

**Who is the Modern Citizen: Diseases, Professions, and
Identities in Guangxi and beyond, 1920 to 1950**

Yier Xu

Doctor of Philosophy

School of History, Classics and Archaeology

November 2024

Abstract

This dissertation studies how the discourse of citizenship became a tool for governance in the Republican era under public health regimes by examining the conceptualisation of disease and the development of medical professions in the 1930s and 1940s in Guangxi and beyond. From the late 1920s, the GMD government promoted an ideal citizenry based on the discourse of hygiene, patriotism and moral codes. The Guangxi government incorporated this ideal into strategies to prevent malaria, cholera and leprosy. It relied on the authority of science to justify the new ideas about the aetiology and methods for disease prevention. Through the creation of health regimes, disease prevention and staying healthy became obligations of citizens. This discourse of citizenship pushed patients to the margin. The experience of leprosy patients was an example. The patients used the same discourse to eliminate stigmas, yet its impact was limited. On the other hand, patients with neurasthenia not only avoided being implicitly marginalised, but also created modern identities for themselves. Political elites played an important role in making the discourse of neurasthenia a powerful tool to create a modern identity. Medical professionals also benefited from the discourse of citizenship. The medical practitioners in Guangxi improved their social status and established their professionalism by working with the government and demonstrating their patriotism, responsibility to society and advocacy for science. Female nurses also demonstrated that they lived up to the criteria of ideal citizens to justify their taking nursing as an occupation. However, female nurses' gender identity overshadowed their professional identity in public discussion. By studying the identities of patients and medical professionals, I establish that the boundary of citizenship was flexible in the Republican era under public health regimes, which compelled the literate classes to align their own goals with the ones of the government.

Acknowledgement

I would like to thank my supervisors Dr. Joseph Lawson and Dr. Vicky Long for their consistent guidance and being warmhearted all the time. I would also like to thank my parents for their support and all the other people who have helped me during the PhD study.

Contents

Abstract	i
Acknowledgement	ii
Introduction	1
Chapter 1. Malaria and Cholera (from 1928 to the 1940s)	30
1.1 Introduction	30
1.2 From <i>Zhangqi</i> to Malaria and Cholera (1928-1937)	36
1.3 Malaria, Cholera, and Diseases Caused by Insects (1928-1937)	43
1.4 Preventing Diseases and Creating a Citizenship Centring on Hygiene in Guangxi	49
1.5 Conclusion	65
Chapter 2. Leprosy (1927-1939)	69
2.1 Introduction	69
2.2 Exclusion of Leprosy Patients from Citizenship	73
2.3 Governing Leprosy Patients in Guangxi	79
2.4 4 Patients' Self-identification	84
2.5 Conclusion	95
Chapter 3. Neurasthenia (the 1920s and 1930s)	99
3.1 Introduction	99
3.2 Neurasthenia: A Modern Disease among Citizens.	103
3.3 Neurasthenia and Female Citizens	111
3.4 Sexual Neurasthenia	129
3.5 Neurasthenia and Masculinity of Male Citizens: Guangxi as a Case Study	118
3.6 Conclusion	125
Chapter 4. Medical Practitioners (1929-1940)	128

4.1 Introduction	128
4.2 Regulation of Medical Practices and Doctors' Reaction	132
4.3 The Interaction between the State and TCM Practitioners in Guangxi	136
4.4 Biomedical and TCM Practitioners' Public Image in Guangxi	141
4.5 Doctors in the Medical Marketplace and Popular Culture	153
4.6 Conclusion	163
Chapter 5. Nurses (the 1930s and 1940s)	192
5.1 Introduction	192
5.2 Training Nurses: Missionaries and the NAC	171
5.3 State Intervention of Nursing in Guangxi: With Gender at its Core	175
5.4 The Feminisation of Nursing: From Male Nurses' Perspective	179
5.5 Female Nurses in Civilian Hospitals: A Modern and Sexualized Image.	184
5.6 Nursing as a Profession for Women: Professionalisation and Feminisation	189
5.7 Female Nurses' Citizenship and Professionalism during and after the Second Sino-Japanese War	193
5.8 Conclusion	195
Conclusion	199
Bibliography	209

Introduction

In 1934, Chiang Kai-shek launched the New Life Movement in Jiangxi, a province in Southeastern China. The campaign soon moved beyond the province to the country's Eastern coast. In the same year, an article was published in *Xinshenghuo weisheng* (新生活衛生 A new life and hygiene), a private press in Shanghai, to explain the campaign's significance. Its author stated that national salvation lay in citizens' morality, which could be improved only when citizens lived an orderly, hygienic, frugal and simple life.¹ As this statement shows, the New Life Movement promoted an ideal citizenry based on a discourse of hygiene, morality and patriotism. The Movement failed due to the outbreak of the Second Sino-Japanese War in 1937 and the coexistence of other compelling ideals, such as Communism in rural areas.² Despite the failure of the Movement, historians also observe that the citizenship propagated by the GMD (Guomindang, the Nationalist party) government has had a long-term impact. The New Life ideal can find its parallel even in today's China.³ However, significant aspects of the movement remain under-examined by historians, such as the reason why the New Life ideal was so potent.

This dissertation studies how the discourse of citizenship, which was created to provide “a medicalised solution for the deficiencies of both the Chinese state and the Chinese body,” served as an effective tool for governance in the 1930s and the 1940s in Guangxi.⁴ It pays attention to how the relationship between the central and local governments was stitched together and how different groups of people from the literate classes were united with the GMD government under a public health regime in the 1930s and the 1940s. Historians' studies on Chinese citizenship have shown that citizenship was continuously contested by

¹ “Xinshenghuo yundong xia de weisheng” [Hygiene in the New Life Movement] 新生活運動下的衛生, *Xinshenghuo weisheng* [A new life and hygiene] 新生活衛生 12 (1934): 7.

² Hans Van de Ven, *China at War: Triumph and Tragedy in the Emergence of the New China* (London: Profile Books Ltd, 2017), 98-99; Federica Ferlanti, “The New Life Movement in Jiangxi Province,” *Modern Asian Studies* 44, no. 5 (2010).

³ Van de Ven, *China at War*, 98-99; Jonathan Fenby, *Chiang Kai Shek -- China's Generalissimo and the Nation He Lost* (New York: Carrol & Graf Publishers, 2003).

⁴ Ruth Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty-port China* (Berkeley: University of California Press, 2004), 2.

both political elites and the populous in the first two decades of the twentieth century.⁵ Based on this conclusion, I argue that the boundary of citizenship was still flexible under a public health regime in the Republican era, which compelled the people to align their own aims with the government's, making the discourse of citizenship a powerful tool for governance. The dissertation examines the discourse of citizenship and its intersection with the institutionalisation of medicine from both the government and the literate classes' perspectives. It first analyses how the ideal citizenry was incorporated into hygienic policies and professionalisation of medical occupations from the late 1920s to the 1940s. Then, it studies how this ideal citizenry shaped ordinary people's articulation of self and identities. I take the New Life ideal to epitomise the ideal citizenry promoted by the GMD government from the late 1920s to the 1940s. It existed before and after the heydays of the New Life Movement and changed over time for social and political reasons. By studying the nuances between the ideal citizenry promoted by the GMD government and articulated by different groups of people, I contribute to the scholarly discussion about how the government and people shaped citizenship together in China in the first half of the twentieth century.

This study examines the role of the discourse of citizenship, conceptualisation of diseases and professionalisation of medical occupations in making the identities of the literate classes in Guangxi and beyond. Guangxi is a province in Southern China. It was known as a model province in the Republican era because of the outstanding performance of the government in civil administration.⁶ The heads of the New Guangxi Clique (新桂系軍閥 *xin guixi junfa*), the power behind the civic government in Guangxi, were political rivals of Chiang Kai-shek, however. The Guangxi government confronted the central government several times in the 1930s and 1940s. Despite the antagonism, the two governments had the same goals: to revive the country and create a modern nation. The literate people in Guangxi also shared with their counterparts in treaty ports the same anxieties towards the mounting threat of war and the corruption of old orders about class and gender, though the extent might be different. In spite of the similarities, Guangxi was different from treaty ports in that the colonialist and foreign powers were comparatively weak, and there was little aid from other countries. A study of

⁵ Henrietta Harrison, *The Making of the Republican Citizens: Political Ceremonies and Symbols in China, 1911-1929* (New York: Oxford University Press, 2000); Merle Goldman and Elizabeth J. Perry, *Changing Meanings of Citizenship in Modern China* (Cambridge, Mass.: Harvard University Press, 2002); Zhonghua Guo and Sujian Guo, *Theorizing Chinese Citizenship* (Lanham, Maryland: Lexington Books, 2015).

⁶ Zhang Dewei, "20 shiji 30 niandai xinguixi jianguo zhengquan xingxiang yanjiu" [The construction of the image of the New Guangxi Clique in the 1930s] 20 世紀 30 年代新桂系建構政權形象研究 (MA thesis: Guangxi Normal University, 2020).

Guangxi reveals how the public was established in rural China in the 1930s and the 1940s. A comparison between Guangxi and other places shows what was unique in Guangxi and how the cultural flows in the country impacted the people's response to the public health regime in this province.

Citizenship and Identities of Sick People

Creating citizens was a critical step of nation-building in China in the first half of the twentieth century. From 1902 to 1906, Liang Qichao, the famous reformist in the late Qing period, wrote several essays on citizenship and nation-building for *Xinmin congbao* (新民叢報 Newspaper of the new people), which were “the first of its kind in the history of Chinese political thought.”⁷ In these essays, Liang stated the importance of creating citizens to the modernisation of the nation. He also described the characteristics of ideal citizens in his mind.⁸ Liang's essays were published in 1936 as a treatise known as *Xinmin shuo* (新民說 Discourse on the New Citizen), suggesting they were not outdated in the 1930s. The endeavour to cultivate citizens extended beyond the realm of intellectual discourse. The New Life Movement also aimed to create citizens by disciplining people's lifestyles and behaviours. The ultimate purpose was to build up a powerful country in which people were obedient to the government, a vision of the GMD government about modernisation.⁹

While different agencies wanted to create citizens in the early twentieth century, their views about citizenship varied. Liang Qichao considered citizens as subjects of the nation-state, which stood in contrast with the objects of an empire.¹⁰ In his opinion, an individual's personal development should contribute to China's nation-building. To emphasise the relationship between individuals and the state, Liang translated citizen as *guomin* (國民), literally meaning people of a country.¹¹ Liang's opinion was echoed by the revolutionists in

⁷ Theresa Man Ling Lee, “Liang Qichao and the Meaning of Citizenship: Then and Now,” *History of Political Thought* 28, no. 2 (2007): 305-27.

⁸ Ibid.; Huang Kowu, *Wenzi qigong: Liang Qichao yu zhongguo xueshu sixiang de xiandaihua* [Liang Qichao and modernisation of intellectuals' thoughts] 文字奇功：梁啟超與中國學術思想的現代化 (Guangxi: Guangxi shifanda xue chubanshe, 2024), 87-95.

⁹ Van de Ven, *China at War*, 98; Ferlanti, “The New Life Movement in Jiangxi Province.”

¹⁰ Zhonghua Guo, “The Emergence of the Citizen Concept in Modern China: 1899-1919,” in *Theorizing Chinese Citizenship*, eds. Zhonghua Guo and Sujian Guo (Lanham, Maryland: Lexington Books, 2015), 33.

¹¹ Ibid.

the late Qing period. During the May Fourth Movement, intellectuals took a more individualistic approach to explain the relationship between individuals and the state. They advocated for a state that guaranteed an individual's happiness and development rather than placing the interests of the state above those of the citizens.¹² This anarchist and individualist opinion about citizenship was replaced by a party discourse in the 1920s. The former left a limited impact on the understanding of citizenship during the remaining Republican era.

The GMD party incorporated its own understanding of citizenship into the constitution by stipulating the obligations of citizens. In government conferences held to establish the constitution in 1929, the GMD party specified that the Chinese people “must obey and support the Guomindang and swear fealty to the Three People's Principles ... before they may exercise the right of citizens of Republican China.”¹³ The Three People's Principles refers to an approach to construct a modern nation-state through nationalism (民族主義 *mizu zhuyi*), democracy (民權主義 *minquan zhuyi*) and improvement of people's livelihood (民生主義 *Minsheng zhuyi*).¹⁴ During the New Life Movement, the GMD government explained more about democracy to clarify the obligations of citizens by promoting the New Life ideal. In his speech in 1934, Chiang Kai-shek elaborated that

“The New Life Movement aims at the promotion of a regular life guided by the four virtues, namely, *li* [ritual/decorum], *yi* [rightness or duty], *lian* [integrity or honesty], and *chi* [sense of shame]. Those virtues must be applied to ordinary life in the matter of food, clothing, shelter, and action. The four virtues are the essential principles for the promotion of morality. They form the major rules for dealing with men and human affairs, for cultivating oneself and for adjustment to one's surroundings. Whoever violates these rules is bound to fail, and a nation that neglects them will not survive.”¹⁵

In another article in 1934, Chiang explained that creating citizens whose lives were guided by the four virtues was an essential step to achieving democracy in the Three People's principles.¹⁶ Regarding the stipulation and Chiang's speech for the New Life Movement,

¹² Ibid., 36-9.

¹³ I quote the source used in Peter Zarrow, *China in War and Revolution, 1895-1949* (New York: Routledge, 2005), 259.

¹⁴ Sun Yatsen, *Sanmin zhuyi* [The three people's principles] 三民主義 (Shanghai: Zhongyang tushuju 1927).

¹⁵ Chiang Kai-shek, “Essentials of the New Life Movement Speech 1934,” in *Sources of Chinese Tradition: From 1600 through the Twentieth Century vol 2*, eds. W. M. Theodore de Bary and Richard Lufrano (New York: Columbia University Press, 2000), 341-44.

¹⁶ Chiang Kai-shek, “Xinshenghuo yundong zhi zhongxi zhunze” [Rules for the New Life Movement] 新生活運動之中西準則, *Zhongguo geming* [Revolutions in China] 中國革命 3, no. 10 (1934): 37-40.

citizenship was something that people should earn in the Republican era. Only those who lived up to the requirements set up by the government could be citizens of the Republic of China. The ideal citizenry described in government documents and speeches indeed epitomised the characteristics people should have before they had citizenship.

In *Xinshenghuo xuzhi* (新生活須知 A guideline of the New Life) issued in 1934, the government listed more details about the characteristics of ideal citizens. Apart from *li*, *yi*, *lian*, and *chi*, other principles included paying attention to personal hygiene, living a simple and frugal life, being prompt and precise, and acting in harmony with others.¹⁷ The guideline stated that these principles should be applied to clothing, food, shelter and action so people can live a hygienic and disciplined life, which would be fundamental to the national revival.¹⁸ While the advocacy of *li*, *yi*, *lian*, and *chi* constituted the moral requirements, the emphasis on lifestyle was based on the idea that individual hygiene mattered to national health. This understanding of lifestyle and health formed part of the discourse of *weisheng* (衛生 hygiene) in the Republican era. Because the guideline was an extension of the four virtues, living a hygienic life became essential to being a moral citizen. The ultimate purpose of living up to these criteria was to revive the nation, hence a result of patriotism. The GMD government connected the discourses of *weisheng*, morality and patriotism together through the New Life Movement, making citizenship an identity with multiple layers.

Historians pay much attention to how different layers of identities played out in shaping citizenship before 1928. Henrietta Harrison suggests that people demonstrated their identities as citizens by using specific symbols in daily life in the early Republic era.¹⁹ The Chinese people incorporated their ethnicity, gender and other self-identifications into the practice of citizenship. Harrison concludes that people negotiated and contested citizenship with the government through various ways of practising citizenship.²⁰ Other historians focus on how a specific identity shaped the understanding and practice of citizenship. Several historians have shown how intellectuals used women as a symbol to imagine modern citizenship and how

¹⁷ Margherita Zansi, "Frugal Modernity: Livelihood and Consumption in Republican China," *The Journal of Asian Studies* 74, no. 2 (2015):391-409.

¹⁸ "Xinshenghuo xuzhi" [A guideline for the new life] 新生活須知, *Zhongyang ribao* [Central newspaper] 中央日報 May 15, 1934, 7. The Chinese text is as follows. 新生活之原則：生活細緻，禮義廉恥，整齊清潔，簡單樸素，迅速確實，共同一致，食衣住行，依此為據，既適衛生，又合規矩，民族復興，但看此舉。

¹⁹ Harrison, *The Making of the Republican Citizens*.

²⁰ *Ibid.*

women took citizenship to expand their public role.²¹ Bryna Goodman and Elizabeth Perry have also examined how different occupational cohorts advocated for and asserted their citizenship.²² Many of these studies focus on treaty ports, such as Shanghai. Citizenship in these cities was complicated by the coexistence of political powers. Each had their own views about the boundary of citizenship. The murky political conditions enabled women, workers, intellectuals and other groups to articulate citizenship and advocate for social and political participation.

Studies about citizenship during the rule of GMD in the 1930s have typically not considered how other identities, except gender and studentship, impacted people's articulation and practice of citizenship. As Robert Culp's study shows, students could choose various ways to practise citizenship in the curriculum and extracurricular activities within the framework of citizenship promoted by the GMD government.²³ However, he does not discuss whether the government could have changed this framework to allow alternative practices. He also did not consider how the different layers of students' identities impacted their understanding and practice of citizenship. Historical studies on gender provide more thoughts about how various identities intersected with citizenship. They reveal how women advocated for gender equality by using a discourse of citizenship during the GMD government's rule.²⁴ While historians consider that women had limited access to social rights, their studies are underpinned by the assumption that women enjoyed citizenship. They have not questioned how those women who participated in social activities to advocate for expanding their public roles earned their citizenship. All these historians consider citizenship something people could claim in Republican China, yet this was not the case, according to the definition of citizens made by the GMD government.

²¹ Joan Judge, "Citizens or Mothers of Citizens? Gender and the Meaning of Modern Chinese Citizenship," in *Changing Meanings of Citizenship in Modern China*, eds. Merle Goldman and Elizabeth J. Perry (Cambridge, Mass.: Harvard University Press, 2002), 23-43; Tani E. Barlow, *The Question of Women in Chinese Feminism* (Durham: Duke University Press, 2004).

²² Bryna Goodman, "Democratic Calisthenics: The Culture of Urban Associations in the New Republic," in *Changing Meanings of Citizenship in Modern China*, eds. Merle Goldman and Elizabeth J. Perry (Cambridge, Mass.: Harvard University Press, 2002), 70-109; Elizabeth J. Perry, "From Paris to the Paris of the East and Back: Workers as Citizens in Modern Shanghai," in *Changing Meanings of Citizenship in Modern China*, eds. Merle Goldman and Elizabeth J. Perry (Cambridge, Mass.: Harvard University Press, 2002), 133 – 59.

²³ Robert Culp, *Articulating Citizenship: Civic Education and Student Politics in Southeastern China, 1912-1940* (Cambridge Ma.: Harvard University Asia Centre, 2007), 9; Robert Culp, "Rethinking Governmentality: Training, Cultivation and Cultural Citizenship in Nationalist China," *The Journal of Asian Studies* 65, no. 3 (2006): 529-44.

²⁴ Barlow, *The Question of Women in Chinese Feminism*; Hsiao-pei Yen, "Body Politics, Modernity and National Salvation: The Modern Girl and the New Life Movement," *Asian Studies Review* 29 (2005): 165-86.

Except for women and students, other social groups have received little attention from historians in terms of the intersection of citizenship and different identities in the 1930s and the 1940s. This dissertation examines how patients and medical professionals used the discourse of citizenship to establish a sense of belonging to the national community, their morality and to advocate for their interests. How patients' identities and discourse of citizenship influenced each other is worth exploring because the nationalist vision of Chinese identity was established partially to counter the "Sick Man of East Asia." This trope was first coined as a personification of China to describe its weakness. It was then used by Liang Qichao, the renowned scholar and reformist in the Late Qing period, to describe the poor physical constitution of the Chinese people. For Liang, the Qing Empire lost the battles with other countries because its people were too weak in physical constitution to be good soldiers.²⁵ In the 1920s, leftist intellectuals used the same trope to justify their revolutions and create a national identity.²⁶ When the power of the leftist waned in the 1930s, the "Sick Man of East Asia" still loomed in the narratives of the Chinese identity. The ideal citizenry envisioned by the GMD government shows concern over individual health. Due to their sickness, patients became the embodiment of the trope. Their citizenship and morality were at risk. Even though patients were likely to be deprived of citizenship, they were subject to the rule of the GMD government and considered themselves Chinese citizens. How did they articulate their identities in a national community where staying healthy was essential to justifying their membership? On the other hand, medical professionals' social status improved because they cured patients, which the elite class also considered as an endeavour to save the nation. In a sense, they became the epitome of modern citizens. However, medical professionals' interests were not always in line with the interests of the state. When the two conflicted, medical professionals also faced criticisms of their morality. And they had to justify their actions to protect their interests and expand their public role. The cases of patients and medical practitioners thus provided a contrast of how people who risked being marginalised and who enjoyed a better reputation took advantage of the discourse of citizenship in identity-making.

²⁵ Jui-sung Yang, "From Discourse of Weakness to Discourse of Empowerment: The Topos of the 'Sick Man of East Asia' in Modern China," in *Discourses of Weakness in Modern China: Historical Diagnoses of the "Sick Man of East Asia,"* ed. Iwo Amelung (Chicago: The University of Chicago Press, 2021), 25-78.

²⁶ Ibid.

Research on citizenship in rural areas is also at an early stage and would benefit from further study. Di Wang's *The Teahouse* suggests the understanding of citizenship shaped small businesses and daily lives in Sichuan.²⁷ Other places are to be studied. The social, cultural, political and environmental conditions in each province in Republican China were different. All these factors played a role when the government made a plan to promote its understanding of citizenship and when people reacted to it. This dissertation studies the formation of citizenship in Guangxi with a focus on the intersection of citizenship with medicine and health. This province provides a different political and social context for the development of citizenship from treaty ports or Sichuan. Unlike treaty ports, foreign powers were not influential enough in this province. It was dominated by the New Guangxi Clique despite the Communist revolts. The province also did not fully come under the control of the central government led by Chiang Kai-shek. Despite the political confrontation between political leaders of the provincial and central governments, there was frequent communication between the people in Guangxi and other regions through various veins, such as newspapers, commercial activities, and professional associations. This dissertation provides a local perspective on how people formed their identities when the new ideas about health, gender, and the relationship between individuals and the state clashed with old ones, exerting an impact on their daily experiences.

Medical Modernisation and Governance

The conceptualisation of citizenship happened along with the institutionalisation of public health in China. At the turn of the twentieth century, the Qing Empire found the lack of modern sanitary administration had become its weakness in the negotiations with other countries.²⁸ Therefore, in 1902, the Qing court established the Beiyang Sanitary Service in Beijing, overseeing "sanitation and inspection of contagious diseases at ports and railway station in Zhili (直隸)," as the first state-run organisation for public health.²⁹ The development of hygienic administration accelerated after 1910 when the plague epidemic broke out in Northern China. Dr Wu Lien-te (伍連德, 1879-1960), sent by the central

²⁷ Di Wang, *The Teahouse: Small Business, Everyday Culture, and Public Politics in Chengdu, 1900-50* (Stanford: Stanford University Press, 2008).

²⁸ Liping Bu, *Public Health and the Modernization of China 1864-2015* (Routledge: New York, 2017), 39.

²⁹ Ibid., 40. Zhili was a province of the Qing empire, covering Shanxi, Shandong, Henan, part of Liaoning and part of the inner Mongolia today.

government to deal with the epidemic, successfully prevented the spread of the sickness. From this point, some political elites considered modern medicine effective and potentially a more advanced body of knowledge than traditional Chinese medicine. In 1912, the Manchurian Plague Prevention Service (東三省防疫事務總管理處) was established by the temporary government in Nanjing, with Wu Lien-te as its dean.³⁰ In 1919, the central government established the National Epidemic Prevention Bureau for public health research and disease prevention.³¹ As historian Lipin Bu suggests, establishing the two administrations marked the beginning of the Chinese government's employment of scientific medical staff for public health services and research.³²

The institutionalisation of public health services was accompanied by a change in Chinese ontology.³³ The establishment of a public health system during the Manchurian Plague implied an escalating status of biomedicine in the political agenda. After the plague, some leaders viewed biomedicine as more effective than Chinese medicine. The Qing government and its following political authorities began to develop public health policies based on biomedical knowledge.³⁴ When the GMD took power in 1929, the new government in Nanjing also organised the Public Health Department by consulting biomedical practitioners, while traditional Chinese medical practitioners were not invited to be members of the organising committee.³⁵ A more important result of the increasing position of biomedicine as a tool for modernisation is that this body of knowledge changed people's understanding of how things should be represented.³⁶ Science had emerged as the authoritative source of knowledge in policies and public discussions.

This ontological change resulted in the reconceptualisation of diseases. As Sean Lei demonstrates, during the containment of the Manchurian Plague, a nosology of *chuanranbing* (傳染病 contagious disease) was constructed by the government and Chinese practitioners of biomedicine, one that was based on germ theory and was different from *wenyi* (瘟疫 plagues),

³⁰ Liping Bu, "Public Health and Modernisation: The First Campaigns in China, 1915 – 1916," *Social History of Medicine* 22, no. 2 (2009): 306.

³¹ *Ibid.*

³² *Ibid.*

³³ Sean Hsiang-lin Lei, *Neither Donkey nor Horse: Medicine in the Struggle over China's Modernity* (Chicago and London: University of Chicago Press, 2014).

³⁴ *Ibid.*, 21-45

³⁵ *Ibid.*, 97-121.

³⁶ *Ibid.*

contractable diseases in the TCM. Eight diseases were included in this category, including cholera, dysentery, typhoid fever, smallpox, typhus exanthemata, scarlet fever, diphtheria and the plague.³⁷ Apart from the conceptualisation of *chuanranbing*, other diseases were also explained through the biomedical lens. For example, *nueji* (瘧疾), which Chinese practitioners considered a disease caused by the invasion of poisonous *qi*, was conceptualised as malaria, a disease caused by parasites. *Jiaoqi* (腳氣), which had been an illness caused by moisture and wind, was now known as beri beri, a disease caused by the deficiency of vitamin b2. Moreover, new disease categories were introduced to the country by Chinese practitioners of biomedicine. The development of psy- disciplines was an example. Symptoms that people considered as a result of the imbalance of *qi* within the body or of the intervention of supernatural power were now diagnosed by medical practitioners as psychological or psychiatric problems. These changes happened not just in medical studies. Medical practitioners worked with the government to promote new knowledge about health and sickness to the general population. It had a concrete impact on people's daily behaviours through a discourse of *weisheng*.³⁸

As Ruth Rogaski argues, the discourse of *weisheng* was a tool for envisioning a modernised country and its people, which she terms as hygienic modernity.³⁹ *Weisheng*, originally meaning guarding life in the Taoist culture, acquired new meanings from John Fryer, an English translator working for the Jiangnan Arsenal (江南製造總局 *jiangnan zhizao zongju*), in the late nineteenth century. Fryer presented a set of moral codes and individual behaviours based on chemical knowledge, which differed from the *weisheng* in the Daoist or Confucian context.⁴⁰ When foreign powers established their concessions in treaty ports, they brought a sanitary system to China to deal with the infrastructure and habits they considered unhygienic in this country. Through their work, hygiene became a boundary between the civilised and uncivilised, as well as the modern and pre-modern worlds. This opinion was widely adopted by intellectuals and revolutionists. Sun Yat-sen, for example, pointed out that the Chinese people were unhygienic, implying that the habits of his Chinese compatriots were obstacles to

³⁷ Sean Hsiang-lin Lei, "Sovereignty and the Microscope: Constituting Notifiable Infectious Disease and Containing the Manchurian Plague (1910-11)," in *Health and Hygiene in Chinese East Asia: Policies and Publics in the Long Twentieth Century*, eds. Angela Ki Che Leung and Charlette Furth (Durham: Duke University Press, 2010), 73-108.

³⁸ Sean Hsiang-lin Lei, "Habituating Individuality: The Framing of Tuberculosis and Its Material Solutions in Republican China," *Bulletin of the History of Medicine*, 84, no. 2 (2010): 248-79.

³⁹ Rogaski, *Hygienic Modernity*.

⁴⁰ Rogaski, *Hygienic Modernity*, 114-5.

the modernisation of the country.⁴¹ This attitude was inherited by his successor, Chiang Kai-shek, who claimed that the Chinese were “unbearably filthy.”⁴² As a result, the GMD government launched the New Life Movement in the mid-1930s to promote a hygienic lifestyle to its people.

The discourse of *weisheng* was also culturally and commercially popular. Rogaski shows that hygienic discourse was used in advertisements to promote a modern lifestyle in the 1930s.⁴³ Pi Guoli notes the discourse of *weisheng* was used in newspapers and journals targeting non-medical professionals to depict what a healthy body should look like and how to stay healthy during the Republican era.⁴⁴ The hygienic lifestyle in advertisements, newspapers, and journal articles shows similarities with the lifestyle promoted by the GMD government. Therefore, historians conclude that the discourse of *weisheng* contained the governmentality conceptualised by Foucault: the ability to align individual aims with the ones of the government.⁴⁵

The literate classes’ response to the discourse of *weisheng* was complicated, however. It faced criticisms from the elite class in the 1930s, yet it also had a profound impact on literate people’s understanding of selfhood. Sean Lei has demonstrated that the discourse of *weisheng* facilitated the construction of a moral community in the 1930s. Lei notices that political elites paid extensive attention to details of personal habits when they articulated the relationship between individual hygiene and national survival. He also shows that many people could not afford the modern lifestyle touted by the government, cultural elites and business people.⁴⁶ Therefore, Nie Yuntai (聶雲台 1880—1953), a tycoon in the textile industry and the grandson of Zeng Guofan (曾國藩 1811-1872), argued that by criticising the Chinese as unhygienic, the elite class only alienated the general population who could not afford a hygienic lifestyle.⁴⁷

⁴¹ Sean Hsiang-lin Lei, “Moral Community of *Weisheng*: Contesting Hygiene in Republican China,” *East Asian Science, Technology and Society: An International Journal* 3 (2009): 500-1.

⁴² Arif Dirlik, “The Ideological Foundations of the New Life Movement: A study in Counterrevolution,” *The Journal of Asian Studies* 34, no. 4 (1975): 945-80.

⁴³ Rogaski, *Hygienic Modernity*, 225-53.

⁴⁴ Pi Guoli, “Cong ‘bushen’ dao ‘heerhmen’ liaofa: Minguo shiqi de xinshi kangbing jishu yu richang shenghuo” [From “Kidney-nourishing” to “Hormone” Therapy: Anti-disease Strategies and History of Daily Life in the Early Days of the Republic of China] 從“補腎”到“荷爾蒙”療法：民國時期的新式抗病技術與日常生活, *Yiliao shehuishi yanjiu* [A study of social history of medicine] 醫療社會史研究 2, no. 1(2011): 32-77.

⁴⁵ Rogaski, *Hygienic Modernity*, 300.

⁴⁶ Lei, “Moral Community of *Weisheng*.”

⁴⁷ *Ibid.*, 493-7.

Lei then turns to newspaper articles and diaries to analyse how people attributed their own sickness to “unhygienic” habits and thus made moral criticisms against themselves. Lei also examined articles from famous medical figures, such as Yu Yan (余岩 1879—1954), to demonstrate that there was an alternative understanding of hygiene for people to establish their moral identities in the 1930s.⁴⁸

Lei’s study echoes the idea that the discourse of *weisheng* encompassed Foucauldian governmentality, but he does not discuss how people articulated their identities to avoid the risk of being marginalised in society due to their unhygienic habits. On the one hand, the discourse of *weisheng* adopted by the government and the elite classes had a moral implication. Some people from the literate classes accepted the government’s ideology and tried to live up to the criteria of being hygienic citizens. Through the discourse of *weisheng*, the GMD government’s ideology impacted the self-identification of people from the literate classes. On the other hand, such criteria of living a hygienic life and staying healthy were challenging to meet. As Lei suggests, patients who had chronic diseases criticised themselves as being unhygienic, which made them worry about their own morality.⁴⁹ However, he does not explain why so many people were willing to narrate their experiences of being sick in public. I establish that this is where the discourse of citizenship kicks in. The discourse of *weisheng* and other discourses combined to shape people’s self-identification and their performance of identities in public. A study of the ideal citizenry and its impact on identity-making in the Republican era can reveal how different discourses combined when the literate classes articulated their identities in public discussion. It can also illuminate the role of the state in this process. The interaction between the state and literate classes sheds light on how the discourse of citizenship could serve as a strategy of governance.

This study follows the line of thought in scholarship on the discourse of hygiene and disease prevention and considers governance in a Foucauldian way. The meaning of governance varies with the context. Some political scientists use it to refer to politics and features of social systems, while others consider it as “the capacity of government to make and implement policy.”⁵⁰ As Anne Kjaer defines, governance broadly refers to “the setting and management of political rules of the game, and more substantially with a search for control,

⁴⁸ Ibid, 497-500.

⁴⁹ Ibid.

⁵⁰ Anne Mette Kjaer, *Key Concepts: Governance* (Cambridge: Polity Press, 2004), 10-11.

steering and accountability.”⁵¹ Foucauldian governance goes beyond the state and includes self-regulation of individuals. Foucault suggested that the modern state takes an array of techniques and practices to promote normalised values. For him, people who internalise these norms govern themselves accordingly.⁵² The core idea that inspires the dissertation is that the art of governance lies in the techniques of shaping people’s thinking and behaviours. There are criticisms against Foucault’s views about governance. One is that the analysis was made based on the observation of European society, while other societies were neglected.⁵³ The political environment in Republican China differed much from that in the societies analysed by Foucault. A significant difference is that Foucault’s modern state is democratic, while GMD established a party state. However, studies about and based on hygienic modernity have demonstrated that Foucauldian views can be used as a framework to analyse the governance in Republican China.⁵⁴ This dissertation examines the techniques through which the government impacted how people thought. It also follows the line of thoughts of critiques that Foucault’s model of governance sometimes overlooked people’s acceptance and resistance to governance.⁵⁵ I discuss how and why different groups of people in Republican China accepted and resisted the state. In this way, I demonstrate not only how the political and social conditions can influence the art of governance but also the subjectivity of the people.

Another point still to be explored is how the varied experiences of illness could challenge or support the government's efforts to cultivate a shared moral or national identity among its citizens. While Lei’s subjects, the neurasthenic patients, could criticise themselves without being marginalised in society, Angela Leung’s study about leprosy patients tells an entirely different story.⁵⁶ The latter were stigmatised and discriminated against during the Republican era.⁵⁷ If the government used the discourse of *weisheng* to define the boundary of citizenship, why did some patients lose civic, political and social rights more than others? This dissertation examines how leprosy patients and neurasthenic people created their identities in public discussion, which explains how the symptoms and construct of diseases can influence

⁵¹ Ibid., 11.

⁵² Graham Burchell et al., *The Foucault Effect: Studies in Governmentality* (Chicago: University of Chicago Press, 1991); Michel Foucault, *Security, Territory, Population: Lectures at the Collège de France 1977–1978*, ed. Michel Senellart, trans. Graham Burchell (New York: Palgrave Macmillan, 2007).

⁵³ Gyan Prakash, “Postcolonial Criticism and Indian Historiography,” *Social Text* 31-2 (1992): 8-19; Achille Mbembe and Steve Corcoran, *Necropolitics* (Durham NC: Duke University Press, 2019).

⁵⁴ Rogaski, *Hygienic Modernity*; Mary Augusta Brazelton, *Mass Vaccination: Citizens’ Bodies and State Power in Modern China* (Ithaca: Cornell University Press, 2019).

⁵⁵ Nancy Fraser, *Justice Interruptus: Critical Reflections on the “Postsocialist” Condition* (New York: Routledge, 1997); Barlow, *The Question of Women in Chinese Feminism*.

⁵⁶ Angela KC Leung, *Leprosy in China: A History* (New York: Columbia University Press).

⁵⁷ Ibid.

people's identities differently. As this dissertation demonstrates, the two groups of patients had contrasting experiences regarding their identities, including citizenship, despite both being subject to the same criticisms for failing to fulfil their duties as citizens.

The dissertation is framed by the theory of the social construct of diseases. As Rosenberg argues, social, cultural and political factors all impact views about diseases and vice versa.⁵⁸ He draws this conclusion by observing how AIDS is conceptualised and understood in the United States, and it could be applied to China as well. Historians have demonstrated how diseases have been understood differently in different periods. Hilary Smith's study on foot *qi* (腳氣 *jiaoqi*) shows that this disease, now known both as athlete's foot and beriberi, had been conceptualised through different medical theories and had diverse implications from the fourth century to the contemporary era.⁵⁹ Angela Leung's study on leprosy also demonstrates that the understanding of the disease's aetiology and cultural implications changed several times from the premodern era to the present day.⁶⁰ The Republican era witnessed a new round of reconceptualisation of diseases due to the escalating status of biomedicine as a tool for national salvation and modernisation of the country. The development of a new body of medical knowledge brought new explanations of aetiologies. The social and cultural construct of diseases and the impact on patients' identities would also undergo corresponding changes.

This dissertation examines the creation of the public health regime and its impact on literate people's understanding of their identities, including citizenship, in Guangxi and beyond from the late 1920s to the 1940s. It takes malaria, cholera, leprosy and neurasthenia as case studies. Rosenberg describes social and cultural factors as frames which shape how diseases are viewed to avoid the misunderstanding that there are no biological factors about sickness.⁶¹ The biological factors play a crucial role in shaping prevention methods and forming social and cultural implications. This dissertation examines how biological factors shaped the social and cultural meanings of the four diseases. By studying how these diseases were conceptualised and prevented in Guangxi, I demonstrate how the public health regime was established in the province and how citizenship was practised under this regime. By paying attention to other parts of the country, I display the ways in which the province was part of

⁵⁸ Charles E. Rosenberg, "Disease in History: Frames and Framers," *The Milbank Quarterly* 67 (1989): 1–15.

⁵⁹ Hilary A. Smith, *Forgotten Disease: Illnesses Transformed in Chinese Medicine* (Stanford: Stanford University Press, 2017).

⁶⁰ Leung, *Leprosy in China*.

⁶¹ Rosenberg, "Disease in History."

broader patterns and trends in the country. The literate classes in the Republican era associated malaria and cholera with diseases caused by *zhangqi* (瘴氣 miasma) and poisonous insects. The two things symbolised an imagination of the Chinese border during the premodern era. By studying the impact of a new body of medical knowledge on the views about diseases related to the non-Han Chinese on the Chinese border, I demonstrate how a hygienic discourse replaced an ethnic discourse in drawing the boundary of citizenship. Then, I take leprosy and neurasthenia as case studies to examine how sick people articulated their citizenship and other identities when hygiene and health became essential to the obligations of citizens.

Professionals and Ideal Citizens

Apart from the conceptualisation of diseases, this dissertation also takes professionalisation as a framework to examine the intersection of citizenship and other identities. Differentiating professions from occupations can be a challenging task. One approach is to summarise the shared characteristics of professionals. Sociologists delineate the features of professions with different focuses. Some pay more attention to the characteristics of professional practitioners, while others focus on the social recognition of occupations.⁶² Despite the various opinions, sociologists generally consider professionals to be those who have authority over a body of knowledge, a license for practice, professional ethics, autonomy over their work, and a sense of belonging to a professional community.⁶³ Still, these criteria cannot draw a clear line between professionals and non-professionals. For example, in Republican China, both physicians and nurses received education, considered themselves to have authority over medical knowledge, formed associations that could negotiate with the state, and got a license before taking the job. However, physicians were professionals in public discussion, while nurses were not. Thus, the trait theory cannot explain why occupations with similar traits can be seen as a profession and an occupation, respectively. Sociologists have also realised the loophole of the trait theory. They increasingly see professionalisation as a historical process in which different professions had different forms of organisation and enjoyed various degrees

⁶² Daryl Koehn, *The Ground of Professional Ethics* (London and New York: Routledge, 1994), 56; I quote this definition from Alan Cribb and Sharon Gewirtze, *Professionalism* (Cambridge: Polity Press, 2015), 27.

⁶³ *Ibid.*

of power and status.⁶⁴ Based on this opinion about professionalisation, I study how the discourse of citizenship facilitated medical professionals to justify their practice and earn a better social status.

