
**Angelika Messner**

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Leprosy today is curable. Since the 1980’s, when multiple drug therapy (MDT) was first introduced, many countries have almost won the struggle against the disease. However, leprosy still has not been completely eradicated. WHO statistics show that there are a dozen countries where leprosy is still an endemic disease. And most recently, experts have been talking about its “comeback”, along with that of tuberculosis.¹ Moreover, although the causal organism for leprosy, *Mycobacterium leprae*, was first detected in 1873 by the Norwegian scientist G. H. A. Hansen, the channels of transmission have not been entirely clarified to this day. Thus, even today, epidemiologists cannot definitively explain the exact mechanisms of transmission.

Since earliest times leprosy has generated intense emotions among the non-afflicted. This often found its expression in anxiety, and the stigmatization of those afflicted by it. Given the disease’s central significance to humankind, in its emotional impact and physical implications, leprosy came to play a crucial role in social history; it cannot therefore be neglected by those interested in the history of charitable institutions all over the world. However, the history of leprosy cannot be traced or written as a single universal line. In the case of China, this history awaited Angela Ki Che Leung to be revealed. In concomitance with recently expressed doubts regarding nineteenth- and early twentieth-century historical accounts, which indicate leprosy as an ancient disease in early Mesopotamia,² she

refuses to take one single written term for “leprosy” for granted; instead, she deals with the matter cautiously and meticulously.

Historians have observed a significantly high relevance of leprosy in late nineteenth- and early twentieth-century imperialistic settings, when the long history of multiple cultural meanings of leprosy in terms of religion, race, nation and modernity converged to produce a view of leprosy as a global problem. This was the time when the concepts of civilization and modernity merged with a particular concern for hygiene. In this context, leprosy became a major issue within the modernizing discourses in China, when Chinese intellectuals and Western observers alike emphasized China’s sickness. This metaphor served as a denominator for the miserable socio-political situation of China. During this period, physicians and policy makers were engaged in a very concrete search for methods to combat China’s sicknesses, in particular leprosy and madness. Both madness and leprosy were regarded as major problems, for which Chinese medicine offered no diagnostic and curative relief at all. In other words, madness and leprosy were both deemed a concrete incarnation of Chinese inferiority and backwardness in the early twentieth century.

Angela Ki Che Leung is a renowned expert of Ming and Qing philanthropic history, and this book is a masterpiece of its kind. Painstaking in detail and breathtaking in scope, the monograph covers a time span of almost two thousand years and the huge spatial dimension China occupied and claimed during this period.

Her book is divided into five parts. Part one (pp. 19-59) tackles the complex issue of the conceptualization of the category of leprosy in Chinese medical and religious writings. Tracing the varying local names for the disease, the author detects several terms within Buddhist (including early translations from the Sanskrit) and Daoist writings, as well as Confucian canonical texts, and within medical, literary and judicial texts that all in one sense or another refer to leprosy: \texttt{Li 厲}, \texttt{lai 癱}, \texttt{dafeng 大風} and \texttt{mafeng 麻風}. Tracking the etiologies of two broad categories, \texttt{dafeng/efeng 惡風} and \texttt{li/lai} disorders in early medical texts, where the wind is suggested as being the causal origin of a disease with swelling bones and joints, the symptoms accompanied by the falling out of hair and eyebrows (p. 19), she detects changes in the seventh century, when the wind as the causing factor of \texttt{li} and \texttt{lai} (mainly referring to skin disorders) is supplemented by the factors of physical exertion, unhealthy diet and excessive sexual activities. The division of China into the northern Jurchen and Jin dynasties and the Southern Chinese Song dynasty during the twelfth century concomitantly entailed Southern physicians dissociating from the wind as a major cause. This was the starting point for an emerging reclassification of the \texttt{dafeng lai} disorders as \texttt{waike 外科} (external medicine). Since, apparently, skin diseases
were a major problem in late Ming times (1368-1644), the field of *chuangyang* 瘍瘡 (sores medicine) was hotly debated.

