

CROSS-CURRENTS



EAST ASIAN HISTORY AND CULTURE REVIEW

REVIEW ESSAY

Situating the History of Medicine within Chinese History

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Andrew Schonebaum. *Novel Medicine: Healing, Literature, and Popular Knowledge in Early Modern China*. Seattle: University of Washington Press, 2016. 296 pp. \$50 (cloth); \$30 (paper).

Hilary A. Smith. *Forgotten Disease: Illnesses Transformed in Chinese Medicine*. Stanford, CA: Stanford University Press, 2017. 248 pp. \$85 (cloth); \$25 (paper/e-book).

The past ten years have seen the publication of more than seventy English-language monographs, edited books, translations, dictionaries, and even a three-volume catalogue, related to the history of medicine in China. Such substantive, varied, and often ground-breaking scholarship is finally starting to do justice to the complexity of the subject and the richness of the sources vis-à-vis the better known, and thus more widely taught, history of European and Anglo-American medicine from antiquity to the modern world. Collectively bringing the field of the history of medicine in China to a new level of synthesis, these works not only demonstrate how integral the history of medicine and public health is to Chinese history but also should help facilitate the integration of East Asian medical history into more broadly conceived global histories of medicine and public health. This major boon in publications on the medical history of China over the past decade also reveals the wide-ranging methods and diverse approaches scholars have chosen to frame, and thereby exert heuristic control over, what arguably has become newly visible as the contours of a vast, complex, and essential subject of not just Chinese but human history.

The Past Decade's Scholarship on the History of Medicine in China

Starting from the premise that medical transformations are integral to social, political, economic, cultural, and technical changes (Lloyd and Sivin 2003), several scholars have focused

their histories of Chinese medicine on one dynastic period, such as the Song dynasty (Goldschmidt 2009), a very *longue durée* eleventh century (Sivin 2015), and the Yuan dynasty (Shinno 2016). Additionally, historians have magnified our understanding of how medical transformations illuminate changes across the full spectrum of human society but at the finely granulated level of particular cities, such as in Suzhou in the late Ming-early Qing period (Chao 2009), the treaty-port city of Tianjin from the late nineteenth century to the first decade of the People's Republic of China (PRC) (Rogaski 2004), the rural town of Menghe in Jiangsu Province to cosmopolitan Shanghai between 1626 and 2006 (Scheid 2007), and late nineteenth- and twentieth-century Shanghai (Nakajima 2018).

Applying methods from gender studies has also informed scholarship in the past decade on the development of pediatrics from the Song to the Ming dynasty (Hsiung 2007), obstetrics during the Qing dynasty (Wu 2010), and midwifery during the Republican period (Johnson 2011). Studies on transformations in Chinese psychiatry (Chiang 2014), especially sexuality and queer studies in China, have been markedly prolific through the edited volumes *Transgender China* (Chiang 2012), *Queer Sinophone Cultures* (Chiang and Heinrich 2013), and *Perverse Taiwan* (Chiang and Wang 2016), culminating in the edited volumes *The Making of the Human Sciences in China* (Chiang 2018a) and *Sexuality in China* (Chiang 2018b) and the monograph *After Eunuchs* (Chiang 2018). A new book on the history of madness in modern China is forthcoming (Baum 2018).

Recent scholarship has also focused on the modern transformations of Chinese medicine from the missionaries in the 1850s to the first decade of the PRC in the 1950s (Andrews 2014), including the troubled Western-Chinese medical politics of the Republican period (Borowy 2009; Lei 2014), through case studies of their epistemological ramifications mostly during the twentieth century (Chiang 2015). That scholarship has extended to twentieth-century transitions of Western medicine in China (Andrews and Bullock 2014). The nexus between gender and health in East Asia continues to be productively explored (Leung and Nakayama 2018). Examining Chinese history from the perspective of the consumption of tobacco for pleasure, profit, and potential cures has also been particularly illuminating with respect to gender studies, broader modern social-economic-political-cultural transformations, and global public health history (Benedict 2011). Related histories of public health have also developed apace, from focusing on China (Watt 2014; Barnes 2018), Taiwan (Liu 2009), and Hong Kong (Yip, Leung,

and Wong 2016; 2018) to the more regionally inclusive syntheses of the history of public health in modern Asia (Bu, Stapleton, and Yip 2010), imperialist medical legacies in Asia (Peckham and Pomfret 2013), epidemics in Asia (Peckham 2016), and public health in postwar Asia (Bu and Yip 2015).

