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Abstract

In addition to medical recipe literature – which provided information about drugs, therapies, and magical actions for many matters broadly related to health – another popular type of medieval Chinese technical literature was the “mirror book.” Variations on the titles Tianjing (Heaven mirror) and Dijing (Earth mirror) are listed in medieval bibliographies. The books themselves are lost, but quotations in medieval transmitted sources together with excerpts in Dunhuang manuscripts give the twentieth century reader a remarkable view of how medieval Chinese users of mirror books understood and responded to unusual and potentially harmful occurrences described in the manuscripts. Their content includes: astrology, oddities involving plants and animals; unearthing strange and rare items; abnormal birth of humans and animals; demons; and household disturbances such as clothing that mysteriously glows and noises coming from the stove. As “books of wonders” their purpose was not to describe exotic locations and marvels not seen in the world of human habitation. Mainly, the mirror books were the written record of unusual circumstances that might arise in the course of everyday life; they anticipated the unexpected and provided useful knowledge for everyman.
The Pi and Wei in the Inner Bodily Landscape in Late Imperial Jiangnan: A Preliminary Study of Ye Tianshi’s Theory of Weiyin

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Abstract

The medical landscape in late imperial Jiangnan was one of vibrancy and innovation. Discourse and debates over causes of illness and therapy led to new ideas about the body and its relationship with the environment. This was especially true in the rise of the wenbing (warm factor) school, where changing perceptions of the inner bodily landscape contributed to different therapeutic strategies. This paper concentrates on key physicians in the Jiangnan region and the changing perceptions of the relationship between the wuzang liufu in the inner landscape of the body. Ye Tianshi, one of the most prominent physicians in the Jiangnan region, argued that therapies for the piwei (spleen and stomach) should take into consideration the different nature of their functions as zang and fu organs respectively. Ye, in contrast to Li Gao, emphasized pi sheng (the rising nature of the spleen) and wei jiang (the descending nature of the stomach), thus pi preserved the essence whereas wei facilitated unobstructed passage of nourishment. This led to his theory of weiyin (yin nature of the stomach) and the therapeutic technique of nourishment of wei by using ganliang (sweet and cooling) herbs. Ye also brought attention to the role of gan (liver) in the genesis of illness.
Tales of Fertility: Reproductive Narratives in Late Imperial Medical Cases

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Abstract

In recent years demographic historians of China have been striving to recapture the demographic mentalities of the people whose individual births and marriages, pregnancies and deaths coalesced into the grand ebbs and flows of population change which they seek to trace and to explain. The new demographic history of China is part of a broader revisionist project that seeks to demonstrate the emergence in late imperial society of mindsets, institutions and practices analogous to those associated with the shaping of modernity in Europe. The demographic historians use data-sets such as lineage records to argue that marital fertility rates in late imperial China were significantly lower than those in contemporary Europe, while births were evenly spaced across a woman's fertile period, indicating that families took deliberate measures to space their children. They point to the late imperial expansion of gynecology and pediatrics as an indication that families were prepared to invest in the health and future of individual children, rather than trying for as many male offspring as possible in the hope that some would survive. They link such imputed attitudes to a broader context of social and economic competition and higher levels of affluence – in other words they see here a form of "modern" rationality framing reproductive decisions.

Here I examine the temporal framing and narrative choices of fuke cases for more nuanced insights into the ideals, decisions and emotions associated with childbearing. In contrast to the image of conscious decisions and rational planning proposed by the demographers, the medical case histories of late imperial China remind us of the perpetual ambiguities and uncertainties surrounding pregnancy, and the unfathomable mutability attributed to natural reproductive processes.
自少及長——
晉宋之間醫籍中的小兒及其年齡之界定與意義

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摘要

年齡是古今中外計算生命長度最基本的標準，傳統中醫亦不例外，他們採用年齡作為區分生命階段的基準，而他們對於生命各階段身心狀況的瞭解與知識，正是其建構診斷與治療的主要依據。因此，本文的主旨，在討論中國古代醫者如何看待與界定年齡，以及賦予其重要的醫學意義。

