The Establishment of Modern Health Demonstration Zones and the Regulation of Life and Death in Early Republican Beijing

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Introduction

Even as new-style police were created in conjunction with late Qing administrative reforms, traditional community organizations continued to play a pivotal role in the regulation of individual conformity. Before the “new government” (新政), for example, Beijing was always a city where social self-regulation figured centrally. Since such regulation passed through the considerable authority of various assembly halls, business associations, households, and the like, police were only called out to maintain order when crime threatened public security. For a relatively long historical period, then, the

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1 Translator’s note: I have rendered the author’s kongzhi 控制 as “regulation” rather than “control.” “Supervision” would also make sense here, but carries strong theoretical overtones that are not necessarily intended in the original.

2 Dray-Novey (1993), 885-922.
power of the police to saturate and compartmentalize community space in Beijing was extremely limited.

By contrast, the gradual introduction of Western-style Health Demonstration Zones to various Chinese cities led to marked changes in the structure and content of urban life, especially with regard to traditional methods of regulating the processes of birth and death. In old Beijing, for instance, the regulation of life and death traditionally fell to midwives and Funeral Specialists. It was the traditional midwife’s job to call personally on individual households to assist with deliveries and perform baptismal rituals, while the Funeral Specialist was responsible for calculating the ideal time and place for funeral rites, performing those rites, and also determining cause of death. Since birth and death were ritualized events that occurred in specific temporal and spacial settings within the larger context of traditional society, they had the capacity to generate a unique social and cultural atmosphere not only within the family but within the community at large. Thus the expectant mother’s every twinge, the newborn’s every breath, and the soul’s every pace as it departed the body of the deceased, all had consequences for the psychology and behavior of the surrounding community, effectively transforming a psychological phenomenon into a cultural phenomenon. From the perspective of local society, in short, the midwife was less a doctor than the coordinator of the birth rituals that would formalize and legitimate the newborn’s entrance into the world. Likewise, the Funeral Specialist’s job was not only to make funeral arrangements and determine cause of death; he was also responsible for reaffirming the boundaries between the living and the dead through performance of death ritual. In other words, the midwife and the Funeral Specialist in traditional communities served not only as skilled professionals, but also as mediators of the social order.

This essay concentrates on the establishment of the First Public Health Demonstration Zone in Beijing and its practical consequences for attitudes and practices concerning the regulation of life and death in the early Republican period. It contends that the establishment of Western-style experimental “Urban Health Demonstration Zones” in Beijing in the 1920s—even more effectively than earlier police-administered systems—contributed to the breakdown of traditional ideas about the regulation of life and death. This in turn led to a certain displacement of (and tension between) the professional identities of traditional midwives and Funeral Specialists and their “public image” in the social sphere, as well as ultimately to the more complete control over urban social life by national authority.
From Life to Death: Performance of Birth-related Ritual in Traditional Communities

In old Beijing the birth of a child was a major event, setting in motion at the moment of birth a whole series of rituals. If the newborn was male, the biological phenomenon of birth became a matter of especially profound social and cultural significance, merging the continuation of the family line with the restructuring of familial hierarchy. Though it had literally entered the world, however, the infant was not formally recognized as a member of society until it had undergone certain rituals of recognition; until these rituals had confirmed its viability the child could not take its place in the new family, and remained, in essence, a stranger. Thus the performance of ritual can be seen as a way of enacting the formal introduction of a new member of society.

A midwife in old Beijing was traditionally known as “Granny Midwife” (生姥), “Granny Luck” (吉祥姥), or even “Mrs. Reliable” (稳婆). “Mrs. Reliable” would hang a small wooden sign outside her door decorated with red cloth tassels and inscribed with lucky words such as “With a swift horse and a light carriage, Mrs. So-and-so will deliver and bathe [the baby]” (快马轻车, 某氏收洗). Although many midwives had accumulated the experience of many years’ practice, the majority were illiterate and had never read even the most basic of ancient texts on childbirth. Instead, “Mrs. Reliable’s” primary social responsibility lay with using diplomatic language and dignified bearing to direct the rituals that would guide the newborn smoothly into the family space.

In order to familiarize herself with the household and examine the expectant mother, it was customary in old Beijing for Mrs. Reliable to make an initial visit three to four weeks before the expected date of delivery. Known as renmen (认门, or, roughly, “getting to know the household”), this practice involved the midwife checking in with the family and briefly examining the expectant mother. The midwife would then call again when it was time to deliver the baby, and then again three days later to oversee the key bathing ceremony known as the “Third-day Bathing” (洗三), at which time she would generally be compensated for her efforts. Formally speaking, this custom was not unlike the Western practice of baptism, but here the ritual bathing carried more secular than religious significance. While the Third-day Bathing ritual served to “ cleanse the child of the pollution of the other world” and ensure that its life would proceed smoothly and auspiciously, for example, at the same time it also signified (and invoked) prevention of disease.

In preparation for the birth, the family of the expectant mother had to arrange in the bedchamber a small clamping tool used to remove the umbilical cord (挑脐簪子), a towel for the basin, and a long list of different foods and other items of

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3 On the Third-day Bathing of the Qianlong Emperor, see Chang Renchun (1990), 229.
symbolic significance called for by Granny Midwife. Such items included but were not limited to: coarse rice, flowers, cups and ladles, locks, a scale, a small mirror, a toothbrush, a tongue-scaper, green tea-leaves, a new basket, skin powder, soap made from pig pancreas, a large scallion, slices of ginger, candles and incense, paper ghost money and food, eggs (both fresh and boiled), a paddling stick (棒槌), and so on. The family would also have to brew an herbal bath in preparation for the newborn, as well as paint some longyan fruits, lychee nuts, and chestnuts bright red. If the newborn was female, furthermore, the family had to thread an embroidery needle with red silk and soak it in a fragrant oil concoction for three days in order to pierce the girl’s ear on the occasion of the “Third-day Bathing.”

The “Third-day Bathing” ritual was usually attended only by close relatives, who would bring the new mother symbolic gifts such as longyan fruits, lychee nuts, or red eggs. Meanwhile, the new mother’s family would in turn serve the guests noodles with fried vegetables in a custom known as “Third-day Respects” (添面). As a rule, Granny Midwife would be seated in the seat of honor and treated with the utmost hospitality. The “Third-day Bathing” ritual, which was for the most part coordinated by Granny Midwife, usually took place after the midday meal, once respects had been paid to the fourteen gods and goddesses of childbirth, smallpox, eyesight, etc., at an altar set up outside the birthing-chamber. When this worship ended, the birth family would pour the herbal bath into a metal basin and arrange the various ritual articles on the kang (bed). The “Third-day Bathing” ritual began officially when Granny Midwife took the newborn in her arms.

