

Hygienic Modernity

Meanings of Health and Disease in Treaty-Port China

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Contents

<i>List of Illustrations</i>	vii
<i>Acknowledgments</i>	ix
<i>Prologue: Sun the Perfected One's Song of Guarding Life</i>	xiii
INTRODUCTION	1
1. "CONQUERING THE ONE HUNDRED DISEASES": <i>WEISHENG</i> BEFORE THE TWENTIETH CENTURY	22
2. HEALTH AND DISEASE IN HEAVEN'S FORD	48
3. MEDICAL ENCOUNTERS AND DIVERGENCES	76
4. TRANSLATING <i>WEISHENG</i> IN TREATY-PORT CHINA	104
5. TRANSFORMING <i>EISEI</i> IN MEIJI JAPAN	136
6. DEFICIENCY AND SOVEREIGNTY: HYGIENIC MODERNITY IN THE OCCUPATION OF TIANJIN, 1900–1902	165
7. SEEN AND UNSEEN: THE URBAN LANDSCAPE AND BOUNDARIES OF <i>WEISHENG</i>	193
8. <i>WEISHENG</i> AND THE DESIRE FOR MODERNITY	225
9. JAPANESE MANAGEMENT OF GERMS IN TIANJIN	254
10. GERM WARFARE AND PATRIOTIC <i>WEISHENG</i>	285
CONCLUSION	300
<i>Glossary</i>	307
<i>Notes</i>	319
<i>Bibliography</i>	365
<i>Index</i>	397

Introduction

The goal of this book is to place meanings of health and disease at the center of Chinese experiences of modernity. It does so by focusing on the multiple manifestations across time of a single Chinese word: *weisheng*. Today this term is variously rendered into English as “hygiene,” “sanitary,” “health,” or “public health.” Before the nineteenth century, *weisheng* was associated with a variety of regimens of diet, meditation, and self-medication that were practiced by the individual in order to guard fragile internal vitalities. With the arrival of armed imperialism, some of the most fundamental debates about how China and the Chinese could achieve a modern existence began to coalesce strongly around this word. Its meaning shifted away from Chinese cosmology and moved to encompass state power, scientific standards of progress, the cleanliness of bodies, and the fitness of races. The persistent association of *weisheng* with questions of China’s place in the modern world has inspired me to translate it as “hygienic modernity.” This study illuminates how *weisheng* transformed a city, and how it became a central term through which Chinese elites “named the conditions of their existence” under foreign imperialism in the nineteenth and twentieth centuries.¹

In today’s People’s Republic of China (PRC) it is impossible not to notice *weisheng*. The word is a pervasive adjective/noun that fails to be contained by any one-to-one correspondence with the word *hygiene*. One may encounter *weisheng* chopsticks (made of cheap wood, wrapped in paper, and designed for one use only), *weisheng* paper (toilet paper), and *weisheng* spheres, or mothballs. One can “do *weisheng*” (*daosao weisheng* or *gao weisheng*), which means to accomplish a thorough cleaning at home or in the workplace. The bathrooms in private homes and toilets in public spaces are referred to as *weisheng* rooms (*weisheng jian*). The national govern-

ment bureau that oversees the medical profession, hospitals, epidemic control, and pharmaceutical standards is called the Ministry of *Weisheng*. Municipalities and counties have their own Bureau of *Weisheng* responsible for the public health in each locale. Although in many occurrences *weisheng* can (and should) be translated simply as “hygiene/hygienic” or “sanitation/sanitary,” its pervasive presence in Chinese society indicates a significance beyond the mere concern for cleanliness that is conveyed by these terms in contemporary American English.

It is perhaps its frequent use in conjunction with “the people,” cities, and even the nation that *weisheng* reveals itself as a central part of contemporary China’s struggle to achieve what seems to be an ever-elusive state of modernity. Frequent municipal campaigns urge the public to “pay attention to *weisheng*” (*jiang weisheng*), reminding people that in a modern society, people wash their hands, keep their dwellings clean, and most important, refrain from spitting in public. Slogans painted on walls and buildings urge residents to create “civilized and hygienic cities” (*wenming weisheng chengshi*) as part of the policy of reforming the country and opening up to the outside world (*gaige kaifang*). In conversations with Chinese of a certain educational background, one might encounter an admiration for Singapore because it is *weisheng* and a general sense of dissatisfaction with China because it is not. And although most mass mobilization campaigns have dissipated in the post-Deng era, the government still regularly coordinates nationwide Patriotic Hygiene Campaigns (*Aiguo weisheng yundong*) as a method of improving China’s health, appearance, and national status. In these manifestations, *weisheng* is a central element in the definition of modernity, not only for the individual but also for the built environment of cities and even for the imagined totality of the nation. The meanings of this “hygiene” go far beyond anything ever associated with the word before the late nineteenth century.

This study seeks to understand the process through which these novel meanings became associated with the term *weisheng*. Understanding this process may shed new light on the underlying nature of social and intellectual change in urban China in the nineteenth and twentieth centuries. John Fitzgerald has described how national elites in the twentieth century undertook a project of “awakening” China from a condition of national subjugation, a condition that elites perceived as stemming from weaknesses inherent in the Chinese themselves.² This study suggests that much of this awakening project was centered on the term *weisheng*. In the first decades of the twentieth century, Chinese elites accepted a medicalized view of their country’s problems and embraced a medicalized solution for the deficien-

cies of both the Chinese state and the Chinese body. Focusing on medical developments in one treaty-port city, this study considers the century-long process of how health and disease emerged as a discursive center of Chinese deficiency under conditions of imperialism and traces specific projects of “awakening” the Chinese nation, race, and body to a state of corporal modernity.³