The biography of a disease-concept approach, broadly used in the history of medicine, has also been applied in China to write narratives of leprosy in the *longue durée*, covering a range of disease concepts related to modern-day leprosy (Leung 2009), and of the Chinese disease concept *wenbing*, a broad emic term for febrile diseases and acute infectious diseases (Hanson 2011). Related scholarship in this vein, but more centered on modern-day surveillance, control, and eradication methods, also has strong foundations for malaria in East Asia (Yip 2009), beriberi in Japan (Bay 2012), and schistosomiasis in Maoist China (Gross 2016).

New academic bridges connecting the study of Chinese medicine with literature, the history of science, and religion have been productively created by aptly literary analyses to the medical dimensions of Chinese fiction (Zeitlin 2007a), the literary qualities of Chinese case histories (Zeitlin 2007b), the literary dimensions of *bencao* (Nappi 2009), or *materia medica* (the Chinese medical genre concerning medicinals derived from animals, plants, and minerals), Chinese Daoism and alchemy (Ho 2007), Chinese Buddhist healing narratives (Salguero 2014), the modern legacies of biographies of ancient physicians (Brown 2015), and illness narratives in modern Chinese film and fiction (Chow 2016). The history of Chinese food culture (Swislocki 2009; Höllman 2013; Zhao 2015), food as medicine in China (Hu 2006), and even food in imperial Chinese literature (Yue and Tang 2013) has been similarly multidisciplinary. Comparable interdisciplinary approaches are found in historically informed analyses of the pathologized body in eighteenth- to nineteenth-century China (Heinrich 2008), the perfected body from Chinese antiquity to the present (Lo 2012), and the medically commodified body in modern China (Heinrich 2018). Collaboration over the past five years among medical historians, literary and film scholars, film directors, and documentarians has produced an online YiMovi website, *Film and the Chinese Medical Humanities*, with the makings of an edited volume (Berry, Lo and Guo, forthcoming).

Recent foundational scholarship provides detailed textual exegeses of some of the most ancient sources on birth (Cook 2017), death (Cook 2011), pulse-diagnosis practices (Hsu 2010), *yangsheng* (“nourishing life”) practices (Lo 2014), and what later became known as the medical

canons of the Han dynasty, the *Huang Di nei jing: Su wen* (Unschuld and Tessenow 2011), which has a separate dictionary volume (Tessenow and Unschuld 2008), the *Huang Di nei jing: Ling shu* (Unschuld 2016a), and the *Nan jing* (Unschuld 2016b). Another book takes a purely philosophical approach to these textual foundations of Chinese medicine (Lee 2017). A major joint research project over the past decade to create a dictionary of the *Ben cao gang mu* (Systematic *materia medica*, 1596) has culminated in the following three reference volumes of the *Dictionary of the Ben cao gang mu*: (1) *Chinese Historical Illness Terminology* (Zhang and Unschuld 2014); (2) *Geographical and Administrative Designations* (Hua, Buell, and Unschuld 2017); and (3) *Persons and Literary Sources* (Zheng, et al. 2018). On the other side of the temporal spectrum, the unparalleled collection of more than nine hundred rare manuscripts on Chinese traditional healing spanning the sixteenth to twentieth centuries preserved in Berlin's Staatsbibliothek (state library) now has the three-volume catalogue that it deserves (Unschuld and Zheng 2014).

