

## BOOK REVIEWS

*Leprosy in China: A History*. By Angela Ki Che Leung. New York: Columbia University Press, 2009. Pp. xi + 373. \$55.00.

With this book on *Leprosy in China* Angela Leung fills an important gap in the history of diseases. Leprosy has ignited the imagination of peoples and scholars alike as it is “a boundary disease par excellence,” in Rod Edmond’s words (quoted on p. 124): “It can focus and dramatise the risk of trespass, serve as a punishment for such infringements, and help to re-establish the categories and boundaries that define our relation to the world . . .” Michel Foucault and Mary Douglas made this peculiarity of leprosy to the focus of their work, and leprosy has been discussed in this vein also by medical historians—David Arnold, Fan Xingzhun 范行准, Zachary Gussow, John Iliffe, Megan Vaughan, Michael Worboys, and many more (Frank Dikötter and Ruth Rogaski barely touch on it in their studies of eugenics and hygiene in modern China).

During the colonial period leprosy had salient political, social and cultural implications, as would suggest its appellations as “the imperial danger” into which it became styled, not least, due to a infected Belgian Father’s death (p. 217) or as “the Chinese disease” (p. 215). At the turn of the century, when the First International Leprosy Conference was held, there was a worldwide apprehension of a leprosy pandemic. Leung notes, in line with all historians of leprosy, that this worry was based on “irrational fear fed by a combination of the [then] current ideology on race and degeneration and an exaggeration of the disease’s contagiousness” (p. 219), without however making this and the policies and practices it engendered to the central concern of her book. Rather, her project is a longitudinal study, a history of the cultural constructedness of what continues to be stigmatized as a dreadful and deadly disease, even though there is a pharmaceutical cure for it now. Leung provides us with a richly documented narrative on a range of conditions called *lai* 癩, *li* 癘, *dafeng* 大風 and *mafeng* 麻風 and their social history, which unfolds in five chapters.

Chapter one explores the semantics of the above Chinese medical terms. The earliest text believed to refer to a case of leprosy in China is recorded on bamboo strips excavated from a tomb in Shuihudi 睡虎地, Hubei province. It is about one of the twenty-five legal cases that make up the *Fengzhenshi* 封診式 (Models for Sealing and Investigating), a law code based on cases of precedent, dating to between the fourth and late third centuries B.C.E. A physician, ordered by the prosecutors to examine a villager brought to justice due to his sickness, reports: “C has no eyebrows; the bridge of the nose is destroyed; his nasal cavity is collapsed; if you prick his nose, he does not sneeze; elbows and knees down to the soles of both feet are defective and are suppurating in one place; his hands have no hair; I ordered him to shout and the *qi* of his voice was hoarse. It is *li/lai*” (translation by

McLeod and Yates 1981, quoted on p. 22). One marvels over the sophistication of medical diagnostics at the time and is tempted to see in this description one of leprosy, yet Leung warns against retrospective diagnoses, as the evidence is “too patchy” to be certain that the case in question concerned a leper. Another early manuscript text also links a loss of eyebrows and joints resembling buffalo eyes to the condition *lai* (p. 22), but by early medieval times neither hair nor eye brows that are falling out were much mentioned. Ge Hong 葛洪 (283–343), for instance, primarily speaks of a numbness of the skin, or a feeling of agonizing itchiness “as if worms were creeping,” with vision blurred “by lines like falling silk,” and with persistent—either red or black—skin eruptions (p. 23). By medieval times, written records on *lai* not only multiply, but other terms that medical historians identify as partly coinciding with signs and symptoms of leprosy start to become even more fashionable: conditions induced by an ugly, large or leprous wind: *efeng* 惡風, *dafeng*, and *lifeng* 厲風. These wind-induced conditions were collapsed with the *li/lai* conditions into one grand category in the Song dynasty. The famous southern Song physician Chen Yan 陳言 (*fl.* 1161–1174) commented: “*Lifeng* . . . is actually *dafeng* and malignant *lai* described in recipe books. Even though the category is called *feng* [Wind], the disorders are not necessarily all caused by Wind” (quote on p. 25). Indeed, in Late Imperial times, the association with wind, which had been so fashionable in the medieval period, dwindled: *dafeng* and *lai* disorders started to feature in books on *waike* 外科 disorders that focused on skin diseases. In the Ming, the term *mafeng* gained currency, which evidently alluded to the anaesthesia of the skin. As the focus shifted away from symptoms of rotten joints and limbs to skin problems, contagiousness became its defining characteristic. Women, the lowly, and the uncouth became feared transmitters of this disorder that once had befallen even the most respectable scholar. Its contagiousness made it highly stigmatized. A biomedically-informed reading that follows recent trends in medical anthropology, set in motion through Margaret Lock’s research on “local biologies,” cannot fail to see in the excerpts that Leung presents descriptions of sexually transmitted diseases (indeed, so-called Guangdong sores were later identified as syphilis), which, unlike leprosy, are indeed highly contagious. This Ming-Qing perception of *mafeng*, which likened it to the contagious sexually transmitted diseases that produce skin lesions, fuelled the colonialists’ understanding of leprosy as the highly contagious “imperial danger.”

