based on exclusive etiological terms for explaining madness nor can we observe attempts to exclude the sufferer from his own

environment for healing. Medical explanations of madness did not require an exclusive epistemology to define it.

## PROFESSIONAL INSIGHTS: MADNESS RE-DEFINED

Fragments of newly introduced medical nosologies from the Western hemisphere, however, sporadically appear in early twentieth century as part of discourses by Chinese doctors trained in Western medicine.<sup>17</sup> They accused Chinese physicians for proclaiming “absurd” and “totally wrong” conceptions on insanity, knowing nothing about “psychological” (*xinli* 心理) on the one hand and “physiological” (*shengli* 生理) causes for insanity on the other. Wang Wanbai 王完白, a Christian physician who also worked as a missionary, speaks of *jingshenbing* 精神病, indicating “insanity,” meaning “mental disease.” The scientific medical knowledge that insanity ultimately would always be a disease of the brain (*naobing* 腦病) should replace the “absurd” concept of “sputum which blocks the heart holes” or the concept of “demons and ghosts” believed by dumb people (*wuzhi yumin* 無知愚民).<sup>18</sup> Chinese people, according to Wang, were not aware that ex-prisoners and bandits stirring up trouble everywhere (*raoluan defang zhi feitu* 擾亂地方之匪徒) and idiots (*chunyu* 蠢愚) are actually in general a disguised kind of mad people (*fengren* 瘋人) who have to be cured in special hospitals. Demands for a nationwide construction of such hospitals based on the argument that these institutions would protect society from the handicapped (*canzei* 殘賊), dumb (*yu* 愚), and weak (*ruo* 弱) in as much the reproduction of all these could be prevented.<sup>19</sup> Among the most prominent Chinese intellectuals propagating the brain as the area where all intellectual, mental and psychic activities would take place was Tan Sitong 譚嗣同 (1865–1898), who, as a son of a high official, was educated in the conventionalist Confucian ethics and philosophy. But, after having read the Chinese translation of Henry Wood’s (1834–1909) “Ideal Suggestion through Mental Photography” (1893)<sup>20</sup> in 1896 he was eager to propagate the necessity to found a school devoted to the study of mind (the power of the heart (*xinli* 心力)).<sup>21</sup>

“We can say that senses (knowledge, *zhi* 知) come from the heart. But as the heart controls the circulation of the red and purple blood, how can you see the so-called senses (knowledge) there? They must, then, come from the brain.”<sup>22</sup>

Tan Sitong was among the reformers who in 1898 between June 11 and September 21 succeeded in Beijing at the Court to implement reforms based on Russian and Japanese models. Yet, after only one hundred days, conservative powers gained the upper hand: Tan Sitong and other five



intellectuals were executed in September 1898. His vision was of a renewed society and the whole world partly based on the concept of “electricity”:

Believe me, the brain is electricity. At first I thought that its movement was without a pattern; later I learned that this is not so. When thousands of thoughts are clear and limpid, they stay motionless in the brain and cannot be seen. When a thought emerges, there immediately arises an electrical phenomenon. When the thoughts emerge one after the other, the movement of the brain nerves becomes continuous and incessant. When there is a change in thought, there is also a corresponding change in movement.<sup>23</sup>

The electric movements are called *naoqi zhi dong* 腦氣之動 (literally: movements of the brain-qi). In the case of madness (*fengdian* 瘋癲) the brain-qi are moving in a chaotic and disorderly way. One must avoid chaotic movements of the brain-qi in order to prevent this disease.

The notion that all intellectual, mental, and psychic activities would take place exclusively in the brain was alien to the traditional medical discourse in China.<sup>24</sup> Within Tan Sitong’s writings, the brain-qi figure as an epistemological fundament for his moral demand for reformation at the political level and the reformation in the sense of everybody [self] cultivation. He propagates the power of the heart, e.g. mental or psychic power (*xin li* 心力), as the general healing power which can be made use of not only by a single person but it would be the solution for the desolate situation of the Chinese nation as well. In this respect, Tan’s views resembled the above quoted views of the physician Wang Wanbai, who merely adopted Western conceptions of insanity, which in his eyes were the only objective and scientific solution. Others, like Zhang Xichun 張錫純 (1860–1933), one of the leading Chinese physicians of this time, educated in both Western and Chinese medicine, were questioning this “objectivity.” His main concern obviously was the “fact” that the brain cannot think by itself: It essentially needs the heart, which traditionally was both, the seat of thinking and of feeling. In his opinion, there is an endless circular connection of a silk thread between heart and brain. The Western insight of “the brain receiving one seventh of the whole blood by heart function” served as another confirmation for his connection-paradigm.<sup>25</sup>