One of my main goals is to locate changing meanings of health within the urban environments that helped generate those meanings. The early twentieth century saw an outpouring of writings on health and hygiene, but these works were produced by people who lived in environments that encompassed epidemics, graveyards, floods, marketplaces, streets, temples, brothels, and foreigners. In order to capture this context, I focus on one locale: the northern treaty-port city of Tianjin, which was (and still is) a bustling city, one of China’s largest. From 1860 to 1943, the city was also a remarkable example of a treaty port, divided into a Chinese-administered zone and as many as nine different foreign concessions. The resulting multiplicity of boundaries, architectures, government policies, and interactions among Chinese and foreigners embodied China’s unique experience under imperialism—at once not a colony, yet still the site of multiple colonialisms. Tianjin provides the perfect setting for the study of the condition that has been called “semicolonialism.”⁴

Setting this study in one locale also facilitates the creation of a narrative of change over time. Tianjin experienced highly significant moments of encounter and influence in the course of its long history as a treaty port: the arrival of “Western medicine” with the British navy in 1858, the occupation by foreign forces in 1900 and the Qing recovery of the city in 1902, the Japanese occupation of the city in the 1930s and 1940s. This study narrates the intersections between these political events and the transformation of practices related to health—taking medicine, drinking water, arranging space, managing excreta. Within this narrative, I remain sensitive to how elites imbued these changes with a significance that went well beyond their quotidian effects. Overall, a local history approach facilitates the simultaneous consideration of both the mundane (if not the profane) and the sublime: it investigates where people went to the bathroom as well as how people envisioned the nation. This study tries to find the meaningful connections between the two.

The task of connecting the privy to the nation through the thread of hygienic modernity involves several stages and touches upon several different scholarships. The first challenge is to place the shift to hygienic modernity within the context of the history of medicine in general and the history

of colonial medicine in particular. The shift away from old meanings of health and hygiene was a global phenomenon, but one with specific meanings for societies under colonialism. The second task is to consider how hygienic modernity altered urban landscapes—both material and human—as it became a marker of civilization and sovereignty. Finally translations of texts helped produce new meanings of *health* and *hygiene* not by bringing together two monolithic cultures or transferring an absolute science from one language to another but by negotiating meanings between two languages at highly specific moments in the histories of local sciences and local societies. This tale of health and disease in a Chinese treaty port rests at the intersection of three scholarships: the history of medicine, urban history, and translation studies.

THE (GLOBAL) TRANSFORMATION OF HYGIENE AND THE RISE OF (CHINESE) DEFICIENCY

In 1220, Genghis Khan sent his personal minister, Liu Wen, accompanied by twenty warriors and bearing a golden tablet in the shape of a tiger's head, to summon a Daoist master named Qiu Changchun from his home temple in Shandong province. After an exceedingly dangerous and expensive journey covering thousands of miles, the Daoist master finally found himself face to face with the Mongol conqueror in the imperial tents at Samarkand. According to one of Changchun's disciples, their initial conversation went something like this:

THE EMPEROR ASKED: "Perfected One, what Medicine of Immortality (*chang sheng zhi yao*) have you brought me from afar?"

THE MASTER REPLIED: "I possess the Way of Guarding Life (*wei sheng zhi dao*), but no medicine that will prolong life (*chang sheng zhi yao*)."⁵

It is not surprising that Genghis's first question to Changchun is about an elixir of immortality, or *chang sheng zhi yao*. By the thirteenth century there already existed a millennium's worth of history and folktales about emperors who sought the secrets of physical transcendence from Daoist advisors. In his project of building a great Eurasian empire, it was only natural that Genghis Khan would try to bring China's most valuable strategic resources under his command—including the knowledge that might enable him to live, if not forever, then certainly for a very long time. In response to this query, Changchun the Perfected One boldly puns on the emperor's

words, replying that although there is no drug (*yao*) that can *chang sheng* (literally, lengthen life), there is, however, a Way (*Dao*) that can *wei sheng* (literally, guard life). The Daoist master offers a regimen that could strengthen the body's resistance to illness, reduce the effects of aging, and help the Khan live out the number of years allotted him by Heaven. Changchun warns Genghis Khan about the dangers of sex ("Try sleeping alone for one month; you will be surprised what an improvement there will be in your spirits and energy"), outlines the benefits of a simple diet harmonized with the seasons, and extols the virtues of quiet meditation.⁶ This, in essence, was a summary of a Chinese path to hygiene, the Dao of *weisheng*.

As illustrated in the classic tale of Changchun the Perfected One, *weisheng* was once a confident Chinese "Way of Guarding Life," a set of advanced hygiene techniques closely associated with Chinese culture and coveted by foreign powers. By the twentieth century, however, *weisheng* was deployed as a discourse of Chinese deficiency: a gauge that measured the distance that lay between China and a foreign-defined modernity. In the twentieth century, meanings of *weisheng* changed to encompass modern biomedicine, public health, and personal decorum. In the writings about *weisheng* by Chinese elites in the twentieth century there was an explicit understanding that Chinese were not as clean, not as organized, not as disciplined, and not as healthy as an imagined West. The present study traces the irony and historical significance embodied in this linguistic shift.

Certainly China was not the only place where the content of "hygiene" changed in the modern era. Andrew Wear has pointed out that the meaning of the word *hygiene* in Europe also underwent a radical change during the nineteenth century. From antiquity to the early modern era, hygiene encompassed a wide variety of health-giving practices such as exercise, diet, and rest. Today, Wear observes, "Hygiene means cleanliness, and its scope is narrower."⁷ Shifts in the meaning of hygiene in the West and China were similar, but they had profoundly different social and political implications in the two places.