Just as important are the edited volumes that, by bringing together several scholars around a central theme or project, raise the field overall to a higher level of synthesis. Examining medical case records in comparison with other types of case-based thinking in law, religion, and Confucianism contributed to the history of reasoning through *Thinking with Cases* in late imperial China (Furth, Zeitlin, and Hsiung 2007). Ruth Rogaski's analytic interpretation of *weisheng* (guarding life) as "hygienic modernity" (Rogaski 2004) was also similarly amplified through rich case studies in *Health and Hygiene in Chinese East Asia* (Leung and Furth 2010). The connections between medicine and religion have been particularly well elaborated on for the medieval Dunhuang manuscripts (Despeux 2010) as well as the historical synergy between Buddhism and medicine in the premodern world (Salguero 2017).

Well over a decade in the making, a major synthesis of the extraordinary range of China's visual medical culture from antiquity to the present has just been published in *Imagining Chinese Medicine* (Lo and Barrett 2018). Finally, the field is sufficiently well developed to warrant a multiauthor synthetic narrative of the history of Chinese medicine from antiquity to the present (Hinrichs and Barnes 2013), which includes two concluding chapters on the global diaspora of Chinese medicine. This magisterial collective effort not only has become required reading for undergraduate courses on the history of medicine in China but also should facilitate integration

of China's medical and public health history into courses on both Chinese civilization and the global history of medicine.

Comparative Review of *Novel Medicine* and *Forgotten Disease*

Seen within the context of the past decade's range of scholarship related to the medical history of China, the recent publications of Andrew Schonebaum's *Novel Medicine: Healing, Literature, and Popular Knowledge in Early Modern China* (2016) and Hilary A. Smith's *Forgotten Disease: Illnesses Transformed in Chinese Medicine* (2017) certainly warrant comparison. At first glance, a comparative review suggests much overlap in sources, themes, methods, and periodization. The opposite, however, turns out to be the case.

Their titles, for one, signal deeper differences. "Chinese Medicine" is integral to Smith's subtitle, and indeed she primarily mines Chinese medical sources. Schonebaum's title *Novel Medicine* signals both that he will discuss novels and that fiction was a source of everyday medical knowledge. Whereas Schonebaum clarifies place and period with his subtitle's phrase "Early Modern China," by which he means the sixteenth through nineteenth centuries, Smith's title does neither, though her book spans the fourth century to the present. Finally, with two phrases—her title *Forgotten Disease* and "Illnesses Transformed" in her subtitle—Smith clearly situates her narrative within the broader history-of-disease approach. "Healing, Literature, and Popular Knowledge" in Schonebaum's subtitle signals an analytical braiding of three domains—medicine, literature, and popular culture—that are often separately studied.

Arguments

Novel Medicine's most innovative argument is that Chinese literature and culture are inextricably linked with Chinese medical history; early modern fiction contained a wealth of medical knowledge, from which ordinary people sometimes learned everyday health concepts as well as therapies, and medical texts also had their fictional qualities that functioned, for instance, as testimonies to efficacy. The subject of this book is not only the textual interplay of the genres—literary qualities in medicine and medical dimensions in fiction—but also their shared readership. Early modern Chinese literature played an important role not just in disseminating vernacular knowledge about health, illness, healing, and the body but also in creating it.

Forgotten Disease, by contrast, centers on the history of one Chinese disease concept, *jiaoqi* 腳氣 (foot *qi*), in the *longue durée* to argue forcefully against simple one-to-one correspondences with the modern disease concept “beriberi.” Smith traces *jiaoqi*’s history from its first mention in a fourth-century Chinese medical formulary as an affliction of northerners when living in “South China” to its thirteenth-century identity as a northerner’s dietary disorder, through a sixteenth-century shift to a disease of consumption akin to gout, and into modern permutations from beriberi to athlete’s foot in East Asia. This history of one disease concept in the *longue durée* allows Smith to demonstrate how using modern disease concepts to make retrospective diagnoses in China not only anachronistically interprets previous experiences of the illness but also significantly distorts modern history.