## DEALING WITH INSANITY

Within the Chinese context of the time, we hardly find a similar alertness for madness as it was the case in industrialized Europe and North America in the nineteenth century. Herein lies one of the reasons for the general disinterest

in John Glasgow Kerr's (1824–1901) demands to establish “Hospitals for the insane” in China since the 1870s. Thus, he had no associates when he finally succeeded in establishing the first “Hospital for the lunatics” in China in 1898.<sup>26</sup> His view, that insanity was a major problem in China, was neither shared by other missionaries in China nor by the Chinese government.<sup>27</sup> Eventually, he was supported by an anonymous missionary in India who donated enough money for the acquisition of land and the erection of two buildings. Kerr's philanthropic engagement for people who in his eyes were suffering from various forms of insanity was challenged by his younger assistants who favored a more clinical view. One among them, namely Charles Selden,<sup>28</sup> supervised the institution until 1927 when he had to close the doors because the communists assumed control.<sup>29</sup> Selden reports that within the first ten years of the existence of the hospital the patients were mostly recruited from converted families or their friends from Cantor and its hinterland. Afterwards, people came even from Hong Kong, including uprooted vagabonds, but also from well-to-do families.<sup>30</sup> According to puritan-protestant ethics besides hydro-therapy and calmative formula, the therapy methods mainly consisted in *work* (occupational therapy),<sup>31</sup> order, hygiene, a detailed day's schedule in addition to hours of prayer and Bible study.<sup>32</sup> Starting from 1909, restraint methods were applied: In special cases people were kept in strait jackets and in metal cages in a horizontal position.<sup>33</sup> The “John G. Kerr Hospital for Lunatics” in Canton served as a point of crystallization for various “Mental Hygiene campaigns” in the 1920s<sup>34</sup> which were intended to diffuse Western views on health of body and mind. Now the time obviously was ripe for the insanity to be viewed as a major medical and social problem which was based on the epistemology characterized by an intense faith in the capacity of “science” (*kexue* 科學) to dismantle “tradition” and to achieve its opposite, “modernity.”<sup>35</sup> The elimination of all possible disturbing factors within the society would lead to a healthy society. The matrix for this view was the metaphor of the nation as a sick body-person.

In the first campaign in 1921, initiated by Robert M. Ross and his wife Margareth Taylor Ross,<sup>36</sup> the building was opened for five days for everybody was eager to listen to the representations of the physicians as well as of the police, the senate, and the governor of Canton, deputies of the Board of Trade who were invited as speakers.<sup>37</sup> The patients themselves were locked away during these days. Only one year later, the same organizers conducted the second campaign for mental health, especially for Chinese people who were studying Western medicine. This campaign aimed at instructing the Chinese auditorium in “mental health facts” as for instance the “necessary racial purity” in order to prevent insanity; the “necessity to educate the young to an orderly, clean social life without sexual excess—

syphilis was considered a major cause for insanity.<sup>38</sup> For the proposed segregation of all problematic individuals from society, again the necessity of over 1,000 Hospitals for the Insane was proposed.<sup>39</sup> The third campaign for mental health in Canton, the so-called Purity Campaign, was organized by the "Canton Christian Council" under the auspices of Dr. F. Oldt,<sup>40</sup> and was supposed to serve especially to the explanation of what "prostitution" meant and about the inner connection between prostitution, criminality, and insanity.<sup>41</sup> During three months this campaign animated about 3,000 Christians to participate in prayer groups and Bible reading courses with a special focus on elucidation about the danger of prostitution as a source of insanity. Ten years later the monograph *Social Pathology in China*<sup>42</sup> (1934) appeared pretending to be a handbook about the major problems in China for Chinese students: North America is designed as the standard-example in segregating the insane from their families. In opposition to that, the Chinese attitude to keep such patients at home was characterized as an emblem of an uncivilized country.<sup>43</sup>

These discursive activities are accompanied, followed, or even preceded by political decisions on various levels: At the beginning of the twentieth century, the police of Canton, for instance, were already starting to pick up stranded people from the streets and to bring them to the hospital; in 1909 the police granted a huge amount of money for the expansion of the institution. In 1913 Yuan Shikai 袁世凱 (1859–1916), the fifth President of the Republic of China (reg. 1912–1916), ordered the official recognition of Western medicine, and, in 1915, Western medicine was disposed as the only examination subject within the medical curriculum.<sup>44</sup> This decree also signified the sanction of dissecting human bodies.<sup>45</sup> In 1913 Canton officially established a health office, followed by Shanghai and Beijing in the 1920s.