Changchun's *weisheng* advice to Genghis Khan bore distinct similarities to a classical Western view of hygiene. The Daoist master warned the Mongol to moderate his diet, to act according to the seasons, and to limit his sexual activities. Hippocratic treatises such as *Regimen in Health* (fifth century B.C.E.) called upon individuals to alter their patterns of eating, drinking, sleeping, and activity according to the seasons and according to their own bodily constitutions. These writings outlined the different natures of food and medicines, prescribed general times for baths, and recommended pa-

rameters for frequency of sexual intercourse, much as the Daoist adept advised Genghis Khan. The second-century Roman physician Galen advised moderation in exercise, diet, and drink in his treatise *De sanitate tuenda* (Hygiene). In *Ars medica* (Art of medicine), Galen identified the six categories of air, food and drink, sleep and waking, movement and rest, retention and evacuations, and the passions of the soul as the major external factors that influenced health, elements that later became the cornerstones of hygiene known as the “six nonnaturals.” Moderation and seasonality were the watchwords of this hygiene philosophy. Consistent adherence to wisdom laid out by the Greeks and Romans typified writings on the maintenance of health from the Middle Ages and the Renaissance. The early modern period saw a flourishing of hygiene advice books, some of which offered variations in time-honored regimens, but scholars have argued that into the eighteenth century there was very little departure from the holistic approaches to hygiene set out by Galen.⁸

Radical departures in approaches to health emerged in the eighteenth century with the development of a “public hygiene” in France, England, and Prussia. In the minds of some administrators, intellectuals, and revolutionaries, the most important health was the health of the nation. It was the job of the government to prevent diseases of the national body through sanitary policing, public works, and state-sponsored medical institutions.⁹ At the same time, hygiene became more associated with cleanliness, manners, and class status. A concern about cleanliness was later augmented by a fear of germs.¹⁰ By the mid-twentieth century, the fractured nature of health was symbolized in English through use of different words that constituted two worlds: an expansive realm of public health and a narrow realm of personal hygiene. The conceptual basis for holistic approaches to health—a concern with humors and seasons—had essentially disappeared, and there was no longer any single word that could convey a path to health through diet, exercise, rest, and moderation.

These transitions have garnered relatively little attention from historians of Western medical traditions. In his many studies of popular perceptions of health and healing, Roy Porter highlighted the perpetuation of beliefs about humors and balance among patients in the eighteenth century, even as physicians began to shift away from Galenic views of the body.¹¹ Charles Rosenberg and others have noted how American physicians were reluctant to jettison humors and holistic approaches to therapy in the nineteenth century, in spite of the influence of Paris medicine and the rise of the germ theory of disease in Germany.¹² But for the most part these phenomena were thought of as transitional moments, as lag times between a tradi-

tional past and an inevitable achievement of medical modernity. Medical anthropologists have questioned the thoroughness of this transition among the lay populace, while historians of the “medical fringe” have highlighted nineteenth-century movements that resisted the growing hegemony of “medical orthodoxy.”¹³ But overall, the historian’s focus on “the rise of modern medicine” (particularly modern therapeutics) has resulted in an overall disregard of the history of preventive medicine and changes in general conceptualizations of health. Through routine exposure of the masses to modern biomedicine and the public health apparatus of the state, older approaches to hygiene in the West seem to have faded away with little difficulty, little complaint, and with few consequences to the society as a whole.

Scholarship on the history of health and medicine in non-European societies is not as sanguine. Many scholars of “colonial medicine” have dwelt on the shock and displacement that European approaches to health and healing brought to indigenous societies.¹⁴ The classical study in this vein is David Arnold’s 1993 work, *Colonizing the Body*. Arnold highlights the “corporeal” aspects of British colonialism as British administrators counted, quarantined, vaccinated, and inspected Indian bodies. Particularly during outbreaks of epidemic disease such as bubonic plague, Western medicine and Western methods of disease prevention appear as an “assault on the body,” a violent and coercive corporal colonization carried out in the name of modern health and hygiene. Other scholars, most notably Megan Vaughan and Warwick Anderson, have similarly emphasized colonial medicine’s violent interventions in Africa and Southeast Asia, as British missionaries or American troops scrutinized the blood and fecal matter of indigenous populations. Here the focus has been on the development of Western discourses that turned indigenous peoples into diseased and chaotic medical objects, and the coercive techniques used to act upon native bodies as objects.¹⁵ Arnold also sees the Indian body as a site of “contestation and not just colonial appropriation,” as indigenous people protested and resisted the interventions of colonial medicine. He suggests, however, that Western medicine became “part of a new cultural hegemony and incipient political order” as it “infiltrated the lives of an influential section of the Indian population,” although in this work he is more interested in charting the intent of the colonizers and the reactions of the “masses” than exploring the adoption of Western medicine by Indian elites.¹⁶

Other scholars have acknowledged the violence and interventions of colonial public health but chose to emphasize instead the ability of indigenous populations to appropriate and refashion the concepts of health and disease

brought by colonizers. Indigenous elites “contested colonial hegemony” and turned colonial medicine into “contested knowledge” by producing hybrid forms of medicine, or by finding within their own traditions the basis to launch critiques of Western medical systems.¹⁷ These contestations and combinations often took place through the process of translation. In an insightful study, Bridie Andrews has demonstrated that Chinese physicians translated information about bacteria and the germ theory of disease within a Chinese framework, linguistically conceptualizing germs as akin to other discrete, animal-like pathogens already prevalent in popular concepts of disease etiology.¹⁸ Gyan Prakash has highlighted how Indian elites, through the process of translation, questioned whether Western science had a monopoly on the truth, particularly truths about the functioning of the body.¹⁹ Ashis Nandy has highlighted how Gandhi and others accomplished a deep critique of Western medicine by turning to Indian philosophies of health.²⁰ In all these cases, indigenous actors shaped and questioned Western knowledge from a position firmly grounded in strong indigenous practices of health, healing, and hygiene.