At this point, each member of the new mother’s family would, in order of rank, add a small dipper of clean water to a basin, as well as a little money. This was known as “adding to the basin” (添盆), and could also include items like lychee, red dates, or peanuts as well. In his autobiographical work “Under the Red Flag” (正红旗下), Lao She described this part of the Third-day Bathing ritual as follows: “First the old ladies participating in the ritual, and then the wife, would ‘add to the basin,’ placing some metal coins in the basin while saying some lucky words. Some peanuts and some red and white eggs would be placed in the water to the sound of ‘Have more sons!’ (连生贵子) and other such wishes. Ultimately, these coins and things would all be taken home by Granny Midwife.”

Next the newborn itself would be placed in the basin, and although it would inevitably cry out upon being dipped into the basin full of cold water, this crying was considered auspicious, and was a part of the ritual known as the “clamoring basin” (响盆). As the midwife bathed the child, she would simultaneously chant various ritual blessings, such as “First wash the head, to Princedom you’ll be led; next wash the girth, taller with each birth. Rinse, rinse the ‘eggs,’ a mayor will he

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4 Lao She (1995), 137.
be; rinse rinse the tush, a governor is he” (先洗头, 作王侯; 后洗腰, 一辈倒比一辈高; 洗洗蛋, 作知县; 洗洗沟, 做知州) and so on. After being bathed, the child would be dried off and the large scallion tapped lightly several times against its body, accompanied by the words, “Once for intelligence, twice for cleverness” (the word “scallion” being a homophone for the word “intelligent” in Chinese). Someone would then climb onto the roof and place the onion there, to symbolize the hope that in the future the child would attain the “apex” of intelligence. The ritual concluded when Granny Midwife placed several pomegranate blossoms made of paper into a steamer basket and recited the names of various flowers, along with the wish that the child would “get almost no flower-shaped pox.” This prayer signified the hope that the child would be spared a serious case of smallpox, a disease known in Chinese as “heavenly flowers” (天花), and grow up healthy and free of illness.

Having looked at the “Third-day Bathing” ritual, we can now more clearly define Granny Luck’s function in society—what I shall call her “public image.” Several aspects stand out. First, Granny Midwife’s primary function was defined not by her knowledge of biology related to the birth itself, but rather by her ability to confirm the newborn’s place within the kinship network; in other words, her authority derived less from medical skills and experience in delivery than from her ability to use ritual to ensure an atmosphere of security and good fortune even after the baby was born. Lao She once described the midwife Granny Bai, who had delivered him, as follows: “At precisely 12 o’clock, [the Granny Midwife], full of many lucky words, accompanied the gentle sunlight and a light breeze into the house. This was old Granny Bai, a stout, white-haired matron of over fifty years old. Her waist and back were pencil-straight, and her actions fluid and efficient, so that it only took one glance [at her] to believe that she could deliver eight or ten [children in one day] without batting an eyelash. She was quite warm, but she had a serious side [as well]—my generation of boys and girls in our twenties would never dream of joking with her, for fear that she would remind us: ‘Don’t forget who gave you your Third Day Bathing!’ She dressed plainly and tastefully, adorned only with a [single] bright red silk pomegranate blossom set in the pretty woven tassels hanging from her hat.”

Second, since the actual biological process of delivery took second place to the other rituals associated with childbirth, the delivery itself could even on occasion be taken over by someone else. For example, if Granny Midwife’s profession had been passed down through the family, then she might delegate her daughter to oversee the delivery, and the “Third-Day Bathing” ritual could then be used to make up for any oversight in the delivery. Lao She, for example,

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7 Lao She (1995), 136.
describes how the Third-day Bathing ritual could sometimes function to compensate for mistakes in the delivery: “The day before yesterday it was Granny Bai Junior, Granny Bai Senior’s daughter in law. Granny Bai Junior was also fluid and efficient, but she had less experience. The errors of the night before, she claimed, were not her fault, but were due to my mother’s poor nourishment and frail constitution. [But] since she couldn’t very well say this directly to my mother, [she had to take the blame for the difficult birth, and so] Granny Bai Senior came in person to perform the Third Day Bathing ritual. Since Granny Bai Senior was quite well-known at this point, everyone knew that her emergence from a particular house indicated that a tiny new official or wealthy little nobleman had just entered the world. So, that someone of her prestige would give me my Third Day Bathing naturally had an apologetic significance.”

What Lao She describes here concerning Granny Bai hints at the core significance of the traditional midwife’s role in society: While she could at times be replaced in the actual delivery, Granny Midwife’s presence at the Third-Day Bathing was essential. While she was the arbitrator of birth rituals in the community, in other words, she was not the birthing assistant commonly associated with modern medical ideas.

Third and last, if we look carefully at the structure of the ritual process of the Third-day Bathing, we can discern in Granny Luck’s trade at least three distinct types of behavior-related roles: first, to pay respects to the spirits; second, to prognosticate; and third, to drive out illness. The first and third are to some degree included in the second, since Granny Luck’s invocations at the Third-day Bathing ritual covered all aspects of the newborn’s life, from future prospects to marriage, family, personal character, and fortune. But they also signified the newborn’s formal induction into society. Further, the moralistic and didactic flavor of Granny Luck’s prayers helped to cement family relationships while simultaneously creating what one might argue is a singularly intimate atmosphere in the family. Thus through her [behaviors] the traditional midwife confirmed that the child that had undergone the “Third-day Bathing” ritual would never again be considered a stranger, but instead another link in the family’s moral chain. While Granny Luck’s authority therefore derived from her duties as a midwife, it also came from her ability to create a peaceful and happy atmosphere in the family even after the baby had been born. In short, her function in society was more than simply medical.

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8 Lao She (1995), 137.
Rituals Concerning Death: The Funeral Specialist

At the opposite end of the spectrum was the Funeral Specialist, or Mr. Yinyang (阴 阳 先 生), an expert in geomantic ritual (or fengshui) who dealt not with the welcoming of new life, like the midwife, but with the process of death. Each Funeral Specialist had an individualized name for his practice (a “堂 号”), such as “The Benevolent Practice of Mr. Wang of Tu’er Street in Beijing” (北 城 土 儿 胡 同 一 善 堂 王) or “The Guilin Practice of Mr. Zhu of Yangfang Street” (羊 房 胡 同 桂 林 堂 朱), etc. This name would be printed on small slips of yellow paper measuring about 2 x 3 inches, which the Funeral Specialist would then give out to visitors who came seeking his services. Whoever had come to invite the Funeral Specialist would then take this paper home and affix it outside the door of the residence, according to the sex of the deceased (on the left side of the door if male, and on the right if female). Many years of experience taught the Funeral Specialist to wait patiently for the visitor to return one or even two more times before setting out, for fear of arriving before the person had actually died and violating taboo. He would then find the mourner’s home by looking for his personal mark on the door, and announce his arrival with the customary challenge, “Look dog, you!” (瞧 狗，您 哪！). In old Beijing, the Funeral Specialist was thus also known as the “Yinyang Dog” (狗 阴 阳).