Structures and Sources

The underlying structure of each book furthermore reflects methodological commitments and contrasting approaches to Chinese medical history. *Novel Medicine* follows a thematic approach in contrast to Smith’s chronological narrative. Schonebaum joins literary studies with medical history through his analysis of novels, plays, essays, transcribed oral stories, and, especially, unpublished Chinese medical manuscripts from the aforementioned Berlin collection (Unschuld and Zheng 2014). Out of a possible cacophony of voices from such a wide range of primary sources, Schonebaum nonetheless crafts a coherent literary and historical narrative through a clear tripartite structure: reading (chapters 1–2), healing (chapters 3–4), and disease (chapters 5–6).

The first pair of chapters—“Beginning to Read” and “Reading Medically”—establish Schonebaum’s reading methods, introduce how the originally intended Chinese readers likely “read medically,” and summarize for potential readers how to understand the encyclopedias, almanacs, newspapers, fiction, and medical texts on which *Novel Medicine* is based. The pinnacle of the Chinese *materia medica* tradition, *Ben cao gang mu*, often used poetry as evidence. This usage is seen most clearly in a phrase the author Li Shizhen (1518–1593) used more than three hundred times, “*Youshi weizheng*” (“There is a poem as proof”), which, Schonebaum astutely argues, relied less on historical fact than emotional, one could even argue poetic, truth (18).

The second pair of chapters, on healing—“Vernacular Curiosities” and “Diseases of Sex”—deal with the curious medical content of a range of fictional sources. Chapter 3 focuses on the riddles and games that play with knowledge of medicinals featured in the *Story of the Stone*, *The Peony Pavilion*, *Story of the Western Wing*, and *The Story of Mr. Sangji*. This type of fictional play with medicinal knowledge became a full-fledged feature of the play *Annals of Grasses and Trees*, a military romance within which all of the characters are named after drugs, thereby allegorizing their functions, interactions, and properties. By contrast, chapter 4 shifts to the more famous sixteenth-century erotic novel *Plum in the Golden Vase* to demonstrate how intertwined contagion and moral retribution were with vernacular interpretations of sexual diseases.

The final pair of chapters focuses on disease—“Diseases of *Qing*” and “Contagious Texts.” Schonebaum continues to mine *Plum in the Golden Vase* in chapter 5, as a source for depletion disorders caused by excessive *qing* (emotion or feeling). In chapter 6, he shifts to late Qing and Republican literature, such as Ding Ling’s “Miss Sophie’s Diary” and works by May Fourth-era writers who suffered from tuberculosis, for his analysis of the Chinese disease concept *laozhai* (“consumption”).

Few readers of fiction consider how instructive a novel may be, because they are engrossed in the narrative and fully entertained. Schonebaum unpacks the many ways in which both the authors and their readers in early modern China understood well the distinction between far-flung narrative and useful knowledge. For instance, he opens with a woman’s account of an efficacious herbal formula she found in a novel and, in an extraordinary play, the characters embody the traits of the drugs after which they are named, a scheme presumably as edifying as amusing to the audience. Conversely, early modern Chinese medical case records are structured narratively, often with literary flourishes that can be as entertaining as informative. Authors were indeed quite sophisticated in manipulating their interplay, and readers were savvy about how to toggle between the two genres. Perhaps what Schonebaum does most effectively is show that although Chinese authors and readers alike understood fictional and medical texts as distinct genres, they also enjoyed, as well as comprehended, the sophisticated interplay between them.

Forgotten Disease provides a chronological account of how the meaning of *jiaoqi* transformed from the fourth century to the present day. This structure allows Smith to correct the misguided retrospective histories of “beriberi” that project it back into medieval China and

implicitly credit twentieth-century modern medical understanding of thiamine deficiency with curing an illness that is then falsely assumed to have afflicted Chinese for millennia. After a methodologically oriented introduction, the chapters go from one transformation in meaning to the next, through the physicians who wrote about their experiences in their wide-ranging types of medical texts.