Both of these general trends of “colonizing the body” and “contesting colonial hegemony” are present in the Chinese experience of Western approaches to health and the body in the nineteenth and twentieth centuries. There were numerous moments when colonizers “touched the body” and enforced coercive regimes of medical control on an unwilling populace. Chinese medical thinkers also creatively used Chinese health concepts to challenge and reformulate Western concepts. However, certain general trends become more apparent when one looks at a specific setting across long periods of time. Many studies focus on isolated moments of “encounter” between European medicine and indigenous medicine: a specific set of translations, a particular epidemic, or the thought of one individual at the height of his influence. In part as a result of their limited time frame, they emphasize significant moments of resistance and agency. The present study attempts a more holistic approach to the history of health and hygiene by considering multiple actors, a complex urban setting, and a period of approximately one hundred years. This approach deconstructs the monolith of “Western medicine” and captures its transformations and multiple manifestations in both the metropole and abroad. It reveals moments when indigenous elites challenged and reformulated what they perceived as the errors in Western concepts of health and disease. Most important, it conveys the fluctuations in imperialism’s character across time and space, highlights moments of cooperation as well as coercion, and looks at the some-

times intimate collaborations between multiple “colonizers” and various members of “the colonized.”

In spite of these fluctuations and moments of resistance, however, the resulting overall picture reveals a growing hegemony of biomedical approaches to health in the public discourse of Chinese elites, and a concurrent acceptance of a picture of the Chinese people as inherently lacking when compared with Western-defined standards of health. *Weisheng* as hygienic modernity becomes a definitive example of a “derivative discourse” of nationalism, one based on an argument of native deficiency originally devised by colonial powers.²¹ In China, few if any alternative voices emerged from the treaty-port elite to challenge its underlying power.

The historical development of biomedical discourses of deficiency has begun to concern scholars of colonial medicine. Ann Laura Stoler has traced how the project of creating a bourgeois society in Europe relied upon marking distinctions and establishing boundaries between colonizer and colonized outside of Europe.²² Mark Harrison has suggested that a rise in a European mentality that thought of many Indians as inherently diseased and deficient accompanied the erosion of an “optimism about acclimatization and the colonization of India” after 1800. The belief that whites could not adjust to a pathogenic Indian environment “was closely related to the emergence of ideas of race and the consolidation of colonial rule.”²³ What survived into the twentieth century, even after the environment was no longer seen as a major cause of disease, was the notion that “‘natives’” themselves produced disease through inherent deficiencies of body and behavior. The rise in the germ theory of disease accentuated this tendency to locate disease within the inherent “racial” habits of indigenous populations.²⁴

Although scholars have been working on connecting the shifts in concepts of health, race, and class that occurred within the West to the same changing formulations that occurred in the colonies, to date no truly synthetic work has emerged.²⁵ Warwick Anderson has suggested that scholars of medical history undertake a truly postcolonial history of medicine by exploring the ways in which modern biomedicine has acted as a colonizing force on the body in the West, not only in the colonies.²⁶ A global history of changing concepts of hygiene would provide fruitful terrain for such an endeavor.²⁷ The present study, however, is unabashedly about meanings of health and daily life in a Chinese treaty port: I will leave any exposé of the colonizing nature of modern biomedicine in the West to scholars who specialize in that particular region of the globe. This study does, however, strive to place the global within the local. It is highly aware of how Chinese,

through interaction with representatives of multiple colonialisms/medicines (French, British, German, Japanese, and American), changed the meaning of health in a city that was one of the major crossroads of imperialism.

TIANJIN, HYPERCOLONY, AND SEMICOLONIALISM

Situating this investigation in one of China's largest and most complex treaty ports helps to illuminate how foreign and indigenous actors reshaped approaches to health under the conditions of China's "'semicolonialism.'" I have chosen the former treaty-port city of Tianjin, in northern China, as the anchor for my study. This local narrative approach has many advantages. It allows us to imagine how people might have perceived the benefits and dangers of their specific environment: the mists rising from marshes, the intense heat of the summer sun, the taste of brackish water from a well dug in salty soil. It allows us to ask certain concrete questions about the relationship between disease and society: When did epidemics run through the city, and how did people make sense of them? How did different groups—administrators, physicians, lay people—respond to these specific challenges? How did class differences, regional differences, and migration affect approaches to health? By grounding a study of health in one place, we can better visualize the texture of life experienced by both physicians and sufferers. A local history may seem constrained and narrow, but within a single locale the rich details of everyday life appear more vibrant and more meaningful.

As a single locale, Tianjin is by no means insignificant. Tianjin is China's third largest city, and its population of close to six million people makes it one of the largest cities in the world. I initially chose Tianjin as the site for my study because it is the home to some of China's most important medical "firsts." Tianjin was the first Chinese city to have a native-administered municipal department of health (1902), founded during the New Reforms period under Yuan Shikai. Tianjin was also home to the first government hospital of Western medicine in China: the Beiyang Medical Academy, founded by British missionaries in 1880 and taken over by the Qing government in 1888. But what makes these medical "firsts" even more interesting is the unique setting of foreign and Chinese interaction in which they took place.