Professionalisation is an ongoing process of negotiating the interests of professions and the state, which explains the appeal of professionalism. Sociologists observe that practitioners could develop and maintain the closure of a professional group in order to pursue and protect their interests, such as salaries, status and power, through the professionalisation of their occupations.⁶⁵ As Perkin's study on professionalisation in British society shows, professional practitioners tend to build a professional society when they get recognition from the state and achieve a better social status to protect and expand their interests. For Perkin, the boundary between professionals and laymen becomes ever clearer in a professional society.⁶⁶ The heyday of the professional ideal was at the turn of the twentieth century, as Perkin demonstrates. From 1880 to 1920, the professionals not only achieved social status but also promoted a legitimate capitalist order through collaboration with the state.⁶⁷ Perkin's study suggests the proactive role of professionals in nation-making, which also granted benefits to professionals in terms of power, status and fortune.

As Perkin shows, the state plays a vital role in professionalisation. The state protects the citizens from fraud by licensing professional practices. In this way, the legitimacy of professional practices relies on state regulation. The connection between states and professionals has an impact on professionals' performances. When professionals have a stronger tie with the state, the former may compromise their professional judgment. However, as Mark Osiel's study on lawyers suggests, a close relationship between the state and professions may benefit society in the long run.⁶⁸ When professionals are self-regulated, a concern is that they would use the authorities for their own benefit or the interests of their

⁶⁴ Terence James Johnson, *Professions and Power* (London: Macmillan, 1972); Magali Sarfatti Larson, *The Rise of Professionalism: A Sociological Analysis* (Berkeley, Los Angeles and London: University of California Press, 1977).

⁶⁵ Andrew Abbott, *The System of Professions: An Essay on the Division of Expert Labour* (Chicago: University of Chicago Press, 1988). Larson, *The Rise of Professionalism*.

⁶⁶ Harold Perkin, *The Rise of Professional Society* (London: Routledge, 1988).

⁶⁷ *Ibid.*

⁶⁸ Mark Osiel, "Lawyers as Monopolists, Aristocrats, and Entrepreneurs," *Harvard Law Review* 103, no.8 (1990): 2009–66.

clients, which may harm the public good in the long term. Studies on professionalisation show that the power dynamic between professionals and the state varies from society to society.⁶⁹

Xu Xiaoqun's insightful study on professionalisation reveals the dynamic of power also existed in twentieth-century China. Xu considers the professionalisation of occupations as a product of the efforts to modernise the country in the Republican era.⁷⁰ Following the steps of business unions and other trade guilds, professional people formed associations in Shanghai. As Harrison observes, members of the former organisations considered themselves representatives of everyone who took the job. She suggests that the Qing government allowed the formation of organisations as such to justify the power of the state.⁷¹ Xu demonstrates that professional associations had a similar function in the Republican era. As he shows, the government relied on these associations to regulate professions. The professionals turned to the state for permission to practice and recognise their societal privileges. Xu also notes that Chinese professionals consider it their responsibility to guide the nation through challenges arising from both internal and external threats.⁷² This self-identification had been a tradition for the literate classes since the premodern era.

However, Xu's study about the role of professionals as proactive participants in nation-building focuses on lawyers, while the role of medical professionals is not discussed. Lawyers were different from other professionals in that they were more politically active and could interpret the law for the public interest. As Xu suggests, medical professionals were "less vocal on purely political issues."⁷³ However, the behavioural difference does not suggest that medical professionals did not see themselves as active contributors to nation-building. As Sean Lei shows, famous biomedical practitioners, such as Yu Yan, contested the discourse of *weisheng* and criticised the idea of taking a hygienic lifestyle as a boundary of citizenship.⁷⁴ Yu's active performance in public discussion reveals that medical professionals also showed interest in making national identities and political issues more broadly.

⁶⁹ Larson, *The Rise of Professionalism*; William P. Alford et al., *Prospects for the Professions in China* (New York: Routledge, 2011).

⁷⁰ Xiaoqun Xu, *Chinese Professionals and the Republican State: The Rise of Professional Associations in Shanghai, 1912–1937* (Cambridge: Cambridge University Press, 2000).

⁷¹ Harrison, *The Making of the Republican Citizens*, 9.

⁷² Xu, *Chinese Professionals and the Republican State*.

⁷³ *Ibid.*, 8.

⁷⁴ Lei, "Moral Community of *Weisheng*."

Xu's book also does not address the portrayal of medical professionals in public discourse, an aspect crucial to understanding the professionalism of medical practitioners and their identities. Medical practitioners in Republican China faced competition in a prosperous market of health care services. The increasing political importance of biomedicine did not suggest TCM lost its popularity and credibility. Even renowned political figures who advocated for biomedicine still saw TCM practitioners when they were sick. Sun Yat-sen, the fundamental figure of the GMD party, received TCM treatment in his last few years when biomedicine did not take effect on his tumour.⁷⁵ TCM also played a role in the health care of ordinary people in the literate classes. Newspapers issued advertisements for TCM practitioners in the 1930s. In the same period, TCM theories were used to explain the effect of pills and syrups in medicine advertisements.⁷⁶ While the literate classes began to understand the causes of diseases through the biomedical lens, TCM was still an essential body of knowledge for them to understand diseases. Therefore, even though the government supported the development of biomedicine, people sought medical services from both types of medicine in daily practice. There was no guarantee that the general population had an apparent bias towards any medicine in the first half of the twentieth century. Therefore, medical practitioners needed to demonstrate their professionalism to attract patients at the time.

Apart from their professional qualities, people from the literate classes also expected medical practitioners to be modern citizens due to the latter's class identity and social status. The impact of this expectation was both positive and negative. On the good side, medical practitioners could make use of the modern identity to establish their professional image among patients, which also helped them achieve a better social status. However, patients scrutinised medical practitioners' practices and moral conduct through the criteria of ideal citizens, which led to criticisms against the latter. The government could also appeal to medical practitioners to compromise interests by referring to the latter's obligations as citizens. Both meeting the criteria and failure to do so would cause a loss in benefits and might even push a practitioner to the margin. This dissertation examines how medical

⁷⁵ Zheng Zhuling, "Jibing, zhengzhi yu yiliao: Sun Zhongshan aizheng zhenliao guocheng yanjiu" [Disease, Politics and Medicine: Treatments of Sun Yatsen's cancer] 疾病, 政治與醫療: 孫中山癌症診療過程研究 (MA thesis: Shanghai Normal University, 2018).

⁷⁶ For example, see Zhang Ning, "Nao wei yishenzhizhu: cong 'ailuobunaozhi' kan jindai zhongguo shentiguan de bianhua" [Brain as the centre of the body: changes in views of health, 'ailuo brain tonic' as a case] 腦為一身之主: 從“艾羅補腦汁”看近代中國身體關的變化, *Zhongyangyanjiuyuan jindaishi yanjiusuo jikan* [Journal of Academia Sinica] 中央研究院近代史研究所集刊 74 (2011): 1-40.

practitioners took advantage of the benefits brought by the modern identity and countered the disadvantages caused by the same identity. The case study of medical practitioners' identities provides an example of how people enjoying social status accepted it and resisted governance by using the discourse of citizenship.

Guangxi provides a distinct social context for examining the role of medical professionals in governance through an analysis of the relationship between medical professionals and the state. Unlike Shanghai, the city with the most biomedical practitioners in the country, Guangxi was not particularly attractive to medical professionals. The government needed to provide health services to the general population with fewer physicians. It also did not receive assistance from foreign foundations to build a system for healthcare or train medical professionals. The central government in Nanjing sometimes provided assistance in curbing epidemics to provincial governments, yet the Guangxi government was not among those who received help.⁷⁷ When the GMD government retreated to Chongqing after the outbreak of the Second Sino-Japanese War, the medical institutions run by the central government also did not move to Guangxi. The provincial government relied on itself to provide healthcare services. In this context, the interaction between the state and practitioners of different types of medicine showed an alternative pattern from those in regions under the central government's control or with assistance from other countries. This study compares the public image of medical professionals in Guangxi and other areas. It analyses how the political and social context in the province facilitated medical professionals to create a positive image in public discussion.

In addition to medical practitioners, I also study the identities of nurses. Nurses share similarities with other medical practitioners in the professionalisation of their occupation. The professionalisation of both nursing and medical practices was partially the result of the government's endeavour to provide better healthcare services to the general population. The GMD government oversaw nurses' work by standardising nursing education and licensing. Nurses should receive education in the field and pass examinations before they could gain a license for practice. Like medical practitioners, nurses formed their occupational associations, which had a strong tie with the state in the 1930s and the 1940s. Female nurses were also

⁷⁷ "Zhangqi zhi kexue zhengming," [The result of a scientific study of zhangqi] 瘴氣之科學證明, *Zhongxi yiyao* [Journal of the Medical Research Society of China] 中西醫藥 1, no. 3 (1935): 298.

presented as modern citizens in magazines and newspapers, especially those targeted at women. Drawing conclusions that nurses belonged to the professional class solely based on these similarities may be premature. However, it can be inferred that nursing underwent a process of professionalisation, through which nurses made efforts to develop their power and social status.

Nursing's professionalism was complicated by gender discourse. While medical practitioners were mostly men, nursing in hospitals was increasingly dominated by women. Women dominated few occupations at the time, especially those occupations that required comprehensive knowledge and skills. Nursing, thus, was a particular case. It attracted the attention of the literate classes, which caused benefits and problems. Nursing became a good career choice for female citizens. Images of female nurses in public discussion visualised ideal female citizens. On the other hand, the literate classes questioned whether the behaviours of individual nurses were proper for a professional and a female citizen. The public discussion about nursing evolved around the gendered characteristics of the ideal citizenry in the Republican era. Therefore, an analysis of the professionalisation of nursing reveals how gender played a role in the discourse of citizenship and its impact on women's understanding of their work and identities.

Guangxi as the Location

Guangxi is a province in Southern China. It provides a unique natural environment for studying how the state's initiatives in disease prevention were intertwined with the formation of people's identities during the Republican era. The province is located in the tropical and subtropical zones. The summer is long and extremely hot, with a lot of rain. The winter is warm in the plain area and cold in the mountainous area. The climate made the region prone to the prevalence of tropical diseases. Disease prevention was a difficult task for the Guangxi government. Topography is a reason. The province is also famous for its karst landforms, which cover almost half of its territory. Villages are scattered in the mountainous areas. Without proper roads, the government could not provide sufficient health care services to the people there. The study of disease prevention in Guangxi thus provides an example of how the government created a hygienic regime in rural China in the Republican era and how people's identities formed in this social and political context.

Guangxi became a part of the country in the Qin dynasty (221 AD – 207 AD) and was established as a province in the Yuan dynasty (1271-1368). The Mongols set up the *tusi* system (土司制度 *tusizhidu*), a system of rule through autonomous leadership outside the regular bureaucratic structures of the empire, to govern the local people in Guangxi. In this system, there were three levels of administrative area, including the command area (路總管府 *luzongguanfu*), prefecture (州) and county (縣). The governments of each level were headed by the local people (土人 *turen*), who were called *tusi* (土司 *native chieftain*).⁷⁸ The Ming government adopted the same system.⁷⁹ The Qing court decided to abolish the local leaders' rule and established direct administration. This policy, known as *gaitu guiliu* (改土歸流 *turning the *tusi* system into the regular administrative system*), began during Kangxi's reign (1633) and ended in 1929 when the last *tusi* in Guangxi was deposed.⁸⁰ From the Qin dynasty to today, Guangxi has been the frontier area of China, where people from different cultural and ethnic backgrounds live together. The evolution of the political system in the province suggests that Guangxi was geographically and politically peripheral before the Republican era.

⁷⁸ Xian Chenghai, “Bianyuan he nedi de jiaorong: Lun yuanchao dui Guangxi de jinglüe he kaifa” [Interaction between the peripheral and the central plain: strategies for developing Guangxi in the Yuan dynasty] 邊緣和內地的交融：論元朝對廣西的經略和開發, *Xibu Menggu luntan* [Journal of the Western Mongolian Studies] 西部蒙古論壇 4 (2023): 39-49.

⁷⁹ Lan Wu, “Yangdi guanxi shijiaoxia mingqing shiqi Guangxi quyu kaifa yu jianshe de jichu he tiaojian tanxi” [The background of constructing Guangxi in the Ming and Qing dynasties: a perspective of the relationship between the local community and the central government] 央地關係是腳下明清時期廣西區域開發與建設的基礎和條件探析, *Quyú lishi yu wenhua yanjiu* [Regional history and cultural study] 區域歷史與文化研究 5 (2023): 45.

⁸⁰ Cui Jilai, “Gaituguiliu yu qingdai Guangxi tusi shehui” [Gaituguiliu and the society ruled by *tusi* in the Qing dynasty] 改土歸流與清代廣西吐司社會 (MA thesis: Shaanxi Normal University, 2015), 17-21.



Picture 1: Location of Guangxi

Dan Yang and Hong Maoxi eds., *Zuixin Zhonghua Xingshi Yilantu* [Maps of the Latest Situation in China] 最新中華形勢一覽圖 (Shanghai: Dongfang Yudi Xueshe, 1933), 1.



Picture 2: Administrative divisions in present Guangxi, accessed through <https://en.wikipedia.org/wiki/Guangxi>.

Guangxi became more important politically after the collapse of the Qing court because of the activities of its local government. In 1911, Lu Rongting (陸榮廷) was appointed as the commander of Guangxi, who then formed a military regime known as the Old Guangxi Clique (舊桂系 jiuguixi). In 1917, Lu and his armies supported Sun Yat-sen in the Constitutional Protection Movement, an attempt to overturn the Beiyang government in Beijing. The collaboration broke down in 1920. Around the same time, Lu lost his military control over Guangdong province, where Sun established another government backed by Chen Jiongmeng, head of the Guangdong Clique. In the early 1920s, after negotiations, Lu gained support from the Beiyang government to recover Guangdong. The dispute between the military cliques in Guangxi and Guangdong shook Lu's rule in Guangxi. The armies led by Li Zongren (李宗仁), Bai Chongxi (白崇禧) and Huang Shaohong (黃紹宏) grew more powerful during this period. In 1924, Li, Bai and Huang formed the New Guangxi Clique, another warlord regime, and drove Lu and his followers out of the province. Since then, the New Guangxi Clique had established a firm control in Guangxi.

Like their predecessor, the warlords of the new clique were also keen to be involved in civil wars for control over the whole country. They joined the Northern Expedition led by Chiang Kai-shek, another military campaign against the Beiyang government. Bai Chongxi was appointed the Chief of Staff of the National Revolutionary Army. Moreover, the heads of the New Guangxi Clique also took part in the purge of Communists after the rupture between the GMD and the Communist Party. However, the relationship between the New Guangxi Clique and Chiang Kai-shek began to deteriorate when the Northern Expedition ended. Chiang manoeuvred to deprive Li and Bai of their political and military power, which irritated the two leaders. The confrontation between warlords, including Li and Bai, and Chiang Kai-shek led to the Central Plain War in 1929. The war ended in 1930, with the New Guangxi Clique defeated by the armies of the Nationalist government in Nanjing. The New Guangxi Clique retreated to Guangxi, where its leaders sought to reposition the province as a model for administration. The civil war between warlords and the central government calmed down in 1931 when the Mukden incident happened as a pretext for the Japanese invasion of Manchuria. Although the two sides had to cooperate more in the 1930s for economic

development and defending the country, the compromise did not imply that conflicts were solved.⁸¹ Li and Bai remained critical political rivals of Chiang in the 1940s.

The province's construction was centred on military development because of the tension between the military authority in Guangxi and the central government. In the early 1930s, the New Guangxi clique developed its political philosophy, known as *sanzi zhuyi* (三自主義 three principles of autonomy), an adaption of the Three Principles of the People proposed by Sun Yat-sen. It emphasises the military power for defence (自衛 *ziwei*), democracy (自治 *zizhi*) and self-sufficiency (自給 *ziji*). As the government stated in “The Plan to Construct Guangxi” (廣西建設綱領 *Guangxi jianshe gangling*), the development of military power was “the primary and most important work.”⁸² The philosophy of *sanzi zhuyi* was not just on paper. The government reorganised male adults into militia and required them to receive military training regularly. Students were also ordered to take military training every year so that they could become professional military officers after graduation.⁸³ Being self-sufficient was another goal of the government. It encouraged people to reclaim wasteland so that food production could increase. It also developed infrastructure and industries that could produce goods for daily use.⁸⁴ To be more democratic, the government created a system to collect people’s opinions about policies, though this system did not work well.⁸⁵

Studies of Republican Guangxi pay much attention to the local-central connection and its impact on policies. Diana Lary’s study of Guangxi reveals that military leaders there are concerned with the problems faced by the country. Although they upheld regionalism, they considered the promotion of nationalism as an ultimate goal.⁸⁶ The central government forced the Guangxi government to collaborate with it in the 1930s by issuing new regulations of

⁸¹ He Jiangfeng, “Caizheng kunju xia guixi de Shengcun Luoji (1931-36)” [The strategy for living taken by the New Guangxi Clique facing the financial difficulty] 財政困局下桂系的生存邏輯 (1931-36), *Lishi yanjiu* [Study of History] 歷史研究 3 (2023): 91-114.

⁸² Zhang “Ershi shiji sanshi niandai xinguixi jiangou zhengquan xingxiang yanjiu,” 42.

⁸³ Congjie Cheng, “Regionalism and Nationalism in Southeast Asia: Guangxi Province and the Making of the Chinese Nation State, 1924-1949” (PhD. Dissertation: University of Leicester, 2022), 62-3.

⁸⁴ Zhang, “Ershi shiji sanshi niandai xinguixi jiangou zhengquan xingxiang yanjiu,” 45.

⁸⁵ Qin Judong, “Ershi shiji sanshi niandai xinguixi Guangxi zizhi de xianshi fansi” [Reflection on the autonomy of the New Guangxi Clique in the 1930s] 二十世紀三十年代新桂系廣西自治的現實反思, *Xibu xuekan* [Journal of Western China] 西部學刊 121 (2020): 135-9.

⁸⁶ Diana Lary, *The Kwangsi Clique in Chinese Politics 1925–1937* (Cambridge: Cambridge University Press, 2009); Eugene William Levich, *The Kwangsi Way in Kuomintang China, 1931–1939* (Armonk, NY: M. E. Sharpe, 1993).

trade, finance, and tariffs in provinces around Guangxi. These methods curbed economic development in Guangxi and compelled its government to take action as a response.⁸⁷ To improve its military power, the Guangxi government did not rely only on the resources in the province. Cheng Congjie demonstrates how the New Guangxi Clique won support from overseas Chinese to reinforce its rule in Guangxi and facilitate activities outside the province when the local government antagonised the central government.⁸⁸

Compared with the New Guangxi clique and its government, other social classes have been understudied in historical studies. Only Pinchao Zhu moved his attention from the political powers to other people who were active in the province. His book about wartime Guilin, the temporary capital of Guangxi, suggests that the leftist intellectuals who moved there during the Second Sino-Japanese War played an essential role in mass mobilisation.⁸⁹ Zhu's book explains how the intellectuals influenced the culture in Guangxi, but other social classes have remained silent. While there are discussions on how the central-local relationship shaped policies and governance strategies, whether and how these strategies impacted ordinary people's lives has not been analysed.

This dissertation examines the effect of governance strategies by studying how the discourse of citizenship shaped people's articulation of their identities in Guangxi in fields connected with medicine and illness. It focuses on the group identities of patients and medical practitioners. As Lary observes, both the central and provincial governments were keen to create a national identity.⁹⁰ The conceptualisation of citizenship and creating citizens were part of the endeavour. A study of the formation of people's identities in Guangxi and beyond contributes to the governance of Guangxi by adding medical and cultural perspectives. It reveals how the governance in the regions at the periphery of the central government's power was realised not through coercion but through discourses and the flow of cultures and social groups transcending regional boundaries. In this way, this study also contributes to the scholarly discussions on Guangxi by showing what made the province distinct and how this province was incorporated into broader trends in the country.

⁸⁷ He, "Caizheng kunju xia guixi de Shengcun Luoji (1931-36)."

⁸⁸ Cheng, "Regionalism and Nationalism in Southeast Asia."

⁸⁹ Pingchao Zhu, *Wartime Culture in Guilin, 1938-1944: A City at War* (Lanham Maryland: Lexington Books, 2015): xxv.

⁹⁰ Lary, *The Kwangsi Clique in Chinese Politics 1925-1937*.

Methodology

This dissertation mainly focuses on Guangxi, yet sources from other places are also used. A comparison between how people's identities were formed in Guangxi and other regions reveals how the specific natural and social conditions in the province impacted the strategies for governance and people's responses. Another reason for studying sources from areas other than Guangxi is the difficulties of accessing sources during the time this study was conducted. Due to the Covid 19, the time to access sources in archives and libraries was limited. Therefore, I turned to the online archive of newspapers and journals for more sources about the conceptualisation of diseases and discussions of medical professions. While many of these sources were not published in Guangxi, they included articles written by the people there. I use these sources to study how things developed similarly or differently in Guangxi and elsewhere.

I examine how the government and medical professionals conceptualised diseases and developed prevention strategies by analysing gazetteers, government documents, and articles in medical journals. Historically compiled by scholar-officials, gazetteers recorded history, topography, culture, and local populations. During the Republican era, the central government established institutions to oversee the compilation of these records, often under the guidance of prominent intellectuals. While such institutions were widespread across the country, they were notably absent in Guangxi.⁹¹ However, the existence of gazetteers from the Republican era in Guangxi shows that local authorities had their own institutions for this work. Many of these gazetteers were reproductions of premodern versions, but they also included revisions, reflecting evolving attitudes towards diseases and local populations from the premodern era to the Republican period. These shifts can be analysed to understand how the promotion of science and biomedicine influenced perspectives on diseases and identity. In addition to state policies, medical journals offer insights into how doctors explained disease causation and prevention. These journals, intended for both medical professionals and the general public, aimed to disseminate knowledge about medicine and hygiene to the literate population. Thus,

⁹¹ Zeng Rong, *Minguo tongzhiguan yu jindai fangzhi zhuanxing* [Bureau of gazetteers and the transformation of gazetteers in the Republican era] 民國通志館與近代方志轉型 (Beijing: Shehui kexue wenxian chubanshe, 2018), 140-232

they provide valuable perspectives on how knowledge was constructed by professionals and the state, as well as how readers perceived it.

The responses from the patients and medical professionals are studied through the articles, images, and advertisements published in journals, newspapers, and hospital publications. Wenhsin Yeh's study on petty urbanities in the Republican Shanghai suggests that people receiving some educations, having a job, yet not enjoying social status published their articles in newspapers and magazines to express their anxiety over a precarious life and demonstrate their identities.⁹² This dissertation follows Yeh's method to study the images created by the literate classes for themselves, especially the petty urbanites in Guangxi, through articles, Q&A columns and advertisements in newspapers and journals. I use these sources to analyse how patients responded to the ideal citizenry promoted by the government and how they benefited from the demonstration of various identities. In addition to newspapers and magazines, I also use the articles and photos in journals issued by missionary hospitals, such as the Pakhoi Hospital and its leprosy asylum. Both patients and missionaries could contribute to these journals. Therefore, they provide a clue about the identities that patients wanted to show to the public.

Mapping of the Dissertation

The first chapter studies cholera and malaria prevention in Guangxi from the mid-1930s to the 1940s. In the premodern era, Guangxi was infamous for *zhangqi* (瘴氣 miasma) and *gu* (蠱 poisonous insects). Since the mid-1930s, central and Guangxi governments launched research on the diseases caused by *zhangqi* and concluded that they were cases of malaria. In public discussion, the interest in diseases caused by *gu* and *zhangqi* was replaced by diseases caused or spread by insects, such as malaria and cholera. The change in the understanding of aetiology was accompanied by a shift in the boundary between insiders and outsiders in Chinese society. This chapter discusses how the discourse of *weisheng* promoted by a hygienic regime replaced the ethnic discourse to shape people's citizenship. It also reveals that the provincial government aligned its own goals with those of the central government

⁹² Wenhsin Yeh, *Shanghai Splendour: Economic Sentiments and the Making of Modern China, 1843-1949* (Berkeley: University of California Press, 2007).

through the establishment of the public health regime in the province, despite the confrontation between the two sides.

Although the Guangxi government had not established a hygienic regime until the mid-1930s, it took action to prevent diseases in the late 1920s and the early 1930s, especially against illnesses endemic in the province, such as leprosy. The second chapter takes leprosy as a case study to examine how patients deprived of citizenship articulated their identities in the early 1930s. There were different views about whether leprosy could be transmitted between people throughout the Republican era. To prevent the spread of leprosy, the government collaborated with missionaries to segregate leprosy patients in asylums. Many patients spent their whole lives there because the illness was incurable at the time. For the ruling class, leprosy patients were both a symbol of the backwardness of Chinese civilisation and a threat to social stability. Leprosy patients were deprived of citizenship both discursively and in practice. However, the patients did not identify themselves as outsiders to Chinese society or accept the unfair actions against them. This chapter examines how the discussion about leprosy and actions to prevent the disease denied the patients' citizenship and how they responded. In this way, I demonstrate how the government justified its rule and how the discourse of citizenship became a tool for self-regulation.

While the second chapter studies the identities of patients alienated from the national community because of their illness, the third chapter focuses on the patients who earned a better image for themselves by talking about their sickness. This chapter studies the social implications of neurasthenia and its impact on patients' identities. It analyses the reports about neurasthenic government officials and political elites in the 1930s and how the performance of these privileged people provided the literate classes with new discursive tools for self-identification. In this chapter, I focus on articles and readers' letters from neurasthenic patients to analyse their understanding of identities. Medical practitioners might have fabricated these letters to disseminate knowledge about neurasthenia. Even if they were written by patients, people might have made up the facts in these letters in order to create a positive image for themselves. Whether these letters and articles were from readers or not, they revealed an image that the petty urbanities, such as primary school teachers and clerks, would like to demonstrate in public. This chapter explains how the government tweaked the boundary of citizenship in a way that would not shatter the constitution of the country. It also studies how

different groups of people articulated new identities accordingly to avoid losing social rights. The comparison between this chapter and chapter two shows how the facts about and social constructs of diseases facilitated the governmentality encompassed in the discourse of citizenship.

The fourth chapter studies the professionalisation of medical practices in Guangxi and beyond. It examines how medical practitioners justified their practices and created a professional image to attract patients in the 1930s and the early 1940s. The professionalisation of medical practices reveals the interaction between society and the state regarding identity-making. In Guangxi, the government supported practitioners who practised different types of medicine due to the need for medical professionals. The relationship between the two sides became even closer here than in other regions, such as Shanghai. This chapter analyses the role of the ideal citizenry in medical professionals' articulation of their identities and responsibilities. The professionalisation of medical practices shows how the better-off classes used the discourse of citizenship to earn a better social status, argue for their interests and avoid social responsibilities they could not undertake. It explains why the discourse of citizenship could serve as a strategy to govern the better-off classes.

The last chapter studies the professionalisation of nursing, which contrasts with the experience of medical practitioners. Nursing was a new occupation developed in the early twentieth century. The number of women taking the job gradually surpassed that of men in the 1930s and the 1940s. The development of nursing was parallel with the changing ideas about ideal female citizens in the same period. As a perfect occupation for modern women in the mind of the Republican people, nursing was developed under the impact of both a gender discourse and a discourse of citizenship. This chapter studies how these discourses intersected in the professionalisation of nursing in the 1930s and the 1940s. Women were people who were supposed to have citizenship yet could not fully participate in public life. This chapter demonstrates how the discourse of citizenship informed women when they advocated for expanding the public role and what compromises they made to earn an opportunity to take the occupation.

Chapter 1. Cholera and Malaria (from 1928 to the 1940s)

1.1 Introduction

Guangxi had been a province infamous for diseases caused by *zhangqi* (瘴氣) and *gu* (蠱) in the Ming and Qing dynasties. *Zhangqi*, as the *Gazetteer of Cengxi* published in the eighteenth century suggests, was the poisonous air that appeared after storms, which caused epidemics.⁹³ The *Gazetteer of Baise* (百色廳志 *baise tingzhi*), published in 1883, recorded that *zhangqi* was generated from the rotten plants in humid and warm mountainous areas.⁹⁴ No matter how *zhangqi* formed, the authors of both gazetteers warned readers not to touch this toxic *qi* to avoid getting sick.⁹⁵ *Gu*, a kind of insect cultivated by people as a poison, was another thing mentioned in gazetteers and required special attention for the people travelling to Guangxi. In the *Gazetteer of Cengxi*, the authors stated that the people from Zhuang (壯) and Yao (瑤) ethnicities reared *gu* and poisoned others with it.⁹⁶ Travel writings also noted the same thing about the women of the Zhuang ethnicity.⁹⁷ In the Republican era, while *gu* and *zhangqi* continued appearing in gazetteers, the government documents barely recorded the two things. Even in rare cases when they were mentioned, *gu* and *zhangqi* were not explicitly associated with non-Han ethnicities. This chapter studies how the discourse of *zhangqi* and *gu*, symbols of the otherness of non-Han ethnicities, were replaced by attention to microbes in the explanation of diseases from the 1920s to the 1940s. It reveals that the Guangxi government relied on the authority of science to establish a public health regime and promote an ideal of citizens related to the discourse of *weisheng*, which marginalised the notion that the non-Han ethnicities were threats to the national community. The goals of the Guangxi government and the central government aligned in this process.

⁹³ He Mengyao and Liu Yandong, *Cenxi xianzhi* [Gazetteer of Cenxi county] 岑溪廳志, 1744, republished in 1934, 5-6, accessed in Needham Research Institute.

⁹⁴ Chen Rujin and Hua Bensong, *Baise tingzhi* [Gazetteer of Baise] 百色廳志 3, 1883, reprinted in 1887: 6, accessed in Needham Research Institute.

⁹⁵ He and Liu, *Cenxi Xianzhi*. Chen and Hua, *Baise tingzhi*, 6.

⁹⁶ *Ibid*, 40.

⁹⁷ Li Diaoyuan, *Nanyue biji* [Notes on southern Yue] 南越筆記 vol. 12 (Shanghai: Shanghai yinshu guan, 1936), 146; Li Diaoyuan (李調元) was born in 1734 and died in 1803.

Chinese intellectuals and political authorities attempted to create a new understanding of the relationship between ethnicities and the nation-state in the early twentieth century. The former borrowed the term *minzu* (民族) from the Japanese to create a new national identity. Japanese intellectuals considered that the people of a nation-state shared the same culture and blood ties and called this entity *minzu*. While the Chinese scholars adopted the Japanese idea in the late Qing and early Republican era, they soon found it problematic for a multi-national country.⁹⁸ Therefore, they formed two overlapping strategies for conceptualising a nation-state in Republican China, as Frank Dikotter identifies. One strategy is racial nationalism, which emphasises blood ties and racial bonds. The other is cultural nationalism, which suggests the Chinese people were bonded together through cultural features.⁹⁹ James Leibold suggests the first strategy was taken by the GMD government and supported by some historians, anthropologists and ethnologists in the Republican era. They advocated that all the ethnicities in China were descendants of the same ethnicity.¹⁰⁰ Other scholars in the same period, such as Gu Jiegang (顧頡剛 1893 - 1980), held a sceptical attitude to the strategy, stating that the Chinese nation was an imagined community based on the same “lifestyle, interest, and feeling of unity.”¹⁰¹ Studies of the formation of national identity in the Republican era usually focus on how different agencies articulated similarities of ethnicities.¹⁰² This chapter about Guangxi suggests that the government and intellectuals sometimes also intentionally eliminated ethnic differences in various discourses.

The new ideas about ethnic identity were important in the formation of citizenship. Merle Goldman and Elizabeth J. Perry suggest that the *guomin* (citizen) conceptualised by scholars in the late Qing dynasty stressed ethnicity as the criterium.¹⁰³ In the inauguration ceremony of Yuan Shikai, only representatives of Han, Manchu, Mongolian, Tibetan, and Muslim were invited, implying that the Chinese nation consisted of the five ethnicities.¹⁰⁴ As Harrison observes, in the early Republican era, non-Han ethnicities demonstrated both their national

⁹⁸ Wang Ke, *Minzuzhuyi yu jindai zhongri guanxi* [Nationalism and Sino-Japanese relationship in the modern era] 民族主義與近代中日關係 (Hong Kong: The Chinese University of Hong Kong, 2016), 64-8.

⁹⁹ Frank Dikotter, “Culture, ‘Race’ and Nation: The Formation of National Identity in Twentieth-Century China,” *Journal of International Affairs* 49, no. 2 (1996): 590-605.

¹⁰⁰ James Leibold, “Competing Narratives of Racial Unity in Republican China: From the Yellow Emperor to Peking Man,” *Modern China* 32, no. 2 (2006): 181-220.

¹⁰¹ *Ibid.*, 118, 139.

¹⁰² Dikotter, “Culture, ‘Race’ and Nation”; Leibold, “Competing Narratives of Racial Unity in Republican China.”

¹⁰³ Merle Goldman and Elizabeth J. Perry, Introduction: Political Citizenship in Modern China, in *Changing Meanings of Citizenship*, eds. Merle Goldman and Elizabeth J. Perry (Cambridge, Ma.: Harvard University Press, 2002), 4.

¹⁰⁴ Harrison, *The Making of the Republican Citizens*, 19.

identity as the Chinese and the specific ethnic identity in their practice of citizenship in everyday life.¹⁰⁵ The specific ethnic identity and the Chinese identity were entangled not only in the government's agenda to make the Chinese nation but also in people's self-identification.

Historians have paid attention to the encounter of the Han-dominated state and non-Han ethnicities in daily life in making a Chinese identity. Harrison's *The Making of the Republican Citizens* reveals how a specific ethnic identity and national identity could coexist in people's daily lives by studying the daily rituals of the Mongolians.¹⁰⁶ Joseph Lawson's study of Yi (彝) in Sichuan province suggests that the government's endeavour to create a national identity was sometimes resisted by the non-Han ethnicities and caused clashes.¹⁰⁷ These studies provide insights into two critical aspects of the formation of national identity. First, the encounters between a Han-dominated state and the non-Han ethnicities varied in different places and among different ethnicities. Second, the endeavour to make a national identity influenced people's self-identification and their experiences in daily life.

Based on these studies, I examine how the government created a national identity in Guangxi through the medical lens. Non-Han ethnicities were prominent in the medical discourse in premodern China. In gazetteers, travel books, and other literature of Chinese scholars, *zhangqi*, the poisonous air that caused diseases, was associated with areas where non-Han Chinese lived. Historians suggest that the concept of *zhangqi* encompassed the cultural and ethnic bias against people who were not from a Confucian society and an imagination of the frontier of the empire.¹⁰⁸ *Gu* was another symbol related to non-Han ethnicities. Yu Gengzhe reveals that the discourse developed around the knowledge of *gu* reveals the cultural bias against the non-Han ethnicities in premodern China.¹⁰⁹ It especially implies the potential

¹⁰⁵ Ibid.

¹⁰⁶ Ibid.

¹⁰⁷ Joseph Lawson, *A Frontier Made Lawless: Violence in Upland Southwest China, 1800-1956* (Cambridge: Cambridge University Press, 2017).

Zhang Wen, "Diyu pianjian he zuqun qishi: Zhongguo gudai zhangqi yu zhangbing de wenhuaxue jiedu" [Discrimination against indigenous people and ethnicities: Cultural analysis on zhangqi and zhangbing in ancient and premodern China] 地域偏見和族群歧視：中國古代瘴氣與瘴病的文化學解讀, *Minzu yanjiu* [Ethnological studies] 民族研究 3 (2005): 70-1; Bin Yang, "The Zhang on Chinese Southern Frontiers: Disease Constructions, Environmental Changes and Imperial Colonisation," *Bulletin of the History of Medicine*, 84, no. 2 (2010): 163-192.

¹⁰⁹ Yu Gengzhe, "Xuguzhidi: yixiang wenhua qishi fuhao de qianzhuan liuyi," [A place of poisonous creatures: The history of a sign of cultural bias] 蓄蟲之地：異鄉文化歧視符號的遷轉流移, *Zhongguo shehui kexue* [Social science in China] 中國社會科學 2 (2006): 191-204.

threat of the non-Han ethnicities to the cultural mainstream of the Chinese empire because *gu* was cultivated by the non-Han people and was deliberately used to poison others.

In the Republican era, views about diseases still played an essential role in creating identities.¹¹⁰ However, historians have yet to extensively discuss how the old symbols in medical discourse that signified the otherness of non-Han ethnicities disappeared or continued in government documents and public opinions. Only Bin Yang suggests that *zhangqi*, as a disease concept, existed only in folk culture during and after the Republican era.¹¹¹ Historians have noticed that *zhangqi* was conceptualised as malaria in the 1930s, but why the government specifically researched *zhangqi* rather than simply criticised it as superstitious has not been studied.¹¹² Most studies about diseases caused by *zhangqi* focus on what these diseases really were in history. Xiao Fan notes that *zhangqi bing* (瘴氣病 diseases caused by *zhangqi*) signifies several diseases endemic to Southern China.¹¹³ Mou Zhonghang and Wang Caiping review the explanations of *zhangqi* in Chinese history and point out that the people in the Republican era considered diseases caused by *zhangqi* as malaria and cholera. According to Mou and Wang, the development of biomedicine in Republican China led to the “formation and dissemination of a more precise understanding of the diseases called *zhang* (or *zhangqi*).”¹¹⁴ This chapter, however, reveals that the government led the reconceptualisation of diseases related to *zhangqi* for political purposes. It was a premise for promoting a hygienic lifestyle to create a modern nation and country. The changes in the understanding of diseases, such as *zhangqi bing*, were not an outcome of the spread of biomedical knowledge in China. Instead, it resulted from the efforts of the Chinese political authorities to build a modern nation-state and to reinforce their control over a region or the country.

This study of the discourse of *gu* and exceptional attention to insects in the Republican era also reveals the government’s role in conceptualising diseases and the creation of identities

¹¹⁰ Rogaski, *Hygienic Modernity*.

¹¹¹ *Ibid.*

¹¹² Yang, The "Zhang" on Chinese Southern Frontiers: 191-2.

¹¹³ Xiao Fan, “Han Song jian wenxian suojian gudai Zhongguo nanfang de dili huanjing yu difangbing jiqi yingxiang” [Environment, endemics and their influences in ancient South China as seen from the sources of the Han to Song period] 漢宋間文獻所見古代中國南方的地理環境與地方病及其影響, *Zhongyangyanjiuyuan lishi yuyansuo jikan* [A collection of studies from Zhongyangyanjiuyuan lishiyanjiusuo] 中央研究院歷史語言所集刊 63 (1993): 67-171.

¹¹⁴ Mou Zhonghang and Wang Caiping, “Zhongguo lishishang de zhangqi kaoshi” [Textual Research and explanations of miasma in Chinese history] 中國歷史上的瘴氣考釋, *Shida dili yanjiu baogao* [Geographical research] 師大地理研究報告 38 (2003): 13-26.

through disease prevention. Mao Wei suggests that cases of poisoning people with *gu* gradually disappeared in records of court cases and laws in the Qing period.¹¹⁵ In the Republican era, the discussion about *gu* also only existed among gazetteers in Guangxi as a historical record of the province. In journals and newspapers, people rarely discussed *gu* in the frontier of the country but showed an interest in circulating knowledge about insects causing diseases such as malaria and cholera. However, there was still a case of a person accused of practising *gu* in Guangxi, suggesting the notion that *gu* could cause harm to people did not disappear. This chapter analysed how the government reacted to this case to reveal the state's role in creating new identities based on new ideas about disease. Moreover, I also study how the Guangxi government shifted people's attention from the improvement of infrastructure to the elimination of insects in the prevention of malaria and cholera. Its strategies indicated how it aligned people's interests with its own aims and avoided the responsibility it could not take.

Historical studies of malaria and cholera in the Republican era have shown how the prevention of the two diseases was shaped by political and economic conditions in big cities and colonies. They have only begun to study how the understanding of the two diseases evolved and how prevention methods were promoted in rural areas. Shiyang Liu suggests that the colonial government in Taiwan made anti-malaria strategies according to the socio-economic and political conditions rather than the latest knowledge about malaria.¹¹⁶ Kuya Wen shows that the interaction between the colonial government and the people in Taiwan decided how effective the anti-malaria methods were.¹¹⁷ Daniel Ham compares the malaria control strategies in Hong Kong and the international settlement in Shanghai in the Republican era and concludes that race mattered in malaria prevention in everyday life.¹¹⁸ Studies on cholera go beyond colonies. Poon Shuk-wah reveals that the anti-cholera strategies did not work well in Republican Guangzhou because the government lacked funds and the

¹¹⁵ Mao Wei, "Xiaoshide 'heiwushu'? Qingdai sifa zhong zhi gudu anjian tanjiu: jiyu *xiyuanlu* wenben de kaocha yu zhankai" [Disappeared "witchcraft"? Cases of practising *gu* in the judicial records in the Qing dynasty: A study of the texts of *Witness to a Prosecution*] 消失的'黑巫師'? 清代司法中之蠱毒案件探究: 基於《洗冤錄》的考察與展開, *Anhui Shixue* [Anhui history] 安徽史學 1 (2022): 31-8.