This method further enables Smith to narrate a clear trajectory of how the *jiaoqi* illnesses transformed over seventeen hundred years of medical records about them, in seven chapters: (1) In the fourth century, Ge Hong wrote about *jiaoqi* as an affliction of northerners poorly adjusted to life south of the Yangzi River; (2) in the seventh century, Chao Yuanfang recommended physical exercises for swelling in the feet and numbness in the legs while Sun Simiao argued that, due to the empire's territorial expansion, one could now be afflicted by it anywhere, not just in the south; (3) in the standardizing Song imperial medical texts of the tenth and eleventh centuries, a faulty diet was considered, wet and dry types differentiated, and a treatment guideline standardized; (4) from the twelfth to fourteenth centuries, northern doctors living under the foreign Jin and Yuan dynasties developed regionally distinct northern and southern therapies; (5) in the sixteenth and seventeenth centuries, some physicians began to use the older disease concept *jiaoqi* in a novel way to express reservations about a new culture of excessive consumption through newly manifested goutlike symptoms; (6) only in the nineteenth century did *jiaoqi* become equated with the modern concept "beriberi"; and, finally, (7) although continuity with meanings of "gout" and "beriberi" continue into the modern period, a new meaning of *jiaoqi* as athlete's foot—treatable sometimes with dietary measures that recall past responses—demonstrates that, despite even newer interpretations, *jiaoqi*'s past meanings and even therapeutic responses persist into the present.

Contributions

In terms of the scholarship over the past decade, Schonebaum has cut a unique path through the integrated study of early modern Chinese literature and medicine. Previous scholarship had listed references to medicine in novels and plays (Idema 1977), analyzed the medical dimensions of *Plum in the Golden Vase* from the perspective of medical pluralism (Cullen 1993), and read medical cases for their literary qualities (Zeitlin 2007a) and fiction for their medical dimensions (Zeitlin 2007b). Comparable arguments have been made about the

fictional aspects and rhetorical strategies of persuasion in Han medical biographies (Brown 2015) and early medieval Buddhist sources on medicine (Salguero 2014). Schonebaum pushes further than his predecessors by challenging the distinction between literary and medical genres in a new way. Chinese medical texts employ metaphor, narration, and stories as rhetorical strategies of persuasion, and, conversely, Chinese authors of fiction both play with and transmit useful medical knowledge. Published in the same year, *Discourses of Disease* (Chow 2016) comes closest to what *Novel Medicine* does, but it focuses on modern Chinese film and fiction.

Schonebaum also displays an impressive command of a wide range of sources beyond a requisite command of the Ming-Qing fictional and medical literature, including newspapers, advertisements, literary commentary and criticism, biographies, encyclopedias, essays, and plays. One of the first scholars to use the rare cache of Chinese medical manuscripts at the Berlin Staatsbibliothek, material that is often tantalizing in its richness because of elusive authorship and dates, Schonebaum manages to secure his analysis of *Annals of Grasses and Trees* in chapter 3 on firmer ground by linking the Berlin manuscript versions of it to published variations. Overall, his literary-medical approach to these multiple, multivocal, and multivalent sources suggests further possibilities for research on his analytical concept of “novel medicine” and other novel ways literature and medicine may have been mutually constituted in Chinese history.

Smith participates in conversations with medical historians whose approach to the history of Chinese disease concepts focuses on the *longue durée* (Leung 2009; Hanson 2011), Japan’s modern engagement with beriberi through traditional but mostly modern medicine (Bay 2012), and the history of public health in East Asia more broadly (Rogaski 2004 and Leung and Furth 2010, among others). She argues against the use of retrospective diagnoses on China’s public health history and warns against too readily accepting biomedical equivalents for even modern-day uses of traditional East Asian disease concepts. Smith argues, for example, that the late nineteenth-century rise of Western imperialism and industrialization created the new conditions for outbreaks of beriberi (by then called *jiaoqi*) in East Asia—as well as the epidemics of smallpox, typhus, tuberculosis, and malaria—such that the modern disease concept “beriberi” cannot be projected back to all the multivalent uses and changing meanings of *jiaoqi* in China’s past. Nor can the same move be made for the other epidemic diseases. Making the one-to-one correspondence of “beriberi” with *jiaoqi* not only hides the specific nineteenth-century