Part two ‘A Cursed but Redeemable Body’ (pp. 60-83) traces the legal discourses. Leung convincingly shows how the legal condemnation of people suffering from *li/lai* was perceived in terms of a human response to a punishment from Heaven, since those suffering from this ailment were seen as the personification of evil powers. Cursed by Tang (618-907), Song (960-1279) and Ming law, lepers were not allowed to marry; people who after marriage revealed they were afflicted by the disease could rightfully be abandoned and forced to leave their families and village. Buddhist and Daoist thinking, however, emphasized redemption. Leung details examples of monks making great sacrifices in caring for sufferers, and eventually curing them. Redemption meant the complete recovery from the disease, either through Daoist miraculous healing events, which revealed the exorcized sufferer to in fact be an immortal, or *via* living out Confucian-inspired filial piety, female chastity and loyalty (pp. 77-80).

Part three ‘The Dangerously Contagious Body’ (pp. 84-131) explores radical changes in the perception and handling of the disease after the thirteenth century, and especially during the late imperial Ming-Qing periods. At this time, the sufferer of the disease had become typically a woman, and the disease was linked in particular to the Southern regions. Whereas until this period, socially transgressive behavior had been seen as the ultimate cause for which Heaven punished the sinner, now the idea that the disease was transmitted via *qi* 氣 and blood gradually became coined as *chuanran* 傳染. A thirteenth-century medical text for the first time defined *chuanran* contagion as an affliction unconnected to bad fate or retribution. With this, a steadily growing fear of contagion legitimized the segregation of sufferers. While little is known of whether the earlier care by Buddhist monks or Daoist healers was in any way comprehensive, what is known, however, is that lepers were allowed to stay in the *yangji yuan* 养濟院 (asylums for the old and ill) that had existed at least since the Song era.

This chapter is indeed the most thoroughly investigated part of the book. The reader is treated to rich and detailed information about the histories of charitable institutions in Chinese history. Leung reconstructs the ongoing splitting processes of the asylums previously erected inside the towns. Due to the growing fear of contagion from lepers, their separation from other ill and old inhabitants of the “in town asylums” was fostered. In the early sixteenth century in the Southern regions, with the support of the local magistrates, special houses for lepers were built outside villages.

The ways in which the Chinese dealt with leprosy in the context of semi-colonialism in the nineteenth and early twentieth centuries are reconstructed in part four, “The Chinese Leper and the Modern World” (pp.
Ming-Qing texts had represented leprosy as a horrifying disease of the miasmatic and exotic South. Leprosy now became a serious national health problem, clearly connected to the issue of public health. Modern Chinese elites engaged in establishing leper asylums; Chinese elites and Western missionary doctors alike were convinced that such institutions had not previously existed in China. The many small-scale asylums, run either by locals or by Catholic priests since the sixteenth century at least, were replaced by large-scale hospitals in the late nineteenth century run by Protestant missionary physicians. Western medical vocabulary was introduced, as for instance the idea that hygiene (weisheng 衛生) was scientific and effective. However, at that time there was no drug that could totally cure the disease. In the early twentieth century, Chinese Nationalist activists criticized these institutions for being too religious, and for being too close to urban centers, thereby allowing inmates to leave the hospital too easily. From 1920s onward, several leprosaria were run by municipal governments. They strictly prohibited religious activities, as well as the patients’ leaving the compound.

Part five ‘Leprosy in the PRC’ (pp. 177-213) addresses general and specific developments from the 1950s to the 1990s. As early as 1950, the Ministry of Health called for special efforts regarding leprosy control, and established a research group in Beijing. In 1957, a National Plan for Leprosy Control was issued; according to official policy, patients were encouraged to enter the leper villages voluntarily, and were granted a monthly stipend. Due to the curative improvement brought about by MDT (multiple drug treatment), the number of leper villages fell steadily. Nowadays, both WHO and the PRC government regard the battle against leprosy as won, especially when compared with the situations in India and Brazil. Leprosy has become “just a disease”. However, as Leung convincingly shows, people’s fear of contagion and the stigma borne by lepers have not really faded out. Today in China, 662 leper asylums and villages are still run, with the greatest concentration of these in poor, mountainous regions in Yunnan, Sichuan and Guangdong.