While many routine aspects of funeral rites were handled by relatives and friends, as well as by the community elders and women who were usually quite familiar with the basic order of the funeral rites, the Funeral Specialist still played an essential role in the process. His unique skill was to use ritual to renegotiate the relationship between the soul of the deceased and his or her body. Not only did he regulate the timing of the burial and arrangement of the body, but he also calculated the precise time at which the body should be removed from the room, as well as the arcane significance of relevant fengshui and direction (orientation) of the burial. According to a 1921 estimate, the training of a Funeral Specialist was extremely demanding, requiring between ten and twenty years total, with ten years for studying the “tracks of the dragon” (龙 迹, to acquire command of the fortune-telling methods), and twenty years to accumulate experience authenticating burial site fengshui.

A central function of the Funeral Specialist was to issue a death certificate (殃 榜) to the family of the deceased that outlined every salient detail of the funeral, such as the timing of the rituals, the location, specific prohibitions, etc. The process of issuing the death certificate was extremely complicated, and the majority of funeral specialists did it according to the rules outlined in the funereal manual known as the Sanyuan General Index (三 元 总 录). This included

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9 See Chang Rencun (1983), 260. See also Li Jiarui (1937), 181.
10 See Feuchtwang (1974), 204.
11 See for example Li Jiarui (1937), Ibid.
figuring out the “original fate” (原命) of the deceased (his time of birth), as well as his “great limitation” (大限) (his time of death). Calculating the age of the deceased based on his or her birth date and other such details were for the most part obtained through interviewing the family, but according to folk legend, the time of death could only be determined by the Funeral Specialist. Rather than inquiring directly of the family, the Funeral Specialist would examine the precise position of the fingers on the hands of the deceased (palm open or closed? fingers curled or straight?) and compare it to diagrams in traditional funereal manuals. Each configuration of finger and hand positions corresponded to a different time of death.

But the practice that most clearly demonstrated the Funeral Specialist’s special skills was his orchestration of the “Expulsion of the Spirit” ritual (出殃), which refers to the releasing of the spirit of the deceased from its attachment to the world of the living. This spirit was seen as part of the multifaceted soul of the deceased (七魄), which also included a “mischievous qi” component (煞气). According to the Funeral Specialist, the spirit of the deceased would leave the body at a specific time and in a specific direction, and would take the form of a certain color of qi. At this time, urban folklore held, no person must be present, lest he or she come into contact with the mischievous qi (中恶) and risk terrible illness or even death; even trees and flowers might wither and die if they came in contact with this dangerous form of qi. This prohibition was known, appropriately, as “avoiding mischievous qi” (避煞气).

Naturally, therefore, an essential part of the Funeral Specialist’s job was to use bagua and other methods of fortune telling to determine the specific details of this expulsion of the spirit depending on the gender of the deceased and the time of death, and other related variables: when it would occur, its exact size, its color, and the direction in which it would be expelled. Once the time and details of the event had been determined, the Funeral Specialist also had to determine the correct time for the preparation of the body, the funeral procession, and the burial. Finally, the Funeral Specialist had to confirm whether or not the family should prepare for a “repeat death,” or another death within the term of one hundred days. Also known as the “fire period” (火期), during this time it was believed that the body of the deceased ran the risk of spontaneous combustion (遗体自行起火). To assure that the whole process proceeded smoothly, the Funeral Specialist also had to oversee the ritual cleansing and preparation of the

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12 During research in the Hong Kong New Territories, James L. Watson discovered that popular notions of “stopping the qi” (shaqi) referred to the corpse emitting a kind of gaseous substance, which he refers to as the appearance of “death pollution.” See Watson (1988), 109-110. For a detailed study of the practical functions of the traditional funeral specialist, see Feuchtwang (1974), 221-223.
premises, facilitating the spirit’s expulsion, for example, by opening windows in the direction it would leave.

People in old Beijing followed the Funeral Specialist’s instructions and prohibitions to the letter, paying special attention to the “Expulsion of the Spirit,” the avoiding of mischievous qi, and the cleansing of the residence. The family of the deceased would arrange the room and set the date and the time of the ritual exactly according to what was written on the death certificate. Usually the blanket of the deceased would be removed, the clothing opened, and a basin of water for face-washing covered with a wool cloth and some soap placed at the head of the deathbed. On a little table would be placed some snacks, tea leaves, and smoking paraphernalia. If the deceased was female, this table would also have some combs and make-up supplies. Then a window would be opened slightly according to the predicted direction of the expulsion of the spirit, to facilitate its exit. In some areas around Beijing, a kind of flavorless, plain dumplings would be offered to the spirit in hopes that it would find them distasteful and leave for greener pastures. To make sure that the “mischievous qi” had been fully dispersed, the Funeral Specialist would also place talismans in the room of the deceased or sprinkle a special powder around the room (in which, it was reasoned, one might later see the tracks left behind by the deceased).

Like the Granny Midwife’s direction of the Third-Day Bathing ritual, the Funeral Specialist’s orchestration of the “Expulsion of the Spirit” ritual may be seen as a process of reconstructing social boundaries and relationships. As long as the “mischievous qi” of the deceased hadn’t dispersed, for example, a threat still existed to the living, and the boundaries between the world of the living and the spirit world remain blurry. Only after the Funeral Specialist had overseen the organization of the ritual space and cleansed the space of the living, reaffirming the boundaries between the world of the living and the spirit world, could a sense of security be restored to the family and community at large.

Furthermore, in practical terms, the issuing and display of the death certificate acted as a means of reaffirming social relationships between individual families and the community at large. Members of the deceased’s household and guests from beyond the inner circle learned different things from the issuing of the death certificate. Outsiders, for example, learned that the “mischievous qi” of the deceased had been successfully dispersed, and therefore that the kin of the deceased had already been through the rituals of the Funeral Specialist, and had resumed normal life. Meanwhile insiders hung the death certificate out as a sign announcing to others that they had not been tainted by contact with the mischievous qi, and thus would no longer pose a threat to the security of the rest of the community. Thus in addition to its didactic function, the death certificate had the cultural and religious function of restoring harmony among the social relationships of the family of the deceased and the community at large, since its presence indicated that the mischievous qi had been safely dispersed.