¹¹⁶ Shiyang Liu, "The Theory and Practice of Malariology in Colonial Taiwan," in *Disease, Colonialism, and the State: Malaria in Modern East Asian History*, ed. Ka-che Yip (Hong Kong: Hong Kong University Press, 2009), 49-60.

¹¹⁷ Kuya Wen, "Anti-malaria Policy and its Consequences in Colonial Taiwan," in *Disease, Colonialism and the State: Malaria in Modern East Asian History*, ed. Kache Yip (Hong Kong: Hong Kong University Press, 2009), 31-48.

¹¹⁸ Daniel Ham, "The Management of Malaria and Leprosy in Hong Kong and the International Settlement of Shanghai, 1880s - 1940s" (PhD diss., University of Cambridge, 2013).

people did not cooperate.¹¹⁹ Shu Qiao reviews all the strategies taken by the Shanghai municipal government.¹²⁰ Dong Qiang and Wu Lei study how the government collaborated with charities to manage cholera in the lower Yangtze River area.¹²¹ However, apart from Shiyang Liu, these historians do not discuss how the medical knowledge about malaria and cholera was impacted by political and economic conditions. Liu suggests that both the colonial politics and the Japanese doctors' own background had an impact on how they understood malaria.¹²² All these studies focus on places with better economic conditions and richer medical resources. How the political authorities and medical professionals prevented the two diseases in rural areas is not examined.

This chapter adds up to these studies about anti-malaria and cholera by analysing how the Guangxi government, medical professionals and intellectuals conceptualised cholera and malaria and how they prevented these diseases from the 1920s to the 1940s. The prevention of malaria and cholera in Guangxi forms a comparison to show how the government devise the strategies according to the local political and environmental conditions. The prevention of malaria was extended to mountainous areas where villages were scattered, while the prevention of cholera focused on cities. In addition, cholera is acute, whereas a specific type of malaria causes chronic infection. The government's prevention of the two diseases differed according to the features of each epidemic. Besides Guangxi, I also examine how malaria and cholera were conceptualised in other parts of the country. The juxtaposition of research on and views about diseases in different places shows how Guangxi was incorporated into the public health regime established by the GMD government. By studying the conceptualisation and prevention of the two diseases, I also suggest that medical discourse and the action to prevent diseases had an impact on the formation of an ideal of citizenship, in which the danger of non-Han ethnicities implied in old disease concepts, such as *gu* and *zhangqi*, was marginalised, but stigmas on non-Han ethnicities as less-educated continued existing.

¹¹⁹ Shuk-Wah Poon, "Cholera, Public Health, and the Politics of Water in Republican Guangzhou," *Modern Asian Studies* 47 no. 2 (2013): 436-66.

¹²⁰ Shu Qiao, "Huimou jindai Shanghai huoluan daliuxing" [Contemplating cholera epidemics in Shanghai] 回眸近代上海霍亂大流行, *Dangan yu shixue* [Archives and historical studies] 檔案與史學 3 (2004): 50-1.

¹²¹ Dong Qiang and Wu Lei, "Jindai yizai weijixia de zhengzhi xietong zhili yanjiu: Yi 1932 changsanjiao kouan chengshi huoluan yizai wei zhongxin" [A study of collaborative governance mechanism amid epidemics in the modern era: Cholera in port cities in Yangtze River Delta in 1932] 近代疫災危機下的政治協同治理研究: 以1932長三角口岸城市霍亂疫災為中心, *Zhongguo disanbumen yanjiu* [Studies on the tertiary industry in China] 中國第三部門研究 21 (2021): 58-9.

¹²² Liu, "The Theory and Practice of Malariology in Colonial Taiwan."

This chapter has three sections. The first section analyses how the diseases related to *zhangqi* were reconceptualised as malaria and cholera. It pays attention to the strategies taken by the Guangxi government and those by the GMD government. The comparison shows how the formation of knowledge about diseases in Guangxi was influenced by the political conditions and the cultures in the whole country. By analysing the records of *zhangqi* and malaria in the gazetteers published in the 1920s and the 1930s, I demonstrate how intellectuals responded to the Guangxi government's attitude. The second section discusses how malaria and cholera were conceptualised as diseases spread by insects, which indirectly shifted people's attention from *gu*, the mysterious insects causing diseases. The records of *gu* in gazetteers are used to analyse how the new views about diseases caused or spread by insects shaped the understanding of the relationship between the Han and non-Han ethnicities in the Republican era. The third section studies how the government and medical professionals collaborated to prevent malaria and cholera. It suggests that the prevention methods allowed the government to reach its power in people's daily lives both in cities and rural areas. In this process, the government disseminated new knowledge about cholera and malaria, created new routines of daily life, and promoted an ideal of citizens, which ultimately established a new social order to replace the old one based on ethnic differences.

1.2 From Zhangqi to Malaria and Cholera (1928-1937)

The epidemiological study of malaria and the methods to prevent it developed rapidly at the turn of the twentieth century. In 1880, Alphonse Laveran discovered the malaria parasite in human blood. About two decades later, Giovanni Grassi found that malaria is transmitted to humans by anopheline mosquitoes.¹²³ Based on the new knowledge, public health officials in Europe and America developed two separate approaches to malaria control: attacking the mosquitos that transmitted malaria and treating the patients who suffered from the disease.¹²⁴ Studies of malaria control in Japanese-colonised Taiwan show that both approaches were applied to the region, yet the effect depended on how the medical knowledge was produced, the priority of agendas determined by the government in the colony and the relationship between colonisers and the local people.¹²⁵

¹²³ Randall M. Packard, *The Making of a Tropical Disease: A Short History of Malaria* (Baltimore: Johns Hopkins University Press, 2007), 241.

¹²⁴ *Ibid*, 246.

¹²⁵ Liu "The Theory and Practice of Malariology in Colonial Taiwan."

The GMD government was also interested in researching malaria and its prevention strategies after establishing the regime in Nanjing. In 1931, a severe flood struck the Yangtze Valley, which caused malaria in all provinces there. The central government in Nanjing sought help from the League of Nations to alleviate the epidemic, which resulted in the establishment of the Department of Parasitology at the Central Field Health Station in Nanjing.¹²⁶ The determination to research malaria and eliminate it appeared from this point. In 1933, the central government launched research in Nanjing and its countryside on the number of malaria victims. It ordered medical professionals to collect and study the mosquitos that spread malaria in the area. The researchers made these insects into samples and drew a map of the spread of these mosquitos, which serves as a premise for devising a plan for prevention. The government also ordered researchers to use pesticides to kill the mosquitos in the wild.¹²⁷ Similar research was done in Jurong (句容), a city next to Nanjing, in Jiangxi province, in 1934 and Fujian in 1935. All these activities were launched by the central government.¹²⁸ These initiatives suggested the central government considered malaria not simply an epidemic that needed to be contained after natural disasters but a public health concern that should be solved in everyday life.

The central government was interested not only in studying diseases known in biomedicine but also in sicknesses that had not been conceptualised in biomedicine, such as *zhangqi*. In 1935, the central government ordered an investigation team led by Yao Yongzheng (姚永政) from the Department of Hygienic Field Study of the National Economic Commission (全國經濟委員會衛生試驗處 *quanguo jingji weiyuanhui weisheng shiyan chu*) to study the *zhangqi* on the banks of the Nanpan River (南盤江 *nanpan jiang*) in the bordering area of Guizhou and

¹²⁶ Shen Yubin, "Malaria and Global Networks of Tropical Medicine in Modern China, 1919-50," (PhD diss., Georgetown University, 2017), 100-4.

¹²⁷ *Zhongguo guomindang zhidaoxia zhi zhengzhi chengji tongji* [Outcomes of policies of the Nationalist government in China] 中國國民黨指導下之政治成績統計 5 (1933): 31-2; *Zhongguo guomindang zhidaoxia zhi zhengzhi chengji tongji* [Reports of achievement under the Reign of Chinese Nationalist Party] 中國國民黨指導下之政治成績統計 6 (1933): 192-3; *Zhongguo guomindang zhidaoxia zhi zhengzhi chengji tongji* [Reports on achievement under the reign of Chinese Nationalist Party] 中國國民黨指導下之政治成績統計 7 (1933): 182-4; *Zhongguo guomindang zhidaoxia zhi zhengzhi chengji tongji* [Reports on achievement under the reign of Chinese Nationalist Party] 中國國民黨指導下之政治成績統計 11 (1933): 177-9.

¹²⁸ *Zhongguo guomindang zhidaoxia zhi zhengzhi chengji tongji* [Reports on achievement under the reign of Chinese Nationalist Party] 中國國民黨指導下之政治成績統計 11 (1934): 177-80; *Zhongguo guomindang zhidaoxia zhi zhengzhi chengji tongji* [Reports on achievement under the Reign of Chinese Nationalist Party] 中國國民黨指導下之政治成績統計 2 (1935): 172-3.

Guangxi.¹²⁹ The investigation was carried out mainly in Guizhou, with only one village in Guangxi involved, known as Panzhihua (攀枝花). According to the report, the investigators consulted the local doctors practising TCM and biomedicine in Guizhou and looked up the gazetteers to find out what *zhangqi* was. The medical professionals sent by the central government finally concluded that *zhangqi* was malaria because they did the blood test for the patients suffering from the disease and found malaria parasites in most cases.¹³⁰ By concluding *zhangqi* as malaria, the investigation team suggests that the disease was not caused by poisonous air but by the bite of mosquitos.

The investigation team limited their work in Guizhou because of the confrontation between the central government and the Guangxi government. In February 1935, Chiang Kai-shek flew to Chongqing and stayed in southwestern China for about half a year. During this period, he visited Guizhou and reorganised the provincial government there. In mid-May, Chiang flew to Kunming, the capital of Yunnan province, and visited the provincial governor.¹³¹ Chiang's activities in Guizhou aimed to reinforce his rule of the province and force the new Guangxi clique to cooperate with the central government. The central government, working with Yunnan, Guizhou and Sichuan, was able to change the transportation routes of opium. This action cut the revenue of the Guangxi government because it relied heavily on the tax on transporting opium. In 1935, when Chiang made new policies to change the route to Sichuan, the Guangxi government suffered a deficit, which forced it to cooperate with the central government.¹³² The economic confrontation between the Guangxi government and the government led by Chiang worsened the relationship between the two political authorities. As a result, even though the investigation team was ordered to study *zhangqi* in the bordering areas of Guizhou and Guangxi, they only visited one village in Guangxi. After they finished the work in Guizhou, they flew to Yunnan instead of continuing their study in Guangxi, even though Yao accounted that the *zhangqi* in Baise, a county in Guangxi, had caused significant loss to the army of Guizhou in the battle between the Guizhou clique and the Guangdong clique.¹³³ In the same year, the Guangxi government ordered doctors from its own provincial-

¹²⁹ “Zhangqi zhi kexue zhengming,” 298.

¹³⁰ “Qiangui bianjie zhangqi zhi diaocha yu yanjiu” [A research of *zhangqi* in the bordering area of Guizhou and Guangxi] 黔桂邊界瘴氣之調查與研究, *Zhongguo guomindang zhidaoxia zhengzhi chengji tongji* [Outcomes of policies of the Nationalist government in China] 中國國民黨指導下政治成績統計 12 (1935): 1-4.

¹³¹ Chen Hongming, “1935 nian Jiang Jieshi dui xinan de jingying” [Chang Kaishek's activities in south-east China in 1935] 1935 年蔣介石對西南的經營, *Lantai shijie* [The world of files] 蘭台世界 19 (2014): 155-6.

¹³² He, “Canzheng kunju xia guixi de shengcun luoji,” 103-8.

¹³³ “Diaocha Guizhousheng zhangqi” [The research of *zhangqi* in Guizhou province] 調查貴州省瘴氣, *Gonggong weisheng yuekan* [Public health monthly] 公共衛生月刊 1, no. 3 (1935): 138.

run hospital to study *zhangqi*. It drew the same conclusion that the disease caused by *zhangqi* was malaria.¹³⁴

The central government was interested in *zhangqi* because it wanted to eliminate the Han people's fear of the frontier era and promote Han domination. Yao noted that knowing the nature of *zhangqi* was necessary because the mysterious and toxic *qi* impeded the colonisation of Han people in the frontier and the promotion of mainstream culture. In Yao's view, Guizhou was sparsely populated, much land was wasted, and commerce was underdeveloped.¹³⁵ Yao's words reveal that the study of *zhangqi* in Guizhou aimed to facilitate the Han colonisation of the province and establish firm control over the area for the central government. The research of *zhangqi* commanded by the Guangxi government also had a similar purpose. The report claimed that the provincial government asked its doctors to carry out the study in order to eliminate the fear of the toxic *qi* and attract more business people to the province.¹³⁶

While the study of *zhangqi* was carried out in the name of promoting economic development and public health, it, in fact, symbolised that the power of the central government was extended to the provinces in Southwest China. In 1935, the result that *zhangqi* was malaria was published as news in *Zhongxi yiyao* (中西醫藥 Journal of the Medical Research Society of China). As the editor wrote,

“*zhangqi* was recorded in medical books in ancient times, yet people did not study the disease through the lens of science. The disease became a myth. Business people, travellers, militaries and politicians feared the disease, so they were unwilling to go to the places where *zhangqi* was rampant. When Generalissimo Chiang visited Guizhou, he found *zhangqi* caused many problems, so he ordered director Liu ... to study the *zhangqi* on the banks of Nanpan River in the bordering area of Guizhou and Guangxi”(瘴氣一病，考諸古代書籍，早有記載，惟此種瘴氣在近代之醫學上究係何症，素發人加以證明，至以訛傳訛，造成種種荒謬神怪之說，並使商旅軍政，因此對於染有瘴氣地域，均畏懼不敢前進。自蔣委員長入黔後，鑑於瘴氣

¹³⁴ “Guonei xiaoxi” [Domestic news] 國內消息, *Zhonghua yixue zazhi* [Chinese medical journal] 中華醫學雜誌 21, no. 10 (1935): 1175.

¹³⁵ “Qiangui bianjie zhangqi zhi diaocha yu yanjiu,” 2.

¹³⁶ “Guonei xiaoxi,” 1175.

之為害甚烈，遂電令衛生署劉署長……來黔桂交界處瘴氣最劇之南盤江一帶，實地調查。) ¹³⁷

The news emphasised Chiang's role in the study of *zhangqi*. The statement that the head of the central government visited a geographically and culturally peripheral province and commanded scientific research on an endemic disease implied that the province was now entirely under the control of the central government and dominated by the mainstream culture in the country. More explicit evidence of the symbolic meaning of studying *zhangqi* is that Yao, who represented the Department of Hygiene of the central government, was dispatched to Guangxi to research *zhangqi* in 1939. ¹³⁸ The conflict between the central and Guangxi governments calmed towards the end of 1937. Therefore, in 1939, the central government not only helped the provincial government to combat malaria but also sent medical professionals to study *zhangqi* there, though early in 1935, the Guangxi government had already done the same research, and the result was published in journals outside the province. ¹³⁹

While the study of *zhangqi* led by the government began in 1935, doctors practising biomedicine had their own speculations about *zhangqi*. In 1934, a reader of *Guangxi weisheng xunkan* (廣西衛生旬刊 Journal of hygiene in Guangxi) wrote a letter to ask what *zhangqi* is. Editor Mao Xian (毛鹹), who received medical education in Berlin and worked as a doctor in Guangxi, answered that sicknesses caused by *zhangqi* were tropical diseases conceptualised in biomedicine. He explained that Guangxi was close to the tropical area, which was prone to the epidemic of tropical diseases. Mao Xian considered *zhangqibing*, the disease caused by *zhangqi*, as malaria because many cases of it turned out to be malaria after the blood test. ¹⁴⁰ The research on *zhangqi*, ordered by the different governments, granted the conclusion with authority.

¹³⁷ “Zhangqi zhi kexue zhengming,” 298.

¹³⁸ “Ju weishengshu cheng weishengshiyanshu jizheng jian jishengchongxuexi zhuren yaoyongzheng chengqing gengzheng zhangqi mingci yimian yiwu minjia fangzhi guannian bing shicheng yaoyongzheng zhuzuo erzhong zhuangcheng jianhe deng qing xiangying jiantong zhuzuo ziqing” [Requests from Yao Yongzheng, dean of the department of parasitology and officer of the department of hygienic field study, to change the name of *zhangqi* to avoid fault opinions of disease prevention, and to censor two works from Yao Yongzheng] 據衛生署呈衛生試驗署技正兼寄生蟲學系主任姚永政呈請更正瘴氣名詞以免貽誤民家防治觀念並試呈姚永政著作二種轉呈檢核等請響應檢同著作咨請, 1938, Wu 126 (2), 148-9, No. 2 Archive, Nanjing.

¹³⁹ “Guonei xiaoxi,” 1175.

¹⁴⁰ Mao Xian, “Ningming Wangshixuanjun wen zhangqi” [Wangshixuan from ningming asking about zhangqi] 甯明王師旋問瘴氣, *Guangxi weisheng xunkan* [Journal of hygiene in Guangxi] 廣西衛生旬刊 2, no. 14 (1934): 22.

Practitioners of TCM also had their own understanding of the diseases caused by *zhangqi*, which is similar to the result of the research. Malaria was translated as *nüejì* (瘧疾) in Chinese. *Nüe* is the name of the sickness, and *ji* literally means a disease. The concept of *nüe* can be traced to *the Inner Canon of Huangdi*, the earliest canon of Chinese medicine. The symptoms of *nüe* include a feeling of coldness, fever, and headaches. According to Chinese medical books, some patients also vomited and felt tired.¹⁴¹ These symptoms are similar to malaria, which may be why the Chinese doctors translated malaria as *nüe* or *nüejì*. By the 1930s, TCM practitioners had accepted that malaria and *nüe* were the same disease.¹⁴² In the medical books in premodern China, *zhangqi* was a cause of *nüe*. According to *Zhengyinmaizhi* (症因脈治 Treatments according to the pulse), a medical book written in the Ming dynasty, when *zhangqi* invaded organs, the evil *qi* came into the heart, and poisonous liquid gathered in the liver and spleen, which caused the symptoms of *nüejì*.¹⁴³ The idea that *nüejì* is a result of the invasion of *zhangqi* into the body continued in the Republican era. An article tracing the history of *nüejì* in China published in *Chinese Medical Journal* in 1932 noted *nüejì* caused by *zhangqi*, though the author did not explain the aetiology.¹⁴⁴ In 1935, a thesis from the Medical College of China (中國醫學院 *zhongguo yixueyuan*) introduced more details about *zhang nüe*, the *nüejì* caused by *zhangqi*. The author claimed this kind of *nüe* was prevalent in the Lingnan region where *zhangqi* was found, including Guangxi.¹⁴⁵ While in TCM and biomedicine, the aetiologies of *nüejì* are different, doctors practising both types of medicine concluded that the disease caused by *zhangqi* can be malaria.

The result of the research on *zhangqi* also echoed non-specialists' understanding of *zhangqi* in the early 1930s. However, intellectuals also considered that *zhangqibing* could be a disease other than *nüejì*, or malaira. In a gazetteer of Guangxi published in 1932, the author suggested that the diseases caused by *zhangqi* are either *nüejì* or *shazheng* (痧症). As the author used the terms in TCM to describe the sickness, it cannot be taken for granted that *nüejì* here refers to malaria. However, because the author described the symptom of *nüejì* as an intermittent

¹⁴¹ Jiang Deyou et al., “Nüejì zhengzhi yuanliu kao” [A history of the symptoms and treatment of *nüejì*] 瘧疾證治源流考, *Beijing zhongyiyao* [Beijing Journal of Traditional Chinese Medicine] 北京中醫藥 39, no. 8 (2020): 842-5.

¹⁴² Zhang Debo, “Zhangnüebing zhi yanjiu” [Study on malaria caused by *zhangqi*] 瘧瘧病之研究, *Yiduo* [Bell of medicine] 醫鐸 1, no. 1 (1936): 47-52.

¹⁴³ Jiang et.al, “Nüejì zhengzhi yuanliu kao.”

¹⁴⁴ Li Tao, “Woguo nüejì kao” [History of malaria in China] 我國瘧疾考, *Zhonghua yixue zazhi* [Chinese medical journal] 中華醫學雜誌 18, no. 3 (1932): 415-9.

¹⁴⁵ Zhang Jianhong, “Nüejì” [Malaria] 瘧疾, *Zhongguoyixueyuan biye jiniankan* [Memorial journal of the graduates of medical college of China] 中國醫學院畢業紀念刊 6 (1935): 175.

feeling of coldness and heat, identical to intermittent fever,¹⁴⁶ malaria is at least one of the diseases the author referred to by *nüejì*. As the same author discusses, *zhangqi* may also cause other diseases, known as *shazheng*. The symptoms of *shazheng* are vomiting, muscle cramps, and abdominal pain, which resemble the symptoms of cholera. The author also recorded *yangmao sha* (羊毛痧) and *shebiao sha* (蛇標痧), which seem to be parasitic diseases.¹⁴⁷ Like the contents of gazetteers were gathered from older gazetteers, travel books, and folklore, the notes about *zhangqi* in the gazetteer of Guangxi also show that the local intellectuals had their own understanding of what *zhangqi* was. The research on *zhangqi* led by the provincial and central governments thus did not aim to make clear the nature of *zhangqi*. Its purpose was to bring an ontological change in conceptualising diseases. Through research, the poisonous *zhangqi*, which represented the danger of the frontier and the barrier of Han colonisation, was replaced by an understanding that parasites were a cause of diseases. The imaginations of the differences between the Han-inhabited places and the places where different ethnicities coexisted were also marginalised in the medical discourse promoted by the state.

The responses from the literate people in the *zhang*-inflicted area to the state-promoted explanation of *zhangqi* were complicated. Although the Guangxi government claimed that *zhangqibing* was malaria, different opinions still existed. In 1937, Xu Songshi (徐松石 1900-1999), a famous scholar of ethnological history who grew up in Guangxi, wrote in his book that the air in Guangxi contained lead vapour because there were lead mines in the province.¹⁴⁸ At the same time, old concepts of *zhangqi* also existed. In the same article, the author still reminded readers that touching *zhangqi* would cause diseases, and he did not note what diseases *zhangqi* caused.¹⁴⁹ The content about *zhangqi* was copied from the gazetteers published before. The fact that the author kept it suggests that literate people still believe in the existence of the poisonous *qi* and did not fully accept that *zhangqibing* was *nüejì*. Therefore, even though *zhangqi* and *zhangqibing* disappeared from the document from the

¹⁴⁶ Yang Beicen, *Tongzheng xianzhi* [Gazetteer of Tongzheng county] 同正縣誌, 1932, 1-3, accessed in Needham Research Institute.

¹⁴⁷ *Ibid.*

¹⁴⁸ Xu Songshi, *Yuejiang liuyu renmin shi* [A history of people living on the banks of Zhu River] 粵江流域人民史 (Shanghai: Zhonghua shuju, 1939), 48.

¹⁴⁹ Chen Gongpei and Chen Dezhou, “Qinxian qihou yu jibing” [Weather and diseases in Qinxian] 欽縣氣候與疾病, *Qinxian Xianzhi, Yudizhi* [Gazetteer of Qin county, geography] 欽縣縣制, 輿地志, 1947: 1, accessed in Needham Research Institute.

Guangxi government, these symbols of the otherness of places where non-Han people lived still existed in the medical discourse in daily life.

1.3 Malaria, Cholera, and Diseases Caused by Insects (1928-1937)

Being close to the tropical area, Guangxi was famous for insect-related diseases. In premodern China, there were stories about diseases caused by *gu*, the poisonous insects reared by people. The character *gu* illustrates how these insects were cultivated. It consists of the character *chong* (蟲, insects) on the top and the character *min* (皿, a utensil) at the bottom. According to gazetteers, people who want to rear *gu* put insects into a utensil first, and the only one that survives is *gu*.¹⁵⁰ These creatures can be used to poison people and cause different kinds of diseases. In Guangxi, the practice of *gu* was associated with non-Han ethnicities, such as Zhuang and Yao. *Gu* was not just a kind of insect but a discourse encompassing the threat of non-Han culture and otherness of the non-Han ethnicities in the national community.

In the Republican era, intellectuals chose their words carefully when they wrote about *gu* in gazetteers. In 1933, the author of the *Gazetteer of Tongzheng* (同正縣誌 *tongzheng xianzhi*) recorded *gu* as a sickness endemic to the area. He claimed that he heard about the practice of *gu* in the county, yet there was no evidence. In the article, he wrote nothing about non-Han ethnicities but stated that women were more likely to practise *gu*.¹⁵¹ In *Gazetteer of Hexian* (賀縣志 *Hexian zhi*) published in 1934, Wei Guanyin (韋冠英) and Ran Peiying (染培煥) talked more explicitly about the relation between non-Han ethnicities and the practice of *gu*. They stated that Yao people and Zhuang people living in mountainous areas used *gu* to poison people from other places. However, they wrote immediately after the statement that this kind of practice gradually disappeared in recent years, and no one talked about the treatment of *gu*.¹⁵² All these authors who composed gazetteers in the 1930s avoided emphasising the otherness of non-Han ethnicities when they wrote about *gu*.

¹⁵⁰ Wei Du and Wang Junchen, *Xunzhoufu zhi* [Gazetteer of Xunzhou] 浔州府志 vol.4, 1874, 23, accessed in Needham Research Institute.

¹⁵¹ Yang, *Tongzheng Xianzhi*, 5-6.

¹⁵² Wei Guangying and Ran Peiying, *Hexianzhi* [Gazetteer of He county] 賀縣志 vol.10, 1934, 6, accessed in Needham Research Institute.

The Guangxi government also wanted to eliminate the symbols implying the threat of non-Han ethnicities and use a discourse of *weisheng* instead to govern its people. In 1937, a woman was found practising *gu* in Tianyang county (田陽縣), and the case was reported to the provincial government. The government in Tianyang county enquired the provincial government about how to punish the woman.¹⁵³ This enquiry reveals that there was no law against the practice of *gu*, yet rearing *gu* was considered an activity that should be banned. The enquiry from the Tianyang government was entitled “An Enquiry from The Government of Tianyan County about how to punish people who disobeyed the order to practice *gu*” (據田陽縣府請示人民違禁放蠱應如何懲處 Ju Tianyang xianfu qingshi renmin weijin fanggu ying ruhe chengchu).¹⁵⁴ The woman's ethnicity was not clarified in the title or the enquiry. It is unclear whether this woman was from a non-Han ethnicity. Her ethnic identity being blurred in the enquiry suggests that suspicion of non-Han people as potential threats was no longer explicitly expressed in government documents. The response from the provincial government also reveals that the case was considered more as a public health issue than a conflict between ethnicities. The provincial government replied that the woman should be punished according to criminal law if she killed or caused physical injuries to the victim. If nobody was harmed physically by *gu*, the woman should be expelled from the province because she threatened public health (妨碍公共衛生 gonggong weisheng).¹⁵⁵ This case shows the complicated attitudes to *gu* from the government and the general population. On the one hand, the suspicion of people practising *gu* never disappeared in daily life, suggesting that the discrimination against the non-Han ethnicities underlying the discourse of *gu* might also exist. The Guangxi government was silent about the existence of the discourse of *gu* and did not intend to make it clear what the diseases caused by *gu* were in biomedicine. On the other hand, the government avoided ethnic factors when describing the practice involving *gu* and deciding on sentences. It examined the practice of *gu* through the discourse of *weisheng*. Through the new articulation, the practice of *gu* no longer implied confrontation between ethnic communities but a dangerous activity by the members within a national community.

¹⁵³ “Faling jieshi” [Explanation of laws] 法令解釋, *Guangxi shengzhengfu gongbao* [Guangxi provincial government gazetteer] 廣西省政府公報 14 (1937): 11.

¹⁵⁴ *Ibid.*

¹⁵⁵ *Ibid.*

Parallel to the marginalisation of the discourse of *gu* in government documents was the conceptualisation of a group of diseases associated with insects and parasites. Malaria, a disease caused by malaria parasites and spread by mosquitos, was one of them. In articles introducing malaria, the Republican writers always emphasised that parasites can be found in the blood of patients and that the microscope was used to examine the blood in diagnosis.¹⁵⁶ The microscope symbolised the science developed in the Western world in the Republican era.¹⁵⁷ Therefore, by emphasising the use of the microscope in the blood test for malaria patients, the authors who introduced the sickness to readers implied that the aetiology was scientific.

Moreover, medical professionals also disseminated knowledge about insects proactively. To familiarise the general population with how malaria spread, doctors provided visual details about the malaria parasites and anopheles, vectors of parasites. In 1931, an article published in *Yixue zhoukanji* (醫學週刊集 Medicine weekly), a magazine aiming at the dissemination of knowledge about disease prevention, introduced the life cycle of three kinds of malaria mosquitos. The author taught the readers how to differentiate larvae and adults of anopheles from other types of mosquitos in order to identify and eliminate anopheles. According to the author, the larvae of anopheles positioned themselves parallel to the surface of the water, while the bodies of larvae of non-anopheline pointed downwards. The adult anopheles attached to a surface in a specific position, which was different from non-anopheline mosquitos. To make the differences more straightforward to readers, the author attached pictures.¹⁵⁸ Similar illustrations were also found in other publications. A magazine called *Yiyu* (醫育 Medical education) published pictures of anopheles and the life stages of malaria parasites in 1936. The pictures were photos taken from a museum of parasites, suggesting that the general population had various ways to acquire knowledge about malaria vectors.¹⁵⁹ The readers in Guangxi could also access knowledge about malaria, especially its connection with

¹⁵⁶ “Wu Zhou Peng huiwen jun wen nüejì jì xiāngpíbing” [Peng Huiwen from Wuzhou asking about malaria and elephantiasis] 梧州彭惠文君問瘧疾及象皮病, *Guangxi weisheng xunkan* [Journal of hygiene in Guangxi] 廣西衛生旬刊 2, no. 5 (1934): 20-1.

¹⁵⁷ Fan Chenglin, “You qiwu dao guangnian: xianweijing zai minguo de shiyong yu chuanbo” [From things to ideas: the use and dissemination of microscope in the Republican era] 由器物到觀念：顯微鏡在民國的使用與傳播, *Zhongguo kejishe zazhi* [The Chinese Journal for the history of Science and Technology] 中國科技史雜誌 43, no.1 (2022): 36-45.

¹⁵⁸ Zhu Xianyi, “Nüejixiaoshi” [A brief history of malaria] 瘧疾小史, *Yixue zhoukaji* [Medicine Weekly] 醫學週刊 4 (1931): 120-5.

¹⁵⁹ “Jishengwu chenlieguan duiyu nüejì yuanchong chenlie zhi bufen” [Exhibition of parasites in a museum of parasites] 寄生物陳列館對於瘧疾原蟲陳列之部分, *Yiyu* [Medical Education] 醫育 1, no.5 (1936): 14.

insects and parasites, through the columns of readers' letters in journals. For example, *Guangxi weisheng xunkan* published letters asking about malaria, and doctors answered with an emphasis that the disease was caused by the bite of mosquitos.¹⁶⁰ Medical professionals reinforced the connection between malaria and insects by repeating that the diseases were spread by mosquitos.

Cholera was another disease closely associated with insects, even though it is a water-borne disease caused by bacteria. In the nineteenth century, British doctor John Snow found that the cholera epidemic happened when people drank water polluted by cholera bacteria. As a result, modern sewage and water supply systems were developed in Britain to eliminate cholera. Doctors and political authorities in twentieth-century China, however, paid much attention to flies, the insects that they believed to be vectors of cholera. They claimed these insects could bring cholera bacteria from waste and polluted water to food.¹⁶¹ Flies which gathered in filthy places were likely to carry cholera bacteria, according to doctors in the Republican era, because they had fluffy legs where bacteria attached easily. When they rested on food, the food would be polluted by bacteria, which affected people who consumed it.¹⁶² Just like mosquitos, doctors also highlighted the role played by flies in spreading cholera and familiarised people with these insects through images. An article in *Guangxi weisheng xunkan* illustrated flies' anatomy and life stages with pictures explaining why flies could spread cholera and how to eliminate the insects to prevent the sickness.¹⁶³ The vivid illustration made it easier for the non-specialists to understand the connection between flies and cholera. The attention to flies from doctors and commentators made the flies seem to be a real threat to humans.

The preventative method suggested by medical professionals also emphasised the importance of keeping flies and mosquitoes away. In the case of malaria, preventing being bitten by mosquitos was the most important. An article published in 1930 in *Guangji yikan* (廣濟醫刊

¹⁶⁰ "Nüejí" [Malaria] 瘧疾, *Guangxi weisheng xunkan* [Journal of hygiene in Guangxi] 廣西衛生旬刊 1, no. 30 (1934): 19-20.

¹⁶¹ For example, Song Guobao, "Shiyi liuxing yu yixue changshi" [Epidemics and Medical Knowledge] 時疫流行與醫學常識, *Xinyi yu shehui huikan* [New Medicine and Sociology] 新醫與社會會刊 1 (1928): 360-2.

¹⁶² *Ibid.*, 362.

¹⁶³ Tan Yicheng, "Yao fang huoluan, shanghan, chili, kuai mie cangying" [Elimination of flies for preventing cholera, typhoid and dysentery] 要防霍亂、傷寒、赤痢，快滅蒼蠅, *Guangxi weisheng xunkan* [Journal of hygiene in Guangxi] 2 no. 36 (1935): 4-10.

Guangji yikan), the journal of Guangji Hospital (廣濟醫院 *guangji yiyuan*) for dissemination of medical knowledge to non-specialists, proposed several things that people could do in daily life. People could cover the window with a net so mosquitoes could not enter the room. A mosquito net covering the bed also effectively prevented bites of mosquitos at night. Besides, doctors advised people to check their bedrooms and reduce the number of mosquitos in them before they went to bed. According to doctors, the most important thing was to live in a hygienic environment that was clean and bright. Doctors stated that anopheles inhabited wetlands and preferred dark places. Therefore, living in a room rising above the ground with good ventilation and enough light can reduce the risk of being infected by anopheles.¹⁶⁴

In the case of cholera prevention, doctors emphasised keeping house flies away from food. Doctors suggested that food coverage would work effectively at home. They also warned people not to eat the fruit and raw food sold by vendors without washing or cooking them again because the food was not covered and might be polluted by flies.¹⁶⁵ Journals and magazines published comics about these suggestions, which might leave a more profound impression on readers who were not medical professionals. *Zhongguo weisheng zazhi* (中國衛生雜誌 *Journal of hygiene in China*) issued four comics to disseminate knowledge about the prevention of cholera. Two of them depicted men who had abdominal pain because they ate polluted food. The other two were about the danger of flies. One comic features a man standing before a vendor with his child. The child was interested in the food sold by the vendor, but it was surrounded by flies. The note reads that do not buy melons at vendors because flies stay on them; peel them and wash them with clean water before eating. The other comic emphasised the importance of a clean environment at home. It depicted a woman who was preparing food in a spacious and tidy kitchen. The note suggests readers should keep the kitchen clean in summer because the food gets rotten quickly in hot weather, which attracts flies.¹⁶⁶ These comics reveal that medical professionals recommended keeping flies away and avoiding food touched by flies as the most effective ways to prevent cholera in everyday life.

¹⁶⁴ Zhu Xiangrong, “Tan yizhong shehuibing: nūejī” [On a social disease: malaria] 談一種社會病：瘧疾, *Guangji yikan* [Guangji medical journal] 廣濟醫刊 7 no.6 (1930): 64-7.

¹⁶⁵ Mao Xian, “Huoluan qianshuo” [On cholera] 霍亂淺說, *Yiyaoxue* [Medicine and pharmacology] 醫藥學 6, no. 8 (1929): 53-4.

¹⁶⁶ “Kefa zhi huoluan” [Terrifying Cholera] 可怕之霍亂, *Zhongguo weisheng zazhi* [Journal of hygiene in China] 中國衛生雜誌 28 (1932): 2.

染。

(蔓延)霍亂菌畏乾燥而喜潮濕，人人皆知，可不必說；但我國人的惡習：『知弊而不改，』失敗實在於此！關於霍亂與蔓延，大略提及於下：
 一、土地的狀態與本病的傳染很有關係；若土地不潔，沒有自來水和出水的設備，在這區域中極易流行；所以本病在低濕地方較乾燥地方為多；而在交通便利的商埠，流行更速。



二、溫帶地方之流行，始於初夏末漸衰，冬寒歇絕。廚房清潔勿食生菜生水為預防霍亂之重要條件。



糖菓堅勿地小兒再吃

三、個人於本病流行時，並非各人都受其傳染，也有雖傳染而病勢很輕的。其消化液及腸壁細胞，對於霍亂菌自有相當的抵抗力；但過於暴飲暴食，或致胃腸減少則易傳染；若在夏季的飲食，總須常常三分飽為是！若胃腸有病，常時快食，也能惹起本病。患霍亂者多貧人，因貧者生計艱難，不講衛生之故。但為減少傳染起見，富者宜時加補助而醫治之。

（傳染）一、霍亂病人和污穢病毒的物件，其傳染的徑路，是陸路交通情形而變的。歐洲最初水路過蘇伊士海峽而偏及各地；現在是從鐵路輪船而侵入內地了。二、霍亂所攜帶者，微患下痢的病人；或外貌似健康而體內帶有霍亂菌的；都能傳播。又霍亂病治愈後，體內尚帶有本菌，故亦能傳播。

三、個人於本病流行時，並非各人都受其傳染，也有雖傳染而病勢很輕的。其消化液及腸壁細胞，對於霍亂菌自有相當的抵抗力；但過於暴飲暴食，或致胃腸減少則易傳染；若在夏季的飲食，總須常常三分飽為是！若胃腸有病，常時快食，也能惹起本病。患霍亂者多貧人，因貧者生計艱難，不講衛生之故。但為減少傳染起見，富者宜時加補助而醫治之。

糖菓堅勿地小兒再吃

三、個人於本病流行時，並非各人都受其傳染，也有雖傳染而病勢很輕的。其消化液及腸壁細胞，對於霍亂菌自有相當的抵抗力；但過於暴飲暴食，或致胃腸減少則易傳染；若在夏季的飲食，總須常常三分飽為是！若胃腸有病，常時快食，也能惹起本病。患霍亂者多貧人，因貧者生計艱難，不講衛生之故。但為減少傳染起見，富者宜時加補助而醫治之。

Picture 3: "Kepa zhi huoluan" [Terrifying Cholera] 可怕之霍亂, Zhongguo weisheng zazhi [Journal of hygiene in China] 中國衛生雜誌 28 (1932): 2.

Contrary to the increasing discussions about cholera and malaria, the discourse of *gu* almost disappeared in newspapers and journals. In the columns of readers' letters and medical

knowledge in newspapers such as *Wuzhou minguo ribao* (梧州民國日報 Republican daily, Wuzhou edition), there were articles and enquiries about cholera and malaria.¹⁶⁷ As a letter discussed in the former section about *zhangqi*, there was also a letter about this specific disease implying the otherness of the frontier.¹⁶⁸ However, *gu* and the diseases caused by this toxic insect were never asked by readers. Even though there were records of diseases caused by *gu* in canons of TCM medicine, TCM practitioners barely introduced this concept in publications. Doctors practising biomedicine showed no interest in analysing what the diseases caused by *gu* were. When the literate people discussed diseases spread or caused by insects in the Republican era, they did not refer to those caused by *gu*, but the ones conceptualised through biomedical knowledge, such as cholera and malaria.

1.4 Preventing Diseases and Creating a Citizenship Centring on Hygiene in Guangxi

The government in Guangxi was determined to eliminate malaria in Guangxi. It collaborated with medical professionals to achieve the purpose. When epidemics happened, the county government reported the condition to the provincial government. The latter then sent medical squads to towns and villages where malaria epidemics were found to treat patients and prevent the spread of the sickness in an ad hoc way. The members of the squad were medical professionals in government-run hospitals. In 1935, the provincial government sent a squad to Longsheng (龍勝), a county bordering Hunan province, for anti-malaria activities. A doctor and nurse from the Guilin Provincial Hospital were in the squad.¹⁶⁹ This way of preventing the spread of malaria seemed to be routine in 1935. Similar squads were sent to Tian'e (天峨) county by the Liuzhou Provincial Hospital and to Tianyang (田陽) by the Baise Provincial Hospital in the same year.¹⁷⁰ The expenditures of medical squads were covered by the

¹⁶⁷ For example, Zhang Xingbei, "Huoluan yu jixing changweiyan zhi jianyi qubie" [A brief on the differences between cholera and infectious diarrhoea] 霍亂與急性腸胃炎之簡易區別, *Wuzhou minguo ribao* [Wuzhou Republican daily] 梧州民國日報 September 2, 1933, 10; "Wu Zhou Peng huiwen jun wen nüejì ji xiangpibing," 20-1.