Leung presents a thoroughly researched monograph on a highly complex theme. Most impressively, she extends her expertise as a historian towards conducting fieldwork in present-day China, in addition to consulting the most recently conducted academic fieldwork on asylums. This results in a highly complex picture of the present-day situation in China. Leung rightly raises the question of to what extent the PRC has learned a lesson from its history of leprosy with regard to present and future public health issues, such as HIV and SARS, where the issues of stigmatization, segregation and quarantine, and investment in rural public health infrastructure in a new era of a market economy and globalization are central.
For the historical reconstruction of leprosy in China she investigated an immense amount of material, including medical textbooks, religious guides and prayers, local Gazetteers and legal codices.

There are two issues, however, which Leung treats in a clearly over-simplified manner.

Firstly, when she maintains that physicians (ruyi 儒醫) in the sixteenth century gradually distanced themselves from hands-on-technology, such as operating and scraping, and strong drugs (p. 26), the reader may want to know more about the perspectives that shaped the highly complex field of medical knowledge in the sixteenth and seventeenth centuries. Leung is incorrect when she treats the medical field as a former unity that in this period became divided into elite physicians on one hand and marginalized group of practitioners who applied hand-on-technologies to treat malignant sores on the other. Contrary to this, manifold facets can be observed, in which hereditary physicians (shiyi 世醫) rival with schoolarly/gentleman physicians (ruyi 儒醫), who again are to be distinguished from temporary physicians (shiyi 時醫) and normal physicians (yongyi 庸醫), or even from famous physicians (mingyi 名醫), and again from gifted medical writers. Indeed the medical writings of this time provide strong evidence of strategies to re-evaluate medicine, describing it as emerging from a lesser path (xiao dao 小道), i.e. from a ‘low profession’ (jian ye 賤業), to a higher status (da dao 大道), by specifically negotiating the boundaries and the relation between medical skills (yishu 醫術) and benevolence (ren 仁). As such, Leung’s view of medicine gradually distancing itself from hands-on-technology is to be questioned. Moreover, the elite physicians did not necessarily return to ancient classics in order to focus on sophisticated diagnostic strategies (p. 26). On the contrary, more and more seventeenth-century scholars became medical authors because they needed an income outside their conventional career as an official. These medical authors did

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not necessarily practice as physicians, but they were apt to read medical classics in order to learn medical reasoning. As such, their writings should be considered as integral contributions to an ongoing process of committing to writing knowledge which until then had rather been handed down as a secret through medical lineages (shiyi 世醫).  

Secondly, when describing the dangerous guolai 過癩 custom (beautiful female lepers whose disease was still invisible when transmitting the disease to men), which in particular was supposed to be a Southern barbarian threat to Northern civilized males, her account of the changing perceptions of the boundaries of the Chinese empire and civilization, when in the later imperial period the cultural and economic center shifted towards the South (pp. 114-115), is of specific interest. Yet she makes no attempt to explain how it came to be that later on this custom was attributed by scholars from Guangdong to the thirteenth century. In doing so, they negotiated shifting boundaries, that is, by including Guangdong within the boundaries of civilized China in the early nineteenth century. Nevertheless, the question of how Northern people in the sixteenth and seventeenth centuries came to know about the Southern regions’ miasmatic climate, the barbarian insidiousness and the dangerous guolai custom is still unanswered. Also the matters of how the type of isolation models affected the construction of patients’ identity and subjectivity (p. 15), of whether, with the rise of the modern nation-state in the twentieth century, a new identity (as patients) emerged, and if there was a continuity or discontinuity in the identity construction of patients from the late imperial to the modern period (p. 15) are not answered in this book.

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