Such a dual function of the death certificate was also acknowledged by the government. In the Qing, for instance, the death certificate might double as a
burial-license, and had to be presented when exiting the city gates to perform the burial. A section on funeral rites in the Qingbai Leichao (清稗类钞) records for example that the death certificate should be used as “certificate of proof when the corpse is removed from the city” (“盖为将来尸柩出城之证也”). Even in the early years of the Republic, the death certificate could be brought to the Health Center and exchanged directly for a burial license (一 律 凭 殡 榜 到 卫 生 局 换 取 出 殡 执 照). In practical terms this was a form of acknowledgment of the monopoly of the Funeral Specialist over the authority of his profession. But it also meant that, without the proof provided by the death certificate, not only would the burial lack legal standing, but the family of the deceased would have no way of leaving the social order of the “yin” space and regaining the trust of the community. From this we can see that the death certificate as a document was essential to allowing the family of the deceased to re-enter the network of everyday society.

Although Chinese funeral customs and death rituals addressed the relationship of the spirit of the deceased to the survivors, therefore, in fact these complex techniques for administering space to differentiate between the world of the living and the spirit world ultimately served to protect the living. Further, the successful completion of the “Expulsion of the Spirit” ritual allowed the family of the deceased to be accepted once more into society and to resume normal life. In other words, funeral ritual reaffirmed the relationship between the family of the deceased and the community at large.

John B. Grant and the Special Health Station in Beijing

A nationally unified and administered medical network did not exist in Chinese cities before the twentieth century. Urban medicine was clinic-based, and doctors generally worked independently, without the blanket of a broader organizational structure. From “Granny Midwife’s” tasseled sign to the Funeral Specialist’s professional title, it is clear that the medical profession in key ways did not differ substantially from any other of the standard “hundred professions.” However when national strengthening picked up speed in the early years of the Republic, some voices began to suggest that the medical system should be administered nationally. According to this view, which was based in ideas about national and racial strengthening, active supervision of the distribution of medical activity should be a platform in the reform of the national structure as a whole. Since medical activity pertained not only to the health of the body but also to the health

15 According to P. Steven Sangren, a special feature of Chinese funeral behavior is that the “Yin Factor” of the deceased’s identity may be separated out and reduced through the practice of ritual, leading to a corresponding increase in the Yang of the deceased. See Sangren (1987), 213.
of the entire race, it was reasoned, implementing close supervision of medical practice by the national body was as important as the responsibility of the police to protect people’s lives and property. Nonetheless for a relatively long period, modern medical systems were not administered by independent national administrative bodies, but rather through local police departments. Thus even though an independent medical office would occasionally appear in a given city, more often than not it would be merged with the local police organization on account of “insufficient funds.”

Before the health administration could establish an independent supervisory medical network, therefore, as well as function with increasing independence, it first needed to reverse its over-dependence on the old police system. The former chief of the Beijing Health Department, Huang Zifang, believed (for example) that health matters and police concerns should be separated even at the grassroots level. “Each village or township and each street or alley should follow the example of police districts and precincts by establishing individual health centers to deal with the health concerns of its jurisdiction,” he wrote, “and to offer basic medical care to people from the area. The operational expenses should be the same as with the police: shouldered entirely by the government.”

In the early years of the Republic, the first person to truly implement Huang Zifang’s idea was an American public health specialist named John B. Grant, who was in charge of the Department of Public Health at the Peking Union Medical College. Grant believed that it was important to distinguish on-site hospital and clinic-oriented bedside medicine from the teaching of preventative medicine. He believed that a teaching-site should be located in open residential districts or within the community, so that resolutions to health and disease problems could be found in a collective rather than individual fashion. Such sites would be called “Health Demonstration Zones” (卫生示范区).

In September of 1925, Beijing established its first public health center, called for the first few years the “Experimental Public Health Station of the Capital Police” (京师警察厅试公共卫生事务所), and then after 1928 the First Public Health Station of the Beijing Public Health Zone (北平市卫生局第一卫生事务所). The zone belonged to the old city (present-day Dongcheng) and had a population of approximately 100,000. The real significance of the establishment of the First Public Health Station was that it concretely and

17 Dray-Novey (1993), 885-922. See also Strand (1989), 66-81.
18 Huang Zifang. On a related topic, see Hu Dingan (1936), 21; and Hu Dingan (1935), 1-3.
19 See Macpherson (1987), 49. As early as the 1890s, communities in Shanghai’s foreign concessions had already begun to rely on the government to strengthen inspection of existing water supply, food, and the like, and to promote the nosological notion of quarantine areas among the population of the foreign concessions.
effectively folded the existing Beijing city administrative district (or “organic” community, 自然社区) into the newly-conceived “medical community,” so that the scope of medical regulation matched up exactly with the scope of Beijing’s existing community districts.”21 The later establishment of second, third, and fourth Public Health Stations likewise followed the topography of existing communities, and established their own medical care networks in these existing communities. The networks were based first on grassroots, local health care (including school health and hygiene, and health and hygiene in factories); second on different medical specialties and clinics; and third on united hospitals (associated hospitals, etc).

A major consequence of the establishment of Urban Health Demonstration Zones in Beijing was the transformation of the rhythm of the daily lives of people living in the old city. Since traditional Chinese medicine was clinic-based, people suffering from illness in the “organic” community were formerly free to choose doctors on an individual basis. But now, doctors in the Urban Health Demonstration Zones actively infiltrated the existing communities and completely restructured, regulated, and demonstrated a new rhythm of life based on a foundation of modern medical procedures.

An example of this transformation of the rhythm of life in “organic” communities can be seen in the addition of house calls to the local health and hygiene regimen. The house calls were performed by about ten public health care nurses and a certain number of nursing-students, at a rate of approximately five to ten house calls per day, excluding holidays. According to one set of annual statistics, a total of 16,300 and 21,531 house calls were made between the years of 1936-1937 and 1937-1938 respectively.22 Records of all house calls were kept not only by the local nurses, but also by the medical records office, where the medical history of each member of a household was recorded according to a regulation format. Each household, as well as each member of the household, was assigned an individual number.

Since pre-natal care is such an important part of preventative medicine in general, house-calls to expectant families and families with newborns naturally became a central focus of work within the newly established medical community. For example, one Station had four assistant nurses who were sent to homes to assist with births on an on-call basis, at two or three yuan per visit. During the period just before and just after the birth of a child, such house calls generally conformed to a strict schedule established by the Health Demonstration Zone. This is demonstrated by a 1930 service report for the Third Public Health Station, which stated that the dates of house calls “were to be scheduled three days before the birth, with one visit a day, after which once every other day, until such time as the infant’s umbilical cord has detached.” In 1930 the number of

21 Translator’s note: the original term is ziran shequ 自然社区.
house calls had grown to 12,810. The standardization and precision imposed by house calls in the Urban Health Demonstration Zones, along with the nature of enforced management, differed substantially from the rhythms of traditional “organic” community life. Such changes were transforming Beijing lifestyles on a daily basis.