As part of the police reform in 1901, following the Meiji Reform model in Japan (1868), which again was an adoption from Prussian and French models of centralized, bureaucratic command systems, the Beijing Police Academy was founded by a Japanese "self-taught China expert named Kawashima Naniwa"<sup>46</sup> and meant to specifically train and properly equip the police.

Whereas the police in nineteenth-century London, Paris, and other large cities systematically operated along the category of "dangerous classes" reflecting a deep social split and defining urban violence as deviance, Chinese police reformers obviously presumed, that beggars, roamers, criminals, and rioters intrinsically were part of urban life: Deviance was thus seen as an inevitable aspect expected in cities in turbulent times.<sup>47</sup> Thus, the social aspect of police activities in early twentieth-century China should not be confounded with the specific disciplinarian activities in nineteenth-century Europe and North America. The notion of "dangerous classes" was clearly connected to

medical conceptions that served again as argumentative foundation for activities in favor of the elimination or isolation of such persons.

The idea of the “definition of the human being as brain,” that is, the determination of the qualities of the human being through the brain, can be seen as one of the most “effective terms of modernity for the definition of the human being,”<sup>48</sup> and this idea is one of the concepts crucial to the specific Western psychiatric discourse at that time.

To sum up, psychiatry in China had its origins as Western psychiatry. In the early twentieth century, Chinese physicians were confronted with Western explications of insanity, which focused on the brain as the place of the development of insanity. Among those struggling for the total renewal of society Chinese physicians argued in favor of the new epistemology and thereby legitimized their demand for establishing thousands of hospitals for the insane in China. Others would hardly accept the view that insanity was a qualitatively different state from any other disharmonic bodily states. This was also reflected by the fact, that within indigenous medical texts no single book is to be found which exclusively deals with insanity.

The various philanthropic missionary activities attempting to renew Chinese society were all connected to the project of “modernity”: China was supposed to follow the example of the western civilizations. Despite various discursive activities and political decisions in favor of this project, until the end of 1949 “only” six “Hospitals for Insane” were established. Under the Communist leadership they changed into kind of “reception camps” for homeless people. However, the creation of “a psychiatry with Chinese characteristics”<sup>49</sup> is still a work in progress.

## NOTES

1. The *Dianshizhai hua* was a popular pictorial magazine appearing every ten days since 1884; it was normally made up of eight folios, entirely without advertisement. On authorship and circumstances of distribution see Roswell S. Britton, *The Chinese Periodical Press 1800-1912* (1933) (Taipei: Ch'eng-wen publishing, 1966), 69ff; Ye Xiaoqing, *Popular Culture in Shanghai 1884-1912* (1933) (Canberra: The Australian National University); Yu Yueting 俞月亭, “Wo guo huabaode shizu: dianshizhai huabao chutan 我國畫報的始祖,” *Xinwen yanjiu ziliao* 新聞研究資料, 1981, 5. It was a “typical product of nineteenth century China coast culture” (See Eric Zürcher, “Middle-Class Ambivalence: Religious Attitudes in the *Dianshizhai huabao*,” *Études chinoises*, XIII, 1-2, printemps-automne 1994: 109-43). On authorship and circumstances of distribution, see Roswell S. Britton, *The Chinese Periodical Press 1800-1912* (1933) (Taipei: Ch'eng-wen Publishing, 1966), 69; Ye Xiaoqing, *Popular Culture in Shanghai 1884-1912*, Ph.D.Diss. (Canberra: The Australian National University, 1991).

2. See *Dianshizhai huabao*, 17–26, 4. (1892), 16.

3. I here use “Hospital for the Insane” and “Asylum for the Lunatics” interchangeably. Kerr himself throughout speaks of an asylum, but others called it a hospital.