In the second chapter Leung emphasizes religious aspects of this terminal disease and, having presented briefly ways in which Chinese medical doctors would treat the disorder, focuses on three ways in which the *lai* disordered body could be redeemed. Although in medieval Buddhist moral teaching, it was considered a punishment after offense of the Buddhist deities, the sixth and seventh centuries saw the establishment of institutions for *li* patients (*liren fang* 癘人坊). Those were not early forms of leper asylums that would segregate the contagious from society, Leung explains; *li/lai* was not associated with the sort of *chuanran* 傳染 contagion that it acquired later (although the reader should be reminded here that the notion *feng* that then gained currency does

actually point to external influences on the individual body, even if they were not conceived along the lines of the Late Imperial *chuanran* contagion). Leung comments: “These institutions were definitely showcases of Buddhist faith and charity, and the place for ritual purification” (p. 70). Buddhist monks sought redemption in them through caring for the diseased. Daoist stories of redemption in medieval times, by contrast, would report on miraculous self-healing or ascetic self-discipline or they would report on exorcist ritual in Song times. And in Late Imperial China stories on *mafeng* afflicted families would celebrate the Confucian virtues of filial piety, female chastity and loyalty between friends. In this chapter, Leung’s clear-cut picture of three basic forms of redemption maps out the three religions of China in a manner that echoes Late Imperial scholarship.

Social historians emphasize the cultural constructedness of illness and Leung does this masterfully in the third chapter through recounting stories that circulated in Late Imperial times. These stories link the conception of the disorder’s contagiousness to women, and in particular to women from the miasmatic South, at a time when the South was considered not entirely civilized yet, and capricious, if not dangerous. Young men who ventured into the South were at risk of being contaminated by beautiful yet barbaric female bodies. In particular, the concept of *guolai* 過癩 stirred people’s imagination in ways that would live on even into the mid-twentieth century: women affected by the disorder would intentionally seduce a man in order to pass on their infection and recover from it after sexual congress. One story, which Leung recounts in its many modified versions, was eventually made into an opera that would link the fate of the individual body (the wife’s recovery) to the body politic (the husband’s public health efforts). It concerns two lovers, where the woman knows she has the disease and lets the man escape in the wedding night before contaminating him with it. Years later, when *lai* has become manifest, she is expelled from her family home and seeks for her husband’s help. She tries out many cures, all in vain, until one night she decides to commit suicide. She drinks wine from a jug into which a viper has fallen; and, miraculously, is cured.

Chapter four recounts the history of stigmatized and segregated lepers during the nineteenth and early twentieth centuries, echoing the sad story of racist prejudice, imperialist subjugation and medical misconception with which many a reader will be familiar. In Ming and Qing times, Chinese authorities had already built leper asylums, in which sometimes several generations of lepers and their sometimes healthy offspring lived (the belief was that by the third generation the poison would have dissipated). Missionaries and nationalists each established further institutions (fifty-one of the former were apparently put in place between 1887 and 1940), based on the erroneous belief that leprosy is highly contagious. Some physicians knew otherwise. Leung reports on physicians doubting the accuracy of the discovery that the *mycobacterium leprae* was a pathogen and that leprosy was a “germ disease.” She extensively discusses the tragic irony James Maxwell was embroiled in who fought against “the folly of believing that the segregation of the lepers in settlements outside the cities was a public health measure of importance which would eventually rid the country of leprosy” (p. 175). The documents

Maxwell, together with Wu Lien-teh 伍連德, sent to a government that was desperate to be seen as a modern one, remained unheard.

The final chapter five is on leprosy in the PRC. Leung emphasizes regional and local variability in a narrative that otherwise shares many known features about the Great Leap Forward, during which leper villages were instituted with new fervor; the Cultural Revolution, on which there are reports like the one from an Anhui hospital, where apparently 200 patients had turned into “revolutionaries” and expelled all medical personnel, termed “capitalists”; the Economic Reform period, which resulted in abandonment of integrated Chinese and Western medical treatment for lepers, and in the full embrace of multidrug therapies, which are credited for having brought about the almost entire elimination of leprosy throughout most regions of the PRC; and the current era, where the disease’s return is portrayed as an uncertain possibility.

Angela Leung writes in factual prose for a general audience and for the social historian. She draws on an impressively wide spectrum of genres, ranging from early legal and medical manuscript texts to late Imperial novels and plays. She explores how *li/lai* relate to *chong* 蟲 (worms) and *gu* 蠱 poison in the Tang and Song, on the one hand, and sieves through administrative records of the PRC, on the other. Admittedly, the specialist may note omissions of certain authors and debates, particularly those pertaining to politics and science, or may regret that the text does not have Chinese characters and that the glossary is not meant to be comprehensive. The medical historian and anthropologist may also find that she does not critically engage with the peculiar biology of this latent disease with its typically delayed onset, and of related conditions, which gave rise to such fanciful imagination and stigma. And yet it would appear that the biology engendering the social drama she reports on implicitly organizes much of her historical narrative. This aside, the reader will relish the subtlety of her scholarship as she recounts innumerable stories surrounding the diseased, and perceptively embeds them in China’s changing social landscapes over a period of two thousand years.

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*The Art of Doing Good: Charity in Late Ming China.* By Joanna Handlin Smith. Berkeley and Los Angeles: University of California Press, 2009. Pp. xiii + 405. \$34.95.

Joanna Handlin Smith has written an interesting and provocative book about an interesting and difficult topic, the practice of charity in the late Ming. Focusing on a small group of late sixteenth and early seventeenth century scholar-officials—Yang Dongming 楊東明, Gao Panlong 高攀龍, Chen Longzheng 陳龍正, Lu Shiyi 陸世儀, and especially Qi Biaojia 祁彪佳—she draws on a variety of exceptionally detailed sources to describe and