**Networks of Power: Midwifery Training School and the Census-takers**

One of the most striking changes wrought by “man-made environments” upon organic or existing communities was the redefinition of the figure of the midwife. As I have already noted, the public image of the midwife in traditional society depended less on her medical skills than on her ability to arbitrate social relationships as seen in the example of the Third-day Bathing ritual. Once the Urban Health Demonstration Zones were established, however, the traditional midwife was absorbed into—and subsequently measured against—the standard of more purely modern medical management practices, and her socio-cultural functions quickly became obsolete. Granny Luck’s presence at various stages of the delivery was soon declared “not in accordance” with the needs of the modern health-care administration.  

Beginning in 1928, for example, the Beijing Department of Public Health held a total of ten seminars for midwives in Urban Health Demonstration Zones, formally training and testing 150 students. Along the same lines, a Natal Care Center was soon established that continued to supervise midwives even after they had already completed formal training. Every month, for example, each midwife was required to report what antiseptics and other products had been used to treat the umbilical cord. This was not only a way of determining what supplies would need to be purchased, but also allowed the Center to check the midwives’ figures against the tally of actual expenses and thus confirm that they were performing deliveries according to regulation.

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23 *Beijing tebie shigongshu weishengju ershiba niandu yewubaogao* (北京特別市公署衛生局二十五年度業務報告), published by Beijing Tebie shigongshu weisheng ju, Jan. 1930.

24 Also translated as “Sanitary Inspectors.” See Wong and Wu (???) above. They refer to the collection of “vital statistics.”

25 *Baoying shiye zhi yange yu pingshi baoying shiwusuo zhi chansheng ji qi jihua 保婴事业之沿革与平市保婴事务所之产生及其计划*, in *Diyi zhuuchan xuexiaon niankan*, November 1930, juan #1.

26 *Beijing tebie shigong shuweishengju ershiwu niandu yewu baogao*, Ibid., October, 1927, 343.
In addition to the Department Chief, medical personnel, office-workers and file-clerks, the Natal Care Center’s administrative structure also included eight so-called “assistant midwives.” The professional responsibilities of these eight “assistant midwives” varied. One in particular, called Zhang Shu-hui, had responsibilities that went beyond simple supervisory duties: “Every day I supervise the midwives’ deliveries and assist them with difficult deliveries after hours,” she reported, “and every Friday morning I hold training lectures for the midwives as well.”

Another example concerns the management of midwives in the inner two districts, which fell under the jurisdiction of the Second Public Health Station. Until 1937, there were 21 traditional midwives in this jurisdiction, making up approximately one-fifth of the 103 total traditional midwives in the city, and making it the most populous district in the administrative region. The Second Public Health Station’s management method was to divide the midwives into two groups, with each group meeting once a month at the Station. An “assistant midwife” would be responsible for facilitating the meeting and collecting monthly delivery reports, as well as reviewing any unexpected complications from the handling of difficult deliveries. The “assistant midwife” would also discuss various points to look out for at the time of delivery, as well as distribute sterilized cloth bags for the umbilical cord, eye-drops for infants, and related pharmaceuticals. In 1937, 24 such meetings were held, attended by a total of 586 people.

After its formal establishment in 1930, the Natal Care Center not only hosted seminars and lectures on topics related to natal care, but also published a number of educational materials ranging from diagrams explaining natal hygiene to illustrated guides on how to prepare for, go through the process of, and follow up on birthing; on proper shoes and clothing for infants; on soy milk and pediatric nutrition; and on household hygiene and maintenance, etc. Furthermore, in response to the suspicion that many city-dwellers expressed toward the trained midwives, the Natal Care Center made a special publication called “Regulations That Should Be Followed By Trained Midwives” (受过训练的姥姥应当守的规矩) that was placed for distribution in the bamboo delivery baskets the midwives carried. The first of these regulations stipulated that when Granny Midwife visited the family in her customary practice of renmen, or “getting to know the household,” she should urge the expectant mother to go to the nearest Natal Care center for an examination. Clearly the traditional significance of the
practice of renmen had, by this time, already undergone considerable transformation: it was no longer the manifestation of an individual profession, but one of a series of practices that were to be abolished as part of the Natal Care Center’s reform project as a whole. As one report stated in 1936, “The last generation of midwives may have received two months’ training, but I’m afraid they are already quite old, have never received an education, are illiterate, generally have unsanitary habits, and have a knowledge of the law which is superficial at best. This really isn’t conducive to safe deliveries, and [they] should be dealt with immediately through strict management.”

In such an increasingly hostile atmosphere, the public image and professional identity of the Midwife Granny naturally began to change.

Census-takers and the Funeral Specialist

By far the greatest blow to the traditional community’s supervision over life and death dealt by the establishment of Urban Health Demonstration Zones, however, came with the formation of a network of census-takers. Although Beijing’s first census count was already under way when the First Public Health Station was established, before the 1920’s there were no full-time staff who specialized in recording birth statistics in old Beijing. Instead births were usually checked by a registration officer from the public security bureau at the same time household registrations were checked. But these statistics were often inaccurate or incomplete, either because people were reluctant to provide correct information and risk increased taxes, or because, burdened with numerous other responsibilities, the police would fail to record information correctly. As one report noted, “The registration officer’s attention is limited to the scope of tax collecting and various items set out in the police disciplinary code. Registration officers that have not been specially trained are often lax in performing birth inspections, and lacking everyday knowledge of statistics, often mix up the dates of birth or even record the date of birth as the date of inspection. Even if a baby is born in the hospital, where many doctors and nurses do make legal reports of births, nonetheless because the hospital has no authority to sanction the submission of incorrect birth reports, sometimes this isn’t taken seriously here, either, and the difficulty of obtaining correct birth reports is substantially increased.”

When the Urban Health Demonstration Zones were established, however, the situation changed dramatically, and birth and death statistics were now collected...
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in two tracks. On one hand, birth-reports were still gathered by the registration officers from within organic communities. But on the other, specially-trained, full-time census-takers began to collect statistics independent of the registration officers, so that each of four census-takers answering to the First Public Health Station was in charge of five of the twenty police districts. Every day, one rotation investigated deaths, while the remaining three made the rounds of their designated police districts and clinics to gather new birth statistics. Meanwhile each hospital also sent someone out to transcribe birth figures every week on a rotating schedule. Once the reports had been gathered, each census-taker would then follow up by performing detailed interviews at individual residences, filling out forms item by item. These statistics were then checked against the reports of the assistant midwives, the trained midwives, and the individual clinics, and were consequently more comprehensive than the work of the organic community’s registration officer alone could ever be.