4. On this issue see Paul Cohen, “Christian Missions and Their Impact to 1900,” in *The Cambridge History of China*, Vol. 10, *Late Ch’ing, 1800–1911*, Part I, ed. John K. Fairbank (Cambridge: Cambridge University Press, 1978), 543–614; Peter Buck, *American Science and Modern China 1876–1936* (Cambridge, Cambridge University Press 1980), 8–43.

5. I refer to the definition in Prasenjit Duara, “Knowledge and Power in the Discourse of Modernity: The Campaigns against Popular Religion in Early Twentieth-Century China,” *The Journal of Asian Studies*, 50, 1 (February 1991): 67–83, 67: “[...] a discourse which structures the perception of the world not only cognitively through the categories of rationality and science, but also by means of such values as progress and secularism, which are often inseparably entwined with the former.”

6. This reform stopped after a very short time (Hundred Days Reform).

7. This uprising resulted from manifold factors like catastrophic flood and drought in North China, and after the occupation of Qingdao and its hinterland by the German army of occupation; in total there were 229 foreigners killed. See Joseph W. Esherik. *The Origins of the Boxer Uprising* (Berkeley, Los Angeles, London: University of California Press, 1987); Mechthild Leutner and Klaus Mühlhahn (eds.), *Kolonialkrieg in China. Die Niederschlagung der Boxerbewegung 1900–1901*. (Band 6 der Reihe “Schlaglichter der Kolonialgeschichte”) (Berlin: Christoph Links Verlag, 2007).

8. These reforms can be seen as the most radical attempts within the Chinese history until the modernizing policy launched by Deng Xiaoping in the 1980s. The abolition of the traditional examination system for instance now forced many young people to study at foreign universities; Japan, Germany, and North America were among the most frequented countries. Among the many fields of reform, as for instance the police reform, which began in 1901, the law reform, the demand for the fundamental renovation of the Chinese education system obviously was the most drastic one, since it meant to “renew” the individual. See Douglas R. Reynolds. *China, 1898–1912: The Xinzheng Revolution and Japan* (Cambridge, MA: Harvard University Press, 1993).

9. Hutchison characterizes North American missions in terms of an “activistic and civilizationizing” approach. See William R. Hutchison, “A Moral Equivalent for Imperialism: Americans and the Promotion of ‘Christian Civilization’, 1880–1910,” in *Missionary Ideologies in the Imperialist Era: 1880–1920, Papers from the Durham Consultation, 1981*, ed. Torben Chistensen and William R. Hutchison (Aarhus: Christensens Bogtrykkeri, 1982), 167–77. For an overview of the missionary activities in late Imperial China see Paul A. Cohen, “Christian missions and their impact to 1900,” in *Cambridge History of China*, 10, 543–90; Jerome Ch’en, *China and the West, Society and Culture 1815–1937* (London: Hutchison, 1979).

10. China was the first country where medical-missionary projects took place. Rev. Dr. Peter Parker (1804–1889) was the pioneer within this field. In 1835, when he arrived at Canton, about 100 missionaries worked at 60 different stations in China, mostly in Canton (North American Protestants), in Peking (Jesuits) and in Macao

(Portuguese Catholics). Protestant mission in Canton was conducted by the “American Board,” the “American Bible Society,” the “United Foreign Missionary Society” and the “American Colonialization Society.” See Kenneth S. Latourette, *A History of Christian Missions in China* (New York: The Macmillan Company, 1929), 615–21. Parker himself was a member of the Presbyterian Mission, like John G. Kerr. Together with Dr. Colledge and Rev. Bridgeman Parker established the “Medical Missionary Society” in 1838. See Edward V. Gulick, *Peter Parker and the Opening of China* (Cambridge, Massachusetts: Harvard University Press, 1973), 44; Chimin K. Wong and Lien-teh Wu, *History of Chinese Medicine* [1936] (Taipei: Chengwen publisher, 1977), 307. Different to the hospitals and drugstores which have been erected before by missionaries (for missionary colleges only), the hospital established by Peter Parker especially should serve mainly Chinese patients. In 1887 the first medical journal “in heathen lands” was established: “The Medical Missionary Journal.” See Chimin K. Wong and Lien-teh Wu, *History of Chinese Medicine* [1936] (Taipei: Chengwen publisher, 1977), 465–66.

11. Madness (*diankuang* 癡狂) in a most general sense was seen as a manifestation of either depletion or repletion of Qi 氣. See my *Medizinische Diskurse zu Irresein in China* (1600–1930) (Stuttgart: Franz Steiner Verlag, 2000), 78–194; Martha Li Chiu, *Mind, Body, and Illness in a Chinese Medical Tradition*, Ph.D. diss. (Harvard University, reprint Ann Arbor, UMI), 1981.