From 1860 to 1945, Tianjin was home to as many as eight different foreign concessions, the most of any Chinese treaty port. Shanghai, China's most famous treaty port, had two foreign zones, the French Concession and the

International Settlement (primarily British). Tianjin, however, contained a Japanese, French, British, German, Belgian, Russian, Austro-Hungarian, and Italian Concession. Eventually only the Japanese, French, British, and Italian Concessions lasted beyond World War I, but in the first decades of the twentieth century, Tianjin could be viewed as a “hypercolony,” a chaotic crossroads of Chinese and foreigners and a booming showcase of imperialism.²⁸

I have coined the term *hypercolony* from Sun Yat-sen’s famous formulation of China as a “hypo-colony.” Sun claimed that *semicolonial*, the term that many used to describe China’s condition of not being a total colony, simply meant that China was partially colonized by a large assortment of foreign powers. Borrowing the term *ci* (hypo-) from chemistry, Sun described China’s status as that of a *ci zhimindi*, a “hypo-colony,” a weak nation that had more difficulty developing identity and a sense of unity than “true” colonies such as Korea or Vietnam.²⁹ The ironic implication of Sun’s statement is that China would have been better off colonized by only one foreign nation, a conclusion at odds with my appreciation of the complexities of Tianjin’s political and cultural circumstances at the turn of the century.

By suggesting that Tianjin could be described as a “hypercolony,” I am not seeking to generate a new theoretical model: I am simply drawing attention to the potential implications that arise when one urban space is divided among multiple imperialisms. Tianjin’s status as a hypercolony placed Chinese urban dwellers under the gaze—and sometimes the control—of several different imperial powers. At the same time, this condition offered Chinese a perspective on several variant models of urban modernity and colonial ideology. The presence of multiple imperialisms influenced the imperialists as well. The close juxtaposition of so many settlements within one urban space affected the practices and self-representations of the foreign powers at the local level. This became particularly important for the large Japanese Concession that was literally and figuratively positioned between the Chinese city and the European concessions. Each concession had to represent and negotiate its identity on the ground vis-à-vis other imperial powers. They did so through the deployment of architecture, the creation of specific forms of local administration, and by creating different policies governing the Chinese who made up the vast majority of residents in each concession. This study explores how health and hygiene became an important strategy in these imperial representations.

The search for a term that adequately captures the complexity of China’s experience with colonialism has captivated many scholars of modern Chi-

nese history. Recent work has taken up the previously disfavored Marxist term *semicolonial*, seeking to outline its contours and contrast it with the purely *colonial*, represented primarily by scholarship on India. As semicolonialism has been put back to work, much has been required of it. The term must suggest at the same time the incompleteness of a colonizing process in China as well as the effects of having multiple colonizers within China's borders. Shu-mei Shih, in her sophisticated study of the relationship of Chinese writers to imperialism and modernity, has employed *semi-colonial* to mean "the multiple, layered, intensified, as well as incomplete and fragmentary nature of China's colonial structure."³⁰ The term is supposed to suggest that the foreign presence in China was scant but also potentially oppressive: China's cup of imperialism was at times less than half full, but at other times it overflowed.

In spite of a recognition of this paradox, scholars have tended to use the term *semicolonialism* to emphasize the "half-full" nature of the foreign presence in China. To explain why so many Chinese intellectuals seemed to embrace modernity without ambivalence (in contrast with India), Shu-mei Shih finds that the incomplete nature of foreign administration "afforded Chinese intellectuals more varied ideological, political, and cultural positions than in formal colonies." Foreign powers in China not only "lack[ed] systematic institutional infrastructure," they also did not "impose a colonial epistemology by force."³¹ Bryna Goodman has suggested a spectrum of approaches to the question of power and imperialism in China's modern history.³² At one end Goodman places scholarship, such as recent Chinese studies of treaty ports, that emphasizes reciprocity between Chinese and foreigners and "tends to downplay the prejudices and power differentials of semicolonialism." At another end she places studies by Tani Barlow and other scholars affiliated with the journal *positions* who, according to Goodman, overemphasize the extreme violence and dominance of the foreign presence in China and do not distinguish between colonialism and semicolonialism. Following Jürgen Osterhammel, Goodman calls for a scholarship on semicolonialism that avoids the extremes of mutual benefit and total domination by mapping "when, where, how, and to what effect did which extraneous forces impinge on Chinese life."³³ However, Goodman, like Shih, is suspicious of approaches that emphasize foreign violence or characterize the foreign presence as a powerful threat to China's sovereignty. For her study of late nineteenth century Shanghai, she finds Chinese in confident positions vis-à-vis foreigners, able to conduct negotiations and appropriations in a relatively unconstrained political environment. Foreign violence may have opened the treaty ports, but this violence is a vague memory that

does not affect the everyday interactions between foreigners and Chinese in Shanghai.

By narrating the changing concepts of health within the specific setting of Tianjin, this study attempts to pinpoint “when, where, how, and to what effect” foreign forces “impinged on Chinese life.” The result suggests that no one treaty-port history can stand in for all the others, and that *semi-colonialism* is not an adequate term to capture the complexity of the one-hundred-year history of imperialism in China. There are distinct differences in the intensity, power, and violence of the foreign presence over time and from place to place. This variation is not only present in the social and economic realms, but is tremendously evident in a “cultural” realm like conceptions of health and disease. The violent battles of imperialism, perhaps nothing more than a vague memory for Shanghai, had visited the northern city of Tianjin several times in the nineteenth and twentieth centuries. Perhaps in other locales, foreigners “lack[ed] systematic institutional infrastructure” and did not “impose a colonial epistemology by force.” The Chinese city of Tianjin, however, had been ruled for two years by an international army that enforced new ways of behavior at gunpoint. This occupying force also determined the conditions under which the indigenous government could regain its sovereignty over Tianjin, and thus radically shaped the native government of the city after reversion.