¹⁶⁸ Mao, "Ningming Wangshixuanjun wen zhangqi," 22.

¹⁶⁹ "Zhiling Guilin shengyiyuan jubao fengchi paiyuan qianwang Longsheng jiuzhi nüejì jingguo qingxing yingzhun beian you" [Order to the Guilin provincial hospital to send personnel to control malaria in Longsheng] 指令桂林省醫院據報奉飭派員前往龍勝救治瘧疾經過情形應準備案由, *Guangxi shengzhengfu gongbao* [Guangxi provincial government gazetteer] 廣西省政府公報 100 (1935): 24.

¹⁷⁰ "Dianchi Liuzhou shengyiyuan choubeichu xun paiyi fu Tianexian jiuzhi nüejì you" [Telegram to Liuzhou provincial hospital: Preparation of sending doctors to Tian'e county for malaria prevention] 電敕柳州省醫院籌備處訊派醫赴天峨縣救治瘧疾由, *Guangxi shengzhengfu gongbao* [Guangxi provincial government gazetteer] 廣西省政府公報 101 (1935): 58; Zhou Xiqi, "Guangyu Guangxi nüejì zhi baogao" [Report of malaria in Guangxi] 關於廣西瘧疾之報告, *Xinyiyao zazhi* [Journal of new medicine] 新醫藥雜誌 3, no.11 (1935): 80.

hospitals where they were based. The hospitals reported the cost to the provincial government, which would pay the money back later.¹⁷¹ Meanwhile, the savings from the county government were also used to afford medical services to its people.¹⁷² Although provincial hospitals in Guangxi were institutions affiliated with the provincial government, they were partially independent in terms of finance. The report from the state-run hospital suggests that the government only covered part of the expenditure of these hospitals, and the latter had to be responsible for their own profits. Therefore, containing the malaria epidemic should be viewed as a collaboration between hospitals, the county government, and the provincial government rather than as an activity dominated by the provincial government.

The Guangxi government also constructed its own pharmaceutical institution for the production of medicine and vaccines to support the work of the medical squads in rural areas because the sources of importing medicine were not stable. In 1935, when the Guangxi government was in dispute with the central government, it did not receive help from the latter in containing the malaria epidemic. The central government ordered the Department of Public Health to devise an anti-malaria plan for provinces in Southwestern China where malaria was endemic, yet the Guangxi government did not receive the same assistance.¹⁷³ The report from the medical squad to Tianyang County reveals that Guangxi ran its own factory to produce quinine.¹⁷⁴ A government report in 1945 also suggests that the Guangxi government ordered the affiliated pharmaceutical institution to produce vaccines. It only asked for help from the central government when the institution was not able to produce enough vaccines due to migration. The vaccines from the Central Institution of Disease Prevention (中央防疫處 zhongyangfangyichu), however, were not affordable to the Guangxi government, according to the latter's report. Therefore, the hospitals in Guangxi had to rely on the state-run pharmaceutical factory for vaccinations.¹⁷⁵ The pharmaceutical institution backed up the work

¹⁷¹ “Zhiling Guilin shengyiyuan jubao fengchi paiyuan qianwang Longsheng jiuzhi nüejì jingguo qingxing yingzhun beian you.”

¹⁷² Ibid.

¹⁷³ “Ju weishengshu cheng cheng weishengshiyanshu jizheng jian jishengchongxuexi zhuren yaoyongzheng chengqing gengzheng zhangqi mingci yimian yiwu minjia fangzhi guannian bing shicheng yaoyongzheng zhuzuo erzong zhuangcheng jianhe deng qing xiangying jiantong zhu zuo ziqing.”

¹⁷⁴ “Dian Tianyang xianfu deng chi chenchoubeyuan yongbiao fu gaixian liuxing nüejì gexiangcun sheli linshi zhenliao” [A telegram to the Tianyang government: Chen Yongbiao will go to Tianyang to set up temporary health centers in villages with the malaria epidemic] 電田陽縣府等飭陳籌備員永標赴該縣流行瘧疾各鄉村設立臨時診療所由, *Guangxi shengzhengfu gongbao* [Guangxi provincial government gazetteer] 廣西省政府公報 90 (1935): 49.

¹⁷⁵ “Guangxi shengzhengfu sanshisinia de zhengji bijiao biao” [The comparison of the results of governance of 1945 and 1944] 廣西省政府三十四年的政績比較表, Wu-609, 22-3, No. 2 Archive, Nanjing.

of hospitals to provide medical services to the people in Guangxi to some extent, yet as the following paragraphs will show, the assistance was insufficient.

Although the government sent medical squads for anti-malaria purposes, medical squads brought other medical services in addition to treating malaria patients. When the squad arrived in Longsheng, they decided to start with diagnosis. In five days, the two members diagnosed 199 cases. They then travelled to villages near the county and diagnosed more than 600 cases. When they returned to the county, the two men treated another 43 patients. Of the 966 people who visited the doctor, only 395 had malaria. Patients suffering from malaria were given quinine. Patients who were diagnosed with other diseases also got treatment.¹⁷⁶ The doctors who went to counties and villages to treat malaria patients in 1938 also treated other diseases, such as dysentery. However, as the report of anti-malaria activity shows, doctors went to Du'an to treat malaria and dysentery, so most of the medicine they brought was the one for these diseases. By stating so, Liu Manzhu (劉曼珠), the doctor who wrote the report, implied that patients suffering from other diseases might not recover due to the lack of medicine.¹⁷⁷ While the effect of curbing epidemics other than malaria was limited, these activities show that the services provided by medical squads did not simply aim at preventing the spread of a specific epidemic but at improving the health of the people in the rural area.

Despite the medical squads, medical resources were in shortage in rural areas in Guangxi. The provincial government only set up twelve state-run hospitals by 1939. There were no state-run hospitals in most counties of the province. In these counties, there was no proper place for doctors from medical squads to practice medicine. When the medical squad came to Du'an, the members had to meet patients in the security booth in the city hall. According to the doctors, the illumination in the security booth was poor, yet they had no other choices.¹⁷⁸ It can be concluded that state medicine would not be available to people in counties like Du'an if the medical squad had not visited there. While people there could see practitioners of different kinds of traditional medicine, the medical services and products available were insufficient during epidemics. Therefore, when malaria broke out in Du'an and Baise,

¹⁷⁶ “Zhiling Guilin shengyiyuan jubao fengchi paiyuan qianwang Longsheng jiuzhi nüejì jingguo qingxing yingzhun beian you.”

¹⁷⁷ Liu Manzhu, “Du'anxian fangzhi nüejì jingguo” [The experience of treating and preventing malaria in Du'an] 都安縣防治瘧疾經過, *Guangxi jianshe yixue yuekan* [Guangxi infrastructure monthly] 廣西建設醫學月刊 3, no.8 (1938): 727-35.

¹⁷⁸ *Ibid.*, 728.

governments at the county level had to rely on the medical squad to get medicine and to prevent the spread of the epidemic.¹⁷⁹

The topography of Guangxi is why the people in rural areas could rarely access state medicine. Guangxi was a vast province, with large portions being mountainous. The karst landforms account for more than one-third of the total area. Without proper roads, it was difficult for the provincial government to transport medicine to the mountainous areas and develop public health infrastructure there. Although medical squads with a few members were more flexible and could access some of the rural areas, medical professionals still found it difficult to provide medical services to people in villages. The report on the epidemic in Du'an stated that it took a whole day to drive to Du'an from Nanning because part of the road collapsed and bridges were broken. The squad had to find another way to reach the destination, but they got lost several times.¹⁸⁰ After the squad finished their work in Du'an, they walked to most villages to visit patients. Sometimes, they had to walk for hours to get to the destination, not only because the village was far away from the county seat but also because it was in a mountainous area where proper roads were not built.¹⁸¹ The topography also prohibited people in rural areas from receiving medical services in cities. If medical squads who could afford to take a car ride found it troublesome to get to rural areas, people who lived there would feel it even more difficult to leave for cities miles away from their homes. Therefore, the topography of Guangxi and the poor road conditions caused problems for the government in building up public health infrastructure in rural areas and for the people in these areas to access the medical services provided by the state in cities. Dispatching medical squads was a more practical strategy, yet its effect was limited for the same reason.

The low funds also slowed down state medicine development in rural areas. A historical study of the public health strategies in Republican Guangxi suggests that the provincial government invested about 4 to 5 per cent of the total revenue into the development of public health from 1933 to 1939.¹⁸² However, in 1935, when malaria broke out in Baise, Zhou Xiqi (周錫祁), dean of Baise Provincial Hospital (省立百色醫院 shengli baise yiyuan), wrote that the annual

¹⁷⁹ One reason why county governments could not get enough medicine may be that the government had collaborated with charities in curbing epidemics. It is not sure whether there were charities providing medicine in the areas which medical squads went to.

¹⁸⁰ Liu, "Du'anxian fangzhi nüejì jingguo," 727

¹⁸¹ Ibid., 730.

¹⁸² Zhu, "Jindai Guangxi weisheng xingzheg de fangzhi ji chhuangxin," 145.

budget for the public health sector was only 100,000 yuan, which fell short for the actual amount needed. Meanwhile, the government relied mainly on quinine to alleviate the epidemic in Baise, yet it could not get enough medicine at the time, even though it had a pharmaceutical institution to produce medicine.¹⁸³ Zhou's words suggest that although the government had investigated much into disease prevention, the amount was insufficient to prevent epidemics in the province effectively. The financial difficulty was even worse in 1938 when the pressure of war against the Japanese mounted, and more funds were probably assigned to military development.

The impact of malaria prevention was marginal because medical squads spent little time propagating knowledge about hygiene and methods to prevent malaria. The negligence contradicted the intention of the provincial government to popularise preventative methods and a hygienic lifestyle. The provincial government ordered medical professionals to promote the compulsory use of mosquito nets to prevent malaria. However, medical squads couldn't force people to do so. The members had neither the time nor the political power. The report from the medical squads also did not indicate whether the government urged people to prevent malaria. The provincial government required the squad to disseminate leaflets about preventative malaria methods, which might be the only action taken by the squad members for malaria prevention.¹⁸⁴ The report in 1938 provided more details about the activities of the medical squad in Du'an, yet it said little about the methods the squad had taken to prevent the further spread of malaria. The squad suggested that local authorities disseminate knowledge about hygiene to the residents, but the former did not take any particular action to put the suggestion into practice. The absence of effort to promote anti-malaria methods can be a result of lacking time and personnel. As the doctors suggest in their reports, there were only a few people in the squad, and they treated many patients every day. It can be assumed that they did not have the time to disseminate knowledge about hygiene and disease prevention methods.

Despite the limited public health services provided in rural areas, activities of medical squads allowed the state to extend its power to the counties and villages. The medical squads were granted authority by the provincial government because they were sent by the latter to rural

¹⁸³ Zhou, "Guanyu Guangxi Nüejì zhì baogào," 996.

¹⁸⁴ "Dian Tianyang xianfu deng chí chenchoubèiyuan yongbiao fù gāixián liúxíng nüejì gèxiāngcūn shèlì línshì zhēnlǎo," 49.

areas. Through collaboration with the county government, they also gained authority facing the general population. In the case of the malaria epidemic in Du'an, every time the squad came to a county or village, the political authority sent officials to inform the local people. A temporary medical centre was usually set up in the city hall or the administrative office of villages. The squad would only visit the patient's home when the residents were scattered in a vast area and could not come to the temporary medical centre.¹⁸⁵ It is likely that from the view of the local people, the medical squad was seen as part of the government and shared its authority.

As the government representatives at different levels, medical squads' activities were meaningful in several respects. First, the treatment and medicine provided to the general population suggested that the political authority cared about the health of its people, which created a positive image of the provincial government. Second, biomedicine made its way to the countryside, where the local government was not able to run hospitals. Using quinine to treat malaria was spread in areas where people had minimal access to biomedicine before. Third, medical squads reported the condition of each village and county they visited, such as the environment, transportation, and number of patients, to the provincial government, allowing the latter to gather information that might not have been available. In this way, the provincial government could have firmer control over the rural areas.

The reports of medical squads also reveal a new social order evolving around the discourse of *weisheng* or hygiene. Medical professionals analysed that malaria became an epidemic in Du'an and its surrounding area because the people there did not know anything about hygiene. Doctors especially criticised the people's lifestyle in Daliangxiang (大良鄉 Daliang village) because malaria was rampant. The medical professionals stated that the villagers lived with their livestock, which was filthy. They also considered the villagers' diet unhealthy enough to meet the requirement of a hygienic lifestyle. Doctors believed that the villagers of Daliangxiang shared the same lifestyle as the Yao people, whose village was close to Daliangxiang (該鄉與瑤人無甚差別，人畜同居，所食則為苞粟紅薯，衛生兩字更無可談，因之瘧疾鄉民最多).¹⁸⁶ However, according to doctors' reports, they did not visit any villages where the Yao people lived, and none of the villagers they treated were Yao people. It

¹⁸⁵ Liu, "Du'anxian fangzhi nüejì jingguo," 727-35.

¹⁸⁶ *Ibid.*, 730.

is likely that doctors assumed the Yao people and the people in Daliangxiang had the same lifestyle because these villages were close to each other. Whether doctors were right about the Yao people's lifestyle or not, their words reveal that the stigma against the non-Han ethnicities still existed in the 1930s despite an endeavour to create a shared identity for Han and non-Han people. Whereas the literate people had constructed non-Han ethnicities as threats to the Han people in the premodern era, the doctors in the Republican era criticised these ethnicities as less modern because the latter knew nothing about hygiene, a symbol of modernity.¹⁸⁷ Like other people who were condemned as unhygienic (不衛生 *buweisheng*), such as the villagers in Daliangxiang, non-Han ethnicities needed to be educated into citizens who lived a hygienic lifestyle in modern society. Although this discourse eliminated the differences between Han and non-Han ethnicities, the latter were still at the bottom of the social classes.

While the provincial government dealt with the malaria epidemic through mobile squads of medical professionals, the prevention of cholera centred on the quarantine of patients in hospitals in cities. In October 1938, a doctor in Baise treated a patient who vomited and had diarrhoea. The patient died the next day. Zhou Xiqi, dean of Baise Provincial Hospital, suspected the patient had cholera and reported it to the government. To deal with the possible epidemic, he set up wards for quarantine in the hospital. Zhou worried that the wards were not big enough to accommodate all patients, so he asked all inpatients to leave the hospital.¹⁸⁸ Not only the patients but also those who recovered from the sickness were required to be quarantined in the hospital. A separate ward was set up for the quarantine of the recovered people. Doctors in the hospital stopped visiting patients' homes because some of the rich might refuse to come to the hospital, even when they contracted cholera. When the beds in wards fell short, Zhou ordered the move of the cholera patients to the City God Temple (城隍廟 *Chenghuangmiao*), which was turned into a temporary ward for quarantine.¹⁸⁹

Cholera was an acute disease transmitted rapidly, and doctors emphasised disinfection in the hospital. There was no standard procedure to follow when cholera broke out in Guangxi in the

¹⁸⁷ For how hygiene became a symbol of modernity, see Rogaski, *Hygienic Modernity*.

¹⁸⁸ Zhou Xiqi, "Fangzhi Baise shi huoluanyi baogaoshu" [A report on cholera epidemic in Baise] 防治百色市霍亂疫報告書, *Guangxi shengzhengfu gongbao* [Guangxi provincial government gazetteer] 廣西省政府公報 122 (1938): 13-5.

¹⁸⁹ Zhou Xiqi, "Fangzhi Baise shi huoluanyi baogaoshu (baxu)" [A report on cholera epidemic in Baise (eight)] 防治百色市霍亂疫報告書 (八續), *Guangxi shengzhengfu gongbao* [Guangxi provincial government gazetteer] 廣西省政府公報 131 (1938): 4-5.

mid-1930s, as the case of Baise suggests. Zhou reacted with his knowledge about the sickness. He made a set of rules to prevent the disorder. Before the patients were allowed to enter the wards, the staff spread lime on the ground because they believed it could exterminate cholera bacteria. The medical personnel also paid particular attention to the everyday activities in the ward. First, syringes were boiled after use and were stored in disinfected bottles. Second, the things that patients use should be adequately cleaned. The clothes and bedding of patients with severe symptoms should be disinfected with lime water and boiled. Then, these items should be dried under the sun. Patients were not allowed to bring kitchenettes. The hospital provided everything they needed. All the items used by patients were boiled every morning. The bamboo mats were all burnt after the patient moved out. Disinfection of human excrement was the most important work. The hospital bought new toilets, which were easier to clean. Spittoons should be covered all the time to avoid flies. The excrement of patients should be disinfected before deposition.¹⁹⁰ All these methods were designed to reduce the risk of transmission. The cholera epidemic was an emergency of public health that should be dealt with immediately, which was different from the attitude to malaria, as the death rate of cholera was higher, and cholera spread quickly. The strict disinfection requirements could only be met in hospitals with trained medical personnel. Therefore, hospitals became important places to contain the spread of cholera.

By gathering patients in hospitals, doctors could also provide better medical services to those who suffered from cholera. First, doctors took care of patients promptly. In 1938, when cholera broke out in Baise, the doctors in Baise Provincial Hospital recorded the amount of medicine given by each patient and the condition of patients every day. The patients were given saline water and sodium carbonate to avoid dehydration. Doctors also used medicine to relieve symptoms such as vomiting. After giving medicine, doctors carefully observed the condition of patients and made records.¹⁹¹ Second, doctors reported the effect of treatment to the provincial government, which served as a reference for doctors to treat cholera patients from different gender and age groups in the future. The patients' records showed the treatment's effectiveness and possible side effects, which allowed doctors to find the most suitable treatment for different groups. For example, though many patients survived cholera in hospitals, young children and pregnant women were more likely to lose their lives, suggesting

¹⁹⁰ Xin Minghua, "Fangzhi baiseshi huoluanyi baogaoshu" [A report of the cholera epidemic in Baise] 防治百色市霍亂疫報告書, *Guangxi shengzhengfu gongbao* [Guangxi Provincial Gazetteer] 廣西省政府公報 128 (1938): 9-12.

¹⁹¹ Zhou, "Fangzhi baiseshi huoluanyi baogaoshu (baxu), 5.

that the treatment did not work well for these people. These records were likely to be shared by doctors in different provincial-run hospitals. Therefore, doctors in other provincial-run hospitals could also be more careful about these patients, if cholera broke out in other cities.

While doctors saw quarantine as an effective way to prevent the spread of cholera, patients did not always agree to stay in the hospital. When the first patient was found in Baise, Zhou decided to stop visiting patients' houses. He worried that those who were diagnosed with cholera at home would refuse to be transferred to and quarantined in a hospital.¹⁹² From his perspective, quarantine was necessary for containing the epidemic. However, on October 5th, a three-year-old child left the hospital because the parents were not willing to leave him in the hospital, though the doctor suspected that the child suffered from cholera. If this patient was allowed to leave the hospital because he possibly did not suffer from cholera, another case reveals more about the fact that patients did not absolutely trust medical practitioners. The second patient, who suffered from cholera severely, was also allowed to leave the hospital because he was not accustomed to the environment there.¹⁹³ Both cases suggest that doctors could not make quarantine compulsory for disease prevention.

The state intervention in quarantine only achieved limited effect. The provincial government issued orders to quarantine patients in quarantine hospitals (隔離醫院 *geli yiyuan*) in 1938. Refusal to stay in the hospital would be regarded as an offence against public health (妨害公共衛生 *fanghai gonggongweisheng*). It also prompted the police to work with doctors on compulsory quarantine.¹⁹⁴ However, patients were still able to leave the hospital at their own discretion, even when they were diagnosed with cholera. It is likely that they did not care about offending the regulation of public health because the government did not clarify the punishment.

¹⁹² *Ibid.*, 7.

¹⁹³ *Ibid.*

¹⁹⁴ Zhou Xiqi, "Fangzhi Baiseshi Huoluanyi baogaoshu (erxu)" [Report on prevention of cholera in Baise (two)] 防治百色市霍亂疫報告書 (二續), *Guangxi shengzhengfu gongbao* [Guangxi provincial government gazetteer] 廣西省政府公報 124 (1938): 15-6.

By contrast, the government made stricter regulations on catching insects to curb the cholera epidemic. They also worked with doctors to carry out the regulations. In 1932, when cholera broke out in Guilin and Liuzhou, the government of Lipu (荔浦), a city near Guilin, issued an order to award those who collected and killed house flies, because the action had been taken before and was proved effective.¹⁹⁵ When cases of cholera were found in Baise, Zhou Xiqi informed the provincial government to organise activities to eliminate flies.¹⁹⁶ The government adopted the suggestion, but residents lacked interest. In a report from Baise Provincial Hospital, the doctor complained that people did not cooperate, and consequently, the epidemic expanded. To achieve a better effect, the provincial government required primary schools to organise students into squads to eliminate flies. It also ordered shopkeepers and residents to keep shops and houses free from flies. If the police found anyone who did not observe the regulation, the person would be fined three yuan the first time. If anyone were found offending the public health policies for the second time, the person would be fined five yuan. The amount would increase according to how severe the offence was if the person did not obey the order more times.¹⁹⁷ With the punishments, the provincial government and the medical professionals hoped to mobilise more people to eliminate flies. The method worked better. In the following report, the dean of Baise Provincial Hospital inspected the residential area and found that only slums were still plagued by flies. He collaborated with the local political authority to urge the poorer classes to clean their place.¹⁹⁸ Zhou even used his own money as a bonus for the citizens who killed and collected flies.¹⁹⁹ In the last report to the provincial government, Zhou concluded that the epidemic had been brought under control after the elimination of flies in Baise.²⁰⁰ The provincial government did not question this conclusion.

¹⁹⁵ “Xunling gequ mintuanju geshi qingjie weiyuanhui yufang huoluan banfa yang zunzhao you” [An order to people’s associations in each region and committee of cleaning the environment to prevent cholera] 訓令各區民團局各市清潔委員會預防霍亂頒發仰遵照由, *Lipu xianzhengfu xingzheng yuekan* [New policies from Lipu county government monthly] 荔浦縣政府行政月刊 3 (1932): 21.

¹⁹⁶ Zhou, “Fangzhi Baiseshi huoluanyi baogaoshu,” 13.

¹⁹⁷ Zhou Xiqi, “Fangzhi Baiseshi huoluanyi baogaoshu (xu shangqi)” [Report of prevention of cholera in Baise (following last report)] 防治百色市霍亂疫報告書(續上期), *Guangxi shengzhengfu gongbao* [Guangxi provincial government gazetteer] 廣西省政府公報 123 (1938): 11.

¹⁹⁸ “Fangzhi Baiseshi huoluanyi baogaoshu (erxu),” 16.

¹⁹⁹ “Fangzhi Baiseshi huoluanyi baogaoshu (shisanxu)” [Report of prevention of cholera in Baise (thirteen)] 防止百色市霍亂疫報告書(十三續), *Guangxi shengzhengfu gongbao* [Guangxi provincial government gazetteer] 廣西省政府公報 136 (1938): 14.

²⁰⁰ “Fangzhi Baiseshi huoluanyi baogaoshu (shiwuxu wan),” 16.

The regulations for cholera prevention reveal that the government deliberately drove people's attention to flies. Medical professionals and the government both considered that eliminating flies was a more effective way for cholera prevention. This consensus was unusual. Doctors and political elites in the Republican era knew that cholera was a water-borne disease and that the provision of clean water was necessary as a preventative strategy.²⁰¹ Instead of providing clean water, the Guangxi government appealed to people to eliminate flies when epidemics erupted. Flies might bring cholera bacteria, but the disease spread more quickly in places where the sewage system was underdeveloped, and clean water was not always available. In a country where sewage and water systems were underdeveloped, flies were presumably not the most urgent problem to be solved in order to contain the epidemic. The government also knew the importance of clean water because it ordered the disinfection of drinking water every time when cholera broke out, yet it still advocated personal hygiene as an essential thing in the prevention of cholera.

The Guangxi government had to divert people's attention because it lacked the ability to provide clean tap water. The problem was not unique to Guangxi. In 1926, an accident happened in Shanghai when the water supplied by Zhabei Waterworks was polluted by cholera bacteria, causing an epidemic with a death toll of 366. The authority in Shanghai International Settlement found that polluted water was the reason why cholera epidemics recurred every year. To provide clean water to the residents in the settlement, especially people experiencing poverty, the Shanghai Municipal Council worked with Yangshupu Waterworks and built 159 taps in slums. This action was taken by the authorities in the settlements, not by the municipal government in Shanghai, implying that the Chinese government might not be able to urge the providers of clean water to do the same thing.²⁰² In other areas in China, tap water remained an expensive commodity that only the better-off places could afford in the 1930s. Even though the governments in some cities installed taps to provide clean water, the effect was limited. For example, the Guangzhou government installed 33 public water taps in 1934, yet these were not in the areas where they were most needed, and people sold the water collected from public taps. Therefore, poor people still found it difficult to access clean drinking water. As Poon Shuk-Wah observes, providing clean tap water at an affordable low price was not a simple task in the Republican era.²⁰³ If the initiative were challenging in more prosperous cities, it would be almost impossible in other places. In

²⁰¹ Mao, "Huoluan qianshuo."

²⁰² Shu, "Huimou jindai Shanghai huoluan daliuxing," 50-1.

²⁰³ Poon, "Cholera, Public Health, and the Politics of Water in Republican Guangzhou," 436-66.

Guangxi, no evidence suggests that the local government intended to provide free tap water or to build a sewage system. There was an initiative from the government in Wuzhou to construct a waterworks in 1928, but by 1933, the infrastructure had not yet been entirely installed.²⁰⁴ Even if the waterworks were accomplished and tap water was provided to the citizens, customers had to pay for the water. It is unclear whether the waterworks were built successfully and how much clean water was used due to the lack of primary sources from Wuzhou. Meanwhile, only the governments of cities like Wuzhou were willing to build the infrastructure to provide clean water, and people in the counties and smaller cities did not have the same access to tap water. In 1944, the government in Guilin managed to run a waterworks, but it was in debt and presumably could not provide accessible clean water to the poor people.²⁰⁵

Doctors stood with the government in downplaying the importance of constructing infrastructure to prevent cholera. The former viewed the elimination of flies as of at least the same importance as the provision of clean water. For example, Mao Xian (毛鹹), a doctor based in Wuzhou Provincial Hospital, proposed several public health strategies to prevent cholera in *Yiyaoxue* (醫藥學 Medicine and pharmacology), a magazine based in Shanghai, including disinfecting drinking water, eliminating flies, banning street food, and dealing with human waste properly. The water supply system and sewage system were not discussed in his article.²⁰⁶ One possible reason is that the medical professionals realised the difficulty in the provision of clean tap water. Emphasising the extermination of flies could at least reduce the risk of contracting cholera, which was better than doing nothing. In 1942, a commentator from Guilin claimed it was unfeasible to urge the government to construct a feed water system because the province was too poor to afford this infrastructure project. As a result, people should pay more attention to preventing flies from polluting food, a method more practical for the general population in everyday life.²⁰⁷ His argument justified the inability of the

²⁰⁴ “Wuzhoushi zilaishui jihua ji yusuan” [Plan and budget on tap water in Wuzhou] 梧州市自來水計畫及預算, *Guangxi jianshe yuekan* [Guangxi infrastructure monthly] 廣西建設月刊 1, no. 7 (1928): 26-9; “Shicha Wuzhou shangbu chouban zilaishui weiyuanhui baogaoshu” [Report on visiting the committee of constructing waterworks in Wuzhou] 視察梧州商埠籌辦自來水委員會報告書, *Guangxi jianshe yuekan* [Guangxi infrastructure monthly] 廣西建設月刊 3 (1933): 247-51.

²⁰⁵ “Guangxi zilaishui, dianli tezhong gongsi” [Waterworks and power plants in Guangxi] 廣西自來水、電力特種公司, *Gongshang diaocha tongxun* [Communication on survey about industry and business] 工商調查通訊 443 (1944): 3-4.

²⁰⁶ Mao, “Huoluan qianshuo” 50-4.

²⁰⁷ Shi Yixuan, “Xianjieduan zhi guilinshi fangzhi huoluan gongzuo” [Current stage of cholera prevention in Guilin] 現階段之桂林市防治霍亂工作, *Guangxi weisheng tongxun* [Communication of hygiene in Guangxi] 廣西衛生通訊 3, no. 6 (1942): 9-12.

government to provide clean tap water at a low price. It is also possible that doctors made the most practical suggestions, and the government at all levels took advantage of the formers' words. Suggestions for improvement of sewage and water supply systems were not found in most articles on cholera prevention published all over the country. Doctors and commentators might have believed that the government was not able to commence on these projects at the time, so they turned to strategies that were more likely to be adopted by the general population. On the other hand, the political authorities knew the limits of their own ability, so they followed the suggestions from the medical professionals and shunned the responsibility of building water treatment and supply systems. Instead, they employed people to disinfect drinking water, which was more economical.

Doctors and the Guangxi government made disease prevention a responsibility of citizens by emphasising the importance of eliminating flies. In 1938, when Zhou Xiqi supervised the prevention of cholera, he awarded mirrors inscribed with praising words to the schools whose students had helped eliminate flies. On one of the mirrors was the inscription read "killing public enemies" (殲盡公敵 *jianjin gongdi*).²⁰⁸ Schools were places where the government carried out civic education and created citizens.²⁰⁹ Through the activities of eliminating flies and the award from the doctor, students would form an understanding of their responsibility as citizens in disease prevention. The inscription suggests that students eliminated flies for the public good, reinforcing the relationship between the individual student and the state. The efforts to urge people to prevent cholera went beyond schools. The police oversaw the elimination of flies in everyday life. People who were found not collecting flies would be punished by the police. During the pandemic, killing flies became compulsory for the general population in cities and part of people's daily lives. The government set up a new social norm through the prevention of cholera and made participation in activities for public health a citizens' obligation.

The prevention of malaria in Guangxi was also focused on the elimination of insects. In the early 1940s, the government began to research mosquitos spreading malaria to find ways to reduce the risk of epidemics. An experiment area for studying malaria was established in

²⁰⁸ "Fangzhi Baiseshi huoluanyi baogaoshu (shisixu)" [A report of the prevention of Cholera in Baise (no. 14)] 防治百色霍亂疫報告書 (十四續), *Guangxi shengzhengfu gongbao* [Gazetteer of the Guangxi provincial government] 廣西省政府公報 138 (1938):12-5.

²⁰⁹ Culp, *Articulating Citizenship*.

Liangfeng (良豐), Guilin, in 1940. The research team was based at Guilin Institute of Science and Research (桂林科學實驗館 Guilin kexue shiyanguan), an institute for research in science and its application. The team collected and studied the mosquitos at Guangxi University (廣西大學 Guangxi daxue), Animal Health Institute (家畜保育所 Jiachu baoyusuo) and Plantation (墾殖工藝場 kengzhi gongyichang) to understand the types of mosquitos in Guangxi, their spread, their habitats and what kind of malaria they spread. The report was made in 1942 with suggestions on how to prevent the disease.

In the two years, the team conducted comprehensive research on mosquitos and their relationship with different kinds of malaria. Researchers found two types of malaria mosquitos in Guangxi. *Anopheles minimus* was the type that was more likely to carry parasites. Larvae of this kind of mosquito were primarily found in wetlands. By comparing the mosquitos collected in different places, researchers concluded that the swales were ideal habitats for mosquitos. Small depressions on the ground were also habitats for mosquito larvae because it rained frequently in Guangxi, and water accumulated in the depressions. Paddies were the third area prone to larvae. The research team further analysed the suitable environment for mosquitos to breed in. The report claimed that the mosquitos preferred clean waters filled with grass. If there were fish in the pond, it was less likely for the larvae of mosquitos to survive.²¹⁰ The research team created several forms and charts to illustrate the dynamics of mosquito and larval spread, the transmission of parasites by mosquitoes, and the annual distribution of infected individuals. The research method and the form of the report both suggested it was scientific research. Finally, this report advised the government to eliminate mosquitos to prevent the spread of malaria and provided detailed suggestions on methods.

The government agreed with the medical professionals on the importance of exterminating mosquitos, yet it only partially followed the suggestions from the latter. The research team stated three methods to prevent the increase in the number of mosquitos. First, the government could fill the depressions on roads to avoid water gathering there. Second, a modern drainage system could be constructed to reduce ponding water. Third, the government

²¹⁰ Zhou Mingxiang, “Liangfeng fangnüeshiyanqu nüeji yu nüewen zhi diaocha” [Research on malaria and malaria mosquitos in Liangfeng malaria prevention pilot area] 良豐防瘧試驗區瘧疾與瘧蚊之調查, *Guangxi weisheng tongxun* [Communication of hygiene in Guangxi] 廣西衛生通訊 3, no. 12 (1942): 1-10.

could encourage people to grow grains that could survive the winter and to breed fish in rice paddies. These activities could reduce the number of larvae inhabiting rice paddies. The provincial government recognised that larvae lived in ponds and waters in the depressions on the road, but different methods were used to eliminate larvae and mosquitos. In 1946, the provincial government ordered the authorities in counties and cities to organise activities to catch and kill these insects at least once every year. Students were responsible for propagating the importance of eliminating flies and mosquitos. All residents were required to take part in the activities. In addition to regular activities of exterminating insects, governments of cities and counties also needed to hire people to clean ponds and drainages that were likely to be the habitat of larvae. Ponds where larvae existed should be drained. Drains should be cleaned frequently, and people should not be allowed to throw trash into drains.²¹¹ The government did not try to improve the drainage system in Guangxi. The drains were open to the air rather than underground. The government also did not intend to improve the road condition to prevent water from gathering in the depressions.

The government only took advantage of scientific studies' results to support its decision, and other concerns played a more critical role in decision-making. Before the research was undertaken, some of the preventative methods to prevent malaria had already been used. For example, the government organised activities to clean the streets, including catching insects, at all levels in the late 1930s and the early 1940s.²¹² In addition, the government ignored some conclusions made by medical professionals. For instance, the researchers found that the larvae of malaria mosquitos in Guangxi existed only in clean waters. However, the government still ordered the cleaning of sewage “to prevent larvae” (以免孑孓發生 yimian jiejue fasheng). Though the method might not be helpful in eliminating larvae, it demonstrated the government's determination to prevent malaria. Therefore, it was more a gesture of the government to show its concern about people's health.

²¹¹ “Guangxisheng pumie wenying banfa” [A plan on elimination of mosquitos and flies in Guangxi] 廣西省撲滅蚊蠅辦法, *Guangxi shengzhengfu gongbao* [Guangxi provincial government gazetteer] 廣西省政府公報 2091 (1945): 1-2.

²¹² “Nianqinian siyue minzi di silingliusanhao daidian tongchi anqi juxing xiaji dasaochu ji pumie yingwen yundong” [No. 4063 domestic telegram in 1938: An order about holding the cleaning activity in summer and elimination of flies and mosquitos as scheduled] 廿七年四月民字第四零六三號代電通飭按期舉行夏季大掃除及撲滅蠅蚊運動, *Guangxi shengzhengfu gongbao* [Guangxi provincial government gazetteer] 廣西省政府公報 127 (1938): 2.

The lack of funds was a reason for the government to adopt different methods. Rana Mitter's study on post-war reconstruction suggests that the lack of budget was a significant problem in relief and rehabilitation for the Nationalist government.²¹³ Guangxi was in the same condition. The war against Japan had destroyed most of its infrastructure and industry. The inflation rate was high. From 1936 to 1948, the province was struck by natural disasters several times. All these factors resulted in the government budget being depleted.²¹⁴ Even when the provincial government required people to participate in cleaning activities to reduce the number of flies and mosquitos, the county and city governments' expenditures on medicine and equipment were covered by their own budgets. In addition, the provincial government did not clarify who should pay for cleaning drainages and draining the ponds. The local authorities in these cities and counties likely paid for all the preventative actions through their own revenues. As the responsibilities were diverted to different agencies, the result of preventative strategies cannot be assured. The gap between the report and the decisions made by the government suggests that the study of malaria mosquitos only served as evidence to show the decisions were "scientific" in rhetoric. In practice, the influence of the research was limited.

Along with taking advantage of the authority of biomedicine and science to support its policies, the Guangxi government initiated street-cleaning campaigns (清潔運動 qingjie yundong) as an essential strategy to prevent diseases related to insects throughout the 1940s. These campaigns were launched at different levels at different times. In 1940, the Guangxi government said schools should conduct a street-cleaning campaign every semester.²¹⁵ A document from Rongxian (容縣) Girls' School suggests that in the street-cleaning campaign in summer, the school required students to catch flies and donate money to the government to buy flies collected by citizens.²¹⁶ In 1940, Xiangxian (象縣) held a street-cleaning campaign in winter, which required citizens to clean up their residences and kill insects, such as flies and mosquitos. Before the campaign began, all officers and employees of the county

²¹³ Rana Mitter, "Imperialism, Transnationalism, and the Reconstruction of Post-war China: UNRRA in China, 1944-7," *Past and Present* 8 (2013): 64-5.

²¹⁴ Tang Xiangyu, "20 shiji 30-40 niandai Guangxi gongyehua wenti shulun" [An analysis of the industrialisation of Guangxi in the 1930s and the 1940s] 20 世紀 30-40 年代廣西工業化問題疏論 (PhD diss., Huazhong Normal University, 2017).

²¹⁵ "Guangxisheng zhongdeng xuexiao weisheng zanxing shishi gangyao" [Outline of activities about hygiene in middle schools in Guangxi] 廣西省中等學校衛生暫行實施綱要, 1940, L048-001-0365-0026-003, Guangxi Zhuang Autonomous Province Archive.

²¹⁶ "Nüzizhongxue jiankang weisheng jiaoyu weiyuanhui gongzuo jinxing jihua dagang" [Outline of committee of education about health and hygiene in the women's school] 女子中學健康衛生教育委員會工作進行計劃大綱, 1940, L048-001-036500066-001, Guangxi Zhuang Autonomous Province Archive.

government should attend a conference for the activity.²¹⁷ The requirement suggests that the activity was a political activity. The fact that these activities were launched in different places and citizens were required to participate in them reveals the permeation of the government's power in people's daily lives. As the government also ordered schools to launch the same activities, the street-cleaning campaign was also education about and practice of citizenship. Through this activity, students learnt how to live a hygienic life and formed an idea that a clean environment without insects was important to individual and public health. These activities created a new routine which connected individual hygiene to public health. As both personal hygiene and public health became citizens' responsibilities, living a hygienic lifestyle and preventing the spread of diseases became the ways in which citizens practised their citizenship.

Whether the people in Guangxi welcomed street-cleaning campaigns or not cannot be known for sure from the existing primary resources, yet it is likely that they did not resist such activities. Similar activity was also launched by the Communist government in the 1950s and the 1960s, aiming to exterminate "four pests" (四害 *sihai*), including flies, mosquitos, mice and sparrows.²¹⁸ The fact that the later regime also adopted it suggested it did not meet fierce objections from the public, at least. In this way, the provincial government successfully propagated its own understanding of a healthy lifestyle to the people. It also established a new social order and an ideal of citizenship based on the discourse of *weisheng*.

1.5 Conclusion

This chapter suggests that the governments of different levels and medical professionals collaborated to eliminate disease concepts symbolising the threat of non-Han ethnicities to the Han ethnicity and promoted an ideal of citizenship centring on the discourse of *weisheng*. Through scientific research on *zhangqi*, both the central government and the Guangxi government concluded the disease caused by *zhangqi* was malaria. Though the two governments both claimed the research was conducted for the health of the general population, the real purpose was to demonstrate their authority in particular areas and prepare

²¹⁷ "Xiangxian dongji saochu yundong chubei" [Preparation for cleaning up activities in winter] 象縣冬季掃除運動儲備, 1940, L048-001-0370-0051-001, Guangxi Zhuang Autonomous Province Archive.

²¹⁸ Rogaski, *Hygienic Modernity*, 285-99.

for potential skirmishes. The two governments established a public health regime and promoted a new lifestyle in the name of disease prevention. Therefore, even though the research was a result of the antagonism between the central and local powers, the two governments' goals aligned in this process. The opinion that *zhangqi* was malaria was widely accepted in the country. But in places where *zhangqi* was prevalent, such as Guangxi, the literate people sometimes also considered *zhangqi* to be cholera. Meanwhile, *zhangqi* and *zhangqibing*, which symbolise the unruliness of the bordering area of Han and non-Han cultures, only existed in the gazetteers in Guangxi as a record of the province's history.