imperialist context that originally produced these epidemics but also erases the transformations in *jiaoqi*'s meanings for Chinese physicians and patients over the previous fifteen hundred years. Despite the overall contrasts in argument, periodization, structure, sources, and main contributions, *Novel Medicine* and *Forgotten Disease* both appreciate the rich Chinese sources on vernacular knowledge about health and illness and are attentive to how the Chinese themselves articulated their everyday medical experiences. Whereas Schonebaum reads more widely in the various genres of writing available to Chinese readers, Smith mines more deeply one subject in the medical sources over a longer period. Although both monographs primarily synthesize a premodern narrative, they are both also engaged with how traditional Chinese medical ways of understanding have persisted in the present, via the continued relevance of traditional fiction in modern China for *Novel Medicine*, and via various ways to imagine suffering in the past that remain meaningful today in *Forgotten Disease*.

Limitations and Audiences

There remain a few minor quibbles about both books. Whereas *Forgotten Disease* has an index that does justice to its contents, *Novel Medicine*'s minimalist index, at just two pages, barely scratches the surface. In addition, *Novel Medicine* sometimes assumes prior knowledge about Chinese literature. Although I personally appreciate the thought put into how the chapters dramatically open, the literary craft of each chapter's construction, the long translated quotations, and complex literary analyses, I think that this book is more appropriate for graduate than undergraduate students. Still, any one of the chapters could work as a separate reading for an undergraduate course depending on its theme. *Forgotten Disease* is written in such a straightforward way, with a clear argument on the value of a historical approach to disease concepts, on the other hand, that I have decided to make it required reading for my undergraduate course on the history of public health in East Asia. And, considering the wider net Schonebaum cast for sources included in *Novel Medicine*, there may well have been nonmedical sources, possibly even a fictional work, that Smith did not integrate into her narrative, which is largely based on conventional medical sources. A quick search in the Scripta Sinica database suggests this is the case, because it lists a few sources mentioning *jiaoqi* that Smith did not analyze; their integration would have been more likely to add further variations on the concept's uses, however, than change her overall argument.

Furthermore, the bibliography for *Novel Medicine* is exemplary, with primary and secondary sources clearly separated and Chinese characters included. Unfortunately, *Forgotten Disease*'s bibliography mixes Chinese primary sources with secondary ones and uses only Chinese characters for terms (no book titles or authors' names) in a separate glossary that is as cursory as *Novel Medicine*'s index. These results, however, may have come more from constraints set by the publishers than from the authors' wishes. Finally, whereas both Schonebaum and Smith understand premodern Chinese fiction and medicine as culturally produced discourses, Schonebaum is not as careful as Smith about the pitfalls of retrospective diagnosis, namely, projecting modern meanings onto premodern disease concepts, such as equating tuberculosis with the Chinese disease concept "consumption" and syphilis with a greater range of native concepts for "sexual diseases."

These limitations, however, remain minor in light of the larger substantive contributions that both books make to integrating the history of medicine in China into broader analytical frameworks in literary studies, Chinese history, medical humanities, and the history of medicine and public health. *Novel Medicine* offers exciting new literary and historical methods for unraveling the many intersections between medicine and literature that should be of great interest to readers engaged with the medical humanities, the cultural history of medicine, and late imperial Chinese history. Although the same audiences should find *Forgotten Disease* as engaging, its potential readership would also extend to historians of Western medical imperialism, colonial medicine, East Asian public health history, and the global history of public health. Although the authors share some interpretative sympathies, their contributions to the history of Chinese medicine offer unique points of entry into very different dimensions of China's richly complex medical past. Taken together, they demonstrate why Chinese medical history has been such a productive field in the past decade while providing two more models for how to situate the history of medicine within Chinese history.

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