Scholars have also suggested that the lack of foreign dominance and violence in Chinese treaty ports is what allowed Chinese intellectuals to turn a blind eye to the imperialist constructs of modernity. In contrast, what is most striking about Tianjin is how Chinese elites were quite willing to embrace a foreign-defined modernity—particularly its aspects related to public health and hygiene—at the very height of imperialist violence and coercion and to extend that embrace once the violence ended. To use a formulation proposed by Shih, Tianjin’s elites seemed to accomplish the bifurcations (separating modernity from imperialism) and suppressions (suppressing the racist hierarchies implicit in modernity) required to embrace modernity, but they did so under surprisingly contradictory conditions of both “colonial” coercion and “semicolonial” sovereignty.

A focus on Tianjin helps to shed light on this complex process by foregrounding the crucial mediating role played by Japan. In the scramble for concessions unleashed by the suppression of the Boxer Uprising in 1900, Japan appeared simultaneously as an invading foreign power and as a brother. For most of the period of this study, Japan served as a model of a successful “Asian modernity” that could serve as a bridge to modernity for China. From the perspective of many Tianjin elites, Japan was a force that

could bring order, rationality, and health to a subaltern society that had become unmanageable. If the history of hygienic modernity is essentially the story of the adoption by Chinese elites of a technology of imperialism, that adoption was facilitated by the presence of Japan.

Japan's role becomes particularly apparent when one looks at efforts and ideas surrounding *weisheng*. The word *weisheng* as "hygienic modernity" was itself the creation of Japanese physicians who used an ancient Chinese term to translate European concepts of national health. After the suppression of the Boxer Uprising, Japanese advisors helped create Tianjin's sanitary police force, military medical school, and its first department of health. Tianjin was home to the most important formal Japanese Concession in China proper—Mark Peattie has called it "the jewel of Japan's privileged territories in China"—and as a result, tens of thousands of Chinese lived daily life under Japanese hygienic administration.³⁴ Finally, the Japanese occupation of the city (1937–45) brought a type of hygienic modernity to Tianjin that was to have a profound influence on the city long after the Japanese empire had disappeared. Grounding a study of changing meanings of health in the city of Tianjin highlights the important role of Japan in the formation of Chinese modernity.

Setting this study in Tianjin also provides an opportunity to recreate the past of a Chinese city, with its smells, foods, street life, and sufferings. In some ways this study adopts a Foucault-inspired approach to history: It generates a genealogy of a discourse and shows how that discourse acquired a powerful ability to define the conditions of existence in the modern world. However, I am not of the belief that discourses speak for themselves. What a person sees out his window, what temples he frequents, how he gets his drinking water, what epidemics he fears, and how many times he is vaccinated by soldiers are all important details that contribute to our understanding of how health and disease were interpreted in the past. Through recourse to narrative, this study seeks to highlight the way daily life contributes to the authorship of historical meaning.³⁵ Ultimately, I take the creation of historicity to be one of the more important and pleasurable tasks of the historian. Perhaps it also allows me to indulge in a certain kind of nostalgia for a lost Tianjin, one filled with active temples, its streets alive with multiple manifestations of social and economic life.³⁶

Finally, delving into the lives and settings of local actors helps to rectify a particularly obvious gap in studies of colonial medicine by offering a more nuanced picture of indigenous society. Previous works have emphasized the intent of the colonizer, while the thoughts and intentions of the colonized

have remained obscure. Some recent studies on health and medicine in Asia and Africa under colonialism have focused on meanings generated by indigenous actors.³⁷ The Chinese case is greatly aided by the presence of voluminous writings by indigenous elites and by the existence of a massive (though not always accessible) archive generated by indigenous governments. By understanding foreign views of health and healing as a form of “contested knowledge” that is evaluated by multiple actors from a variety of subject positions, we can better understand processes of appropriation without attributing all outcomes either to the inherent superiority of Western knowledge or the quaint resistances of cultural conservatives. At the same time, however, it is essential to remain sensitive to the ways that imperialism has inexorably altered both the terms and the conditions of life in modern China.

LANGUAGE, TRANSLATION, AND VISIONS OF HEALTH

Readers unfamiliar with Chinese or Japanese may find it strange that I use the Chinese word *weisheng* (Japanese, *eisei*) throughout this study. This is not because *weisheng*, like some mystical Chinese concept, is impossible to translate into English. From the mid-nineteenth to the mid-twentieth centuries, *weisheng* is, in fact, eminently translatable into many different words and phrases—health, hygienic, physiology, nutrition, clean, medicine, protecting internal vitalities, sanitary science, promoting fertility, public health, and conquering death, to name a few—and therein lies the problem. Ultimately the word refers to the actions that humans can take to ensure health. This may be loosely conveyed with the English word *hygiene*. Yet the meaning of the English word *hygiene* has certainly changed over time in Europe and United States over the past two centuries. To settle on a one-to-one correspondence between *weisheng* and *hygiene* would run the risk of both freezing its meaning across time and denying the possibility that the word could have multiple meanings at the same time. I take care to suggest what I think *weisheng* means to different people at different junctures, but I often leave the term untranslated in order to suggest that it is a vessel into which numerous meanings are poured. This book seeks to understand how Chinese in various circles brought their own understanding of health and disease to the construction of “hygienic modernity,” a process that Lydia Liu has called “translingual practice.”³⁸