Around the same period, the state and medical professionals also disseminated knowledge about malaria and cholera, emphasising the connection between the two diseases and insects. Doctors published articles about how insects spread the two diseases and the pictures of these insects. They also disseminate knowledge about strategies to prevent malaria and cholera, which all centred on keeping insects away. These disease concepts associated with insects eclipsed the old discourse of *gu*, which also involves diseases caused by insects. The Guangxi government's attitude to *gu* was different from that to *zhangqi*, though both discourses encompassed discrimination against non-Han ethnicities. The government ignored *gu* when it disseminated knowledge about how insects caused diseases. However, the discourse of *gu* continued existing in daily life, as the government received a case about a woman rearing *gu*. The provincial government avoided the ethnic discourse when it discussed the case of practising *gu*. Instead, it considered the case from the perspective of public health. In this way, it shunned the ethnic conflicts that would impede the creation of a shared national identity and promoted a concept of citizenship based on the discourse of *weisheng*.

After reconceptualising malaria and cholera, the Guangxi government and doctors took methods to prevent the epidemics of the two diseases. When the malaria epidemic broke out in the rural areas, the county governments reported it to the provincial government. The latter then sent medical squads to the places where cases of malaria were found. The squads consisted of doctors and nurses from state-run hospitals. Their activities were funded by governments at different levels and the hospitals where the medical professionals were based. These squads brought the practice of biomedicine to the rural areas that this kind of medicine had rarely reached before. Although their activities were limited by funds, time, the number of medical professionals in the squads, and the poor infrastructure, the visits of these squads

brought the public health branches of the state into rural areas. They also helped the Guangxi government to extend its power to counties and villages. In the reports to the government, the medical professionals attributed the epidemic to people's ignorance about hygiene. Even though they did not visit the villages where the Yao people lived, doctors still criticised the latter for the same thing. The report reveals that discrimination against non-Han ethnicities existed among the literate people. On the one hand, the government and medical elites deliberately marginalised ethnic differences. On the other hand, they used the discourse of *weisheng* to create a new social hierarchy in which non-Han ethnicities were still at the bottom. As a result of their attitudes and activities, ethnicity was not prominent in the discussions about citizenship centring on health in the 1930s and the 1940s.

Doctors played a more proactive role in containing cholera epidemics. Cholera was an acute disease which caused death quickly. The report from the Baise Provincial Hospital suggested that there was no standardised procedure to deal with cholera epidemics in the 1930s. The doctors reacted to the epidemic based on their own knowledge about the diseases. The dean of the Baise Provincial Hospital quarantined the patients and set up regulations to disinfect things that cholera bacteria polluted. In addition, he also proposed that the county government order the people in the city to clean up their residences and kill flies. Although the government supported his actions, he still met resistance from both patients and citizens.

The government emphasised the elimination of flies instead of building more infrastructure or quarantining patients, in fact. Both doctors and medical professionals knew that providing clean water was important to preventing cholera. However, they attributed the epidemic of cholera to flies. The government downplayed the significance of infrastructure because it lacked the funds. Doctors also realised the dilemma faced by the government and stood with the latter. They claimed that it was not practical to construct infrastructure to ensure drinking water quality, so keeping flies away was the best way to prevent cholera. The government used the same strategy to back up its strategies for preventing malaria. In 1940, it ordered doctors in state-run medical institutions to research the mosquitos spreading malaria. The research procedures and the writing style of the report implied that the research was scientific. Doctors made several suggestions to the government, yet the latter kept adopting the methods it had taken before to prevent sickness. In fact, the government only used the authority of

biomedicine to demonstrate that its strategies were scientific. In practice, it designed its policies according to its financial situation.

With support from biomedical evidence, the Guangxi government mobilised its people to carry out street-cleaning campaigns yearly to eliminate flies and mosquitos, making disease prevention a responsibility of citizens. These campaigns were launched by different organisations and on various scales. Schools organised street-cleaning campaigns and ordered the students to collect flies during epidemics. The citizens were also required to take part in the campaigns. These campaigns were political activities that helped the government extend its power into people's daily lives. Through these activities, the government established a daily routine for citizens and reinforced the ideal of citizenship based on a hygienic lifestyle. These campaigns against pests prefigured and laid the ground for the Communist governments' extensive campaigns against pests in the 1950s. The idea that citizens should pay attention to personal hygiene to stay healthy and care about public health was accepted by literate people in the Republican era. The unique ethnic identity of each non-Han ethnicity became implicit in the new ideal of citizens. The strategies to downplay ethnic differences and stress the importance of a hygienic lifestyle were in line with the policies to assimilate non-Han ethnicities to the Han ethnicity in other parts of the country in the Republican era. Ethnic differences did not emerge as a significant factor that shaped people's identities in a public health regime in the Republican era. Instead, a shared national identity, class and gender became important.

Chapter 2. Leprosy (1927-1939)

2.1 Introduction

The discourse of *weisheng* made individual health essential to citizenship. This meant that the question is how patients' identities as citizens were created by the social mainstream, or the "healthy" people, and how patients understood their societal position. A study of leprosy, also known as Hansen's disease, can help to answer these questions. First, leprosy is a chronic disease, and it sometimes leaves lesions on the appearance that make it easy to identify people who suffered or are suffering from it. Second, leprosy has been a stigmatised disease with a long history. Ervin Goffman demonstrates that stigmatised people have their own strategies to manage their identity in their daily encounters with other people to avoid discrimination.²¹⁹ A study of leprosy thus can provide a clue about how the creation of citizenship centring on health influenced people's understanding of patients and patients' understandings of their social identities. This chapter studies how the initiatives of preventing leprosy influenced the identities of leprosy patients as citizens from the late 1920s to the 1940s. It shows that leprosy patients could only live as "citizens" by marginalising themselves in society when medical professionals and the government shaped them as outsiders through the strategies of preventing leprosy.

Historical studies about leprosy in Chinese history analyse how the conceptualisation of leprosy shaped stigmas on the patients and influenced the governance of patients before the twentieth century. The *Inner Canon of the Yellow Emperor* (黃帝內經 *Huangdi neijing*) recorded leprosy as a disease caused by wind.²²⁰ This aetiology prevailed until the thirteenth century when *feng* (風), a character of the Chinese term *dafeng* (大風 leprosy), was reinterpreted as poisonous *qi* between heaven and earth by Zhu Zhenheng (朱震亨 1281-1358), an influential Confucian doctor of the Yuan dynasty. Since then, leprosy has been

²¹⁹ Ervin Goffman, *Stigma: Notes on the Management of Spoiled Identity* (New York: Simon & Schuster Inc., 1986).

²²⁰ Ma Cuicui et al., "Zhongguo dianjizhong 'mafeng' yici de yanbian yu diangu [Changes in the meaning of 'mafeng' and related stories in Chinese classics] 中國典籍中“痲瘋”一詞的演變與典故, *Zhongguo keji shuyu* [Chinese terms of science] 中國科技術語 5 (2013): 56-60.

conceptualised as a skin disease.²²¹ The new understanding was further developed in the Ming and Qing periods, and leprosy was categorised as a contagious disease. In the same period, the literate people from the cultural mainstream constructed leprosy as a symbol of morally degraded and less civilised people. This understanding of leprosy led to conflicts between patients and healthy people. The government and elite scholars in communities collaborated to construct asylums to segregate and take care of leprosy patients, which also protected both patients and other people in the community from hurting each other in conflicts.²²²

Apart from leprosy in premodern China, Angela Leung also pays attention to leprosy in modern China. She analyses how the stigmas against Chinese patients shaped in other countries played a role in the stigmatisation of patients in Chinese society in the early twentieth century. According to Leung, in the late nineteenth century, increasing labour emigration from China to other parts of the world made Chinese lepers visible to the world, which fostered the stigmatising view that the Chinese were less civilised people.²²³ This cultural construction of leprosy coincided with the stigma in premodern China that leprosy patients were morally degraded and less civilised people, making the former acceptable to Chinese audiences in the early twentieth century. Moreover, leprosy proved to be a contagious disease, which also echoed the premodern understanding of the aetiology of leprosy. Therefore, leprosy patients became “shameful and contagious” people, as Leung writes.

On the other hand, historical studies suggest that some people from the literate classes were determined to eliminate the discrimination against leprosy patients and to advocate for the latter’s wellbeing. These studies focus on the activities of the Chinese Mission to Lepers (中華癩瘋救濟會 *zhonghua mafeng jiujiutsu*), a Christian association established by the Chinese elites, aiming at helping leprosy patients. Luo Wen and Wang Yaqi suggest that the association held public speeches and exhibitions to disseminate knowledge about leprosy, help the patients to get better treatment and reduce the stigmas on the patients.²²⁴ *Leprosy Quarterly*, the journal published by the association, was also an essential venue for medical professionals

²²¹ Leung, *Leprosy in China*, 32.

²²² *Ibid.*, 87-91.

²²³ *Ibid.*, 118.

²²⁴ Luo Wen, “Zhonghua mafeng jiujiuhui yanjiu (1926-1943)” [A study of the Chinese Mission to Lepers (1926-1943)] 中華癩瘋救濟會研究 (MA thesis., Hebei University, 2020); Wang Yaqi, “Zhonghua mafeng jiujiuhui yanjiu (1926-1943)” [A study of the Chinese Mission to Lepers (1926-1943)] (MA thesis: Central China Normal University, 2020).

and people who cared about the well-being of leprosy patients to advocate for the patients, as Du Dunke reveals.²²⁵ According to these studies, the Chinese Mission to Lepers played an essential role in shaping the literate people's opinions about leprosy and its patients.²²⁶

Historians have also paid attention to the management of leprosy asylums. Angela Leung demonstrates that before the missionaries opened leprosy asylum in China, there were shelters for the patients run by the government and elites in local communities. However, in the Republican era, missionary-run leprosy asylums became more popular places for segregation between leprosy patients and other people.²²⁷ These asylums were not only places for treatment but also places for preaching. The government and nationalists held an unfavourable attitude to missionary-run institutions, according to historians. For example, Liu Shaohang's close examination of leprosy in Yunnan suggests that the Chinese who opposed missionary-run asylums considered medical missionaries' activities as an intervention in the public health regime.²²⁸ Therefore, the government in different places went to lengths to claim back the right to run leprosy asylum. These efforts ended in vain, and the governments had to collaborate with missionaries to manage these asylums.²²⁹

In the Republican era, there were people from the literate classes who were willing to help leprosy patients fight against the illness and stigmas. Historical studies, however, have not answered why patients' experiences actually worsened at the time, despite these efforts. By examining the articles published by those who were determined to help leprosy patients, such as the Chinese Mission to Lepers, I suggest that leprosy patients became the targets of preventing leprosy due to a lack of knowledge about how leprosy was spread. When doctors disseminated the strategies to avoid leprosy, they also denied the patients' identities as citizens who should be protected by the government.

²²⁵ Du Dunke, "Minguo qikan de kepushijian ji shehui yingxiang: yi 'mafengjikan' weili" [The practice of disseminating knowledge and social impact of journals in the Republican era: a study of *Leprosy Quarterly*] 民國期刊的科普實踐及社會影響：以《癩瘋季刊》為例, *Dongnan chuanbo* [Southeast communication studies] 東南傳播 8 (2018): 152-4.

²²⁶ Luo, "Zhonghua mafeng jiujiuhui yanjiu (1926-1943);" Wang, "Zhonghua mafeng jiujiuhui yanjiu (1926-1943);" Du, *Minguo qikan de kepushijian ji shehui yingxiang*."

²²⁷ Leung, *Leprosy in China*, 157-71.

²²⁸ Liu Shaohang, "Zai zhengfu yu jiaohui zhijian: Minguo Yunnan de mafengbing fangzhi," [Between the government and the missionary society: Prevention and treatment of leprosy in Republican Yunnan] 在政府與教會之間：民國雲南的癩瘋病防治, *Minguo yanjiu* [Journal of the Republican era] 民國研究 35 (2019): 127-41.

²²⁹ *Ibid.*; Leung, *Leprosy in China*, 146-72.

The government's efforts to assert responsibility towards leprosy patients in rural areas can also be further studied. Leung's study of state action against leprosy patients focuses on the Hangzhou asylum and the Sheklong asylum.²³⁰ Both were hybrid asylums which missionaries and the Chinese government ran together. Missionaries developed several asylums in Guangdong from the late Qing period to the Republican era. The Chinese political authorities thus could collaborate with missionaries in segregating leprosy patients when the former failed to run asylums on themselves. Liu Shaohang pays attention to how the government in Yunnan treated leprosy patients. He also suggests the collaboration between missionaries and the local government played an essential role in preventing leprosy.²³¹ Guangxi provides a different social context. Missionaries did not establish a big asylum there. The most immense asylum near the province was in Beihai, known as Pahkoi Leprosy Asylum, established by the Church Missionary Society in 1896. Therefore, working with missionaries was not sufficient to prevent leprosy. A study of leprosy prevention in Guangxi reveals how local cultural, economic and political factors shaped the strategies taken by the government.

Leprosy patients' own opinions about their identity are studied in this chapter. The Chinese Mission to Lepers estimated that there were more than one million leprosy patients in China in the 1930s.²³² This statistic may not be accurate, as it is not clear how the association arrived at this number. However, it at least reveals that leprosy was prevalent in the country. These patients were not passive victims of the discrimination from the "healthy" people and the policy of compulsory quarantine. Susan Burns suggests that patients expressed views about their rights and obligations as citizens by studying the works written by leprosy patients in modern Japan.²³³ Like their counterparts, the Chinese patients also wrote articles in the Republican era. While the articles written by patients in Burns' study were published mainly in the journals circulated within leprosy asylums, those written by the Chinese patients had a more comprehensive range of readers, including those interested in leprosy. This chapter examines these articles and the photos in journals and magazines aiming at different groups of

²³⁰ Leung, *Leprosy in China*, 146-72.

²³¹ Liu, "Zai zhengfu yu jiaohui zhijian."

²³² Wu Zhijian, "Zhongguo de mafeng wenti yu benhui jinhou zhi jihua" [Leprosy in China and the plan of the association] 中國的痲瘋問題與本會今後之計畫, *Mafeng jikan* [Leprosy Quarterly] 痲瘋季刊 1, no. 2 (1927): 1.

²³³ Susan L. Burns, *Kingdom of the Sick: A History of Leprosy and Japan* (Honolulu: University of Hawai'i Press, 2019), 12.

readers. It analyses how leprosy policies and stigmas constructed around leprosy shaped patients' views about their experiences and identities as citizens.

This chapter is based on the idea that social and cultural factors impact the conceptualisation of diseases. Therefore, I use leprosy instead of the Hansen's disease. In the Republican era, when the Chinese elites translated leprosy as *mafeng* (麻瘋), a term that existed in traditional medicine in China before, they also introduced the stigmas developed around this illness to the Chinese people. New ideas about leprosy (or *mafeng*) formed in the 1930s and the 1940s, which is unique to the period as the product of specific social factors and biomedical development. While Hansen's disease is a neutral term, not implying discrimination, leprosy is the term that encompasses all the connotations and discourses of the illness formed in the Republican era. *Mafeng* was another term used in the 1930s and the 1940s. This term had a long history before the biomedical understanding of the disease was introduced to China. Considering the differences in the social implications of the illness at the time and in the premodern era, leprosy is a better term than *mafeng*.

This chapter is divided into three sections. The first section studies how the conceptualisation of leprosy intersected with the creation of citizenship in the 1930s and 1940s. It examines articles published in *Leprosy Quarterly* aimed at a wide range of readers, including those who contracted leprosy and those who did not. Through an analysis of how leprosy patients became the target in the elimination of leprosy, I demonstrate how they were deprived of citizenship. The second section turns to how the Guangxi government governed its patients. It forms a comparison with the first section, showing the nuances of the attitudes towards patients in bigger cities like Shanghai and Guangxi. In this way, I demonstrate how the prevailing attitude toward the patients in the country and the local conditions shaped the actions taken by the government to manage the patients. The last section delves into the responses from the patients. I examine the articles written by the patients to examine how the stigmatisation of leprosy had an impact on patients' understanding of the experiences of the illness and their own identities as citizens.

2.2 Exclusion of Leprosy Patients from Citizenship

Although Hansen identified the bacteria causing leprosy in 1873, doctors were unsure how the illness was transmitted in the Republican era. In 1927, Robert Cochrane, a British doctor who had a close relationship with the Mission to Lepers in India, noted in an article published in *Leprosy Quarterly* that leprosy could be transmitted between people. Yet, only those suffering from the illness severely could spread it to the healthy population through close contact.²³⁴ He warned readers that prolonged contact with the contaminated belongings of the patients would cause infection. However, he also noted that leprosy bacteria were not likely to infect healthy people through physical contact or consuming contaminated food. According to Cochrane, reduced resistance was the most critical factor in acquiring leprosy, implying that there was also the possibility of prolonged contact not leading to contraction.²³⁵ The paradox in Cochrane's opinions suggests that he did not know precisely how leprosy infects people. L. F. Heimbürger, director of Cheeloo Hospital (齊魯醫院 Qilu yiyuan), also stated that leprosy could be spread through close contact with the patients in an article published in 1930. However, she did not write about whether patients in the severe stage were more likely to spread the illness.²³⁶ Moreover, Heimbürger's conclusion was drawn through the statistics from a leprosy asylum in an asylum in the Philippines.²³⁷ She did not have clues from experiments about how the illness was spread. In an article discussing the treatment of leprosy in 1933, Heimbürger directly acknowledged that leprosy was an invader "whose mode and portal of entry can only be guessed and whose plan of operation is a mere conjecture."²³⁸ Therefore, the discovery of leprosy bacteria did not guarantee a clear idea of the aetiology. How it spread among people was a question to doctors in the Republican era.

Since doctors could not provide suggestions on cutting the transmission route, they set the patients as targets for leprosy prevention. By stating that prolonged and close contact with the patients could make healthy people acquire leprosy, Cochrane implied that the healthy populace should keep their distance from leprosy patients.²³⁹ This advice on leprosy prevention persisted in the 1940s. In 1940, a doctor warned the readers of the *Leprosy Quarterly* not to have frequent contact with patients and not to share clothing, beddings, or

²³⁴ Robert G. Cochrane, "How to Rid a Country of Leprosy," *Leprosy Quarterly* 1, no. 4 (1927): 1-8.

²³⁵ Cochrane, "How to Rid a Country of Leprosy," 2.

²³⁶ L. F. Heimbürger, "Mafengbing zhi fenbu ji chuanran" [Mapping leprosy and its contagion] 癩瘋病之分佈及傳染, trans. You Xiuzhi, *Mafeng jikan* [Leprosy quarterly] 癩瘋季刊 4, no. 3 (1930): 19-20.

²³⁷ Heimbürger, "Mafengbing zhi fenbu ji chuanran," 17-21.

²³⁸ L. F. Heimbürger, "The Treatment and Phragmosis of Leprosy," *Leprosy Quarterly* 7, no. 3 (1933): 37-8.

²³⁹ Cochrane, "How to Rid a Country of Leprosy," 1-8.

space with the patients” in order to avoid contracting the illness.²⁴⁰ Although doctors aimed at preventing healthy people from contracting leprosy, the suggestion would make the leprosy patients marginalised in society because leprosy could hardly be cured in the Republican era. In the 1930s and the 1940s, chaulmoogra oil was the most effective medicine to treat leprosy in doctors’ propaganda of preventing leprosy. However, Heimbürger’s observation in the leprosy colony in Shandong province suggests that this method was only effective for patients in the earlier stage.²⁴¹ For patients with more severe symptoms, she suggested an injection of a gold solution as supplementary.²⁴² This solution would not be affordable to most patients with leprosy since most of them were not from a better-off class. Moreover, Heimbürger also noted that patients suffering from leprosy in a more severe stage took years to be cured.²⁴³ Therefore, for leprosy patients, especially those patients who had more apparent lesions and were thus more discriminated against, this illness was a long-term condition. They would have to stay away from the population for years to prevent spreading it to others.

Doctors also taught people to identify leprosy patients in order to prevent the spread of leprosy. Cochrane, for example, wrote in detail about how the symptoms developed in different stages of leprosy to teach his readers how to know whether a leprosy patient’s body was contagious.²⁴⁴ His article was published in English and Chinese simultaneously in two issues of *Leprosy Quarterly*, which allowed more Chinese readers to familiarise themselves with the symptoms of leprosy.²⁴⁵ Apart from articles, the Chinese Mission to Lepers also disseminated knowledge about the symptoms of leprosy through exhibitions. In 1931, it asked Cheeloo University (齊魯大學 Qilu daxue) in Shandong to produce eighty-three models to illustrate the symptoms, treatment, and prevention of leprosy, as well as how the illness spread. These models were exhibited in the Hongkou Dermatology Clinic (虹口皮膚病醫院 Hongkou pifubing yiyuan) in Shanghai, which was open to the public for free. Another fifteen colourful pictures were painted and published for public education.²⁴⁶

²⁴⁰ James Maxwell, “Mafeng zhi yufang” [Prevention of leprosy] 痲瘋之預防, trans. Wang Shenghao, *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 17, no. 2 (1943): 4.

²⁴¹ Heimbürger, “The Treatment and Phragmosis of Leprosy,” 38.

²⁴² *Ibid.*, 39.

²⁴³ *Ibid.*, 42.

²⁴⁴ Cochrane, “How to Rid a Country of Leprosy,” 1-8.

²⁴⁵ Robert G. Cochrane, “Zenyang chanchu yiguo de mafeng” [How to rid a country of leprosy] 怎樣剷除一國的痲瘋, trans. Ma Zhenbai, *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 1, no. 3 (1927): 12-9.

²⁴⁶ “Benhui xinzhi mafeng moxing ji jiaoyu guatu” [Newly made models and pictures of leprosy for educational purpose] 本會新制痲瘋模型及教育掛圖, *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 5, no. 2 (1931): 36.

There were two reasons why doctors considered disseminating knowledge about symptoms as an essential method for the prevention of leprosy. First, they believed that people could avoid contact with leprosy patients if they knew what the latter looked like. Doctors noted that many patients were labourers who would fall into poverty if they did not work, so they would not avoid the populace even though they were sick. To prevent infection, doctors suggested that healthy people be careful about whether the people they had contact with had symptoms of leprosy, such as rashes, a deformed nose, and swelling joints.²⁴⁷ Second, doctors hoped that the patients could seek medical help when they had these symptoms. Doctors believed leprosy was curable in the early stages.²⁴⁸ Therefore, if patients saw a doctor soon after they suspected themselves of being infected, it was likely that they would be cured and not spread it to others.

Despite doctors' expectations, letting the general population know the symptoms of leprosy was not helpful for disease prevention but paved the way for the marginalisation of the patients. As Dai Zhaoyong (戴兆鏞) noticed, most patients with leprosy were from a poor background and would not stop working after getting sick.²⁴⁹ If these people were illiterate, they could not read the articles or other publications of the Chinese Mission to Lepers. Thus, they would not identify leprosy in its early stage. Even if they knew the symptoms, it was likely that they would not seek medical help because of the fear of segregation, as Cochrane observed.²⁵⁰ While the patients would not see the doctors as medical professionals expected, the healthy populous would avoid contact with the patients if they recognised the symptoms because the Chinese people had considered leprosy as a contagious disease long before Hansen's discovery. Doctors' introduction of the symptoms made it easier for readers to avoid contact with the patients. In other words, it was also easier to marginalise the patients.

When the government, doctors and intellectuals articulated the importance of preventing leprosy, the patients' identities as citizens were denied. Angela Leung observes that overseas Chinese leprosy patients attracted much international attraction in the late nineteenth century,

²⁴⁷ Dai Zhaoyong, "Cong fanglao yundong shuodao chanlai wenti" [Preventing and eliminating leprosy] 從防癆運動說到鐘賴問題, *Mafeng jikan* [Leprosy quarterly] 癩瘋季刊 9, no.2 (1935): 2.

²⁴⁸ Cochrane, "How to Rid a Country of Leprosy;" Heimburger, "The Treatment and Phragmosis of Leprosy."

²⁴⁹ Dai, "Cong fanglao yundong shuodao chanlai wenti," 2.

²⁵⁰ Cochrane, "How to Rid a Country of Leprosy," 7.

which led to the stigmatisation of the Chinese as a physically degraded nation. Even in the twentieth century, when leprosy was found to be a contagious disease, the stigma remained because people still suspected leprosy could be inherited. Leung suggests that some Chinese elites saw the body of a leprosy patient as a shameful body because leprosy symbolised the identity of the Chinese as the “Sick Man of East Asia” at the beginning of the twentieth century.²⁵¹ The Chinese elites advocated for the segregation of patients because they wanted to get rid of the stigma and feared the contagion of leprosy.²⁵² However, in the same period, especially when it came to the Republican era, there were literate people from a better-off class who saw the patients as poor people who needed to be saved. Those who contributed articles to the *Leprosy Quarterly* were examples. An article published in 1935 stated that leprosy patients were expelled by society, bullied by friends and discarded by family members. In that article, the author expressed sympathy for the patients.²⁵³ The author appealed to the government to take care of leprosy patients, not just segregating them from the public. While people who cared about the well-being of leprosy patients advocated for the patients, they took the elimination of leprosy as a significant mission to achieve their purpose. They believed that suffering from leprosy was the ultimate reason why the patients were marginalised in society and lived a miserable life. To eliminate leprosy, some members of the Chinese Mission to Lepers considered it essential to make the general population aware of the threat of leprosy to the nation.²⁵⁴ They claimed that leprosy deteriorated people’s physical constitution, which would make the nation physically weak and the country doomed.²⁵⁵ This statement resulted from Social Darwinism, which was popular in the Republican era, so it made sense to the educated people. Meanwhile, leprosy patients should take the responsibility of spreading leprosy, as doctors implied in their propaganda of preventing leprosy. Therefore, leprosy patients became obstacles to the nation's staying healthy and becoming powerful. As the patients were threats to the nation, they were by no means citizens who should be patriotic.

Losing the ability to work is another reason why leprosy patients were excluded from citizens by the government and intellectuals. Janet Chen’s study of the poor people in cities in

²⁵¹ Leung, *Leprosy in China*, 132-43.

²⁵² *Ibid*, 172-6.

²⁵³ Beijie, “Mafengren yu mafeng” [Leprosy Patients and leprosy] 痲瘋人與痲瘋, *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 9, no.3 (1935): 12.

²⁵⁴ Beijie, “Mafengren yu mafeng,” 10

²⁵⁵ Wen Taihua, “Pumie mafeng de jiben fangfa” [The methods to eliminate leprosy] 撲滅痲瘋的基本辦法, *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 9, no.4 (1935): 8-9.

Republican China suggests that the government and some elites criticised people who lived on social aid as parasites of society and criminalised the poor people who did not work.²⁵⁶ The reasons were that the GMD government considered the poor people to have consumed money and resources and did not make any economic contribution. Chen demonstrates that the government also sent the police to arrest people begging on the street.²⁵⁷ The government's action against people who could not work implies that these people were not citizens whom the government protected. By contrast, they were the problems the government should solve for the country's benefit. Leprosy patients were among these poor people. Those who had leprosy in a severe stage suffered from the deformation of joints and even disability, so they were not able to work. Cochrane found that many beggars on the streets were leprosy patients who had severe symptoms and those who recovered from the illness.²⁵⁸ Dai Yonghe (戴永和), dean of an asylum in Dongguan, also stated that many leprosy patients had to beg in the street to feed themselves.²⁵⁹ In a society where working became a responsibility of citizens, leprosy patients were deprived of their identity as citizens due to their inability to work.

The articles from commentators and doctors imply that leprosy patients only became citizens when they marginalised themselves in society. Cochrane complained that leprosy was rampant because patients were afraid of being segregated in the asylum.²⁶⁰ While Cochrane did state it explicitly, his statement revealed an opinion that leprosy patients should be responsible for the illness becoming a public health issue. Commentators suggested that patients should take the initiative to stay away from the general population in order not to spread the disease. In an article introducing the leprosy epidemic in Zhao'an (詔安), a county in Fujian province bordering Guangdong, the author stated that some leprosy patients were not willing to "stay away from the public immediately" (遽爾對社會告退), so they sold food to the local people.²⁶¹ He commented that these patients harmed the public (危害公眾) by working as vendors in the street.²⁶² By making this statement, the author implied that leprosy patients should not appear in the street and make contact with healthy people for the benefit of the

²⁵⁶ Janet Y. Chen, *Guilty of Indigence: The Urban Poor in China, 1900-1953* (Princeton: Princeton University Press, 2012), 90.

²⁵⁷ *Ibid.*

²⁵⁸ Cochrane, "How to Rid a Country of Leprosy," 5.

²⁵⁹ Dai Yonghe, "Yi rendao miejue mafeng" [Eliminating leprosy in a humane way] 以人道滅絕痲瘋, *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 1, no. 4 (1927): 8.

²⁶⁰ Cochrane, "How to Rid a Country of Leprosy," 7.

²⁶¹ Shen Zhaoxi, "Buxing de zhaoan" [An unfortunate issue in Zhaoan] 不幸的詔安, *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 2, no. 1 (1927): 18.

²⁶² *Ibid.*

public. As Chapter One shows, public health became the responsibility of citizens. Leprosy patients could only fulfil this responsibility by staying away from healthy people. They practised citizenship only when they marginalised themselves in society.

2.3 Governing Leprosy Patients in Guangxi

Guangxi was a place inflicted with leprosy, but there were few resources for taking care of the patients. An article published in *Leprosy Quarterly* in 1930 stated that Guangxi was among the places where leprosy was rampant.²⁶³ Along with Guangxi, Guangdong was also listed as a province where leprosy was endemic. The author stated that leprosy spread from Guangdong to areas bordering the province, presumably including Guangxi.²⁶⁴ Although both places were inflicted with leprosy, the medical resources available to leprosy patients in Guangxi were much less than those in Guangdong. According to the *Chinese Mission to Lepers*, no leprosy asylums were run by missionaries in Guangxi. A letter from an author in Guangxi published in *Leprosy Quarterly* shows that patients sometimes went to the Pakhoi Leprosy Asylum in Beihai when expelled from their communities.²⁶⁵ This was likely the largest leprosy asylum close to Guangxi province. Although missionaries were willing to build an asylum to shelter the leprosy patients in Guangxi early in the 1910s, their attempt failed because the local people and the old Guangxi clique considered it not necessary to segregate or take care of the patients.

“Bishop Liu was sympathetic to them [leprosy patients]. He raised a large sum of money to build a leprosy asylum where patients could receive treatment. Bishop Liu petitioned Governor Lu (Lu Rongting) to designate a vacant plot of land for construction. The people in Nanning did not agree. They posted notices in the streets in the name of local gentries, claiming that leprosy patients had a disability, and that it was better to let them die to eliminate harm to the health populous... Their requirement was approved by the Governor...” (該省劉主教見而憫之，籌集鉅款，建築癩瘋院，以便治療。稟請陸都督指定空地，擇期與築。詎邕人俱不贊成，

²⁶³ Han Shende, “Mafeng zai zhongguo fenbu zhi gaikuang” [Leprosy in China] 癩瘋在中國分佈之概況, *Mafeng jikan* [Leprosy quarterly] 癩瘋季刊 4, no. 4 (1930): 20.

²⁶⁴ Ibid.

²⁶⁵ Zhenzhi, “Wei Guangxi mafengren huyu” [Advocation for leprosy patients in Guangxi] 為廣西癩瘋人呼籲, *Mafeng jikan* [Leprosy quarterly] 癩瘋季刊 10, no. 1 (1936): 45. The Pakhoi Leprosy Asylum located in Beihai, a county used to be in Guangdong province. Today, it is a county of Guangxi province.

以合府士紳名義，揭貼通渠，謂患麻瘋者已成廢人，不如置之死地，以除民害……經都督批准……).²⁶⁶

No evidence suggests that the missionaries in Guangxi tried to establish a leprosy asylum in the 1920s and the 1930s.

The government, led by the new Guangxi clique, took several measures to prevent the illness, although the number of leprosy asylums in the province was low. In the early 1930s, when there were no leprosy asylums in the province, the political authority expelled the patients from places where people gathered. In 1932, the police in Wuzhou (梧州) found a female patient who frequently went to cinemas and theatres. They claimed that the women intended to pass on leprosy (過風 *guofeng*) to others by seducing men, so they bought a boat and sent the woman adrift. Several days later, the police found the woman had been back in Wuzhou, so they expelled the woman again, even though they knew the patient's family lived in the city.²⁶⁷ As Angela Leung suggests, expelling patients and sending patients adrift on a boat were common ways to keep leprosy patients away from the healthy population in the premodern era.²⁶⁸ The new government in Guangxi continued the tradition when it could not segregate the patients in a specific place. In the late 1930s, the government not only asked the police to expel leprosy patients in cities but also collaborated with medical professionals. In 1938, when a case of leprosy in Sanjiang (三江) was reported to the Guangxi government, it sent doctors and nurses to do a physical check for the patient. After the physical check, the medical professionals concluded that the person was suffering from a skin disease, not leprosy.²⁶⁹ Therefore, the news did not reveal what the government would do if the patient were diagnosed with leprosy.

In the 1930s and the 1940s, the Guangxi government also intended to build leprosy asylums and colonies to segregate the patients. In 1933, *Wuzhou minguo ribao* reported that the police proposed to build a leprosy asylum in Wuzhou. However, there was no following news about

²⁶⁶ “Nanning fu jianshe mafengyuan yishi” [Building a leprosy asylum in Nanning] 南寧府建設麻瘋院一事, *Shengjiao zazhi* [Church journal] 聖教雜誌 2, no. 2 (1913): 61-3.

²⁶⁷ “Mafengnü” [Female leprosy patients] 麻瘋女, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, September 8, 1932, 7.

²⁶⁸ Leung, *Leprosy in China*, 91-5.

²⁶⁹ “Shengli yiyuan liuyishi tan Sanjiangxian bingwu mafengzheng” [Dr. Liu from the provincial hospital claiming Sanjiang county free from leprosy] 省立醫院劉醫師談三江縣並無麻瘋症, *Nanning minguo ribao* [Republican daily Nanning edition] 南寧民國日報, April 6, 1938, 4.

whether the asylum was built. In 1936, the Guangxi government planned to build a leprosy asylum again. This time, it decided to construct the leprosy asylum in Longzhou (龍州), a county in the southwest of the province.²⁷⁰ While a record of the talking by the dean of Longzhou Provincial Hospital in 1937 suggests that the government was making the final preparations for the opening of the asylum, a report in *Leprosy Quarterly* later suggests it is likely that the asylum was not open.²⁷¹ Despite the failure to build a leprosy asylum in Longzhou, there was a leprosy colony in Guangxi, according to the *Leprosy Quarterly*.²⁷² This colony was based in Nanning. The government oversaw it. There is no evidence suggesting whether missionaries were involved in the management of the asylum. After the Second Sino-Japanese War, the government continued to build a shelter for leprosy patients. In 1946, a proposal was made to establish a colony in the countryside of Nanning. Again, it remains unclear whether this colony was successfully established.²⁷³ The central government approved the proposal for the colony, but the present evidence does not suggest whether this colony was successfully established.

The several attempts at building leprosy asylums without results show that it was difficult for the Guangxi government to set up a state-run leprosy asylum. A challenge for the government was the lack of medical professionals willing to work in a leprosy asylum. When the Guangxi government planned the asylum in Longzhou in 1936, Huang Xuchu (黃旭初 1892-1975), president of the Guangxi province, wrote a letter to *Leprosy Quarterly*, asking the Chinese Mission to Lepers to hire doctors for the asylum.²⁷⁴ About half a year later, the association recommended Duan Maotong (段茂桐) from Hankou and Wu Naireng (吳乃仁) from Guangzhou. The Guangxi government employed both doctors.²⁷⁵ In response to the Guangxi

²⁷⁰ “Dai Guangxi shengzhengfu zhengqiu mafeng zhuanmen rencai” [Calling for medical professionals to treat leprosy for the Guangxi provincial government] 代廣西省政府徵求癩瘋專門人才, *Mafeng jikan* [Leprosy quarterly] 癩瘋季刊 10, no. 2 (36): 44.

²⁷¹ “Gui yanzhang huayue tan Longzhou yiyuan yiwu qingkuang” [Dean Gui Huayue introducing the condition in Longzhou hospital] 桂院長華岳談龍舟醫院醫務情況, *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, February 5, 1937, 7; “Guangxi zai jihua zhong zhi sida mafengyuan” [Four leprosy asylums in plan in Guangxi] 廣西在計畫中之四大癩瘋院, *Mafeng jikan* [Leprosy quarterly] 癩瘋季刊 13, no. 2 (1939): 28.

²⁷² “A Watchtower at the Nanning Leper Colony, Kwangsi,” *Leprosy Quarterly* 13, no.3 (1939): 1.

²⁷³ “Guangxi Nanning Liangqingxiang mafengcun zuzhi guicheng” [Regulations on the organisation of Liangqing village, Nanning, Guangxi province] 廣西南寧良慶鄉癩瘋村組織規程, *Xingzhengyuan/ neizheng/ yiliaoweisheng/ yiliaojigou zuzhi zhangcheng* [Executive Yuan/ internal affairs/ medicine and public health/ regulations on the organisation of medical institutions] 行政院/ 內政/ 醫療衛生/ 醫療機構組織章程, 1944.4.2, - 1946.11.26, 014-011103-0101, The Academia Historica.

²⁷⁴ “Dai Guangxi shengzhengfu zhengqiu mafeng zhuanmen rencai,” 44.

²⁷⁵ “Gongdu xuanlu: Wei daixing zhengqiu mafeng zhuanmen rencai zhi Guangxi shengzhengfu han” [A selection of government document: A response to the enquiry from the Guangxi government for specialists of

government, the Chinese Mission to Lepers noted that there were few doctors with expertise in leprosy in China, so it took a long time to find the most suitable person to work in the asylum.²⁷⁶ The enquiry from the Guangxi government and the response from the *Leprosy Quarterly* imply that there was a lack of medical professionals who were experienced enough in treating leprosy and were willing to work in the asylum in China. It was even more difficult to find doctors as such to run a leprosy asylum in Guangxi, a province lacking medical resources. As a result, the Guangxi government had to employ doctors from elsewhere. The recruitment difficulty lay not only in the doctors with expertise in leprosy but also in nurses. In February 1937, the dean of Longzhou Provincial Hospital stated that he received help from the Westerners (西人) when he recruited nurses for the asylum. He finally employed missionary nurses to take care of the patients.²⁷⁷

While those involved in the recruitment did not make it explicit, the difficulty in recruiting medical professionals to work in the asylum could result from the fear of contagion. The Guangxi government ran nursing schools in the province to ensure enough nurses to work in state-run hospitals. The government required the graduates of these schools to work for no less than four years in places designated by the government.²⁷⁸ Therefore, if there were not any nurses willing to take the job in the leprosy asylum, the government could assign the nurses trained in the state-run nursing schools to work there. However, the government did not take this method. It is possible that the political authorities worried the nurses would contract leprosy through prolonged contact with leprosy patients, which would reduce the number of nurses who could work in the province.

Political and military conflicts within and outside the province are also reasons why the government struggled to run asylums. As the introduction of this dissertation shows, the new Guangxi clique confronted the central government in the late 1920s and early 1930s. The province suffered economic depression due to the confrontation around 1935. Therefore, the government might have been unwilling to invest money in constructing leprosy asylums.

leprosy] 公牘：為代行徵求癩瘋專門人才之廣西省政府函, *Mafeng jikan* [Leprosy quarterly] 癩瘋季刊 11, no.1 (1937): 54-5.

²⁷⁶ *Ibid.*

²⁷⁷ “Gui yuanchang huayue tan Longzhou yiyuan yiwu qingkuang,” 7.

²⁷⁸ “Guangxi shengli yixueyuan benke, zhuanxiuke yiji fushu hushi zhuchanban zhaosheng guanggao” [Calling for application to course on nursing and midwifery, professional training and undergraduate courses of Guangxi Provincial Medical University] 廣西省立醫學院本科、專修科以及附屬護士助產班招生廣告, *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, August 23, 1935, 7.

From the news and articles published in the 1930s, it can be found that the government only considered the construction of leprosy asylum seriously in 1936, when the antagonism against the central government calmed down. In 1939, news in the *Leprosy Quarterly* stated that the Guangxi government had planned to build leprosy colonies in Yongning (邕寧) and Wuzhou. Yet, the outbreak of the Second Sino-Japanese War disrupted the plan.²⁷⁹ It can be assumed that the Guangxi government could not pay enough attention to preventing leprosy after 1937 when the threat of war was mounting.