Besides the merging of these different sources of information, the most serious infiltration of the organic community by the census-taker as an agent of the new medical community was the increased supervision over the Funeral Specialist, leading ultimately to his obsolescence. For one, the adoption of the new, multi-tiered system for collecting birth and death statistics represented a significant departure from the Qing-period measures for dealing with funerary formalities. In the Qing, residents of urban communities could summon the Funeral Specialist to hold an “Expulsion of the Spirit” ritual and obtain a death certificate—a document of considerable legal authority, as I mentioned earlier. But while the government’s authorization of the Funeral Specialist to personally inspect the deceased and issue a death certificate represented a de facto acknowledgment of the respect held by folk society for the Funeral Specialist, nonetheless government and folk understandings of the Funeral Specialist’s functions varied significantly. In folk society, for instance, the Funeral Specialist functioned as an agent for renegotiating the relationship of the family of the deceased to society at large, and the “expulsion of the spirit” and “cleansing of the premises” rituals, as well as the Funeral Specialist’s examination of the body, signified the expression of the spirit of social mores. But from the government perspective, the Funeral Specialist not only had the legal authority to inspect the body of the deceased and confirm the cause of death, but also to maintain social order. If the deceased had died naturally, for instance, then the Funeral Specialist could issue a death certificate to the family and the report later the total number of death certificates he’d issued in a given period. But in the event of a suicide or a homicide, the Funeral Specialist was expected to report immediately to the government and invite a forensic examiner (法医，验官) to examine the body before confirming that the burial process could begin. Evidence for such a determination might be gathered based on the age, sex, and family status of the deceased. If, for example, a newlywed wife had died but had never consulted any doctors nor asked for any prescriptions, then in spite of her in-laws’ insistence that it was a case of “sudden illness” (暴病), the corpse might still be
investigated for the possibility of suicide [on the presumption that the young wife had killed herself and the in-laws were too embarrassed to admit it]. The corpse would display different characteristics depending on whether the death was by drowning, hanging, or poisoning [xxx??], and the Funeral Specialist usually could tell from his experience which was which.

From this perspective, one might say that the Funeral Specialist knew a bit about forensics. If he noticed that the skin around the mouth of the deceased had been burned away, for example, and that the corpse’s nails were black, then it had to be a case of death by acid poison. If there were rope-marks on the neck of the deceased, then it had to be death or suicide by hanging. Fearing legal consequences, a family might be reluctant to admit the truth about a person’s death and challenge the Funeral Specialist’s evaluation thus: “You say he died by hanging, but in that case why isn’t the tongue protruding?” The experienced Funeral Specialist would simply use a writing implement to pry open the corpse’s lips; when the tongue immediately popped out, fully extended, of course the family of the deceased could offer no further objections. Inevitably, therefore, such information as was discovered by the Funeral Specialist was useful to officials in their investigation and prosecution of criminal suspects. In addition to serving as a burial license, in other words, the death certificate served legally as proof of a normal death.\footnote{Chang Renchun (1996), 235.}

After the Urban Health Demonstration Zones were established, however, the Funeral Specialist’s authority shrank until it included only the responsibility of issuing a report on the cause of death, which the family then had to take to their local police precinct. The precinct would then fill out a death certificate, while a telegram was sent to inform a census-taker, who would then verify the death in person; only once this was done could the preparation of the body begin. Even the explanations of cause of death were interpreted differently by the census-takers. Where the experience-based methods of evaluation employed by the Funeral Specialist had generally earned him the approval and trust of common residents, for the census-takers, cause of death had to be determined in strict accordance with the standardized requirements of modern health regulations. According to the collective regulations established in the Health Demonstration Zones, for instance, death now had to be classified as having occurred due to one of 27 different official causes modeled on Western medical criteria, such as “smallpox,” “plague,” “cholera,” “rabies,” “tuberculosis,” “old age/heart attack,” “premature birth,” “other reasons,” or “reasons unclear,” etc. Further, burial licenses for each community were now filled out by the appropriate census-takers as well. This meant that all reports concerning the deceased one way or the other had to pass through the hands of the census-takers, insuring that no information could slip through the cracks. Thus an original function of the Funeral Specialist’s death certificate to signal when it was time to leave the city and perform the burial also naturally disappeared. At this point, all that remained of
the Funeral Specialist’s former responsibilities was his authority to certify the cause of death.\textsuperscript{33}

With the First Public Health Station as a model, the Beijing Department of Public Health held two separate training sessions for census-takers in 1935 and 1936 respectively. Upon completing the course, the newly anointed census-takers were sent all over Beijing to do the work of administering life and death. Their administrative reach gradually extended to every corner of the city, causing the Funeral Specialist’s scope of authority to shrink even further, until at last, in May of 1937, the Beijing Department of Public Health formally announced that all residents of Beijing who needed to report a death could bypass the Funeral Specialist entirely and report directly to the divisional precincts. Once the precinct received the report, a death certificate would be issued and a census-taker sent out to verify the death, at which point a burial license would be issued. This ruling marked the end of the Funeral Specialist’s traditional function in society.\textsuperscript{34}

**Reactions and Resistance to the Health Demonstration Zones: Midwives**

Before long, the establishment of the Urban Health Demonstration Zones not only dramatically transformed the rhythm of life within traditional communities, but also the “public image” of those, like Granny Luck and the Funeral Specialist, whose professions involved the regulation of life and death. From the start of the twentieth century, for instance, the most significant change confronting traditional midwives was the rapid pace at which they were forced from the private sphere into the public sphere: As the public delivery space became more rigidly structured, the supervision and regulation of the midwife and her work became increasingly systematic.\textsuperscript{35} Thus while in traditional society the midwife was welcomed as someone who could bring good luck to the newborn, according to the new conceptions of public health and hygiene introduced with the establishment of the Urban Health Demonstration Zones, she became a symbol of poor hygiene and laughable superstition. In 1935, for instance, a traditional midwife objected when it was suggested that the mother be brought to the hospital during a difficult birth, leading one Zhang Shuhui to comment, "The expectant mother was 33 years old...Her water had broken prematurely, so she was urged to go to the hospital to give birth to avoid risk."

\textsuperscript{33} Beiping Shi Zhengfu Weisheng Ju eroshi-nian du yewu baogao 北平市政府卫生局二十四年度业务报告, published by Beiping Shizhengfu Weishengju, 1936, 12-14.

\textsuperscript{34} Liao Taichu (1936), 73.

\textsuperscript{35} See Forster & Ranum (eds.) (1980), 159.
[But] at that time ‘Midwife #33 of Nandoucai Street’ was there and objected, saying that since the head was already visible it wasn’t easy to move her, and the family wasn’t willing to go to the hospital. So later when the mother had a difficult birth at home, once again we invited her to go to the hospital. By now, however, the foetus had no heartbeat, and was stillborn. Because of the traditional midwife, the mother was left with a fever, with severe ulcerations in the vagina, and with a painful abdomen...”36 In Zhang Shuhui’s characterization, in other words, the awe-inspiring, practiced efficiency and auspicious significance of the traditional “Lucky Granny” was transformed into the virulent poison of a deceitful, evil assassin, guilty of intentional harm to the expectant mother.