值得注意的是，對於年齡的明確定義與論述，基本上僅見諸小兒醫學文本，可見年齡在小兒醫學上深具特殊性。據此，本文的焦點，即在觀察醫者如何透過劃定小兒的年齡範圍，呈現他們對於童年時間長度的專業觀點，同時分析其內涵與意義。

醫者定義與分期小兒年齡的目的，不僅止於區別童年與成年的分野，更重要的是聯繫小兒年齡及其身心發育的關係，將小兒年齡與身體醫學化與理論化，此亦本文的重點之一。另外一方面，在此脈絡中，我們還能進一步檢視醫學目光裡的性別差異與社會習尚之間的交互影響。

晉宋之間(265-1279)正是小兒醫學在民間逐步發展，進而在政府醫療機構中獲取一席之地的關鍵年代。在這段漫長的時光中，不僅小兒醫學專門著作與專業醫者增加，相關的醫學理論與臨床操作技術亦有進展，由於現存史料的限制，迫使我們只能用更寬廣的眼光凝視古代，故本文以晉宋之間長達千年作為討論的時間斷限。
Fighting the Comma Bacillus: Cholera, the Environment, and Efforts to Engineer a Sanitary City—The Port of Dalian, 1905-1926

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Abstract

This article explores the history of Japanese efforts to develop the port of Dalian on the Liaodong Peninsula between 1905, when the city and surrounding leasehold were transferred to Japanese control under the terms of the Treaty of Portsmouth, and 1932 when the state of Manzhouguo was created. Dalian was one of the most important cities in the Japanese empire as it served as the southern terminus for the South Manchuria Railway network and was a key financial and administrative centre in northeastern China. Using a wide variety of primary source documents located in archives and libraries in Japan, the People’s Republic of China, and North America, this article examines the challenges Japanese colonial planners and administrators faced in Dalian during the early twentieth century, with a focus efforts to control cholera in the port during this era. This paper examines the history of efforts to create what was deemed to be a more ‘sanitary environment’ in the eyes of the city’s colonial rulers, through the engineering of waterworks, sewage systems, and public health ordinances and inspection protocols, as well as the development and implementation of new urban plans. In the end, this paper illuminates the different ways in which these ‘hygienic’ efforts had an impact on the port city’s various communities.
與霍亂弧菌戰鬥——
霍亂、環境與大連港市之衛生工程

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摘要

本文探討日本統治下遼東半島大連港市之發展，時限從 1905 年根據樸資毛斯條約日本取得大連，到 1932 年滿州國成立為止。這段時間中的大連是日本帝國裡極為重要的都市，因為該市為南滿鐵路之南端終點，亦為中國東北的金融與行政中心。運用大量藏於北美、中國大陸，與日本之一手文件及檔案，本文將討論二十世紀初期日本殖民規畫者與行政官僚，在大連所面臨之種種挑戰，尤其是聚焦於此期間控制霍亂所做的努力。透過上下水道工程、公共衛生規範及檢查規定，乃至於新都市計畫的設定，這段歷史的重點在於呈現該市殖民者眼中的「清潔環境」所指為何。最後，本文將點明這些「衛生」上的努力，究竟對大連港市裡各類居民造成了哪些不同的衝擊。
Continuity or Discontinuity:
Modern Public Health in 1940s China

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Abstract

This study aims to explore the relationship and characteristics of public health systems in modern China, especially during the period of 1940s. Modern public health in Mainland China was dominated by American influence while Japanese pulled Taiwan into a German-defined hygienic administration. The end of WWII in 1945 in fact opened a gateway to experimentally integrate American public health with Japanese colonial hygiene in Taiwan. The integration started in chaos and forced to speed up due to the withdrawal of Republican government in 1949. The result of integration created an American-like public health scheme but was operated by many Japanese-trained professionals. On one hand, this article will reveal what features from Mainland China and colonial Taiwan were succeeded to contemporary public health system in Taiwan. On the other hand, explanations will also be given to the rupture of certain elements of public health or colonial hygiene nowadays.
Controlling Infectious Diseases: Perspectives on Health, Society, and the State in Twentieth Century China