While the Guangxi government was willing to build asylums to shelter the patients, it treated the latter as criminals instead of citizens who needed medical assistance. Despite the possible failure of building leprosy asylums in Wuzhou and Longzhou, there was an asylum in Nanning, a city that had been the capital of Guangxi before 1936. This leprosy asylum only left a photo in *Leprosy Quarterly* (picture 4). The image featured a uniformed soldier sitting in the tower, monitoring the patients and preventing them from escaping.²⁸⁰ It can be imagined what the soldier would do if the patient intended to run away from the asylum. This photo suggests that the government built the leprosy asylum not to take care of the patients but to quarantine them from the general population. The fact that the guardian of the asylum was equipped with a gun also reveals that the government considered leprosy patients as threats to the local society if they left the asylum. This attitude echoed the criticism from doctors during a similar period that patients feared segregation in the asylum because they were treated as criminals there and did not receive due treatment.²⁸¹

The government justified its action against leprosy patients through the discourse of *weisheng*. When the government of Yongchun county (永春縣) investigated the leprosy epidemic in the county, it claimed that the patients lived with healthy villagers, which was “harmful to the public health” (于公共衛生，殊又妨碍 yu gonggong weisheng, shu you fang’ ai).²⁸² It proposed to the provincial government to shelter and care for leprosy patients. However, the photo of the asylum in Nanning suggests that the provincial government would not take care of those who were “harmful to the public health.” It can be assumed that

²⁷⁹ “Guangxi zai jihuazhong zhi sida mafengyuan,” 28.

²⁸⁰ *Leprosy Quarterly* 13, no.3 (1939): 1.

²⁸¹ Jimmy Laum, “Wanted: A Change of Attitude towards Leprosy,” *Leprosy Quarterly* 9, no. 4 (1935): 340-6.

²⁸² “Yongchunxian diaocha mafeng bingren” [An investigation of a leprosy patient in Yongchun county] 永春縣調查癩瘋病人, *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, December 12, 1936, 6.

segregation in the asylum was not helpful for recovery. However, by segregating leprosy patients in the asylum, the governments in Guangxi showed their care to the health of the general population. The Guangxi government demonstrated the legitimacy of the rule in Guangxi by taking action against leprosy patients who threatened the health of citizens. The action, together with the photo published in *Leprosy Quarterly* with a wide range of readers, strengthened the discrimination against leprosy patients as the Other, who were not citizens protected by the government and who were threats to be eliminated for the national wellbeing.



Picture 4, “A Watchtower at the Nanning Leprosy Colony, Kwangsi,” *Leprosy Quarterly* 13, no.3 (1939): 1.

2.4 Patients’ Self-identification

Ervin Goffman’s ground-breaking study on stigmas suggests that stigmatised individuals, especially those with physical disfigurement, avoided showing the features that make them

stigmatised in daily encounters with other people.²⁸³ The Chinese leprosy patients took a similar strategy to describe their experiences to the public, but there were also differences. On the one hand, patients who contributed articles to newspapers and journals needed to demonstrate their identity as people suffering from leprosy. They described the symptoms of leprosy for this purpose. On the other hand, they realised that the differences between their appearance and that of healthy people caused discrimination. Therefore, they avoided any detailed description of any deformities or disability they were suffering. In a letter published by *Leprosy Quarterly* in 1927, for example, a female patient called Zhong Ying (钟英) wrote in grief that deformity and disability were inevitable for leprosy patients.²⁸⁴ She neither described any specific change in appearance nor did she mention what kind of disability leprosy might cause, which was in contrast to the detailed description of symptoms of leprosy in doctors' articles. She also did not note anything about her own appearance. Similarly, another patient, Huang Sheng (黄胜), who wrote to *Leprosy Quarterly* several years later, avoided descriptions of lesions caused by leprosy in severe stages. Huang noted no symptoms other than rashes on his face and arms, which could also be found in patients with skin diseases. When Huang recalled his encounter with patients with severe leprosy, he did not describe their appearance, though skin lesions and deformity can be clearly identified at this stage of the illness.²⁸⁵ The two authors deliberately shunned the symptoms of leprosy to avoid the symbols that marginalised themselves as the Other in society. It is also possible that they felt too traumatised to discuss the lesions which caused the tragedy in their lives.

The authors strengthened the opinion that they were moral citizens and thus should enjoy dignity. Huang Sheng devoted most of his article to the miserable experience after he was diagnosed and to his heart-breaking experience of being separated from his parents. Huang had been educated in a middle school. After graduation, he worked as a clerk. His salary was good enough to afford a comfortable life for his family. According to Huang's description of his own life trajectory, it can be concluded that he belonged to what Wenhsin Yeh calls "petty urbanities" who stopped their education before entering college, had a job to feed their families and were able to contribute articles to newspapers and periodicals.²⁸⁶ By writing

²⁸³ Goffman, *Stigma*, 259.

²⁸⁴ Zhong Ying, "Yige mafeng bingren zhi shenyin" [The complaint from a leprosy patient] 一個痲瘋病人之呻吟, *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 1 no.1 (1927): 6.

²⁸⁵ Huang Sheng, "Mafeng bingren de kukuang" [The bitterness of having leprosy] 痲瘋病人的苦況, *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 7, no. 4 (1933): 36.

²⁸⁶ Yeh, *Shanghai Splendour*, 129-151.

about his life before contracting leprosy, Huang demonstrated that his life trajectory was not different from other petty urbanities. He even deliberately claimed himself as an obedient son of his parents to hint at the traditional virtue of filial piety. The article from Huang defied the understanding that leprosy patients were immoral people who deserved punishment and were dangerous to society. In Huang's opinion, the patients were victims of a disease, not criminals, so they should not be marginalised.

While Huang appealed to the readers' sympathy, Zhong Ying identified herself with the healthy citizens by expressing her resentment toward leprosy. She claimed that after recovery, she would work with her compatriots to "expel leprosy to hell," as if she were on the same side as healthy people.²⁸⁷ In the Republican era, doctors and commentators used war as a metaphor to discuss the elimination of leprosy. They called it a battle against the illness, yet the enemy was not always clear.²⁸⁸ When doctors took the segregation of leprosy patients as an effective way to prevent leprosy, the patients became the "enemy" of healthy people and also agencies who aimed at eliminating the illness, such as the government and the Chinese Mission to Lepers. However, Zhong Ying's words implied that the patients were companions of those who fought against leprosy, not enemies. She strategically represented patients as members of the society in which people were determined to stamp out leprosy, emphasising the similarities between the patients and healthy people. Zhong also demonstrated that she was patriotic and cared about the nation's health by showing her determination to eliminate leprosy. In this way, she claimed her own identity as a citizen.

Leprosy patients also criticised discrimination from the general population. Huang noted that during his voyage to the Pakhoi Leprosy Asylum, he was unfairly treated by the cabin crew because of his disease.²⁸⁹ He took an indifferent manner on the ship, yet he included this experience in his article to criticise the attitude of the cabin crew. The general population took a more aggressive attitude towards people from poorer backgrounds. Zhao Ziqiu (趙子秋)

²⁸⁷ Zhong, "Yige mafeng bingren zhi shenyin," 7.

²⁸⁸ For example, in a speech at the eighth annual conference of the Chinese Mission to Lepers, Lai Douyan quoted a sentence from Sun Tzu's *Art of War* to describe the importance of collecting statistics of patients in the elimination of leprosy. Lai Douyan, "Zhonghua mafeng liaoyangyuan zhi shiming: ershisian nian sanyue ershibari zhonghua mafeng jiujiuhui dibajie nianhui shi yanjiang" [The mission of zhonghua leprosy asylum: A speech on the eighth annual conference of the Chinese Mission to Lepers on March twenty-eighth, 1934] 中華痲瘋療養院之使命：二十三年三月二十八日中華痲瘋救濟會第八屆年會時演講, *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 8, no. 1&2 (1934): 6.

²⁸⁹ Huang, "Mafeng bingren de kukuang," 35-6.

told the story of a fifteen-year-old girl in Daqin Leprosy Asylum (大衾癩瘋院 Daqin mafengyuan) in *Leprosy Quarterly*. The girl, Cai Ming (蔡明), was from Xinhui (新會), a county in Guangdong. When she confirmed that she contracted leprosy, the villagers from her hometown asked her father either to expel her or to kill her. After failing to find medical treatment, Cai had no choice but to commit suicide. She jumped into the river and was luckily saved by people from another village. However, after these villagers found out that she was a leprosy patient, she was expelled again and went back to her home. Finally, because she did not commit any crime, she was exempted from death by the gentry in the community. Her father soon sent her to the leprosy asylum to avoid more unfortunate experiences. The girl lamented that she did not understand why her villagers paid so much attention to her when she was suffering from a chronic disease and why she was punished because of being sick.²⁹⁰ Like Huang's story, Cai's narration also depicted an innocent victim of leprosy: she was young and caught leprosy for no reason. Even when villagers maltreated her, she still obeyed the orders from the gentry in the village. Her tragic experience was thus absolutely a consequence of discrimination. Whether the author fabricated the story or not, it was published to counter the pervasive discrimination against leprosy patients.

These patients turned to their actual identity to eliminate the stigmas on leprosy patients and reclaim their identity as citizens, yet their efforts were bound to fail. Goffman concludes that there are two kinds of social identity: the virtual one, which results from stereotypes, and the actual one, shaped by the attributes that a person actually possesses.²⁹¹ While the stereotypes of leprosy brought stigmas and discrimination against leprosy patients, these people emphasised the actual identity by talking about their own experiences in daily life and their emotions after getting sick. The patients hoped that details of their life trajectories could bring vivid images of leprosy patients as ordinary citizens, which could take the place of the virtual identity resulting from stereotypes. However, the articles and letters written by the patients also reflected that they internalised the stigmas. For example, Zhong Ying stated that it was a shame to have symptoms of leprosy, such as deformity. Although she was determined to eliminate the illness in the country, she could do it only when she recovered from leprosy.²⁹² Only when she became healthy again could she assert a citizen's responsibility to contribute to the national well-being. Since leprosy patients themselves internalise the stigmas, it would

²⁹⁰ Zhao Ziqiu, "Huanle mafeng jiu gaside me" [Should a leprosy patient be sentenced to death] 患了癩瘋就該死的麼, *Mafeng jikan* [Leprosy quarterly] 癩瘋季刊, 84 (1934): 28-31.

²⁹¹ Goffman, *Stigma*, 13-6.

²⁹² Zhong, "Yige mafeng bingren zhi shenyin," 6.

be impossible for them to successfully articulate an identity different from the stigmatised one created by the social mainstream.

Apart from patients who considered themselves as citizens, those who did not necessarily identify themselves as Chinese citizens were also determined to eliminate stigmas on leprosy patients. Jonas Li, who lived in Pakhoi Leprosy Asylum, was an example. Li was an ethnic Chinese who worked for the British colonial government in Southeast Asia. After catching leprosy, he lost his job and went to his mother's home for shelter. His mother rejected him due to his illness. He finally resided in Pakhoi Leprosy Asylum. Li had a good command of English and Chinese, allowing him to write articles in both languages and publish them in *Leprosy Quarterly*, a bi-lingual journal, and *The Mission Hospital*, an English journal circulated in Christian and non-Christian medical professionals. He kept writing for the two journals from the late 1920s to the 1940s. Unlike other patients who told their stories in the letters, Jonas Li wrote on behalf of patients and the asylum. His works allowed readers to learn more about the missionary impact on patients' lives and the treatment that the patients received. Jonas aimed primarily at eliminating stigma towards leprosy patients. He also wrote to promote the leprosy asylum to attract funds and patients. To achieve these purposes, the patients in his writings always appeared to live a satisfying and carefree life in the asylum, though this was sometimes not the reality. Huang, for example, complained that he spent all his money soon after being admitted to the asylum because the patients were only provided with rice and had to buy other food. Despite the possible concealment and exaggeration, Li's accounts still provided an opportunity to glance at the lives of leprosy patients in the asylum and depict the identities they wanted to create for themselves.

Jonas Li wrote a lot about patients' work in the asylum. Diverging from the image of people who could not feed themselves in the public discourse, patients in Li's account earned salaries through handicrafts and grew vegetables for themselves. Men made strings and baskets, printed newspapers and books, and did carpentry. Women made lace and did gardening. The goods were disinfected before they were sold in the local market.²⁹³ Huang's account of his life in the asylum also proved Li's words, though patients were unable to feed themselves through their work. Apart from the sick people in the asylum, the patients who resided in the

²⁹³ Jonas Li, "Beihai mafengyuan" [Pakhoi leprosy asylum] 北海痲瘋院, *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 1, no. 1 (1927): 33-34.

leprosy villages close to the asylum also worked to feed themselves. The working scene was recorded by Li when he visited the village with Doctor Shen Yongnian (沈永年) at Christmas.²⁹⁴ This article was published in English in *The Mission Hospital* and in Chinese in *Leprosy Quarterly*, presumably aiming at a different audience. They proved that leprosy patients, at least those who were not in the severest stage, were able to work as the healthy did, whether it was elaborate work, such as making lace and baskets, or intensive work, such as carrying water or fertiliser to the field. He did not deny that leprosy patients may be a potential source of contagion and that frequent contact with the goods made by them might lead to infection. Instead, he proposed that disinfection could solve the problem. If patients could work and could even feed themselves through their work, it would be unreasonable to label them as parasites of society. The goal to eliminate the stigma also explained why Li concealed that the money earned by selling goods could not cover the expenditure of individual patients, not to mention the cost of the asylum.

Patients in Pakhoi Leprosy Asylum not only worked but also received free education. Li noted that both male and female patients were educated in the asylum. Education for patients began in 1923. Female students came to the asylum to teach female patients at weekends. In addition, there were four literate female leprosy patients who taught newcomers to read. The male patients were taught by their literate counterparts in the men's compound. There were four male teachers in Pakhoi Leprosy Asylum, including Jonas Li himself.²⁹⁵ Education improved the literacy rate in the asylum. This effort was also made to preach. It can be assumed that patients learned to read in Chinese and English. They even helped the Chinese Church translate and publish a hymn book and a church newspaper.²⁹⁶ No matter for what reason the asylum provided language class to the patients, the fact that leprosy patients were bilingual contradicted the image that they were less educated than the healthy. Jonas Li, Huang and Zhong themselves were examples that some leprosy patients were better educated than many "healthy" people in the country. While Huang's letter suggested that the patients had been ordinary people before contracting leprosy, Li's article showed that leprosy patients' everyday life was not different from healthy people's. In this way, Li tried to persuade the healthy populous not to discriminate against the patients as outsiders. Li's depiction of leprosy

²⁹⁴ Jonas Li, "How Pakhoi Lepers Keep Christmas," *The Mission Hospital*, 1929, 5, cmz/m/c 2/1, Cadbury Library.

²⁹⁵ *The Mission Hospital*, 1923, 1, cmz/m/c 2/1, Cadbury Library.

²⁹⁶ Jonas Li, "Leprosy from a Leper's Own Experience," *The Mission Hospital*, 1928, 3, cmz/m/c 2/1, Cadbury Library.

patients also paved the way for him to envision a future for rehabilitating society after recovery without the stigmas on themselves.

Apart from articles, photos were also published as “objective” evidence of leprosy patients’ capability of working and receiving education. These photos downplayed the differences in the appearances of leprosy patients and the healthy, which were essential indicators of the identity of leprosy patients and features causing discrimination. A common feature of these pictures is that the symptoms of leprosy patients were hardly recognisable. The photos were usually taken from afar. The patients seemed busy with their work and did not notice the camera. However, it is impossible that they did not know they were having their photograph taken. For example, in a photo of patients making baskets, while those who were working focused on the objects in their hands, those who stood casually behind looked at the camera. Photos like this created a sense that they were objective records of everyday life in the asylum and leprosy village, making it more convincing that leprosy patients could work and be educated as healthy people did (pictures 5, 6, 7).

Rehabilitation was another topic in Li’s articles. Li’s expectation of rehabilitation was revealed in his description of the leaving of Yun A-yang from the asylum. Yun was admitted to the asylum in 1924, soon after he caught leprosy. Thin and pale, the boy seemed sick and lost all his hopes for his future. After four years of treatment, he was lucky enough to recover and was allowed to return home. This was the only case in which Li and the doctors in the asylum noted the patient who recovered. Li wrote in a tone full of hope that

“So on a warm, bright and beautiful day, April 21, 1928, our little friend, wearing one of his smartest suits and carrying a small suitcase in which were stowed all his boyish treasure, politely said good-bye to the other patients before leaving., many of whom ceremoniously and affectionately accompanied him to the hospital gate, where they silently watched him with mingled feelings of joy and regrets as he sailed off into the wide world to fight his own battle of life and play the part of an honest, useful member of society.”²⁹⁷

Yun’s look contradicted both his appearance when he came to the asylum and the popular image of leprosy patients that they were disabled and deformed beggars in the street, as often

²⁹⁷ Jonas Li, “Starting Life Afresh,” *The Mission Hospital*, 1930, 5, cmz/m/c 2/1, Cadbury Library.

described by doctors in *Leprosy Quarterly*. By comparing the appearance of Yun before and after he received treatment, Li echoed the quote from the Gospel that “thy brother was dead and is alive again.”²⁹⁸ It countered an idea popular even with Chinese leprosy patients that they were bound to be poor creatures whose future is doomed. It also defied the understanding that leprosy patients were threats to public health, and their moral degradation put the local community at risk. Li expected that Yun would be “honest and useful.”²⁹⁹ By contrasting the image of Yun with the popular image of leprosy patients, Li also suggested that people who had contracted leprosy did not look different from healthy people after recovery. Li did not describe any feature of Yun’s appearance but wrote about his clothing to emphasise Yun as a promising young man just like his healthy counterparts. This article was also published in Chinese in *Leprosy Quarterly*, where a photo of Yun was put at the beginning of the article. Yun’s appearance was not evident in the photo. His white suit attracts the most attention so that his face and hands, where the lesions caused by leprosy were usually found, were not the foci of the readers’ gaze. His clean and bright dress distanced him from the image of being sick and immoral. The photo served as more evidence to eliminate the stigma of leprosy patients, which appealed to healthy people to accept leprosy patients who recovered and returned to normal life. However, Li’s deliberate silence on the lesions implied that he considered the disability of limbs and scars on the skin as symbols of otherness of the patients. As a patient, Yun had to conceal the lesions in order to live a normal life, even if he was healthy. The identity of leprosy patients as the Other thus did not result from being sick but from showing an appearance that was different from the “normal” people.

As Li spent more time in the asylum, his view about the identity of leprosy patients changed. Li’s own photos were published twice in *The Mission Hospital* in 1928 and 1938, respectively. They were presumably sent by Li himself because each photo followed Li’s article. In the photo published in 1928, Jonas Li wore a Chinese suit and looked soberly far into the distance (picture 8). This photo was issued with an article written by him, criticising that leprosy patients suffered because their fellow citizens considered leprosy to be a consequence of sin and showing gratitude to missionary doctors who provided shelter and medical treatments.³⁰⁰ He presented himself as a dignified man from a better-off class in the photo, proving that leprosy patients could live with dignity in the asylum run by Christians. His identity as a leprosy patient was not evident in the photo, which emphasised the

²⁹⁸ Ibid.

²⁹⁹ Ibid.

³⁰⁰ Li, “Leprosy form a Leper’s Own Experience.”

similarities between leprosy patients and healthy people. However, his photo in 1938 was more revealing about his illness (picture 9). In the second photo, Li is presented as a gentleman who suffers from leprosy yet enjoys social status. He sat in the middle of the photo with his dog. The lesions on his face and hands were clearly shown, signifying his identity as a leprosy patient. His illness likely became severe in a decade. He seemed comfortable showing the lesions because he looked at the camera directly. The illness did not influence his status in the asylum. Li's costume was in contrast to that of the man next to him, whose clothing suggested he was a labourer. Li was more privileged in this photo, though the other man seemed healthy. The photo was dubbed "Jonas Lee and his dog," implying Li enjoyed a higher status. This photo was attached after a letter from Li. In this letter, Li did not write anything about leprosy patients' lives or reflect on the discrimination against them. Instead, he reported on the condition of the leprosy asylum and the plan to expand it. He was likely to be one of the people who ran the asylum and regulated the patients. He was similar to the middle-class men outside the asylum despite his identity as a leprosy patient. If Li was eager to identify the leprosy patients with the healthy to eliminate discrimination and stigmas ten years ago, now he seemed to be indifferent to the symptoms that caused discrimination. He took himself as an example to illustrate that leprosy patients could also live a better-off life, which some healthy people did not enjoy. Leprosy was no longer a disease that must be eliminated but one that people could live with and would not hamper one's self-cultivation.

No evidence suggested whether Jonas Li considered himself a Chinese citizen, but the image of leprosy patients he presented in journals shared the same merits with ideal citizens. Patients received an education. They worked to feed themselves. They were eager to be cured and rehabilitated by society. When they stayed in the asylum, their daily life was not dramatically different from healthy people's. Li expected that patients could return to a normal life after leaving the asylum. The only difference between Li's opinion and the opinion of those who considered themselves Chinese citizens lies in the patriotic sentiment. The former did not write about patriotism, while the latter, such as Zhong Ying, turned to the national discourse to strengthen the identity she shared with the healthy people. As Li's strategies suggest, even people who did not identify themselves as Chinese citizens had to live up to the ideals of citizens to avoid being marginalised in society.



Picture 5: *The Mission Hospital*, group 1 Cuttings, vol. 2, p 5, CMZ/M/C 2/1, Cadbury Library.



Picture 6: *The Mission Hospital*, group 1 Cuttings, vol. 2, p 5, CMZ/M/C 2/1, Cadbury Library.



Picture 7: “Beihai mafengyiyuan fushe xuxexiao shangke zhi qingxing” [Teaching in Pakhoi Leprosy Asylum], *Leprosy Quarterly* 6 no.3 (1932): 1.



Picture 8: “Mr Jonas Li,” *The Mission Hospital*, group 1 cuttings, vol 2, p 3, CMZ/M/C 2/1, Cadbury Library.



Picture 9: “Jonas Li and His Dog,” *The Mission Hospital*, Group 1 Cuttings, vol 2, p 11, CMZ/M/C 2/1, Cadbury Library.

2.5 Conclusion

Leprosy patients became the Other in society who must be eliminated for a better future for the nation in the Republican era because doctors set up the patients as the target of the elimination of the illness. Although doctors knew that leprosy bacteria caused leprosy, how the disease was spread was unclear to them. They concluded that healthy people could get infected through close contact with leprosy patients based on their experiences. This understanding of the aetiology was widely accepted because of the popularity of germ theory. To prevent the spread of leprosy, doctors suggested the healthy population avoid leprosy patients in public and appealed to the patients to stay away from the public. If the general population followed the suggestions, leprosy patients would be bound to be marginalised in society for their whole lives because few patients could recover from the illness. Moreover, in order to prevent the spread of leprosy, doctors also familiarised their readers with the symptoms of the disease through articles and illustrations. However, their readers, who were more likely to be from a better-off class, were less vulnerable to the illness than those from a poor background. Those who were more likely to get infected by leprosy would not stop

working, as doctors observed. Otherwise, they could not feed themselves. Therefore, knowing symptoms would not help patients seek medical help in time. The dissemination of knowledge only exacerbated the marginalisation of leprosy patients because it would be easier for the educated classes to identify patients.

Leprosy patients were deprived of citizenship also because they became an obstacle to the country's development. People who were determined to improve the well-being of leprosy patients consider it necessary to let the general population know the significance of eliminating leprosy. They turned to a nationalist discourse to convince their readers. Through their articulation, leprosy became a disease threatening the survival of the whole nation. As doctors promoted the segregation of leprosy patients as the most effective way to prevent the spread of leprosy, the patients became a potential threat to the health of the nation. Moreover, leprosy patients were likely to lose their ability to work and fall into poverty. In the Republican era, the government and intellectuals criminalised the people in poverty who lived on social support because they could not make a contribution to the development of the country and used the resources of the country. These people were not citizens in the mind of the GMD government but parasites of society. Leprosy patients were among these people. As the popular ideas about citizenship emphasised the responsibility of citizens to the country, leprosy patients who threatened the physical constitution of the general population and hampered the economic development of the country were excluded from citizens. They could only take their responsibility as citizens by segregating themselves from the public.

The Guangxi government's attitude toward leprosy patients showed that it considered patients as criminals, not patients who needed care. The Chinese Mission to Lepers did not record any leprosy asylums run by missionaries in Guangxi, though leprosy was known as endemic to the province. The police were responsible for expelling leprosy patients away from cities before 1935, which was the strategy popular in the premodern era. In the mid- and late-1930s, the government planned to govern leprosy patients. When cases of leprosy were reported to the government, doctors were sent to check the patients. The Guangxi government also intended to build more leprosy asylums in the province. However, the attempt failed several times because of economic difficulties, the lack of medical professionals, the fear of contagion and the mounting threat of war. Despite the failure, there was a leprosy asylum in Nanning. An armed soldier guarded this asylum to prevent the escape of patients, which implied that the

government considered leprosy patients as criminals. Its actions against the patients were justified through the discourse of *weisheng*. Because the patients were threats to the general population's health, the government acted against leprosy patients for the benefit of the general population. In this process, it also demonstrated the legitimacy of its ruling in Guangxi. The actions of the Guangxi government denied the citizenship of leprosy patients.

The patients aspired to eliminate discrimination and articulate an identity as citizens through their own experiences, yet their aims were not fulfilled. Some educated leprosy patients published articles in journals published by asylums and *Leprosy Quarterly*. These articles were veins in which they could emphasise their real social identity and downplay their virtual identities as physically and morally degraded people. Huang Sheng turned to his life trajectory before contracting leprosy to show that he was not different from healthy, petty urbanities who received an education and worked hard to earn a better life. Zhong Ying strengthened her determination to eliminate leprosy to demonstrate her responsibility as a citizen and identify herself with healthy people. Leprosy patients also criticised the discrimination against them. However, the patients also internalised the discrimination and thought that they could only rehabilitated to society after recovery. Jonas Li, a patient from the Pahkoi Leprosy Asylum, chose to rebut the criticisms against leprosy patients to eliminate discrimination. He used his own experiences in the asylum and photos of the patients to convince readers that the patients could receive education and work as healthy people did. He also took the example of an inpatient in the asylum to show that leprosy was curable and that patients could have a bright future. However, his own experience in a decade suggests that his effort did not take effect. Leprosy patients could only live with dignity in the asylum. His experience echoed the doctors' implication that the patients could only live as citizens by segregating themselves from the general population.

By examining the case of leprosy, this chapter suggests that patients excluded from citizens due to their illness could not reclaim their citizenship for several reasons. First, medical professionals and commentators disseminated knowledge about disease prevention in a way that marginalised the patients. Patients became an obstacle to the country's development and a threat to the general population's health. Second, the government treated leprosy patients as criminals, which reinforced their otherness in the local society. The patients internalised the stigma, even though they were eager to get rid of it. This chapter, however, also suggests that

patients were not able to reclaim their identity as citizens because there was a history of the stigmatisation of leprosy patients. What disease patients suffered from also mattered to their identities as citizens.

Chapter 3. Neurasthenia (the 1920s and 1930s)

3.1 Introduction

Neurasthenia is an illness first conceptualised in America. In 1868, New York neurologist George Beard first used the term neurasthenia to describe a set of symptoms, such as dizziness, headache and fatigue. His elaboration on neurasthenia made this illness familiar to the general population. It became a popular diagnosis in America from the late nineteenth to the early twentieth century. Studies of neurasthenia in America show that the conceptualisation of neurasthenia and its treatment reveal people's understanding of their relationship with society. As David Schuster demonstrates, the strategies for preventing neurasthenia shaped a lifestyle for middle-class Americans, which became a way for them to demonstrate their social identities.³⁰¹ Neurasthenia was not only a sickness associated with social classes. It also had gender implications. In popular culture at the turn of the twentieth century, men and women developed neurasthenia for different reasons. Explanations on the aetiology of neurasthenia in different genders reflected the anxiety of people in American society, where Victorian social norms and gender roles were challenged by industrialisation and urbanisation.³⁰² In the early twentieth century, people in different places of the world shared the opinion that neurasthenia was a disorder of a civilised world. This opinion can even be observed in doctors' writings. For example, in 1915, the American health reformer and doctor John Harvey Kellogg stated that "neurasthenia has swept over the whole civilised world," indicating his views on the aetiology of the illness.³⁰³

Neurasthenia was introduced to China in the Republican era and soon became a fashionable disease. As Jonathan Andrews defines it, fashionable diseases paradoxically combine unpleasant experiences caused by the disease and positive traits believed to be imparted by

³⁰¹ David Schuster, *Neurasthenic Nation: America's Search for Health, Happiness and Comfort, 1869-1920* (Rutgers University Press: New Brunswick, N.J, 2011), 6.

³⁰² Schuster, *Neurasthenic Nation*. Zachary Ross et al., *Women on the Verge: The Culture of Neurasthenia in Nineteenth-century America* (Sanford: The Iris & B. Gerald Cantor Centre for Visual Arts at Stanford University, 2004).

³⁰³ John Harvey Kellogg, *Neurasthenia, or Nervous Exhaustion* (Battle Creek, MI: Good Health Publishing, 1915), 15-6.

the illness.³⁰⁴ While suffering from neurasthenia was by no means pleasurable, the Chinese literate classes were willing to claim that they had the disease in the Republican era. Famous scholars noted their experiences of being neurasthenic in their diaries.³⁰⁵ People from the lower strata of the literate classes enquired about neurasthenia in newspapers. In a society where the elites were eager to get rid of the image as the “Sick Man of East Asia”, how could suffering from neurasthenia become fashionable among literate people? This chapter studies how views about being sick and the formation of social identities intersected through the case of neurasthenia. It suggests that through the conceptualisation of neurasthenia, the state promoted an ideal of citizens, which the literate classes took advantage of to create a sense of belonging to the social mainstream and to combat the anxiety caused by precarious daily life.

Medical practitioners and pharmacies had different explanations of the aetiology of neurasthenia. Japanese pharmacies first introduced Neurasthenia to the Chinese people in the early twentieth century. The Japanese patent medicine industry described the illness as a nervous disorder.³⁰⁶ In the 1930s, when the psy disciplines developed in China and gained authority in Beijing, medical professionals began to understand it as a neuropsychiatric disease.³⁰⁷ However, as the psy-disciplines were not well-developed in the Republican era, it was neither the only medical theory nor the dominant one to explain neurasthenia.³⁰⁸ TCM practitioners explained neurasthenia as *xu* (虛 depletion), a concept with a long history in Chinese medicine.³⁰⁹ Biomedicine and TCM theories were equally important ways for literate people to understand mental illness in the Republican era.³¹⁰ The coexistence of different kinds of medicine complicated neurasthenia's cultural and social construction, as this chapter shows. In this context, the state and the literate people could use different explanations about the aetiology of neurasthenia to articulate the different features of an ideal of modern citizens.

³⁰⁴ Jonathan Andrews and Clark Lawlor, “Introduction ‘An Exclusive Privilege ... to Complain’: Framing Fashionable Diseases in the Long Eighteenth Century,” *Literature and Medicine* 35, no. 2 (2017): 240.

³⁰⁵ For example, Zhou Zuoren (周作人 1885-1967), a famous essayist, wrote in his diary about his experiences of neurasthenia. Gu Jiegang, a prominent historian, also complained about suffering from neurasthenia when he was a student at Peking University. Emily Baum, *The Invention of Madness: State, Society, and the Insane in Modern China* (Chicago: The University of Chicago Press, 2018), 104.

³⁰⁶ *Ibid.*, 100-2.

³⁰⁷ *Ibid.*; Wenjing Li and Heinz-Peter Schmiedebach, “German Wine in an American Bottle: The Spread of Modern Psychiatry in China, 1898-1949,” *History of Psychiatry* 26, no. 3 (2015): 350; Wenji Wang, “Neurasthenia and the Rise of Psy Disciplines in Republican China,” *East Asian Science, Technology and Society: An International Journal* 10 (2016): 148.

³⁰⁸ *Ibid.*

³⁰⁹ Pi, “Cong ‘bushen’ dao ‘heerhmeng’ liaofa.

³¹⁰ Baum, *The Invention of Madness*.

Psychiatry, spiritual science, and mental hygiene, like other parts of the field of public health, were used as tools for the making of Chinese citizens in the Republican era. Emily Baum argues that the state promotion of mental hygiene was part of the more general biopolitical initiatives aimed at disciplining people's daily behaviours to achieve national modernisation.³¹¹ Jinping Ma reveals that the movement of mental hygiene led by the government did not significantly impact people's daily lives because it was largely symbolic.³¹² Other studies focus more on psychology, psychiatry, and spiritual science in public debates and popular culture. Luis Junqueira analyses the role of spiritual science as a method for moral and civil education both before and during the Republican era.³¹³ Wenji Wang suggests that the literate classes acquired new methods of self-management for achieving modernity through the popularity of psychiatric and psychological knowledge.³¹⁴ These studies focus more on how a new body of knowledge about the mind became a disciplinary tool, which considers suffering from mental illness as a line between citizens and outsiders. Why a mental illness could become popular remains to be answered.

Studies about neurasthenia in Chinese history focus mainly on how this disorder was conceptualised in commercial culture. Baum suggests that the medicine industry and psychiatry entrepreneurs promoted neurasthenia as an elite disease to sell their products to the literate classes. She argues that people from the literate classes claimed themselves neurasthenic to demonstrate an elite identity.³¹⁵ While her conclusion regarding the popularity of neurasthenia is correct, this chapter, which focuses on public discussions about neurasthenia in the 1930s, suggests the attitudes to neurasthenia were more complicated than the positive ones demonstrated in advertisements. I argue that the popularity of the illness among the literate classes resulted from the creation of citizenship, not simply an elite

³¹¹ Emily Baum, "Healthy Minds, Compliant Citizens: The Politics of 'Mental Hygiene' in Republican China, 1928-37," *Twentieth-Century China* 43, no.3 (2017): 215-33.

³¹² Jinping Ma, "Remolding the Chinese Mind: Mental Hygiene Promotion in Republican Shanghai" (PhD thesis: University of Waewick, 2019).

³¹³ Luis Fernando Bernardi Junqueira, "The Power within: Mass Media, Scientific Entertainment, and the Introduction of Psychical Research into China, 1900-1920," *Journal of the History of the Behavioral Science* 59 (2023): 193-216.

³¹⁴ Wang Wenji, "Xinli de 'xiaceng gongzuo': Xifeng yu 1930-1940 niandai dazhong xinli weishen lunshu" [West Wind Monthly and the popular mental hygiene discourse in Republican China] 心理的"下層工作": 《西風與1930-1940年代大眾心理衛生論述》, *Taiwanese Journal for Studies of Science, Technology and Medicine* 13 (2011): 15-88; Wang Wenji, "Hotbeds of Psychopathology": Psy Sciences and the Critique of the Family in Republican China," *East Asian Science, Technology and Society: An International Journal* 16 (2022): 387-407.

³¹⁵ Baum, *The Invention of Madness*, 101-3.

identity. Pi Guoli and Zhang Ning have also studied advertisements of medicine for *xubing* (虛病), a disease category in TCM, including neurasthenia. They argue that these advertisements reveal an understanding of health and lifestyle for modern citizens.³¹⁶ Following this line of thought, I analyse how neurasthenia was conceptualised specifically to observe what qualities of modern citizens were demonstrated through the discussions about neurasthenia, including but not limited to health.

Moreover, studies involving psychiatry, psychology, and mental illnesses in the Republican era focus on cities like Shanghai and Beijing, which provides more sources for producing and disseminating knowledge about these disciplines. The flow of knowledge between more prosperous cities and rural areas has yet to be examined. This chapter focuses on the more prosperous cities in Southern China, such as Shanghai and Guangxi. In the sections about the conceptualisation of neurasthenia in bigger cities, I examine how different groups used the discourse of neurasthenia to create an ideal of citizens and demonstrate citizenship. In the section about Guangxi, I analyse how the literate classes accepted the knowledge about neurasthenia and used it to explain their own experiences. By juxtaposing the conceptualisation of neurasthenia in different places, I demonstrate how the culture in more affluent cities influenced people's strategies to shape their identities in rural areas. I also reveal the nuances in the views about neurasthenia shaped by local conditions in different regions. Unlike the central government or the political authorities in Shanghai, the Guangxi government paid limited attention to mental hygiene. Doctors also did not show much interest in psychology and psychiatry. In *Guangxi weisheng yuekan*, for example, only one article about neurasthenia was published in three years.³¹⁷ Despite the limited interest in the illness from the political and medical authorities, there were enquiries about neurasthenia in the readers' letters newspaper column. These letters and doctors' responses provide a lens to observe how the literate classes in Guangxi understood neurasthenia and constructed their identities by discussing this illness. A comparison between how the literate classes constructed their identities through the conceptualisation of neurasthenia in big cities and rural areas like Guangxi can also suggest how the construction of knowledge, influenced by different factors, could impact people's understanding of selves differently.

³¹⁶ Pi, "Cong 'bushen' dao 'heerhmeng' liaofa;" Zhang Ning, "Nao wei yishenzhizhu."

³¹⁷ Fang Jilin, "Shenjing shuairuo gaishu" [An introduction of neurasthenia] 神經衰弱概述, *Guangxi weisheng xunkan* [Journal of hygiene in Guangxi] 廣西衛生旬刊 2, no. 30 (1935): 4-8.

This chapter first analyses how the state collaborated with medical professionals to promote an ideal of citizens through the news of politicians being neurasthenic and public discussions of the illness. I first examine the image of the ideal citizens displayed in the news about neurasthenic politicians. Then, I study how literate people reacted to the image. As the former chapters show, individual contributions to national health and economic development were critical to citizenship. In this context, the reaction from the literate classes would be complicated. The public discussions about neurasthenia in the late 1920s and the 1930s reveal more about how the literate people justified the paradox that neurasthenia both symbolised the modernity of citizens and could put its patients' citizenship into question. The second section shifts to what the views of neurasthenia suggested about women's citizenship. The third section introduces the conceptualisation of sexual neurasthenia, a type of neurasthenia that found its parallel in TCM. I analyse what emotion underlay the conceptualisation of sexual neurasthenia and what triggered the feelings. I also reveal that the strategies for preventing sexual neurasthenia helped the government to govern its people, whether doctors did it intentionally or not. The last section studies the impact of the conceptualisation of neurasthenia in Guangxi. It discusses why the literate classes in Guangxi paid more attention to sexual neurasthenia. Through analysis of the discussions about sexual neurasthenia, I demonstrate that the literate classes used enquiries about neurasthenia in newspapers to form an identity as citizens, which countered their anxiety about losing masculinity. No evidence suggests whether the letters were fabricated by doctors or not. However, even if they were written by doctors, the contents could still reveal what the literate people might be concerned about, since these enquiries were published in newspapers.

3.2 Neurasthenia: A Modern Disease among Citizens

Neurasthenia, the illness made familiar to Chinese consumers in the 1910s by the Japanese patent medical industry, attracted doctors' interest in the 1920s. In 1923, Yan Shoumin (颜守民), an assistant lecturer at Peking Medical School, introduced the aetiology and symptoms of neurasthenia to the readers of *Yishi yuekan* (醫事月刊 Medicine monthly), a journal targeted at all literate people. In this article, Yan noted two causes of neurasthenia: inherited and overstimulation of nerves. He then explained that the overstimulation of nerves was either a

result of strong emotions or the overworking of the mind.³¹⁸ From his point of view, neurasthenia was a somatic disease because the nerves became damaged. The overstimulated nerves made the patient emotional and sensitive to environmental changes. The symptoms ranged from a low mood to feeling sick.³¹⁹ While Yan wrote this article in a professional way, he was not a specialist in psy disciplines but an assistant lecturer of internal medicine (內科 neike) at the State-run Peking Medical School (國立北京醫學專門學校 Guoli Beijing yixue zhuanmen xuexiao). Although some medical entrepreneurs who were not specialised in psy disciplines were interested in promoting knowledge about neurasthenia to sell medicine to the better-off classes, Yan did not recommend any specific brand of medicine.³²⁰ Thus, his article suggested an increasing interest in neurasthenia among medical professionals.

Following an interest in psychoneurological diseases, doctors differentiated neurasthenia from madness, a condition known to the Chinese people for a long time. In his second article on neurasthenia, Yan noted that madness was one of the worst results of neurasthenia. However, he soon added that madness was rare in cases of neurasthenia. According to him, most patients only temporarily suffered from neurasthenia and would recover once they had a good rest or made some achievements in work. Therefore, Yan concluded that most people did not have to worry about becoming mad after being neurasthenic. Neurasthenia and madness were differentiated not only in articles but also in practice. Neurasthenic people were not frequently found in hospitals. Among 271 cases recorded by the Hospital of Madness in Shanghai (上海瘋癲專門醫院 Shanghai fengdian zhuanmen yiyuan) in 1934, only one case was specified as neurasthenia.³²¹ In all the cases, patients who behaved abnormally were described as mad rather than neurasthenic. From the records and articles, doctors' attitudes to madness and neurasthenia were clear. While mad people should be quarantined in a hospital for treatment, neurasthenic patients could enjoy freedom and only needed to have rest.