12. The *Zhouli* is one of four extant collections of ritual matters of the Zhou Dynasty 周 (from about 400–300 B.C.). The final redactional work on these books took place during the Han Dynasty (202 B.C.–220 A.C.). Three of them were incorporated into the Canon of Confucian Classics: *Liji* 禮記, *Yili* 儀禮, and *Zhouli*. The fourth, the *Da Dai Liji* 大戴禮記, has only survived in fragments and was almost forgotten for centuries.

13. “The first [amnesty] is [for] young and weak (*youruo* 幼弱), the second [amnesty] is [for] old and senile (*laomao* 老耄), the third [amnesty] is [for] ignorant and imbecile (*zhuangyu* 癡愚). See *Zhouli*, in *Shisanjing* 十三經 注疏. Compiled by Ruan Yuan 阮元. [Photomechanic reprint from woodblock-print 1816] (Taipei, Xinwenfeng chuban gongsi, 1988), 3, *juan* 36, 540.

14. Of course, this is no answer to the question of how such people in reality were treated. The same is even true for legal case stories from the seventeenth and eighteenth centuries. Vivien Ng in her study *Madness in Late Imperial China: From Illness to Deviance* (Norman: University of Oklahoma Press, 1990), attempts to answer this question. Yet, she fails, since her instrument of analysis completely relies on predefined insights from the history of Western psychiatry: One of these predefinitions regards the relief of “insane people” in 1793 (when Philippe Pinel in the hospitals Salpêtrière and Bicêtre freed the patients from their chains) which might be interpreted as a sign of humanism. Ng’s interpretation fails on three points: Her thesis “from illness to deviance” is based on the shift that Michel Foucault generally stated for Middle Europe around 1800. By transfusing this presumption on the Chinese context—she also equates Western theology with Chinese “philosophical orthodoxy” in the early seventeenth and eighteenth centuries—Ng identifies the Chinese medical discourse with the Western medical discourse. She uses insights from

the Middle European history in the sense of normative heuristic conceptions for the analysis of Chinese history. See Vivien Ng, *Madness in Late Imperial China: From Illness to Deviance* (Norman: University of Oklahoma Press, 1990), 32 and 170. When Ng commiserates for instance that no physician within the Chinese context of the seventeenth and eighteenth centuries was allowed to diagnose “insanity” before the court, she clearly misinterprets the Chinese context in favor of the insights into the Western history of psychiatry, because she interprets the starting cooperation between the court and medical authority in nineteenth-century Europe and North America [See Roger Smith, “The Boundary between Insanity and Criminal Responsibility in Nineteenth-Century England,” in Andrew Scull (ed.), *Madhouses, Mad-Doctors, and Madman. The Social History of Psychiatry in the Victorian Era* (London: Athlone Press, 1981), 363-84.

15. *Diankuang* was the most common term for madness.

16. Generally translated as “mania.”

17. It is not the place here to dwell on related translations in the seventeenth and eighteenth centuries. See Angelika C. Messner “Some Remarks on Semantics and Epistemological Categories in early Scientific Translations,” *Monumenta Serica Journal of Oriental Studies*, LIII (2005): 429–59.

18. Wang Wanbai was engaged in the public recognition of Western medicine in China. In the 1920s, he founded a hospital in his hometown of Changzhou where he dedicated himself to the distribution of the smallpox vaccination. Later on at Suzhou he founded a small Insane Hospital (*fengrenyuan* 瘋人院). See Wang Wanbai 王完白, *Fengrenyuan zhi zhongyao yu biyi* 瘋人院之重要與裨益 (On the importance and benefit of lunatic asylums), *Zhonghua yixue zazhi* 3 no. 5: 127–31.

19. See Wang Wanbai 王完白, “*Fengrenyuan zhi zhongyao yu biyi* 瘋人院之重要與裨益” (On the importance and benefit of lunatic asylums), *Zhonghua yixue zazhi* 3, 5: 127.