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Abstract

This paper explores certain common themes that inform the attempts to control such infectious diseases as cholera, malaria, tuberculosis, schistosomiasis, HIV, STDs, and SARS in China during the period from 1912 to the present. It argues that the development of concepts and strategies of disease control in this period reflects the increasing medicalization of society and the state’s growing involvement in the lives of the population. Whether it was the Republican state before 1949 that proclaimed that the health of the people was vital to the nation’s strengthening and modernization, or the Communist state after 1949 that promised equitable social welfare investment especially for health and education, the state has assumed a primary role in the definition of health and disease, as well as the formulation and implementation of disease control measures. The gains made in disease control prior to the 1980s are threatened by the decentralization and marketization of the health system and the loosing of state control over the public health system – developments that have contributed to inequities in health care access as well as reduced capability to control resurgent and new infectious diseases. The SARS crisis of 2003 might have shocked the Chinese government into re-assuming a greater role in public health services and disease control.
Who Treat Disease?:
Experience of Twentieth Century East Asia and Medical Care in the Twenty-first Century

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Abstract

In historical overview on the twentieth century East Asia, Japan, Korea, China, and Taiwan, it should be confirmed that medicine and public health were established by diversified environments, nation-state, colonialism, and socialism. The process of each region has been described by many historians, for example medicine and public health played an important role in the twenty century Taiwan history.

A history of medicine and public health in East Asia was also a history of the establishment of state medicine with vigorous government intervention. The background of this, firstly the Japanese style state medicine was the model of modernization of East Asian countries, and secondly the War-time Regime in the 1930s, the Fascist-style socialism in Germany and Japan, the Soviet style socialism, and the New Deal in the United States influenced to the social systems in East Asia.

In this expanded role of the government, medicine and public health extremely influenced on individual lives in each region. This also had an undeniable influence on the structure of regional orders during the period of decolonization after the Second World War. In this sense, the institutionalization of public health in China was parts of a process of shared ideas and systems surrounding medicine and public health.

At the result of this, East Asian countries controlled many types of infectious disease and the epidemiological change was occurred. From this point of view, the establishment of state medicine in the twenty century East Asia should be described a success story.

After the 1980s, the experience of twentieth century East Asia, state medicine including medical insurance faced a political challenge, the privatization of medicine and public health. The question is “Who treat disease, the state based on social medicine concept or individual
action by liberalism”?

At the twenty-first century, the role of government has been in the controversy. Japan, Taiwan, and Korea established total medical insurance system at the last half of twentieth century, but now the budget of medical care and public health is one of largest political issue. The model of privatization in East Asia after the 1980s was the United States and Great Britain, but it is very important that the United States also changed its policy in the age of president Obama.

China advanced the way of state medicine under the socialism after 1949, and drastically changed its policy after the 1980s based on the privatization. At the result of this, medical care has been one of largest issues in contemporary China.

“Who treat disease?” this question will be influenced to social system of twenty-first century East Asian countries. What kind of experience dose historian offer to this issue? This paper tries to examine the role of government to medicine and public health from a viewpoint of historical analysis.
二十世紀前半中國生理衛生教育中的
性、生殖與性別

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摘要

清末中學堂首見教導年輕人生理與衛生此門新學問，民國肇建，仍因襲之。1922 年新學制施行，放棄模仿日本，轉而效法美國，學校系統採六三三四制，中國遂有了一批新學生：初級中學生。在這包括「青春發動時期」的學習生涯中，生理衛生成為必修知識，相關教本應運而生。北伐統一，先頒中學暫行課程，1932 年公佈正式課程標準，不久即發起新生活運動。此間，初中學生既需修習三年之衛生課程，各書局更是精銳盡出，提供多種課本和參考書，教育國家未來的主人。其於種族繁衍和國民健康至關重要的性與生殖篇章，內容豐富，對於男女性差及其社會意涵，亦討論熱烈。分析這些當代大家所參與編譯撰寫的生理衛生教本，將有助於我們認識近代中國在繼受並轉換西方身體觀念與衛生新知的過程中，對青春男女個人、家族及其社會角色的規劃與期望。
知行未必合一 ——
顧頡剛與神經衰弱的自我管理