As in other parts of the world, neurasthenia was also explained as a disorder of modernity and civilisation by doctors and commentators in Republican China. Yan noted “a disease of

³¹⁸ Yan Shoumin, “Shenjingshuairuo” [Neurasthenia] 神經衰弱, *Yishi yuekan* [Medicine monthly] 醫師月刊 1 (1923): 11-3.

³¹⁹ Yan Shoumin, “Shenjingshuairuo (xu)” [Neurasthenia (two)] 神經衰弱(續), *Yishi yuekan* [Medicine monthly] 醫師月刊 2 (1923): 19-20.

³²⁰ Ibid; Yan, “Shenjingshuairuo.”

³²¹ Song Chengzhang ed., *Shanghai fengdian zhuanmen yiyuan* [Shanghai hospital for madness] 上海瘋癲專門醫院 (Shanghai: Fengdian zhuanmen yiyuan, 1932), Shanghai Municipal Library.

civilisation” as the nickname of neurasthenia at the beginning of his article.³²² He then explained that the illness prevailed where the culture was advanced, society was more civilised, and lives were difficult due to fierce competition.³²³ In 1929, another author also considered neurasthenia as a disease of civilisation in *Zhongxiyixuebao* (中西醫學報 Journal of Chinese and Western medicine), but he provided a slightly different explanation. This author called neurasthenia the “epitomise of urban diseases” (都市病的总代表 *dushibing de zongdaibiao*) and suggested that people living in industrialised cities and commercial society would become neurasthenic.³²⁴ The implication that neurasthenia was a disease of civilisation was even more apparent when commentators juxtaposed modern citizens with people in the premodern era to argue that the latter were not at risk of becoming neurasthenic.³²⁵ Doctors considered neurasthenia as a disease of civilisation because they learned about it from articles published in America.³²⁶ The social construction of neurasthenia was based on its aetiology. According to the aetiology, people who lived in cities and did mental work were more likely to get neurasthenic.³²⁷ Based on this opinion about neurasthenia, the literate Chinese in China believed that they were vulnerable to this mental illness.

In the late 1920s, neurasthenia became a disease popular among politicians and military officers. The news of political figures suffering from neurasthenia was frequently reported in newspapers. In 1928, Li Houshen (李厚身 ?-?), director of the Administration of the Railway between Shanghai and Nanjing and the Railway between Shanghai, Hangzhou and Ningbo (滬寧及滬杭甬鐵路局 *huning ji huhangyong tiluju*), took sick leave because he suffered from neurasthenia. The report in *Shenbao* (申報), a major newspaper based in Shanghai, stated that Li planned to resign due to illness but was persuaded to keep his position by Minister Wang of the Ministry of Transport (交通部 *jiaotongbu*).³²⁸ In 1929, another article in *Shenbao* stated that Wu Zhihui (吳稚暉 1865-1953), a significant officer in the Nationalist

³²² Yan, “Shenjingshuairuo,” 11.

³²³ Ibid.

³²⁴ Tiande, “Hewei shenjingshuairuo” [What is neurasthenia] 何為神經衰弱, *Zhongxi yixue bao* [Journal of Chinese and Western medicine] 中西醫學報 10. no.3 (1929): 63-7.

³²⁵ Hu Chuanyi, “Shenjingshuairuo ziliaofa” [Self-treatment of neurasthenia]神經衰弱自療法, *Weishengbao* [Newspaper of hygiene] 衛生報 59 (1929): 9.

³²⁶ Many articles about neurasthenia began with the statement that neurasthenia was most rampant in America because it was a civilised country. For example, Yan, “Shenjingshuairuo”; Zhang Kejing, “Shenjing shuairuo” [Neurasthenia] 神經衰弱, *Zhongguo yixueyuan biye jiniankan* [Graduates collection of the Chinese medical school] 中國醫學院畢業紀念刊 7 (1936): 383.

³²⁷ Yan, “Shenjingshuairuo.”

³²⁸ “Li juzhang yinbing cizhi” [Administrator Li resigned due to sickness] 李局長因病辭職, *Shenbao* 申報, October 15, 1928, 14.

government, became neurasthenic due to fatigue.³²⁹ Earlier in the same year, news came that Chen Chengren (陳誠仁 ?-?), section chief of the education section of Hangzhou municipal government, broke down mentally due to overwork and proposed to resign.³³⁰ Even Feng Yuxiang (馮玉祥 1882-1948), the general of a military force in the north and the former minister of the Ministry of War (軍政部 junzhengbu), was reported to be suffering from neurasthenia in 1929.³³¹ Whether Feng claimed to suffer from neurasthenia for political purposes or not, the report reveals that neurasthenia was not stigmatised towards the end of the 1920s, at least with the better-off class. Though neurasthenia was not actually beneficial to the patient, its cultural implication made it desirable to the politicians.

By stating that they were suffering from neurasthenia, politicians showcased their diligence and contribution. Most of these reports emphasised the point. Articles on politicians who collapsed mentally either pointed out directly or implied tacitly that these people worked hard and had already made contributions to society. In Li Houshen's case, the author specifically explained that Li had asked for sick leave, rather than resigned from his position because Minister Wang could not find the right person to take the job and persuaded him to stay.³³² The report implied Li's outstanding performance in his career. As one of the causes of neurasthenia was the overworking of the mind, readers might form the impression that Li had overworked in the past years to run the administration of the railway. In the case of Chen Chengren, the author directly claimed that Chen suffered from neurasthenia because of overworking and fatigue and appreciated his dedication to regulating the education system in Hangzhou.³³³ An image of a hardworking politician who depleted his mental power to serve the country was depicted in this report. As for the cases of Wu and Feng, people were familiar with them, so it was not necessary to introduce their work in the reports. By emphasising diligence, the authors of *Shenbao* earned fame for the politicians. It can be assumed that politicians were also willing to allow the media to report their sickness because these reports created a positive image for them. This image also implied the government's imagination of

³²⁹ "Wu Zhihui zai Taiyuan wobing" [Wu Zhihui got sick in Taiyuan] 吳稚暉在太原臥病, *Shenbao* 申報, December 19, 1929, 9.

³³⁰ "Hangshifu gengwei jiaoyukezhang" [A new minister of education section has been appointed to Hangzhou municipal government] 杭市府更位教育科長, *Shenbao* 申報, September 6, 1929, 12.

³³¹ "Feng Yuxiang zai jingyang zhong" [Feng Yuxiang having a rest] 馮玉祥在靜養中, *Shenbao* 申報, March 5, 1929, 9.

³³² "Li Juzhang yinbing cizhi," 14.

³³³ "Hangshifu gengwei jiaoyukezhang," 12.

the ideal citizen: people who devoted themselves to work for the country's survival and development.

Commentators observed that students were also prone to neurasthenia. In 1930, Yan Hong (彦閔) wrote that young people are the most vulnerable to neurasthenia. There were a lot of reasons for them becoming neurasthenic, such as quitting school due to military conflicts, political confrontation between different powers and failure in the efforts to save the country.³³⁴ The students depicted in Yan's article resembled the neurasthenic politicians. Both were concerned about the country's destiny and were willing to work for the country, even at the risk of their own health. While the officials had already contributed, students tried to save the country in their own ways. The similarities between the neurasthenic politicians and students recorded by Yan suggest the ideal of citizens promoted by the state was accepted by the literate classes. The author expressed his admiration for these young people by calling them enthusiastic youth of the new age (一腔熱血的新青年).³³⁵ His attitude and the performance of the politicians show that neurasthenia became an acceptable sickness for citizens not only because it was a disease of civilisation but also because it was a result of patriotism.

Other people from the literate classes also followed suit to demonstrate citizenship for themselves. In the 1930s, people openly discussed the experience of neurasthenia through letters to editors in newspapers and journals. In 1935, a teacher enquired about neurasthenia in *Qingnian Jiankang banyankan* (青年健康半月刊 Health of the Youth half monthly), a journal based in Shanghai for the health of young people. The teacher complained about a headache and asked whether this resulted from his busy work as a teacher in a primary school.³³⁶ His understanding of sickness implied that literate people in big cities like Shanghai had been familiar with neurasthenia as a disease caused by the depletion of mental power and prevailed among the literate classes. To explain the cause of his sickness, the teacher wrote that the workload was high in the primary school, and he worked until midnight every day, even

³³⁴ Yanhong, "Qingnian shimaobing de shenjingshuairuo" [Neurasthenia, a fashionable disease among young people] 青年時毛病的神經衰弱, *Yiguang huikan* [Journal of the hope of medicine] 醫光匯刊 1 (1930): 100-7.

³³⁵ Ibid.

³³⁶ Yi, "Shenjingshuairuo" [Neurasthenia] 神經衰弱, *Qingnian jiankang banyuekan* [Health of the youth half monthly] 青年健康半月刊 1, no. 11 (1935): 4.

though he felt unwell.³³⁷ By stating so, the teacher demonstrated himself as a hardworking and responsible person. This image corresponded with the ideal of citizens demonstrated by neurasthenic government officials. Enquiries about neurasthenia like this one show that the literate classes internalised the ideal of citizens promoted by the government. Petty urbanities with symptoms such as aches, pains, and fatigue could use neurasthenia to explain their experiences. People would also accept their explanation because the symptoms of neurasthenia varied from person to person. More importantly, in this way, they would not risk their social standing but even create a class identification with the better-off classes, such as politicians.

Despite the favourable implication of being neurasthenic, the reportedly high prevalence of neurasthenia concerned the literate classes. As doctors explained, people with neurasthenia would gradually lose their ability to work. A doctor named You Xuezhou (尤学周) wrote in a journal article that patients became tired and slow-minded after getting neurasthenic, which reduced their work efficiency.³³⁸ Even if the patient were willing to work, it would be better for them to stop. In response to the teacher's enquiry in *Qingnian Jiankang banyankan*, the doctor advised the teacher to quit his job in the primary school so his mind could rest.³³⁹ Rest was essential to the recovery of neurasthenia patients. According to doctors, neurasthenia would lead to more severe conditions, such as madness, if patients did not rest well.³⁴⁰ Therefore, neurasthenic patients would be unable to work anyway, whether the condition was in an early stage or became severe. In addition, doctors and commentators also worried about the impact of neurasthenia on future generations. Doctors observed that parents with neurasthenia would give birth to children with a poor constitution, who would be vulnerable to neurasthenia and other diseases.³⁴¹ For people who held a Social Darwinist opinion about health and nationhood, inheritance made neurasthenia a more potent threat to the nation's survival.

Students with neurasthenia were more likely to be criticised by commentators. Students were a crucial political group in the Republican era whose activities had a social and political

³³⁷ Ibid.

³³⁸ You Xuezhou, "Qingnian zhi shenjing shuairuo" [Neurasthenia among the young people] 青年之神經衰弱, *Dazhong yixue yuekan* [Monthly journal of medicine] 大眾醫學月刊 1, no. 9/10 (1934): 60-2.

³³⁹ Yi, "Shenjingshuairuo."

³⁴⁰ Yan, "Shenjingshuairuo," 11.

³⁴¹ Ibid.; You, "Qingnian zhi shenjing shuairuo," 61.

impact.³⁴² Meanwhile, they were also critical objects of making citizens through education.³⁴³ It can be assumed that this group's vulnerability to neurasthenia metaphorized a doomed future of the country in which the people had a weak physical constitution. Another authentic threat was the possibility of a shortage in the workforce. An article from the Chinese Society of Occupational Education (中華職業教育社 Zhonghua zhiye jiaoyu she) and Shanghai Career Service Office (上海職業指導所 Shanghai zhiye zhidao suo) entitled "To All the Young People" questioned whether neurasthenic students who quit their study could be qualified as a citizen, if they failed to finish their study or develop occupational skills.³⁴⁴ As the criticism shows, while neurasthenia was a tool for the better-off to display their citizenship, those who did not enjoy the same social reputation yet had the same illness still faced the question of their qualities as citizens. Students became the targets of commentators and doctors who were anxious about the nation's survival not only because of their social and political roles. Despite their impact as a group, students did not enjoy real power as individuals. Thus, they became safe targets for criticism. While many politicians claimed themselves neurasthenic in public, their identity as citizens was never questioned in public discussions about the sickness, in contrast to the experience of students.

As neurasthenia was a health issue and potentially would cause social problems, doctors and commentators made suggestions for its prevention. The first suggestion made by doctors was a balance between work and rest. An article published in 1934 acknowledged that working less in a competitive society would be impossible. Still, it advised people to take enough time for rest before they began to work.³⁴⁵ In 1935, a doctor named Tu Qihua (屠企華) suggested readers rest for ten minutes after one or two hours of work. He also suggested readers sleep seven to eight hours daily to stay energetic.³⁴⁶ These suggestions were based on the understanding that neurasthenia was caused by overworking of the mind. To attain mental power, doctors also believed it important to improve the physical constitution first. For

³⁴² Wenhsin Yeh, *The Alienated Academy: Culture and Politics in Republican China: 1919-1937* (Cambridge Ma., Harvard University Asia Center, 1990); Elizabeth Perry, "Managing Student Protest in Republican China: Yenching and St. John's Compared," *Frontiers of History in China* 8, no. 1 (2013): 3-31.

³⁴³ Culp, *Articulating Citizenship*.

³⁴⁴ Jiang Hengyuan and Pan Weinan, "Jinggao quanguo qingnian" [To all the young people] 敬告全國青年, *Jiuguo tongxun* [Communication of saving the country] 救國通訊 39 (1933): 701.

³⁴⁵ Guo Renji, "Ruhe fasheng shenjingshuairuozheng ji qi yufang" [The aetiology and prevention of neurasthenia] 如何發生神經衰弱症及其預防, *Shanghai zhoubao* [Shanghai weekly] 上海週報 1, no. 22 (1933): 437.

³⁴⁶ Tu Qihua, "Shenjingshuairuozheng de zhengzhuang, yufang, zhiliao (zhong)" [The symptoms, prevention and treatment of neurasthenia (two)] 神經衰弱症的症狀、預防、治療 (中), *Shibao* 時報, July 3, 1936, 2

example, Tu Qihua only advised how to maintain physical health because he believed that being physically strong can help individuals strengthen their mind power.³⁴⁷ Doctors said playing sports was a good way to achieve this purpose. As Tu suggests, easy outdoor sports activities were the most suitable for preventing neurasthenia. Although playing sports was considered effective in preventing neurasthenia, doctors also warned people to pay attention to the time spent on the activities and their stamina. They should not deplete their physical power. Otherwise, they would also become neurasthenic.³⁴⁸ From doctors' point of view, physical health was the core of the prevention of a mental illness that would possibly cause national degradation. Thus, physical health is a premise for people to be qualified citizens.

Apart from rest and sports, living in a hygienic place was also crucial to preventing neurasthenia. Guo Renji (郭人驥), dean of a hospital in Shanghai, considered the poor ventilation in places where people gathered, such as factories and schools, as a cause of rising levels of neurasthenia. Guo believed that the oxygen in the fresh air could nurture nerves, which helped people stay energetic. If ventilation were poor, people would have to breathe in air with waste, such as carbon dioxide, and become neurasthenic. Guo also noted the significance of light in the prevention of neurasthenia. He compared people to plants to explain the importance of light: just as plants could not grow well without sufficient sunlight, people could not stay healthy in dark rooms. Guo then criticised that the houses in China did not have enough windows to keep the room bright. Therefore, he suggested that the readers and the government pay attention to house ventilation and lighting to prevent neurasthenia.³⁴⁹

The social and cultural construction of neurasthenia helped the government promote citizenship based on patriotism, ability to work, physical health and a hygienic lifestyle. Neurasthenia was articulated both as a disease of civilisation, implying the modernity of the patients, and a malaise curbing the country's development. Those who followed the example of the government officials who declared themselves neurasthenic identified with an ideal of patriotic and hardworking citizens. They would also follow doctors' suggestions to live a hygienic life and keep physically healthy. The methods to prevent neurasthenia reinforced the idea that people could only stay physically healthy by living hygienically, which was also a premise for their citizenship. Neither the importance of physical health to citizenship nor that

³⁴⁷ Ibid.

³⁴⁸ Ibid.

³⁴⁹ Guo "Ruhe fasheng shenjingshuairuozheng ji qi yufang (xu)."

of a hygienic life was denied through the conceptualisation of neurasthenia. The discourses evolving around neurasthenia, especially its connection with citizenship, were strategies for the government to align people's aims with its own.

3.3 Neurasthenia and Female Citizens

Although doctors considered neurasthenia was less likely among women, they were not free from the risk. In *Jiankang shenghuo* (健康生活 Healthy life), a commentator named Jiji (濟濟) explained that women were born to be more nervous and were easily stimulated by changes in daily life. When women were overstimulated by strong emotions, they would suffer from indigestion and insomnia. These conditions damaged nerves, which finally developed into neurasthenia. Jiji took bereavement as an example of the cause of intense emotion. Moreover, depression and phobia were also believed to cause neurasthenia among women.³⁵⁰ Difficulties in daily life were also causes of strong emotion and neurasthenia, according to female doctors. In 1938, a doctor called Wu Manqing (吳曼青) attributed women's neurasthenia to difficulties in their relationship with their husbands. Wu explained the reason in detail: wives were depressed due to their husbands' love affairs; mistresses were distressed because they failed to become wives; single women were anxious as they did not find a good man to get married to.³⁵¹ The third cause of neurasthenia was the trivialities in everyday life. A commentator claimed that women were confined in the household and thus were easily upset by trivial issues at home. When the emotion mounted, a woman would become neurasthenic.³⁵² All these reasons had nothing to do with lives in modern society, which stood in contrast to the causes of neurasthenia among male patients. In doctors' accounts, the causes of women's neurasthenia were associated with their physical constitution and gender roles.

³⁵⁰ Jiji, "Shenjingshuairuo de genben zhiliaofa" [Treatment of neurasthenia] 神經衰弱的根本治療法, *Jiankang shenghuo* [Healthy life] 健康生活 3, no. 3 (1935): 160.

³⁵¹ Wu Manqing, "Shanghai funü de shenjingshuairuo bing" [Neurasthenia among women in Shanghai] 上海婦女的神經衰弱病, *Shanghai funü* [Shanghai women] 1, no. 3 (1938): 32.

³⁵² Jin Zhifu, "Nüzi de shenjing shuairuo" [Neurasthenia among women] 女子的神經衰弱, *Qingnian jiankan banyuekan* [Health of the youth half monthly] 青年健康半月刊 1, no. 8 (1935): 15-8.

The stereotypes that women were born to be sensitive and their well-being depended on a happy marriage were echoed by a letter from a reader of *Xiandai Jiating* (現代家庭 Modern family). The reader explained that she was a woman who had enjoyed reading poems in a grieving tone since a young age and considered her interest to be a cause of sickness.³⁵³ Her words squarely fit the stereotype of sensitive women whose nerves were bound to be overstimulated by their rich emotions. The reader then explained that she fell into depression because of the failure to find a good husband. She described herself as a good-looking woman who knew something about the classics (薄具蒲柳之姿, 復以精讀古訓 boju puliu zhizi fuyi jingdu guxun). Her beauty and intelligence attracted many young men who later proposed to her. She rejected everyone because she was not satisfied with their appearance and talents. When she became older, fewer men proposed to her. She found that she would not be able to find a good husband and thus felt increasingly depressed.³⁵⁴ Her experience implied the importance of marriage to women's mental well-being, which could not be compensated by other advantages, such as education. This image resembles that of a single neurasthenic woman in the article by Wu Manqing, making the reader a typical female patient of neurasthenia. This letter was an enquiry to doctors about how to recover from neurasthenia. It might have been fabricated by the editor. However, the editor must have believed that the relationship between neurasthenia and women's marriage would be popular among readers. Otherwise, it would not have been chosen as a topic for the medical enquiry.

The response to this letter from the doctor in *Xiandai jiating* revealed a different view about women's gender roles and social identity. The doctor suggested that the reader read poems with a cheerful mood, which would bring a positive feeling to the reader. After recovery, as the doctor advised, the reader should let go of the past failure in marriage and "serve the country and work for the wellbeing of the people."³⁵⁵ In the doctor's opinion, women did not have to create an identity through marriage. Their identity could be made through the connection between the country and themselves. In this way, women became citizens and had a public role. By stating that women should serve the country after they recovered from neurasthenia, the doctor emphasised that individual contribution to the country's development was essential to their identity as citizens. *Xiandai jiating* aimed to educate women to become

³⁵³ "Shenjing shuairuo de zhifa" [Treatment of neurasthenia] 神經衰弱的治法, *Xiandai jiating* [Modern family] 現代家庭 3, no. 7 (1940): 30-1.

³⁵⁴ Ibid.

³⁵⁵ Ibid., 31.

modern wives and citizens. The conceptualisation of neurasthenia in this magazine thus gave female readers an idea about what female citizens should be like.

The creation of women's identity as citizens began far before 1940 when the letter was published in *Xiandai jiating*. In the early twentieth century, intellectuals and revolutionaries wrote articles discussing the responsibility of women as citizens, which expanded women's traditional gender role as mothers at home to the role of the mother of the nation. According to these intellectuals, a female citizen should give birth to healthy children and rear them in a scientific way to ensure that the latter would grow up into responsible citizens.³⁵⁶ Although earlier discussions about women's obligations as citizens focused on their role as mothers, the cultural and political movements in the 1910s and 1920s improved women's involvement in public activities, which enabled them to practice their political citizenship.³⁵⁷ In the 1930s, it had already become a consensus that women were citizens, but their participation in public activities was less encouraged by the government. Instead, the role of the mother of the nation became more critical. As Hershatter observes, being a good wife and a good mother even overshadowed women's career life in the 1930s, while a decade ago, having a job was critical for a woman to be a modern citizen.³⁵⁸ Hsiaopei Yen's study of women's response to the New Life Movement shows that women were willing to live up to the standard set up by the government. But Yen also suggests that when women found themselves becoming the target of the state, they contested the standard of ideal citizens and tried to negotiate with the state.³⁵⁹ The criteria of ideal female citizens thus were essential to women's understanding of their gender roles, social identities and self. The impact of the requirements was revealed in women's views about their experiences and mental health.

Suggestions for women to prevent neurasthenia were also underpinned by the criteria for ideal female citizens. In 1933, *Nüzi yuekan* (女子月刊 Monthly journal of women) published an article to its female audiences on neurasthenia. It suggested dancing, tennis, table tennis, and gardening as proper activities to relieve the patients of neurasthenia.³⁶⁰ The suggestions

³⁵⁶ Helen M. Schneider, *Keeping the Nation's House: Domestic Management and the Making of Modern China* (Vancouver: UBC Press, 2008), 1-2.

³⁵⁷ Louise Edwards, "Policing the Modern Woman in Republican China," *Modern China* 26, no.2 (2000): 132-7; Gail Hershatter, *Women and China's Revolutions* (Lanham, MD: Rowman & Littlefield, 2019).

³⁵⁸ Hershatter, *Women and China's Revolutions*, 159.

³⁵⁹ Yen, "Body Politics, Modernity and National Salvation."

³⁶⁰ "Shenjingshuairuo de changshi" [Knowledge about neurasthenia] 神經衰弱的常識, *Nüzi yuekan* [Women monthly] 女子月刊 1, no. 4 (1933): 141.

implied the connection between physical and mental health. The way to stay mentally healthy was to keep the body strong. Gender differences can be observed in the suggestions. The activities suitable for women differed from those for men because doctors believed women had less stamina. Moreover, the suggestion also echoed the popular view in the 1930s that women should take certain sports activities, such as tennis and swimming, to keep themselves healthy and beautiful, which was also a requirement for female citizens.³⁶¹ In 1937, another article in *Xiandai Jiating* made several suggestions for women to prevent neurasthenia. In that article, women were advised to live a regular life in order to keep physically healthy.³⁶² While many women took a job outside the household, doctors did not consider their work a cause of neurasthenia, as the balance between work and rest was not advised to prevent the illness. The suggestion indicates that the literate classes considered women's role at home as wives and mothers more important than their work in their whole lives. The importance of a woman's role in a family to her health was also revealed in the suggestion that women should get married to avoid becoming neurasthenic.³⁶³ As these ways of preventing neurasthenia show, a woman was expected to get married and live a modern lifestyle. The lifestyle and life trajectory were essential to demonstrate citizenship promoted by the state and her self-identification as a citizen in the 1930s and the 1940s.

3.4 Sexual Neurasthenia

Apart from being hardworking and having a low mood, Chinese medical practitioners also considered venereal diseases and sexual deviancy as causes of neurasthenia. This type, caused by the abnormal excretion of hormones, was called sexual neurasthenia. In an interview issued in *Xinwenbao benbufukan* (新聞報本埠副刊 News press, Shanghai supplement) in 1928, a doctor named Xia Shenchu (夏慎初) attributed sexual neurasthenia to gonorrhoea and masturbation. Xia believed that venereal diseases, such as gonorrhoea, and sexual deviation would cause extra emission of hormones from sexual organs, which stimulated nerves

³⁶¹ Yu Chienming, *Yundongchang neiwai: jindai Huadong diqu de nüzi tiyu, 1895-1937* [In and outside the stadium: Women's sports in Eastern China in the Republican era, 1895-1937] 運動場內外：近代華東地區的女子體育 (Taipei: Zhongyanyuanjinshisuo, 2009).

³⁶² Zhu Baiping, "zenyang jiuji shenjingshuairuo de nianqing funü" 怎樣救濟神經衰弱的年輕婦女 [How to save neurasthenic young women], *Xiandai jiating* [Modern family] 現代家庭 8 (1937): 53.

³⁶³ *Ibid.*, 54.

continuously and caused neurasthenia.³⁶⁴ The consequence of sexual neurasthenia was the weakness of sexual organs. Male patients suffered from spermatorrhea and impotence. They would fall into a vicious cycle in which spermatorrhea and sexual neurasthenia worsened each other.³⁶⁵ Female patients, on the other hand, had irregular menstruation and infertility.³⁶⁶

While endocrine disorders and hormones were alien to the Chinese, TCM practitioners found the parallel of sexual neurasthenia in Chinese medical classics. The causes of sexual neurasthenia were similar to the aetiology of *shenkui* (腎虧, kidney deficiency) in TCM. *Shen* (腎, kidney) was conceptualised as the organ where *jing* (精) was stored in Chinese medicine. The character *jing* (精) refers to both energy and semen. The excessive loss of semen connoted the depletion of energy.³⁶⁷ Therefore, the consequences of *shenkui*, the disease caused by excessive loss of semen, included all the symptoms caused by the depletion of energy, such as fatigue and headache. These symptoms resembled those of neurasthenia. Apart from the kidney, *jing* was also crucial to the function of the brain in Chinese medicine. The semen could be energised and turned into *qi*, which became a vital life essence. The *qi* then circulated in the body and nourished the brain. This process was called *huanjingbunao* (還精補腦).³⁶⁸ In this way, TCM practitioners explained why sexual excess could deplete brain power and cause neurasthenia.

The understanding that neurasthenia was *shenxu*, a disease known to the Chinese for a long time, gained recognition through institutional study of the illness and was disseminated to the literate. In 1935, Guo Renji noted in the title of his article in *Changshou* (長壽 Longevity of life) that *shenxu* and sexual neurasthenia were the same sickness.³⁶⁹ This opinion was echoed by students trained in medical schools. Zhang Kejing (張克勁), a student at China Medical School (中國醫學院 Zhongguo yixueyuan), took neurasthenia as the topic of his dissertation published in 1936. Zhang attributed *shenyangxu* (腎陽虛 depletion of *yangqi* in the kidney) to

³⁶⁴ Xia Shenchu, “Xingshenjingshuairuo” [Sexual neurasthenia] 性神經衰弱, *Xinwenbao benbu fukan* [News Press, Shanghai Supplement] 新聞報本埠副刊, June 23, 1928, 1.

³⁶⁵ Ibid.

³⁶⁶ Jiji, “Shenjingshuairuo de genben zhiliaofa,” 160-1.

³⁶⁷ Pi, “Cong ‘bushen’ dao ‘heerhmeng’ liaofa,” 41.

³⁶⁸ Hugh Shapiro, “The Puzzle of Spermatorrhea in Republican China,” *Position* 6, no. 3 (1998).

³⁶⁹ Guo Renji, “Xingshenjingshuairuo (ji shenkui) de benxiang bingzhuang he zhiliao” [Sexual neurasthenia (depletion of the qi in kidney): symptoms and treatment] 性神經衰弱(即腎虧), *Changshou* [Longevity] 長壽 4, no. 10 (1935): 187.

the degradation of nerve power in the kidney (腎 shen). He took the lack of secretion of the kidney and the reproductive system (性腺 xingxian) as the cause of *shenyinxu* (腎陰虛 depletion of *yinqi* in the kidney).³⁷⁰ Both *shenyinxu* and *shenyangxu* are types of *shenkui*. Zhang used the vocabulary from biomedicine and the theories of Chinese medicine to analyse the aetiology of neurasthenia. In this way, Zhang implied that the aetiology and his study were designed and carried out in a scientific way, convincing his reader of the authority of his conclusion. In the 1930s, the understanding of neurasthenia shaped by different bodies of medical knowledge coexisted. All these understandings seemed to be viewed as authentic knowledge by the literate classes.

Based on both the biomedical and Chinese medical theories of the causes of neurasthenia, doctors suggested moderation as a preventative method. Zhang Kejing suggested in his dissertation that people should take a job, keep a balance between work and rest, and avoid “unhealthy ways of entertainment” (不正娛樂與傷身無益之事).³⁷¹ According to his analysis of the aetiology, these activities included excessive sex and consumption of food and drinks containing substances that stimulated nerves, such as cigarettes, tea, alcohol and opium.³⁷² Similar suggestions were also made in an article in *Yiyao qingbao* (醫藥情報 Medical information), a journal published by Shanghai Zhongxi dayao fang (上海中西大藥房 Shanghai zhongxi pharmacy), targeted at medical professionals and people working in pharmacies.³⁷³ Literate people could also access such information in newspapers, such as *Xinwenbao* (新聞報 The news), in cities like Shanghai.³⁷⁴

Considering the aetiology, doctors noted that men were more likely to suffer from both types of neurasthenia. Zhang Kejing explained that men were under tremendous pressure in a competitive society because they were breadwinners. Compared with doing housework, the jobs that men took required more mental work. In addition, Zhang also noted that the loss of semen deteriorated health more than the loss of blood, which made men more vulnerable to

³⁷⁰ Zhang, “Shenjing shuairuo,” 383.

³⁷¹ *Ibid.*, 387.

³⁷² *Ibid.*, 380.

³⁷³ “Xing shenjingshuairuo zhi tiaoyang tan” [A discussion of preventing sexual neurasthenia] 性神經衰弱之調養談, *Yiyao qingbao* [Medical information] 醫藥情報 2 (1936): 6-7.

³⁷⁴ Sun Yucheng, “Shenjing shuairuo zhi xiuyang” [Prevention of neurasthenia] 神經衰弱之休養, *Xinwen bao* [The news] 新聞報 July 25, 1935.

neurasthenia.³⁷⁵ Other commentators attributed sexual neurasthenia to social factors. In the article in *Yiyao qingbao*, the author claimed that women participated in public life more frequently at the time than in the premodern era, which overstimulated men's nerves, making sexual neurasthenia more rampant.³⁷⁶

Discussions about neurasthenia, especially sexual neurasthenia, revealed literate men's anxiety over losing masculinity. This sentiment resulted partially from the leftists' waning influence on politics. During the Nanjing decade, commerce developed rapidly in China. Leftist intellectuals who played a significant role in revolutions in the early 1920s lost their social impact to newly emerged politicians and business people. As Jun Lei suggests, male intellectuals projected their anxiety over being socially and politically marginalised onto the New Woman, the epitome of female citizens who embodied the modernity intellectuals would like to achieve.³⁷⁷ An essential feature of the New Woman was their participation in public life. They worked and leisured in the public sphere. They also took part in political activities. Their public life challenged the old social norms, such as gender segregation. Men's neurasthenia caused by the corruptive life in cities was a metaphor for men's feeling of losing masculinity when women could work in public.

The discourse of neurasthenia also revealed men's fear of the failure to support their families, which would eventually cause moral criticism and even push them to the edge. As Wenhsin Yeh's *Shanghai Splendour* describes, petty urbanities felt tremendous pressure to earn enough money to feed their family under the force of foreign imperialism.³⁷⁸ A consideration of material well-being, however, was intertwined with men's moral conduct at home. Yeh suggests that failure to support the family thus was "not only an economic hardship, but also a moral failure and an emotional misfortune."³⁷⁹ If a man lost his job, the condition would be even worse, because the family would fall into poverty and poverty was criminalised in the 1930s.³⁸⁰ Commentators did not even pay attention to whether women would get neurasthenic under a heavy workload, even though some women-dominated occupations, such as nursing,

³⁷⁵ Zhang, "Shenjing shuairuo," 379-80.

³⁷⁶ "Xing shenjingshuairuo zhi tiaoyang tan," 6.

³⁷⁷ Jun Lei, *Mastery of Words and Swords: Negotiating Intellectual Masculinities in Modern China, 1890s-1930s* (Hong Kong: Hong Kong University Press, 2022); Edwards, "Policing the Modern Woman in Republican China."

³⁷⁸ Yeh, *Shanghai Splendour*, 120-51.

³⁷⁹ *Ibid.*, 149.

³⁸⁰ Chen, *Guilty of Indigence*.

were highly stressful and required both mental and emotional work.³⁸¹ The stereotype that jobs women took did not need much mental work is a reason. Another reason is that it was not an ethical norm for women to support the family in a household. Therefore, in the mind of the male commentators in the Republican era, men who were heads of households were more vulnerable to neurasthenia than women.

3.5 Neurasthenia and Masculinity of Male Citizens: Guangxi as a Case Study

Doctors spread knowledge about neurasthenia to Guangxi, but their interest in this illness was limited. In 1932, an article titled “What is Neurasthenia” was published in *Wuzhou Mingguo Ribao*, which briefly introduced the aetiology and preventative methods of the illness.³⁸² In 1935, another article with a more comprehensive discussion about neurasthenia was published in *Guangxi weisheng xunkan*. In this article, the author called neurasthenia a “chronic illness of nerves” that prevailed in places with advanced civilisation.³⁸³ He attributed neurasthenia to overworking of the mind and sexual excesses. After explaining why people would develop neurasthenia, the author also introduced methods to prevent and treat neurasthenia. A hygienic lifestyle, including balance between work and rest, doing sports and temperance, was emphasised as a preventative method and a means for recovery. Like doctors outside Guangxi, this doctor also claimed that men were more vulnerable to neurasthenia than women.³⁸⁴ All these views of neurasthenia were the same as those published in journals based in cities on the Eastern coast, such as Shanghai. The author did not note anything about TCM practitioners’ understanding of the illness, conceptualising neurasthenia purely through biomedicine. No other article about the same disease was published in the remaining fifty-seven issues of the journal. Compared with Shanghai, much fewer articles about neurasthenia were published in Guangxi.

The literate classes in Guangxi were more likely to acquire knowledge about neurasthenia through advertisements. The knowledge was spread by pharmacies whose headquarters were

³⁸¹ Nicole Elizabeth Barnes, *Intimate Communities: Wartime Healthcare and the Birth of Modern China, 1937–1945* (Oakland, CA: University of California Press, 2018).

³⁸² “Shenme Jiaozuo shenjing shuairuo” [What is neurasthenia] 什麼叫做神經衰弱, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報 December 28, 1932, 4.

³⁸³ Fang, “Shenjing shuairuo gaishu,” 4.

³⁸⁴ *Ibid*, 4–8.

in Shanghai and had branches nationwide. In late December 1933, *Wuzhou minguo ribao* published an advertisement for *jinsuo gujingwan* (金鎖固精丸 literally ‘gold lock’ pill for preserving semen). The medicine was sold by Foci Pharmacy (佛慈大藥廠 Foci dayaochang), a Shanghai pharmacy with branches in Guangxi. *Jinsuo gujingwan* was an herbal medicine for neurasthenia and other diseases with similar symptoms. In its advertisement, the pharmacy explained the aetiology of neurasthenia. While articles from doctors clearly described the function of organs and the circulation of *qi*, the advertisement only claimed that neurasthenia and spermatorrhea worsened each other, which deteriorated physical health and caused low mood.³⁸⁵ According to this content, the potential customers were those who were suffering from sexual neurasthenia. Even though those who had the mental type of neurasthenia were not targeted customers, the advertisement still warned its readers that neurasthenia would finally develop into a mental disorder that would lead to suicide in order to promote the medicine.³⁸⁶ In this way, readers would form a view about the danger of neurasthenia after reading the advertisement.

The statements in advertisements seemed to be scientific knowledge because pharmacies used strategies to imply their authority. Foci Pharmacy, for example, made a blurred explanation of the aetiology and did not clearly state how herbs worked to cure neurasthenia. Instead, it highlighted that the herbal medicine was made according to famous prescriptions, implying the efficacy of the medicine had been verified. The pharmacy claimed the medicine could nourish nerves. Even though nerves were not conceptualised in TCM theories, the pharmacy said the medicine had been tested on animals to confirm its effect on nerves, and it turned out to be absolutely safe because it did not have any side effects.³⁸⁷ In this way, the advertisement also indicated that the medicine was double-checked through scientific methods. By showing that the efficacy of the medicine was testified through scientifically designed tests, the pharmacy also implied the scientific nature of its statement about the aetiology of neurasthenia.

The literate classes in Guangxi showed their concern about neurasthenia even when the government and medical professionals had a limited interest in the disease. From 1932 to

³⁸⁵ “Yijingbing yu jinsuo gujingwan” [spermatorrhea and ‘gold lock’ pill for preserving semen] 遺精病與金鎖固精丸, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, December 24, 1933, 10.

³⁸⁶ Ibid.

³⁸⁷ Ibid.

1933, several letters asking about neurasthenia and the symptoms were published in the newspaper, with doctors' answers.³⁸⁸ A letter about neurasthenia of the brain type suggests that readers were likely to learn about the illness through advertisements. The reader, named Bowu (伯吾), stated that he felt dizzy and it was possible to have neurasthenia. He then asked the doctor if he could take the brain tonic sold in the pharmacy to relieve his sickness.³⁸⁹ The content of the letter suggests Bowu did not fully buy into what was advertised for the brain tonic. But he picked up the idea that feeling dizzy could be a symptom of neurasthenia. The doctor confirmed Bowu's sickness as having neurasthenia. His answer strengthened the association between dizziness and neurasthenia. Letters to doctors as such constitute another way for the literate classes to acquire knowledge about neurasthenia. The Q&A columns, where these letters were published, became a venue for the literate classes to discuss the experiences of getting neurasthenic and exchange knowledge about the illness.

In these letters to medical practitioners, sexual neurasthenia was a more prominent topic than the brain type. Among thirteen letters about neurasthenia published in 1932 and 1933, only one reader asked about neurasthenia of the brain type. Other letters were all about sexual neurasthenia. In the enquiries, readers complained about symptoms resembling *shenkui* and attributed their sickness to sexual excesses. Doctors who practised biomedicine replied that they were suffering from neurasthenia, or more specifically, sexual neurasthenia. These letters and responses associated the new disease concept with old understandings of sexology and health. In rare cases, such as Bowu's letter, even when the doctor knew the cause was more likely to be overworking of the mind, the doctors still warned that masturbation could cause neurasthenia.³⁹⁰ The connection between neurasthenia and sex deviance and excess was reinforced as a result. In fact, sexual neurasthenia attracted more attention precisely because it resembled *shenkui* in traditional medicine. The idea that sex excess could cause sickness had a history in China before the twentieth century. The concern about the deterioration of health due to sex excesses helped the spread of knowledge about neurasthenia in Guangxi.

³⁸⁸ *Wuzhou minguo ribao* was first issued in 1925. The earliest edition available was issued in 1932. Therefore, neurasthenia might also have been discussed in the newspaper before 1932.

³⁸⁹ Bowu, "Touhunyanhua" [Dizziness] 頭昏眼花, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, October 26, 1932, 4.