20. The translator was John Fryer (1839–1928). He was employed at an English college in Hong Kong in 1861 for two years where he learned the Cantonese language. In 1863 he began to teach English in Beijing for another two years. In 1865 he left the School for Shanghai and in 1868 he started to translate scientific books at the Jiangnan Arsenal. Between 1870 and 1880 he published about 34 translations on natural science and technology. See Jonathan Spence, *The China Helpers*, (London: The Bodley Head, 1969), 140–54; Adrian Arthur Bennett, *John Fryer: The Introduction of Western Science and Technology into Nineteenth-Century China* (Cambridge, MA: Harvard University Press, 1967); Wang Yangzong 王揚宗, *Fulanya yu jindai Zhongguo de kexue qimeng* 傅蘭雅與近代中國的啟蒙 (Fryer and the Enlightenment in Modern China), (Beijing: Kexue chubanshe, 2000); Rune Svarverud, “The Formation of a Chinese Lexicon of International Law 1847-1903,” in *Mapping Meanings: The Field of New Learning in Late Qing China*, ed. Michael Lackner and Natascha Vittinghoff (Leiden: Brill, 2004), 507–36, 516–18.

21. *Xinli* can also be rendered as “power of the mind” or as “psychic power.” See Tan Sitong, *Renxue* 仁學 (An Exposition of Benevolence) [1896] in *An Exposition of Benevolence: The Jen-hsüeh of T'an Ssu-t'ung*, translated by Chan Sin-wai (Hong Kong: The Chinese University Press, 1984), 61 and 285. On the influence

of Wood's book on Tan Sitong see Richard H. Shek, "Some Western Influences on T'an Ssu-t'ung's Thought," in Paul A. Cohen and John E. Schrecker, eds., *Reform in Nineteenth-Century China* (Cambridge, Massachusetts: East Asian Research Center, Harvard University, 1976), 194–203.

22. See Tan Sitong, *Renxue* 仁學 (An Exposition of Benevolence) [1896] in *An Exposition of Benevolence: The Jen-hsiieh of T'an Ssu-t'ung*, translated by Chan Sin-wai (Hong Kong: The Chinese University Press, 1984), 251 and 96.

23. See Tan Sitong, *Renxue* 仁學 (An Exposition of Benevolence) [1896] in *An Exposition of Benevolence: The Jen-hsiieh of T'an Ssu-t'ung*, translated by Chan Sin-wai (Hong Kong: The Chinese University Press, 1984), 290 and 209.

24. On the history of this complex question see Angelika C. Messner, *Medizinische Diskurse zu Irresein in China (1600-1930)*, (Stuttgart: Franz Steiner Verlag, 2000), 198–211; Angelika C. Messner, "On 'Translating' Western Psychiatry into the Chinese Context in Republican China," in *Mapping Meanings: The Field of New Learning in Late Qing China*, ed. Michael Lackner and Natascha Vittinghoff (Leiden: Brill, 2004), 639–57, 649.

25. See Zhang Xichun 張錫春, *Yixue zhongzhong canxi lu* 醫學衷中參西錄 (The assimilation of Western and Chinese medicine) [1918-1934] (Hebei: Kexue jishu chubanshe, 1995). This book appeared between 1918 and 1934, published in 7 parts (in 30 *juan*). Zhang served as military physician at the end of the Qing dynasty, and from 1918 was head of a hospital in Liaoning. From 1928, he lived in Tianjin running 'correspondence courses' for traditional medicine.

26. Already in the 1870s he articulated his philanthropic driven desire for helping insane people in China, after traveling back to North America for several times in the late 1860s. During the following sojourns in North America in the late 1870s, the mid 1880s, and the early 1890s he collected money for China. Moreover, his attempt to equalize the situation for insane patients in China to that in North America led him to the calculation that China would need 300 hospitals for 1,000 patients each. J. G. Kerr, "'The Refuge for the Insane,' Canton," *The China Medical Missionary Journal* 12, no. 4 (1898): 178. For an analysis of the situation in an asylum in Beijing in the 1930s, see Hugh Shapiro, *The View from a Chinese Asylum: Defining Madness in 1939s Peking*, Ph.D. dissertation (Harvard: UMI) 1995.

27. Zhang Zhidong 張之洞 (1837–1909), one of the two governors who controlled the middle and lower Yangzi-region, simply stated: No interest in this matter. See C. Selden, "The Story of the John G. Kerr Hospital for the Insane," *The China Medical Journal* 52 (November 1937): 713.