Transformations such as this were clearly a casualty of the logic of progress associated with modernization.37 However looking carefully at case-records from this period, we discover that various critical voices did exist beyond the realms suggested by modern conceptions of health and hygiene.38 Specifically, common people still expressed resistance to “systematized deliveries” (制度接生). Some cases involving the suppression of midwife activity, for instance, were resolved not on the basis of who should take the blame for certain medical mishaps, but rather on subtle references to the relative merits of midwives’ authority over the authority of the new clinics. Following is an example:

In 1935, a midwife at the Second Public Health Station by the name of Zhu Chongxiu reported that on February 28th an expectant mother, the wife of one Li Meng, summoned the midwife Li Wu to assist in a difficult delivery. The report states that the midwife didn’t bring a delivery-basket in accordance with regulation, and also prevented the mother from going to the hospital for treatment because she claimed that the mother’s blood-loss was “normal” (此种流血症状系属常有之事，不必住院). Furthermore, the report states that the midwife administered traditional Chinese medicines to Li Meng’s wife that resulted in internal bleeding and led to the death of the baby. But the statement of the daughter-in-law of Li Meng’s wife tells a different story: according to this statement, the baby was premature and stillborn. “My mother-in-law purchased the medicines herself after inquiring at the pharmacy, but it was no use. It was her choice not to give birth at the hospital; the midwife didn’t prevent her.”39 She added, “Li Wu has been assisting with deliveries for years and has quite a bit of experience, and came immediately when we called...When Li Wu appeared at the house according to the renmen custom...she observed the situation of Li Meng’s...”
wife, and expressed her concern that the foetus’ qi had been depleted and that she feared the child had died in the womb. At the same time, Ms. Zhu and Ms. Zhang (Zhu Chongxiu and Zhang Shuhui, representing the natal care center) had no choice but to leave and to ask Li Wu to wait there...[S]he waited until four in the afternoon, when suddenly the birth took place, but the child had stopped breathing long since. Thus it was entirely not her fault; her technical skills and experience were exceptional, and we are deeply grateful to her.” She even remarked that if the midwife’s license were revoked, Li Wu would be left without a livelihood, and thus wondered “why the child-care center would want to suspend Li Wu’s license.” It is especially worth noting here that Li Meng’s wife, too, actively spoke up in defense of the midwife. “She expressed her good will repeatedly, but in the end we still believed in choosing the old methods,” said Li Meng’s wife.

The mother’s advocacy on behalf of the midwife, as well as her refusal to go to the hospital in spite of repeated urging, indicates a powerful fear of the unfamiliar space of the modern hospital. Modern medical techniques had little in common with the rhythms of traditional birth rituals, where the mother was not merely an object to be dealt with at the whim of medical procedure but rather part of the familiar ritual atmosphere and spiritual power produced by the cultural system of the community as a whole. A similar phenomenon has been observed in European medical history as well. In eighteenth-century France, women expressed fear of obstetricians by describing them as “butchers” or “executioners” and refusing to risk the care of an “outsider” doctor even under the most dire of circumstances. From the point of view of tradition, therefore, it is hardly surprising that an expectant mother might feel terrified and uncertain when forced to leave her familiar environment for the highly isolated space of the modern hospital and the supervision of a younger and more inexperienced stranger.

Wandering between Legal and Medical Supervision: The Funeral Specialist

Understandings of the function of the Funeral Specialist underwent similarly complicated transformations. Before “medical communities” and “organic communities” were merged in Beijing, for instance, if a Beijinger had a death in the family, the Funeral Specialist was empowered with the rather substantial authority of determining the cause of death. As we know, this authority extended to the equally important rituals of overseeing the burial, the prayers, and the

40 Li Meng Shi Chengwen 李孟氏呈文, Beijing Shi Dang’an Guan J5 Quanzong 1, Mulu 98 juan.
41 Forster & Ranum (eds.) (1980), 159.
preparation of the premises; the family of the deceased could only obtain the burial license once the Funeral Specialist had performed the burial rites. Thus while the nucleus of the Funeral Specialist’s “public image” lay in his traditional function of overseeing funeral rites and other religious rituals, at the same time his authority over burial practices extended only to cases of natural death, and in cases involving death by unnatural cause, such as suicide or murder, the local police had to investigate before the burial could take place. Therefore although staging the actual burial represented the conclusion of the traditional funeral rituals, it also had legal ramifications. In terms of “public image,” this meant a double-sided role for the Funeral Specialist, in which he straddled both the “spirit world” and the “real” world, so that while folk funerary ritual cemented social bonds among the members of a community, it simultaneously provided the eyes and ears for official discovery concerning deaths by unnatural cause.

In the Republican period, this double-sided public image placed the Funeral Specialist in a serious dilemma. Research shows that modern policing systems were implemented in Beijing (with the help of the Japanese) as early as the beginning of the 20th century, transforming traditional patterns of spacial supervision. However this police authority over community space was extremely limited at first, and police would only be called out to maintain order in cases where a crime threatened public safety. By the 1920s, however, this situation had changed. The progress of the experimental Public Health Zones led to great changes in Beijing’s traditional administrative structure. An example of this can be seen in the comparative attitudes of the police versus the new health organizations toward Funeral Specialists: In the eyes of the general police, for example, the Funeral Specialist’s job of identifying the corpse was still considered a skill. Thus in the second year of the Republic, in an act called the “Regulations Concerning the Banning of Funeral Specialists,” it was ruled that the Funeral Specialist only had to report “who trained him and how many years he’d practiced.” Since (from the police perspective) the Funeral Specialist’s job didn’t count as “superstitious behavior,” only when some other crime was committed in the process of practicing funeral rituals were the Funeral Specialists subject to police discipline.

However in 1925, with the establishment of the Health Demonstration Zones, health care organizations began to actively suppress the activities of the Funeral Specialists. Where earlier police policy had been to investigate only those Funeral Specialists who were suspected of criminal activity, now the Funeral Specialist’s job itself was evaluated by the standards of modern medicine imposed by the Beijing health care organizations, and seen no longer as a profession but as a vestige of feudal superstition. Accordingly, Public Health Center reports commonly contained comments such as: “This Funeral Specialist is without any knowledge of common medicine. In his report on the cause of

42 Jingshi jingchating qudi yinyangsheng guize 京师警察厅取缔阴阳生规则, Beijingshi dang’an guan, J181 quanzong 18 mulu 222 juan.
death, he thought that performing routine antisepsis would disturb the spirit.” In the eyes of the census-takers, the Funeral Specialists had to be outlawed because their use of terms like “heat ailment” or “inflammation syndrome” to describe cause of death were not only unscientific, but not specific enough for the requirements of the new Western medical vocabulary. By contrast, the National Medical Association (国医会) expressed a clear objection to the Health Department’s choice to adopt the Western standard of 27 classifications for cause of death over traditional Chinese medical conceptualizations, issuing a statement that Chinese and Western causes of death, comparatively speaking, “were not consistent with each other, and cause of death in Chinese medicine can not be limited to 27 kinds,” and therefore that practitioners of Chinese medicine should not be held responsible for using these categories. Ultimately, however, this argument only hastened the demise of the Funeral Specialist in legal terms, and in 1933 the Ministry of the Interior simply made further adjustments to the regulations concerning the census-takers, requiring now that the death certificate “only be issued by a Western-style doctor, and not by a Chinese style one.”