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摘要

晚近與民國時期神經衰弱相關的史學研究，多從思想史、消費文化史、身體史與日常生活史角度分析，成果頗豐。然對於該疾病的實際認知與體會，迄今成果較少。本文以歷史學家顧頡剛民國時期日記與書信為本，討論其對神經衰弱症狀的理解、體認與處置策略。本文首先介紹顧頡剛罹病、擇醫與試藥的過程。其次就顧遍試中醫、西醫、成藥、攝生法的現象所蘊含的「治療務實主義」進行探討。最後，本文將其認識與管理疾病的多元作法，放在當時新舊思潮交雜的歷史情境下分析之。
Visualizing the Geography of Diseases in China, 1870s-1920s

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Abstract

Why write about maps of disease? Medical mapping is a way of thinking; they are also statements in an argument and evidence furthering a specific case. The function of medical maps is to visualize causal relationships. On the one hand, disease incidence, and on the other hand, potential causes—the climate or weather, water and air quality, geological features such as elevation, waterways and mountains, or something else, an unknown poison in the environment. Maps of disease are never merely descriptive but useful ways for researchers to think through the relationship between the nature of any given disease and the specific environment that produced it.¹ I interpret over 50 medical maps of disease in China from the 1870s to the 1930s as analytical tools intended to visualize the relationship between space and disease. These disease maps also present a visual history of the major transformations in modern medicine within China from the mid nineteenth-century peak of medical geography to the eventual victory of laboratory medicine by the early twentieth century. Maps, like nineteenth-century vital statistics and Petri-dishes also made causal relations newly visible. They too were a state-of-the-art scientific technique of the time for isolating the underlying causes of disease and legitimating new methods to control diseased populations.

¹ For a full discussion of these arguments on medical maps as ways of thinking about disease causation, see Tom Koch, Cartographies of Disease: Maps, Mapping, and Medicine (Medlands, CA: ESRI Press, 2005).
Text and Skill: The Construction of the Skill of Scratching Sha in the Qing Period

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Abstract

When and why is a common skill written into text? When and why does an action have to be put into discourse? How is skill related to authority of practitioners via the vehicle of text? What are the aspects of a certain skill that practitioners emphasize when discoursing about the skill? What are the consequences of writing about skill? This paper will use the case of “scratching sha” to reflect on these issues.

Before the Song, sha was often related to a kind of water bug named shegong (射工) which caused rashes (沙), which is literary similar to a particle of sand, on the skin. To cure, remove the bug from skin by scratch with a taro leaf or other objects. From Song to Ming, the character 痧 gradually replaced 沙 to indicate sha disease. When the patient is scratched, bruise spots appears on their skins. This common characteristic is called desha (得痧) and is used to define sha disease whose symptoms included cold, fever, and diarrhea. The discussion of sha no longer appeared as an entry in medicinal texts. A group of specialized books dedicated to the discussion of sha had surged since the early Qing. The first specialized book Sha zhang yuheng 痧脹玉衡 was written by Guo Zhisui 郭志邃 (1674, 77). Guo’s book was soon rewritten (plagiarized) by Wang Kai 王凯 with a new title Xiwei buhua chuanshu 昊微補化全書 in 1686. Both texts were popular in the Qing and many later texts were either merging or rewriting of these texts. Sha as a disease was largely transformed in to a quick, painful, deadly and contagious disease during the Qing period. The cure of this disease, however, remained to be scratching.

Scratching was a common skill used to cure sha in some areas in China. It was wide known and practiced even by women and children in these areas. However, sha physicians emphasized their specialized handicraft which passed along through secret channel. They stressed the tacticity of the skill and claimed that only physicians with
specialized knowledge could practice it. Others would damage the life of the patients. Scratching thus became the symbolic capital for sha physicians to enhance their status and authority in the field. However, if the handicraft of the remedy was a secret trade, what was the use of the texts that discoursed on the method of scratch? How did sha physicians textualize the remedy in order to distinguish themselves from other practitioners? Were these physicians able to monopolize it while making the skill in public by writing? In the case of sha, we see contradictory effect of textualization, which has to be understood in the characteristics of the medical field in the Qing period.