Weisheng provides an ideal case study of translingual practice for a va-

riety of reasons. First, because we have an account of the “birth” of the term in its modern guise from a Japanese physician/bureaucrat, Nagayo Sensai, who claimed to have taken a term from an ancient Daoist text and used it to translate a matrix of European words that suggested both the government management of the people’s health and the creation of hygienically disciplined citizens.³⁹ This moment of translation in Japan is crucial to understanding the nature of *weisheng* in China in the twentieth century. Nagayo Sensai’s translation demonstrates how Meiji medical elites realized that technologies of medicine, surveillance, and policing were central to the European blueprint for modernity. In an uncanny way, Nagayo Sensai (and East Asian modernizers after him) used the single term *weisheng* (Japanese, *eisei*) to encompass what Foucault termed “bio-power,” a series of techniques through which the state undertakes the administration of life, and “governmentality,” the idea that individuals internalize disciplinary regimes and thus harmonize their own behaviors with the goals of the state.⁴⁰ I am not suggesting that Nagayo Sensai was anticipating Foucault. However, Japanese elites, engaged in their own quest to order society, quickly grasped some of the core elements that made Europe appear modern and sought to employ them as “full kits” to transform their own societies. Japanese elites then transferred this impulse to China. Therefore, although this study is focused on Tianjin, it dedicates a separate chapter to a consideration of the context of *weisheng*’s significant transformation in Meiji Japan.

That moment of translation was only the beginning of the term’s contentious circulation. What would the term *weisheng* mean to a Chinese man in the late Qing who was well versed in the classics but who had never been to London or Berlin? How was the meaning of the word shaped through acts of translation, acts of administration, or acts of consumption? Did it behave like an oddly familiar “returned graphic loan” or a startling neologism, and at what point did it assert a natural presence within the lexicon?⁴¹ And what were the implications for a society that felt at home with a word that was both native and alien at the same time? This study seeks to embed language and translation within the social struggles and intellectual accidents that gave rise to both a new language and a new way of being in twentieth-century China.

The advantages of pursuing translation studies have become evident to many scholars of China in the past several years, but the approach contains several pitfalls.⁴² Preeminent among them is that texts might be mistaken for civilizations, and variations in meaning generated through the process of translation might be mistaken for an incommensurability between civilizations.⁴³ There is a danger, particularly in exploration of science transla-

tions, of assuming that a single text represents “Western medicine,” or that the translator represents a monolithic “Chinese tradition.” Perhaps the most important strategy for avoiding false “East/West” dichotomies is to pay attention to change over time not only in China, but also in the various imperial powers under consideration. We must not assume that the West (and Japan) provided an unchanging standard of scientific modernity for China. This study has not one, but as many as four “moving targets.” Immense changes in medicine, hygiene, and public health not only occurred in China, but in Europe, the United States, and Japan as well during the nineteenth and twentieth centuries. These ideas were not imported *sui generis* into China, but were introduced into specific locales by specific agents, some of whom had their own eccentric beliefs and agendas. Tracing specific aspects of Western medicine as they were encountered by Chinese not only helps to debunk the idea that Western concepts of health and disease were inherently superior, it also reveals the surprising similarities between certain Chinese and Western approaches to health at different historical junctures.

There is a danger that the single-minded pursuit of one word might narrow the field of inquiry and even produce historical inaccuracies. For example, in the present study, I observe that before the twentieth century concepts such as “the public” and “impurity” were rarely if ever associated with the term *weisheng*. However, this does not mean that concepts such as the government responsibility for health, environmental sanitation, or personal cleanliness did not exist in China before the arrival of European imperialism. The scholarship of several historians of premodern China has demonstrated that these things most surely did exist. Ancient dynasties appointed imperial health officers to treat the diseases of the people. Medical education was supported and regulated by the court at various points in China’s history. Concepts of miasma and impurities associated with environments were widespread. The Chinese bathed—probably more often than Europeans before the early modern period—and they even used soap.⁴⁴

The difference between premodern and modern Chinese concepts of health is that before the arrival of European (and Japanese) imperialism, these various practices were dispersed through the cultural terrain and had little if any relation to one single term. There was no clear sense that practices as disparate as brushing teeth and regulating medical education should somehow be grouped together, nor was there a sense that these practices, as an aggregate object, could be used as a symbol of civilization or difference. It was the arrival of foreign imperialism and European-Japanese conceptualizations of health that resulted in the creation of a discourse of *weisheng*,

bringing together public and private meanings of health into a powerful model of modernity. A focus on the word *weisheng*, rather than conveying continuities with the ancient Chinese past, reveals ruptures and reconfigurations of conceptions of health and disease, worked out along stress lines that were created by the presence of violent foreign imperialism. This study does not hold that diverse “modern” hygienic practices did not exist in the Chinese past. Instead it contends that a radically new *weisheng* emerged in the twentieth century, one that did things it never did before: set standards for individual behavior, determined the structure of urban space, defined the autonomy of countries, and measured the quality of a people.

The making of a modern *weisheng* also does not mean that earlier associations of the term were entirely eliminated from a Chinese understanding of health. If anything, one of the most noteworthy aspects of Chinese modernity is the survival (and the popularity) of indigenous health practices such as Chinese medicine, “tai-ch’i,” and qigong. However, those elements associated with earlier meanings of *weisheng*—including practices of meditation and yoga, the ingestion of specific foods, and the adherence to lifestyle regimes based on cosmological schema—were divorced from the realm of science in which *weisheng* now dwells, and were shifted on to other words that belonged to the realm of “tradition.” By the first decades of the twentieth century, *weisheng* encompassed a wide variety of meanings that derived their validity from their association with science, not their association with Chinese cosmology. *Weisheng* today speaks in the language of science and bureaucracy. It is no longer available to conversations about *qi*, Warming or Cooling foods, or seasonal rhythms. Words that do encompass these “traditional” concepts, particularly *yangsheng*, are outside of the secure realm of the scientific, or dwell uneasily on its edges. Prasenjit Duara, in his influential work *Rescuing History from the Nation*, has called upon historians of China to be more aware of the way that hegemonic constructions of China’s national history have suppressed alternative visions of China’s past and China’s future.⁴⁵ Such visions are never entirely suppressed, but persist and threaten to overflow the neat confines of present constructions of modernity. This study is dedicated to tracing the emergence of a hegemonic vision of health as defined by modernizing elites and the state. Ultimately we must admit that the modernizing state, in its embrace of science and rationality, may never be able to eliminate alternative constructions of modernity entirely. But the present study suggests that the state, through a redeployment of intensely meaningful language, can make some of those alternative constructions far more problematic to use than others.