28. Charles Selden originally came to China in order to establish an orphanage.

29. The communist party launched nineteen regulations for all hospitals (including both foreign and Chinese managed) in regard to the insurance for the whole personnel. Selden could not meet the demands. In the 1930s the hospital was taken over by Chinese doctors. See Charles Selden, "The Story of the John G. Kerr Hospital for the Insane," *The China Medical Journal* 52 (November 1937): 713; "China Medical Association Section, The John G. Kerr Hospital for the Insane, Canton," *The Chinese Medical Journal*, XLI (January 1927): 164–65. For a general overview on the situation of medical missionaries working in China at this respective time, see John Z.



Bowers, *Western Medicine in a Chinese Palace: Peking Medical College, 1917-1951* (New York: Josiah Macy, Jr. Foundation, 1972).

30. Charles Selden, "Work among the Insane and Some of Its Results," *The China Medical Missionary Journal* 19, 1 (January 1905): 17.

31. Work as therapy indeed was a foreign implant. See Mary Brown Bullock, *An American Transplant, The Rockefeller Foundation and Peking Union Medical College* (Berkeley: University of California Press, 1980).

32. Selden, "Work among the Insane, 1-17; Charles Selden, "Ill Treatment of the Insane," *The China Medical Journal* 23, 6 (November 1909): 373-84; Charles Selden, "The Need of More Hospitals for the Insane," *The China Medical Journal* 24, 5 (September 1910): 330.

33. Selden, "Work among the Insane," 9.

34. Medical missionaries at the beginning mainly called attention to the necessity of clean water and food (See for instance A. Stanley, "Hygiene in China," *The China Medical Missionary Journal* 20 (November 1906): 235-41; In the 1920s prevailed the discourse on "Social evil." See Robert M. Ross, "The Insane in China: Examination hints," *The China Medical Journal* 24 (1920): 514-18.

35. On the application of the concept of science in twentieth-century China see Wang Hui, "The Fate of 'Mr. Science' in China: The Concept of Science and Its Application in Modern Chinese Thought," *Positions East Asia Cultures Critique* 3, 1 (spring 1995): 1-68.

36. She served as a doctor at the David Gregg Hospital where Charles Selden worked as an instructor. See Chimin K. Wong and Lien-teh Wu, *History of Chinese Medicine* [1936] (Taipei: Chengwen publisher, 1977), 689.

37. These cooperative activities between police and physicians could be interpreted as equivalent activities to the situation in nineteenth-century North America and Middle Europe.

38. The 1899 conference on social hygiene in Brussels discussed the "problem" of venereal diseases. As a remedy the confinement of prostitutes within special hospitals was proposed. See "Brussels Conference of Social Hygiene," *The British Medical Journal* 2 (1899): 676-78.

39. Robert M. Ross, "Mental Hygiene," *The China Medical Journal*, Vol. XV (January 1926): 12.

40. See especially the article "The Demi-Monde of Shanghai," *The China Medical Journal* (August 1923): 782-88, where various forms of prostitutions are differentiated in order to show the complexity of the phenomenon.

41. Oldt demanded special "Hospitals for venereal diseases." See F. Oldt "Purity Campaign Canton," *The China Medical Journal* (August 1923): 777.

42. See Herbert Day Lamson, *Social Pathology in China* (Shanghai: Commercial Press, 1934).

43. Lamson, *Social Pathology in China*, 383 and 385.

44. See Chimin K. Wong and Lien-teh Wu, *History of Chinese Medicine* [1936] (Taipei: Chengwen publisher, 1977), 436-38.

45. In 1922, however, traditional Chinese medicine was allowed again as an examination subject, yet her status was relatively low. See Ralph C. Croizier, *Tradi-*

*tional Medicine in Modern China: Science, Nationalism and the Tensions of Cultural Change* (Cambridge, MA: Harvard University Press, 1968), 47.

46. See David Strand, *Rickshaw Beijing. City People and Politics in the 1920s* [1989] (Berkeley, Los Angeles, London: University of California Press, 1993), 67.

47. See the discussion in David Strand, *Rickshaw Beijing. City People and Politics in the 1920s* [1989] (Berkeley, Los Angeles, London: University of California Press, 1993), 89-95.

48. See Michael Hagner, *Homo cerebrialis: Der Wandel vom Seelenorgan zum Gehirn* (Berlin: Berlin Verlag, 1997), 293.

49. See Veronica Pearson, *Mental Health Care in China: State Policies, Professional Services and Family Responsibilities* (London: Gaskell, 1995), 4.