Thus where the Funeral Specialist originally played an important role in guaranteeing that the burial of the deceased went smoothly, in the new figuration he became a symbol of superstition, something worthy of prohibition. As one report noted in 1935, “[The] Funeral Specialist is quite without medical knowledge, and his report on the cause of death is not useful for checking the spread of disease.” Or as another report from 1934 put it, “The Funeral Specialist is a legacy of the era of superstition” (阴阳先生本为迷信时代之遗物).

Where the Funeral Specialist had therefore acted as a mediator of social relationships before, with the expansion of the Urban Health Demonstration Zones he gradually faded out of sight altogether. In one case from 1928, for example, a Funeral Specialist conducted funeral rights in his own home instead of organizing traditional rituals of prayer and “preparation of the chamber” at the home of the deceased. This Funeral Specialist, one Yang Jieping, was unable to proceed with the rituals due to illness, and had to issue a death certificate from his home based on information provided by the family of the deceased. As I’ve described, under normal circumstances the rituals organized by the Funeral Specialist involved complex procedures including the “Expulsion of the Spirit,” “Prayers,” and “Preparing the Premises.” Issuing a death certificate was deeply entwined with these complex rituals, all of which could not be completed without the presence of the Funeral Specialist. The fact that Yang Jieping posted the information about the expulsion of the spirit on the wall at his own house without attending the home of the deceased in person indicates that when the body was encoffined—“on the 22nd day of the 12th month, when the expulsion of the spirit [would] occur at approximately one zhang high, toward the northeasterly

43 Beiping shizhengfu weishengju 北平市政府卫生局, Ibid., 1935, p. 211.
44 See Ibid., p. 14; and Beipingshizhengfu weishengju, 1934, p. 75.
direction, in black, since at this time [the calendar] does not contain the four animals of dragon, dog, pig and goat”—the Funeral Specialist’s authority had already shrunk considerably, at least in the eyes of the state.\textsuperscript{45} Further, being unable to preside in person over the rituals for the deceased at the family’s home in effect meant that the Funeral Specialist sacrificed his monopoly on the right to negotiate social relations in traditional community space. Later, Yang Jieping’s own son even posted “Expulsion of the Spirit” certificates, claiming to be a Funeral Specialist under false pretenses.\textsuperscript{46} These examples demonstrate that the socially-sanctioned roles of the Funeral Specialist in the community were, by then, well on their way to extinction.

\textbf{Conclusion}

The public image and professional identity of the midwife and the Funeral Specialist in traditional communities, where they played key roles in negotiating social relationships, were consistent; the humane aspect of the environment in which they lived and worked (人情氛围), especially at the family level, was integral to their professional identities. But once the establishment of the Health Demonstration Zones had succeeded in merging modern medical communities with existing “organic” communities, the standards of authority of the midwife and Funeral Specialist would never again be determined by the traditional community. Instead they would be regulated through the authority of the national medical body, an authority which derived not from familiarity with the local social milieu, but rather from a combination of national power and mastery of specialized medical skills. Midwife training seminars and regulations to abolish the Funeral Specialist, for example, helped widen the gap between modern medical skills and the rituals of traditional society and contributed to expanding national control over urban life. The establishment of the Health Demonstration Zones thus transformed the everyday events of birth and death into specialized medical procedures, in which medical activities were for the most part independent of family space. Since such specialization was strongly supported by the national apparatus, the methods of administering life and death employed by the traditional midwife and the Funeral Specialist could never survive, and faced with the new rhythms of life imposed far and wide by the Health Demonstration Zones, they moved inexorably toward decline.

\textsuperscript{45} \textit{Beijing shizhengfu weishengju ershisan niandu yewu baogao 北平市政府卫生局二十三年年度业务报告}, 1935, Beijing Shizhengfu Weishengju Bianyin.

\textsuperscript{46} “Yang Ruping kougong” 杨如平口供 (eng. translation), Beijing shi dang’anguan, J181 Quanzong 21 mulu 17428 juan; and “Nei zuo sanqu jingcha shuzhang Sun Bingzhang chengwen” 内左三区警察署长孙秉璋呈文 (eng. translation), Beijing shi dang’anguan, J181 Quanzong 18 mulu 16510 juan.
References

“Baoying shiye zhi yange yu pingshi baoying shiwusuo zhi chansheng ji qi jihua”
保婴事业之沿革与平市保婴事务所之产生及其计划 (eng. translation). 《yi zhe xuehui xuehui qian kan》, November 1930, juan #1.

Beijing shi dang’anguan, J5 quanzong 1 mulu 98 juan.

Beijing shizhengfu weishengju, 1934

“Beijing shi zhengfu weishengju baoying shiwusuo chengwen” 北平市政府卫生局保婴事务所呈文 (eng. translation), no. 262. Beijing Shi Dang’an Guan, J5 quanzong 1 mulu 98 juan.


“Beijing shi zhengfu weishengju ershisan niandu yewu baogao” 北平市政府卫生局二十三年度业务报告 (eng. translation). Beijing Shizhengfu Weishengju, 1935

Beijing shi weishengju Di’er Weishengqu Shiwusuo 北平市卫生局第二卫生区事务所 ???, 1936: 124.

“Beijing shi weishengju di’er weishengqu shiwusuo disan niandu nianbao” 北平市卫生局第二卫生区事务所第三年度年报 (eng. translation). 123.


———. Hongbai Xishi—Jiu Jing Hunsang Lisu 红白喜事—旧京昏丧礼

“Diyi zhuchan xuexiao chengli wuzhounian gailan” 第一助产学校成立五周年概览 (eng. translation), 1932: 3.


“Guangzhou weisheng xingzheng zhi jiantao” 广州卫生行政之检讨 (eng. translation), Guangzhou shi zhengfu weishengju, 1935.


Yang Niangun: The Establishment of Health Demonstration Zones


*Li Meng Shi chengwen* 李孟氏呈文 (eng. translation). Beijing shi dang'anguan, J181 quanzong 18 mulu 16510 juan.


“Nei zuo sanqu jingcha shuzhang Sun Bingzhang cheng wen” 内左三区警察署长孙秉璋呈文 (eng. translation). Beijing shi dang'anguan, J181 quanzong 18 mulu 16510 juan.