The chapters of this book interweave the writings of physicians and health administrators with narratives of events in and around Tianjin. Chapters 1 and 2 can be read together as an exploration of premodern meanings of *weisheng*. Chapter 1, “Conquering the Hundred Diseases,” examines occurrences of *weisheng* in Chinese texts published before the twentieth century in order to sketch out an earlier matrix of meaning and practice associated with the word. Rather than translate premodern *weisheng* as “health” or “hygiene,” I have chosen to render it literally as “guarding life.” This chapter will explain the logic behind that choice. Chapter 2, “Health and Disease in Heaven’s Ford,” reads practices of *weisheng* in the daily life of Tianjin before the city was open to foreign settlement. Using Tianjin’s herbs, foods, and popular meditation manuals, the city’s residents strengthened their bodies against the vagaries of the environment and the exigencies of Tianjin’s social crises. These crises included the arrival of foreign armies in the middle of the nineteenth century and the opening of the city as a treaty port in 1860.

Chapter 3, “Medical Encounters and Divergences,” explores just what exactly constituted the “Western medicine” that first arrived in Tianjin aboard British warships in the 1860s and compares it with midcentury Chinese approaches to health and healing. Basic debates of medical theory and therapeutics raged in England in the mid-nineteenth century, but the nation’s great sanitary revolution had already begun. Chinese and British medical practitioners may have shared certain outlooks on disease and therapeutics, but changes in European politics had given rise to a unique formulation of public health that was to constitute an important divergence between the Great Qing and Great Britain.

Chapters 4 and 5 take a detour away from Tianjin to consider the translation processes, conducted in Shanghai and Tokyo, through which *weisheng* became “hygienic modernity.” Chapter 4, “Reshaping *Weisheng* in Treaty-Port China,” provides a close reading of China’s first translations that presented Western ways of hygiene under the rubric *weisheng*. Centered on late nineteenth-century Euro-American debates over temperance, this translated *weisheng* appeared highly selective, eccentric, and contradictory. Nevertheless, these translations began *weisheng*’s significant shift toward the laboratory and away from correlative cosmology. Chapter 5 considers the “birth” of hygienic modernity as Meiji physician-bureaucrats used the term *weisheng* to convey a philosophy that linked the health of the individual to the health of the nation. The regime of *eisei* (Chinese, *weisheng*)

that these physician-bureaucrats created would become extremely important in China after 1900.

Chapter 6 considers the sudden changes that engulfed Tianjin during the Boxer Uprising of 1900, when an international force comprised of the troops of eight different imperial powers invaded and occupied the city. A careful examination of the city's two-year occupation reveals the centrality of health and hygiene to the new government's control of the city, and simultaneously reveals the centrality of the Japanese presence in the occupation government. After 1900, *weisheng* acquired a politically significant definition as "hygienic modernity": even national sovereignty was predicated on a mastery of health technologies that were judged to be adequately modern in the eyes of foreign imperial powers. In order to regain sovereignty over Tianjin, the Qing government was forced to establish a department of health (*weisheng ju*) analogous to the one created by the foreign occupiers. Ironically, at the same time that *weisheng* became a cornerstone of Chinese sovereignty, it began to form an essential core in a Sino-foreign discourse of Chinese deficiency.

Chapters 7 and 8 suggest how *weisheng* changed the physical and cultural terrain of Tianjin in the first three decades of the twentieth century. Chapter 7, "Seen and Unseen," examines modernity's impulse to hide and separate functions of life in order to create a hygienic urban environment. Visions of an ordered and odorless Tianjin, however, were thwarted by poverty and by the tenacious presence of the thousands of men who transported water and waste through the city's streets. Chapter 8, "Weisheng and the Desire for Modernity," surveys multiple representations of *weisheng* in Tianjin during the 1920s and 1930s. Although many Chinese subscribed to the idea of *weisheng* as central to Chinese deficiency, the responses to this lack ranged widely, from a longing for the consumer trappings of a hygienically modern life to an embrace of new theories of racial hygiene, or *minzu weisheng*. By the end of this period, it had become increasingly difficult, if not impossible, to formulate alternate visions of a hygienic modernity that incorporated traditional forms of "guarding life."

The final chapters examine the impact of midcentury imperialism on the experience of health and disease in Tianjin. Japanese science during the war sought both to cause epidemics and to prevent them. The result was a paradox of extreme hygienic efficiency coexisting with the use of germ warfare. China's war-time legacy of germs as enemies set the stage for the Communist manipulation of *weisheng* to incorporate meanings of enemies as germs during the Korean War Patriotic Hygiene Campaign of 1952. As millions of Chinese were organized in this massive battle against germs,

weisheng completed its transformation from a set of individual-based techniques for preserving health to a war against nature that involved the entire Chinese nation. With the rise of *weisheng* as hygienic modernity, individual practices of health based on Chinese cosmologies still continued to thrive in China, but for the most part they existed separately from the scientifically sanctioned realm of *weisheng*. Linguistic divisions, engendered by a century-long experience with imperialism, created fault lines that held (and continue to hold) categories of tradition and modernity in uneasy separation.