³⁹⁰ *Ibid.*

The letters between the readers and doctors also show that the literate people regarded sexual neurasthenia and *shenkui* as the same thing in Guangxi, though doctors did not introduce neurasthenia from the perspective of TCM there. In a letter published in November 1932, a reader named Rong Guang (容廣) recounted that he became much weaker than before after he recovered from night sweats and had suffered from spermatorrhea for about one year. He went to see a practitioner of TCM who diagnosed the sickness as *shenxu* (腎虛 the colloquial name of *shenkui*) and took herbal medicine, yet the symptoms were not lifted. Then, he went to see a doctor who practised modern medicine and was told that he was impotent, but the treatment did not work either. After that, the young man took various medicines for *shenxu* advertised by pharmacies and still failed to recover. The doctor who replied to him did not provide a diagnosis. Instead, he told the young man that neurasthenia and masturbation were possible causes of spermatorrhea and suggested that Rong Guang should see a doctor again.³⁹¹ Although the doctor did not explicitly equal *shenkui* to neurasthenia, his suggestion would leave an impression to the readers that the two diseases were the same. Another letter from Huang Jitang (黃繼唐) enquired about similar problems nine days later, including masturbation and spermatorrhea, and the doctor who practised TCM replied to him that the sickness was *shenkui*.³⁹² The coexistence of various explanations for similar symptoms made it likely that readers associated *shenkui* with neurasthenia. People may also have equated neurasthenia to *shenxu* or *shenkui* through their own experience of seeking medical help from doctors practising TCM and modern medicine, as the case of Rong Guang displays.

The enquiries about sexual neurasthenia in newspapers revealed the fear of losing masculinity. Fatigue, weakness and impotence were frequently complained of by neurasthenic patients in their enquiries to editors in newspapers. In November 1932, Rong Guang noted in his letter to the doctor that his physical constitution was weakened after suffering from night sweats. He described his symptoms as “breathing quickly after walking upstairs or walking a long distance” (上楼远行, 均觉气喘 shanglou yuanxing junjue qichuan). His condition improved with traditional Chinese medicine, but the problems recurred in the summer. He wore out quickly, even if the workload was low.³⁹³ Another anonymous reader also stated that he became weak after a severe sickness and always felt cold in winter, which was typical

³⁹¹ Rong Guang and Liang Zhiqun, “Wen daohan yu yijing” [Asking about night sweat and spermatorrhea] 問盜汗與遺精, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, November 1, 1932, 4.

³⁹² Huang Jitang and Li Zhongqiao, “Shouyin, yijing” [Masturbation and spermatorrhea] 手淫, 遺精, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, November 10, 1932, 4.

³⁹³ Rong and Liang, “Wen daoha yu yijing,” 4.

evidence of poor physical constitution in TCM.³⁹⁴ Both patients stated that they were sexually impotent, which was a consequence of physical weakness. In some letters, impotence was the only problem complained of by patients. In 1933, a reader called Wang Xuan (王軒) told the editor that he was “healthy physically and mentally,” yet was worried about impotence. While weak physical condition was a significant concern of neurasthenia, impotence was the most urgent problem for the patients. As Huang Kowu’s study on masculinity in imperial and modern China suggests, male potency was an essential indication of masculinity.³⁹⁵ The anxiety over impotence revealed the fear of losing masculinity among the male readers of *Wuzhou mingguo ribao*. The worry about physical weakness revealed the same thing. Since the late Qing period, there was a trend of pursuing physical power among the literate classes.³⁹⁶ Although the enthusiasm for martialised masculinity waned in the 1920s, the physical constitution remained important to masculinity in the 1930s.³⁹⁷ The weakness caused by neurasthenia thus also implied the weakened masculinity of the readers, which made them anxious to find a treatment.

Men’s loss of masculinity was attributed to their inability to resist succumbing to desires in modern society. The readers’ letters and doctors’ replies in the newspapers in Guangxi suggested that losing self-control was the reason for spermatorrhea, a cause and a result of neurasthenia. Rong Guang confessed in his letter to the editor of *Wuzhou mingguo ribao* that he succumbed to the lure of women and felt weak due to sexual excess. In the response, the doctor told him that the cause of his physical weakness was succumbing to sexual desire.³⁹⁸ In the 1920s and 1930s, masculinity was increasingly defined through the romantic relationship between men and women. On the one hand, men were encouraged to pursue romantic love to demonstrate *qing* (情 feeling/emotion), which was crucial to masculinity. On the other hand, they were also required to be self-contained and rational to avoid being effeminate.³⁹⁹ As Rong Guang’s letter suggests, his failure to control himself in front of the lure of women resulted in impotence, which symbolised his loss of masculinity. When the doctor diagnosed

³⁹⁴ Li Zhongqiao, “Yijing, zaoxie, mianhuang, chunbai” [Spermatorrhea, premature ejaculation, pale face and lips] 遺精、早洩、面黃、唇白, *Wuzhou mingguo ribao* [Republican daily, Wuzhou Edition], November 29, 1932, 4.

³⁹⁵ Huang Kowu, *Yan buxie buxiao: Jindai zhongguo nanxing shijiezhong de xinüe, qingyu yu shenti* [Jokes as pornographies: Jokes, desires and the body of modern Chinese men] 言不褻不笑：近代中國男性世界中的戲謔、情慾與身體 (Taipei: Lianjing chubanshe, 2016).

³⁹⁶ Lei, *Mastery of Words and Swords*, 106-54.

³⁹⁷ Ibid.

³⁹⁸ Gong and Liang, “Wen daohan yu yijing,” 4.

³⁹⁹ Lei, *Mastery of words and Swords*, 158.

him as being neurasthenic, neurasthenia became a symbol implying a man's loss of masculinity in a modern society filled with desires and lures. Rong Guang's case resonated with the discussion about neurasthenia in articles published in Shanghai, which attributed men's neurasthenia to women's exposing their femininity in public. Like their counterparts in Shanghai, the literate men in Guangxi were also faced with the challenges of new gender roles, and they used the same discourse of neurasthenia to express their anxiety.

The male members of the literate classes also feared not having a child due to neurasthenia, even though doctors never discussed this consequence in their articles. The readers sometimes asked doctors if their symptoms would influence their fecundity.⁴⁰⁰ The answer remained in debate among the Western-trained doctors and practitioners of TCM. From the traditional Chinese medical perspective, the patient's *jing* and blood were weakened, which would cause infertility.⁴⁰¹ The attitude of Western-trained doctors was much vaguer. In his response to a reader, Liang Zhiqun (梁治羣) stated that the sufferer's wife would be pregnant if both of them were physically healthy, yet avoided the question of whether neurasthenia could cause organic lesions.⁴⁰² Three months later, Liang answered a female reader that her husband's neurasthenia would not affect fertility.⁴⁰³ The uncertainty of the consequences would have caused panic among Chinese men.

The possibility of not having a child was also a threat to masculinity. In the 1930s, when male intellectuals lost their political influence, they began asserting their role in the nuclear family to claim masculinity.⁴⁰⁴ Having descendants to preserve the continuity of the clan was an important responsibility of a man in traditional social norms. This view about descendants and clan continuity remained in the Republican era. When a family lost the husband, the widow even adopted boys from the husband's clan to carry on the family name in the 1920s and the 1930s, suggesting the importance of having a male heir.⁴⁰⁵ If a man failed to have a child due

⁴⁰⁰ For example, Li, "Yijing, Zaoxie, Mianhuang, Chunbai"; Huang Zimin and Liang Zhiqun, "Wen baidai ji qita" [An enquiry about excretion of vagina and other problems] 問白帶及其他, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, December 2, 1932, 4; Wang and Liang, "Xingshenjing shuairuo," 4.

⁴⁰¹ Li, "Yijing, zaoxie, mianhuang, chunbai," 4.

⁴⁰² Huang and Liang, "Wen baidai ji qita," 4.

⁴⁰³ Mei and Liang Zhiqun, "Baidai ji qita" [Leucorrhoea and other questions] 白帶及其他, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報 February 4, 1933, 4.

⁴⁰⁴ Yeh, *Shanghai Splendour*.

⁴⁰⁵ Linh D. Vu, *Governing the Dead: Martyrs, Memorials and Necrocitizenship in Modern China* (Ithaca, NY: Cornell University Press, 2021).

to a health condition, it would be a moral stain. In the Republican era, having children became even more important to a man's masculinity because the role of a father and husband was emphasised in the new idea about masculine virtues and citizenship. Whether men were worried about their gender role in the nuclear family or the bigger family, the failure to fulfil either responsibility could shatter their masculinity and their self-identification as citizens.

Literate men in Guangxi demonstrated citizenship to shape a new masculine identity. Jun Lei reveals that men's self-identification as being masculine was associated with their status in society.⁴⁰⁶ Therefore, by claiming an identity shared by the social mainstream, the literate men in Guangxi could establish their self-identification as being masculine again. These people used several strategies to articulate their identity as citizens. Being neurasthenic was a way because it symbolised the modernity of the patients. The patients demonstrated themselves as those who fell victim to a modern society with more challenges and lures, which in turn proved their modernity. Despite the modernity these male readers had already achieved, they still tried hard to recover from the disease in order to become healthy and valuable citizens, the ideal the GMD government promoted. Their endeavour was demonstrated by the experience of seeing doctors practising different kinds of medicine. In the newspaper, men who enquired about neurasthenia sometimes provided details about the treatment received. Some of them sought treatment from modern medicine and traditional Chinese medicine before coming to the newspaper for help. Rong Guang, for example, wrote that he went to see a practitioner of TCM first and then turned to a doctor practising modern medicine, yet neither of them cured the sickness.⁴⁰⁷ Another patient called Shi Jian (石健) claimed that he had taken tonics such as coco-vitamin and sanato-gen, and had received injections of caffeine sodiobenzoate and *spermin*, a kind of medicine made by hormones of animals to treat neurasthenia.⁴⁰⁸ Both readers talked about their experiences to inform the doctor about the medicine they had taken. These accounts also indicated that readers aligned their individual goals with the government's aim: to stay healthy, which benefited national health. In this way, these male members of the literate classes asserted the responsibility of citizens. When they were not anxious about losing their identity as citizens, the fear of losing masculinity also declined.

⁴⁰⁶ Lei, *Mastery of Words and Swords*.

⁴⁰⁷ Rongguang and Liang, "Wen daohan yu yijing," 4.

⁴⁰⁸ Shi Jian, "Riguangyu yu shenjing shuairuo" [Sunbath and neurasthenia] 日光浴與神經衰弱, *Wuzhou minguo ribao* [Republican Daily, Wuzhou edition] 梧州民國日報, August 5, 1933, 10.

3.6 Conclusion

This chapter demonstrates that the government collaborated with doctors to promote an ideal of citizens and that this ideal was used by the literate classes to relieve the anxiety caused by changes in ideas and society. When doctors introduced neurasthenia to China, its cultural construction as a disease of civilisation was also brought into the country. This understanding was developed around the causes of the disease, which is the depletion of mind power. In the late 1920s, government officials presented themselves as patriotic and hardworking people by claiming they were neurasthenic. Through the news about neurasthenic officials, the government promoted an ideal of citizens who were willing to devote themselves to the country's development. People from the literate classes followed suit to diagnose themselves as neurasthenic. However, as being healthy was essential to the identity of citizens at the time, neurasthenia became a concern of doctors and commentators. They worried that young people with neurasthenia would lose their ability to work and would have weaker descendants. Both consequences were harmful to the future of the country. Some commentators even questioned neurasthenic students' identity as citizens, while the same criticism was never made about neurasthenic politicians. Doctors proposed a hygienic lifestyle, including balancing work and rest, doing sports, and living and working in a clean and bright place with good ventilation, as a way to prevent neurasthenia. Living a hygienic lifestyle thus complemented the requirements of ideal citizens.

The conceptualisation of neurasthenia also reflected the unique requirements for female citizens. While doctors considered women to be less vulnerable to neurasthenia, women were not free from the risk. Women could become neurasthenic if they did not have a happy marriage. The trivialities at home in daily life were also causes of the overstimulation of nerves. The idea that marriage and their roles at home were important to a woman's health was widely spread. Doctors even proposed marriage as a way to prevent and treat neurasthenia. The fact that women could only stay healthy when they had a happy marriage suggested marriage was an essential requirement for female citizens. In addition, female citizens should also live a hygienic lifestyle, including doing sports and setting up daily routines. The differences between the preventative methods for men and women had two indications. First, women were encouraged to participate in outdoor sports and public

activities. Second, women's work was less important than their role at home to their mental health and their self-identification in the minds of doctors and commentators. At the end of the 1930s, the importance of working for women's identity as citizens increased, even though marriage was critical for a woman's self-identification to literate women. The change can be observed in the letters between a patient and a doctor published in *Xiandai jiating*, the journal aiming at creating female citizens.

Besides neurasthenia caused by overworking of the mind, there was another type of neurasthenia, known as sexual neurasthenia, which was a hormonal illness. The aetiology of sexual neurasthenia was similar to *shenkui*, a disease conceptualised through TCM. Medical professionals studied the similarities between the two diseases. The idea that sexual neurasthenia and *shenkui* were the same disease was spread to the literate classes. Doctors suggested people live a moderate life to avoid getting neurasthenic. The aetiology of different types of neurasthenia revealed the anxiety of literate people to the challenges of new ideas and the precariousness of daily life. By living a lifestyle suggested by doctors, people from the literate classes established a sense of belonging to the "healthy" majority and an identity as citizens. Therefore, the suggestions from doctors became a placebo for them to relieve themselves from anxiety.

Men in Guangxi articulated their masculinity by demonstrating their characteristics as ideal citizens when they discussed sexual neurasthenia in newspapers. The medical professionals showed limited interest in disseminating detailed knowledge about neurasthenia in Guangxi. It is more likely that the literate people there knew about the disease through advertisements. They asked more about sexual neurasthenia, revealing a fear of losing masculinity because being neurasthenic implied that these men failed to control themselves. They might not have children due to the illness, which was also a threat to masculinity. The fear of losing masculinity resulted from the anxiety of being marginalised in modern society. However, men from the literate classes also found a way to articulate their masculinity through the discussion of neurasthenia. They created an identity as citizens for themselves. They demonstrated their concern about physical health and the experience of seeking medical help from doctors practising different kinds of medicine. In this way, they showed their identification with the ideal of citizens promoted by the government and their efforts to live up to the standard. The discussions about sexual neurasthenia in Guangxi thus suggest that the ideal of citizens was

accepted by the literate people even in an area peripheral to the power of the central government. Citizenship also provided people with a method to establish an identity for themselves to counter the anxiety of being marginalised.

Chapter 4. Medical Practitioners (1929-1940)

4.1 Introduction

In 1937, Long Shucun (龍樹村), a practitioner of Traditional Chinese Medicine, began his business in Guilin, Guangxi. Long was born into a low-income family, and none of his family members practised medicine. Before he became a medical practitioner, Long had learnt medicine for five years as an apprentice of a medical practitioner in Guilin. In 1937, he started his career in Xiongtonghe (熊同和) Pharmacy and provided consultancy at home. In 1946, Long became director of the Guilin Association of TCM Practitioners, marking the height of his career life. In the 1950s, he was employed by a local hospital and joined the government as a member of the Committee of TCM. Through years of practising medicine, Long accumulated both wealth and reputation. Although he was the only wage-earner of the household, his family lived in an affluent area and were neighbours to Li Zongren (李宗仁), a general in the Nationalist Party. Long had four children, three of whom went to college without application for student subsidy, suggesting the family's wealth. The fact that Long was asked by the Communist government to work as a committee member also implied his fame in the local community.⁴⁰⁹ Long's experience revealed that a person could climb the social ladder by being a medical practitioner.

Medical practitioners did not enjoy a high social status in the premodern era. As Chao Yuanling's study of physicians in late imperial China suggests, medical practitioners generally belonged to the class of artisans, not that of the gentry scholars, the ruling class of the society. While Chao observes a growing number of physicians established an identity as *ruyi* (儒醫 Confucian physician) to earn a better social status in the late imperial era, this effort did not result in a significant improvement in their class identity.⁴¹⁰ On the contrary, Angela Leung's study suggests the deterioration of medical practitioners' reputation in the same period.⁴¹¹ As Leung observes, people had easier access to medical knowledge due to the development of

⁴⁰⁹ I talked with Long Peiyin, the son of Long Shucun, to know the experience of his father.

⁴¹⁰ Yuanling Chao, "The Ideal Physician in Late Imperial China: The Questions of *Sanshi*," *East Asian Science, Technology and Medicine* 17 (2000): 66-93.

⁴¹¹ Angela K.C. Leung, "Medical Instruction and Popularization in Ming-Qing China," *Late Imperial China* 24, no.1 (2003): 130-52.

printing culture, and anyone who acquired knowledge about medicine could claim to be a medical practitioner. Consequently, the complaints about quacks increased.⁴¹²

During the Republican era, medical practitioners' social status improved due to the institutionalisation of medical services. However, historical studies suggest the practitioners of different kinds of medicine confronted each other, and only biomedical practitioners won a better social status.⁴¹³ In 1929, the GMD government established the Central Board of Health affiliated with the Ministry of Health (衛生部中央衛生委員會 weishengbu Zhongyang weisheng weiyuanhui) to regulate medical practices. All the members of the Board were doctors practising biomedicine. Among them was a member called Yu Yunxiu (余云岫), head of the Association of Doctors in Shanghai (上海醫師公會), who was opposed the practice of TCM and devoted to the prohibition of such practices.⁴¹⁴ Facing the increasingly strict restrictions on the practice of TCM and constraints on the development of TCM, Chinese medicine practitioners in Shanghai also sought their own associations to negotiate with the government.⁴¹⁵ The confrontations between doctors practising different types of medicine resulted in the creation of the Institute of National Medicine (中央國醫館 Zhongyang guoyiguan, INM), which aimed at scientifically studying TCM and standardise the training of TCM practitioners. However, this institute had a marginal impact on policymaking.⁴¹⁶ TCM practitioners faced institutional suppression in their practice of medicine, while doctors practising biomedicine gained power as medical professionals.

⁴¹² Ibid.

⁴¹³ Lei, *Neither Donkey nor Horse*; Yin Qian, "Minguo shiqi de yishi qunti yanjiu 1912-1937: Yi Shanghai wei zhongxin" [A study on doctors in the Republican era (1912-37) in Shanghai] 民國時期的醫師群體研究 1912-1937:以上海為中心 (PhD dissertation: Huazhong Normal University, 2008); Hao Xinzong, "Jindai zhongyi feicunzhizheng yanjiu" [A study on the debate about whether to abolish TCM in modern China] 近代中醫廢存之爭研究 (PhD diss., East China Normal University, 2005); Liu Minghai, "Feizhi zhongyi an'yu Shanghai zhongyijie de tucunkangzheng" [The proposal to abolish TCM and the struggle of the TCM practitioners in Shanghai] 廢止中醫案與上海中醫界的圖存抗爭 (MA thesis.: Fudan University, 2011); Yu Dingkun, "Zhongyangguoyiguan yu jindai zhongyi jiaoyu" [Institute of National Medicine and TCM education in Modern China] 中央國醫館與近代中醫教育, *Chengdu zhongyiyao daxue xuebao (jiaoyu kexue ban)* [Journal of Chengdu University of TCM (Education Science Edition)] 成都中醫藥大學學報 (教育科學版) 20, no. 3 (2018); Xu, *Chinese Professionals and the Republican State*.

⁴¹⁴ Lei, *Neither Donkey nor Horse*.

⁴¹⁵ Xu, *Chinese Professionals and the Republican State*, 190-214.

⁴¹⁶ Liu Mingyue, "Minguo shiqi de zhongxiyi quanshi zhizheng: zhongyangguoyiguan yanjiu" [Confrontation between Chinese and modern medicine in modern China: A study on institute of national medicine] 民國時期的中西醫權勢之爭 (MA thesis: Hebei University, 2017); Zheng Xueyan and Zhao Xin, "Cong zhongyi jiaoyu taolun ji kan mingguo zhongyi jiaoyu hefahua de jiannan lichen" [Difficulties in legalisation of TCM education in modern China: a study on *Discussions on TCM Education*] 從《中醫教育討論集》看民國中醫教育合法化的艱難歷程, *Yixue yu zhexue* [Medicine and philosophy] 醫學與哲學 39, no. 4A (2018): 87.

Long's life trajectory stood in contrast to the opinion that only biomedical practitioners improved their social status in the Republican era. He was not an exception. TCM practitioners could get a position in government institutions in Guangxi, as this chapter shows. It can be assumed that the social factors in Guangxi shaped a different environment from that in Shanghai, which benefited TCM practitioners' career development. This chapter studies how practitioners of various kinds of medicine professionalised their work and established a professional identity by interacting with the state and the public in Guangxi and beyond. It provides a nuanced view of how the relationship between medical professionals and the state could develop in a province where the government was powerful but lacked sources to build public health services. I suggest that both biomedical and TCM practitioners formed an alliance with the government and identified themselves with the ideology of the GMD party in Guangxi in the Republican era. Through these strategies, they created a professional image and achieved a higher social status, which allowed them to protect their own interests. The closer the relationship between the state and medical professionals, the greater the benefits the practitioners could enjoy.

Sociologists define professionalisation as a historical process in which practitioners gain authority over a body of knowledge and accumulated power.⁴¹⁷ Through professionalisation, practitioners interacted with the state and could involve themselves in the creation of social order.⁴¹⁸ Professional associations played a vital role in the professionalisation of occupations in China in the twentieth century. The idea that non-officials could be represented by occupational groups whose power was delegated from the government was central to the political culture in the early twentieth century.⁴¹⁹ Harrison makes this conclusion by analysing merchants and agrarian unions in the later imperial era and the early Republican era. Xiaoqun Xu's study of lawyers, accountants, and medical practitioners suggests that professional associations had the same function as occupational groups in the Republican era.⁴²⁰ Individual practitioners also benefited from the professionalisation of their practices. Sean Lei shows that physicians working with the government denounced the practice of TCM and advocated for

⁴¹⁷ Eliot Freidson, *The Sociology of the Professions: Lawyers, Doctors and Others* (London: Macmillan Press, 1983); Johnson, *Professions and Power*; Larson, *The Rise of Professionalism*.

⁴¹⁸ Perkin, *The Rise of Professional Society*.

⁴¹⁹ Harrison, *The Making of the Republican Citizens*, 9.

⁴²⁰ Xu, *Chinese Professionals and the Republican State*.

stricter regulation of medical practices.⁴²¹ Yin Qian, however, reveals a darker side of physicians' image by studying the reports of malpractice in Shanghai. She also demonstrates criticisms against physicians' professional quality, suggesting that physicians did not achieve the authority over medicine as they hoped.⁴²²

While many historians have discussed professionalisation, how the notion of citizenship impacted this process requires to be scrutinised. The professionalisation of occupations came along with the creation of citizenship. Both were part of the efforts to modernise the country. Professionals were also considered themselves should play an active role in the modernisation of the nation. The understanding of their social role came from the role of the literati class in the premodern era, as Xiaoquan Xu suggests.⁴²³ Yin Qian also observes that medical professionals displayed their patriotism during the Second Sino-Japanese War.⁴²⁴ Xu and Yin's studies about professionals in Shanghai indicated the correlative relationship between the ideal of citizens and the professional ideal. However, they do not discuss this relationship in detail because it is not the focus of their work.

In this chapter, I examine the parallel between the ideal of citizens promoted by the government and the professional ideal envisioned by medical practitioners. I consider what characteristics were specially picked up by medical practitioners to establish their professional image and what characteristics they shunned to protect their interests. This chapter analyses various articles about medical practitioners' professionalism in newspapers and journals, as well as their advertisements and comics. These sources reveal the images that medical practitioners intended to create to attract patients and establish a prestigious social status. Historical studies focus mainly on the interaction between professions and the state.⁴²⁵ The medical market has only attracted little attention. In the Republican era, medical services were provided by different agencies. In Guangxi, for example, the government established state-run hospitals in a limited number of cities and healthcare centres in counties.⁴²⁶ Apart from public hospitals (公立醫院 *gongli yiyuan*), the state-run ones, there were also refugee hospitals,

⁴²¹ Lei, *Neither Donkey nor Horse*, 121-40.

⁴²² Ibid.; Yin, "Minguo shiqi de yishi qunti yanjiu 1912-1937."

⁴²³ Xu, *Chinese Professionals and the Republican State*, 11-2.

⁴²⁴ Yin, "Minguo shiqi de yishi qunti yanjiu 1912-1937."

⁴²⁵ Xu, *Chinese Professionals and the Republican State*; Lei, *Neither Donkey nor Horse*.

⁴²⁶ "Shanhou jiuji zongshu guangxi fenshu zhengwu baogao," 30-31.

missionary hospitals and private clinics.⁴²⁷ While refugee hospitals mainly relied on government revenues and missionary hospitals on the funds from missionary societies, private clinics were patronised by patients. Therefore, doctors who ran their own clinics advertised themselves in newspapers. These advertisements reveal the characteristics that medical practitioners believed would attract patients. Articles and comics show patients' views about their experience of medical encounters and their criteria for a good medical practitioner. I use sources from two newspapers and several journals published in Guangxi to analyse the professional image of medical practitioners there. These publications were controlled by the provincial government. I also consider this background information when I analyse why there were few criticisms in these publications.

This chapter has four sections. The first section analyses the state intervention in medical practices and how medical practitioners reacted to it. It provides the background of the regulation of medical practices in Guangxi. The second section studies how the Guangxi government regulated medical practices, especially TCM, whose development was curbed due to the central government's actions against it. The two sections form a comparison between how the state and medical practitioners interacted with each other in Guangxi and other parts of the country. I also demonstrate how medical practitioners conceived and practised citizenship when collaborating and resisting the state in Guangxi and beyond. The third section studies how medical practitioners established their professional identity in the public sphere, with a focus on how they echoed the ideology and ideal citizenry promoted by the GMD government. The last section turns to the criticisms of medical practitioners and their responses in newspapers and journals. It shows how the ideal citizenry and professional ideal can be used by different people to argue for their own benefits. It also demonstrates the role of the government in creating a professional image in public discussion.

4.2 Regulation of Medical Practices and Doctors' Reaction

In 1929, the GMD government based in Nanjing issued an ordinance for assessing the qualification of medical practitioners. According to the ordinance issued by the central government, medical practitioners who would like to practice medicine should be over twenty

⁴²⁷ Ibid.

years old. They should be graduates of a state-run medical school or a private medical school registered with the government. Those who received education abroad shall have a diploma issued by a foreign medical school or a certificate of qualification from a foreign government. Medical practitioners who did not receive education in a medical school should pass the examination overseen by the GMD government. These regulations were applied to both Chinese and foreign doctors.⁴²⁸

The ordinance to regulate medical practices was part of the initiative to legitimate the state and establish the GMD government's authority. In 1929, the GMD government organised the Central Board of Health affiliated with the Ministry of Health (衛生部中央衛生委員會 *weishengbu zhongyang weisheng weiyuanhui*) to set up a system for the regulation of medical practices. The Board had the first conference in the same year. All the members of the Board were biomedical practitioners, not government officials. The function of the Board resembled that of associations such as business unions in the later imperial era. The members were supposed to represent all medical practitioners in the country to get involved in policy-making, even though TCM practitioners were not represented. By delegating power to these biomedical practitioners, the central government demonstrated their attitude towards different kinds of medicine and legitimated the state. The ordinance was not the first initiative of the Chinese political authorities to regulate medical practices. The Beiyang government had issued licenses to medical practitioners, for example. However, the GMD government did not acknowledge them and required all medical practitioners to apply for new licenses.⁴²⁹ The requirement denied the legitimacy of former political authorities and strengthened the authority of the government established by the GMD party.

The state regulation of medical practices faced criticism from society. Commentators criticised the government for ignoring the reality of the trade. There was no such tradition as receiving education in medical schools for medical practitioners in China, according to articles in *Guangji yikan* (廣濟醫刊 *Guangji medical journal*) and *Yishi huikan* (醫事彙刊 *Journal of medical issues*). The authors called it a privilege for the better-off class to study in a medical school at home or abroad. In these commentators' opinion, educational background

⁴²⁸ “Guomin zhengfu weisheng bu ling: Di yier hao: yishizhanxing tiaoli” [An order from the ministry of health of the Nationalist government: no.12: Temporary regulation for doctors] 國民政府衛生部令：第一二號：醫師暫行條例, *Xingzhengyuan gongbao* [Gazetteer of executive yuan] 行政院公報 19 (1929): 61.

⁴²⁹ *Ibid.*, 61-4.

was not important to the qualification of medical practitioners because many of those who were not well-educated were experienced enough to provide medical services of high quality. Commentators also questioned whether the results of examinations were fair enough to demonstrate the qualification of medical professionals. They explained that good medical practitioners with expertise in a specific branch of medicine might fail to pass the examinations because they did not know other branches well. Therefore, commentators did not consider all those who did not pass the examinations should be prohibited from practising medicine. Otherwise, people would have even less access to medical services because only a few medical practitioners could get a license. From the commentators' point of view, the ordinance thwarted the growing market of medical services rather than providing a better environment for qualified medical practitioners.⁴³⁰

Doctors and commentators not only expressed their concern about the ordinance but also took action to create a more flexible regulation. In 1930, the Association of Doctors and Pharmacists in Hangzhou (杭州醫師藥師協會 Hangzhou yishi yaoshi xiehui) proposed to the Ministry of Health in the central government that medical professionals should have more ways to demonstrate their professional qualification other than certificates issued by medical schools and governments or passing the examinations overseen by the GMD government. The association also held that strict requirements for getting a licence would only reduce the number of doctors and make epidemics more rampant in the country. In addition, the association also proposed that doctors should be allowed to choose the branch of medicine they had expertise in when they took the examination. The third appeal was that assessing practical skills and techniques should count more for the final result than the written examination.⁴³¹ However, the central government did not accept the proposal because the same criticisms still existed in the 1930s. In 1932, when a commentator analysed the problems of the medical industry in *Yiyao pinglun* (醫藥評論 Medical commentary), he attributed the lack of doctors to the improper system for assessing medical practitioners'

⁴³⁰ Ruan Qiyu, "Duiyu qudi weijing yizhuanxiao de yisheng de wojian" [My opinion of banning the practice of doctors who did not graduate from a medical school] 對於取締未經醫專校的醫生的我見, *Guangji yikan* [Guangji medical journal] 廣濟醫刊 6, no.12 (1929): 14-5; Dai Jiyun, "Duiyu weijing yizhuanyuanxiaobiye de yisheng de wojian," [My opinion of doctors who did not graduate from a medical school] 對於未經醫專院校畢業的醫生的我見, *Guangji yikan* [Guangji medical journal] 廣濟醫刊 7, no.9 (1930): 24-6.

⁴³¹ Hangzhou yishi yaoshi xiehui, "Quanzi di ershijiu hao yian: niqing weishengbu qudi yisheng banfa an" [Quan no. 29 proposal: Planning to require the Ministry of Health to ban doctors' practices] 全字第二十九號議案: 擬請衛生部取締醫生辦法案, *Yishi huikan* [Journal of medical issues] 醫事彙刊 2 (1930): 123.

qualifications set up by the government. He also criticised the government for failing to establish enough medical schools to improve people's access to medical education.⁴³²

On the other hand, there were people who supported more stringent regulations for doctors. *Guangji yikan*, the journal which published articles against the registration of doctors, also published articles supporting the ordinance. A commentator called Zhong Deming (鐘德銘) wrote an article for the journal in 1929 to explain the importance of scrutinising the educational background of doctors. He attributed the prevalence of diseases in China to the poor quality of medical services due to lacking regulation of medical practices. Zhong noted that many doctors who practised modern medicine studied it by themselves through translated medical books. He also found that practitioners who claim authority over traditional Chinese medical knowledge had learnt medicine only for several months or simply copied several prescriptions. In addition to the two types of “quarks,” Zhong criticised religious treatment, the practitioners of which stated they got the knowledge directly from gods. Zhong believed that these unqualified doctors could make a living because the imperial government and the Beiyang government did not assess the educational background of medical practitioners. He appealed to the GMD Party, which had already set up a new government in Nanjing and aimed at long-term development, to issue an effective ordinance to regulate doctors and launch medical examinations.⁴³³

Even though Zhong considered regulation important, he did not think that banning unqualified medical practitioners from practising medicine was necessary. Instead, the government should provide further education to them. In his vision, unqualified medical practitioners should have the opportunity to further their studies in medical schools for one year, including those who had some medical knowledge yet were not experienced enough to be a medical practitioner and who were experienced at practice yet had not received the prescribed training. He even considered that practitioners who were not qualified at all should be allowed to receive training in medical schools to continue their businesses after passing examinations.⁴³⁴ Zhong's article implied the possible suffering of medical practitioners due to

⁴³² Zhuang Weizhong, “Bingren he yisheng de duoshao wenti” [The problem of the number of patients and doctors] 病人和醫生的多少問題, *Yiyao pinglun* [Medical commentary] 醫藥評論 87 (1932): 14-5.

⁴³³ Zhong Deming “Yisheng qudi shuo” [Banning doctors' practices] 醫生取締說, *Guangji yikan* [Guangji medical journal] 廣濟醫刊 6, no. 9 (1929): 14-7.

⁴³⁴ *Ibid.*

the regulation. For doctors and commentators, the best way to regulate the medical businesses and improve the quality of doctors' services was to train more medical practitioners rather than to eliminate the less qualified from the medical market. As the first initiative of the Nationalist government to regulate the medical market, the ordinance was far from well-rounded.

The public discussions and negotiations with the government were not only efforts to delineate professional qualification criteria but also a practice of citizenship as medical practitioners conceived. Their understanding of citizenship could reflect the state-society relationship that they intended to create.⁴³⁵ As historians suggest, the activities of professional societies partially formed the state-society relations in the Republican era.⁴³⁶ Through petitioning the government, medical practitioners both advocated for their interests as professionals and demonstrated their understanding of what rights citizens should enjoy. Individuals' actions might not be as influential as associations'. But they still tried to negotiate with the state for the legitimacy of their own medical practices. Through these activities, doctors became active and engaged members of society, reinforcing their self-identification as citizens.

4.3 The Interaction between the State and TCM Practitioners in Guangxi

While the ordinance for regulating medical practices faced criticism, the central government promoted it to areas not fully controlled, such as Guangxi. In 1930, Zhang Hanfu (張漢符), a famous practitioner of TCM in Nanning, was arrested and fined because he wrote “Zhang Hanfu, Practitioner of traditional Chinese medicine (中醫師張漢符 zhongyishi Zhang Hanfu)” on the signboard outside the clinic.⁴³⁷ The action more likely suggested an attempt to regulate the medical practice in the province rather than resentment against TCM because the

⁴³⁵ Goldman and Perry, “Introduction: Political Citizenship in Modern China.”

⁴³⁶ Xu, *Chinese Professionals and the Republican State*; Zuoyue Wang, “Saving China through Science: The Science Society of China, Scientific, Nationalism and Civil Society in Republican China,” *Science and Civil Society* 17 (2002): 291-322.

⁴³⁷ Li Zewu, “Jiefangqianhou Nanning de zhongyi huodong” [Activities of TCM practitioners in Nanning around 1949] 解放前後南寧的中醫活動, in *Nanning wenshi ziliao* 19 [Cultural and Historical sources in Nanning 19] 南寧文史資料, ed. Zhongguo renmin zhengzhi xieshang huiyi nanningshi weiyuanhui wenshi xuexi weiyuanhui (Nanning: Zhongguo renmin zhengzhi xieshang huiyi nanningshi weiyuanhui wenshi xuexi weiyuanhui, 1996), 116.

same doctor was running his clinic in 1932 and worked as a lecturer in a private medical school in 1939.⁴³⁸ Clearer evidence of regulation over doctors is found in *Wuzhou minguo ribao*. It published the government order of registration of doctors in 1933. The regulation issued was a revised version, so there had likely been other regulations before 1933.⁴³⁹ The regulation published in the newspaper was similar to the ordinance issued by the central government. The provincial government tweaked the ordinance issued by the central government to make it easier to be carried out.

Unlike the central government, which held a negative attitude toward TCM, the Guangxi government supported the development of TCM. As TCM practitioners protested, the ordinance issued in 1929 virtually banned the practice of TCM because the practitioners generally did not acquire their knowledge and techniques through training at school.⁴⁴⁰ The central government even prohibited medical schools providing courses on TCM from calling themselves a “school” (學校 xuexiao) because it did not consider TCM as scientific. Instead, these schools should call themselves medical associations.⁴⁴¹ Even though it established the Institute of National Medicine, aiming to protect the interests of TCM practitioners, the Institute was marginalised in policymaking regarding medical practices. The Guangxi government also established several institutions for the development of TCM, as the central government required. In 1934, the provincial government set up two institutions for TCM: Guangxi Provincial Institution for Medical Research in Nanning Nanning (廣西省立南寧區醫藥研究所 Guangxi shengli nanningqu yiyao yanjiusuo) and Guangxi Provincial Institution for Medical Research in Wuzhou (廣西省立梧州區醫藥研究所 Guangxi shengli wuzhouqu yiyao yanjiusuo). Three years later, the third institution was established in Guilin and was headed by Wei Laixiang (韋來庠, ?-1968), a famous TCM practitioner who graduated from a TCM occupational school in Guangdong province. The name of these institutions had nothing to do with TCM. It might be a strategy of the provincial government to avoid conflict with the order from the central government. Contrary to the condition of the Institute in Nanjing, those

⁴³⁸ “Guoyi Zhang Hanfu menzhen qianyu xingninglu 47 hao” [Zhang Hanfu, practitioner of TCM moved the clinic to no.47 Xingning Road] 國醫張漢符門診遷寓興寧路, *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, March 24, 1932, 7; “Hanxing yiyao jiangxisuo zhaosheng” [Call for application, Hanxing medical research society] 漢興醫藥講習所招生, *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, August 8, 1939, 1.

⁴³⁹ “Xiuding zhongxi yiyao zhuze guize” [Edition of Rules of Registration of modern Medicine and TCM] 修訂中西醫藥註冊規則, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, May 3, 1933, 7.

⁴⁴⁰ Yin, “Minguo shiqi de yishi qunti yanjiu,” 82.

⁴⁴¹ Liu, “Minguo shiqi de zhongxiyi quanshi zhizheng,” 52.

institutions in Guangxi played a vital role in the professionalisation of TCM practices. Forty to sixty students were admitted to the three institutions to study TCM every year. This number is even higher than the number of pupils admitted by the government-run nursing schools. The government did not close down the institutions even during the Second Sino-Japanese War. Instead, it merged the three institutions into one in 1941, when the threat of war in Guangxi mounted. From 1934 to 1944, 485 students graduated from the institutions and were dispatched to counties and towns to be medical practitioners in state-run health centres. Some students were also able to run their own clinics after graduation. The institution was closed in 1948 when the GMD government was about to collapse due to a lack of funds.⁴⁴²

These institutions benefitted both the Guangxi government and TCM practitioners. The government relied on the institutions to educate medical professionals and improve the latter's proficiency in medical skills. For example, the county government of Lingyun county (凌雲縣) sent students to the institution to study medicine and allocated the graduates to the local health centre in 1934.⁴⁴³ Due to the shortage of medical personnel in the province, those practitioners trained by government-run institutions usually enjoyed a higher status in the local health centres and hospitals. Qin Jiatai (秦家泰 1920-2005) studied at the Institution in Wuzhou and worked as a doctor and dean in the government-run hospital in Fuchuan county (富川縣) after graduation. He became a professor at Guangxi University of Chinese Medicine (廣西中醫藥大學 Guangxi zhongyiyao daxue) in 1956.⁴⁴⁴ His educational background made it easier to achieve a higher position in state-run institutions. It would also be easier for TCM practitioners like Qin to establish a social status after having a good position in state-run institutions.

Besides individual achievement, TCM practitioners also took advantage of the state's support to articulate TCM as a scientific body of knowledge. With the funds of the Institution in

⁴⁴² Lin Zhenqun, "Guangxi zhongyi xue yuan fazhan gaikuang" [Development of TCM college in Guangxi] 廣西中醫學院發展概況, in *Nanning wenshi ziliao* 19 [Cultural and Historical sources in Nanning 19] 南寧衛生資料, ed. Zhongguo renmin zhengzhi xieshang huiyi nanningshi weiyuanhui wenshi xuexi weiyuanhui, (Nanning: Zhongguo renmin zhengzhi xieshang huiyi nanningshi weiyuanhui wenshi xuexi weiyuanhui, 1996), 7-8.

⁴⁴³ Luo Cunze, "Lingyun xianyiyuan jianshi" [The history of Lingyun county Hospital] 凌雲縣醫院簡史, in *Lingyun wenshi ziliao* [Lingyun cultural and historical sources] 凌雲文史資料, ed. Lingyunxian zhengxie wenshi ziliao diaoyan weiyuanhui (Lingyun: Lingyunxian zhengxie wenshi ziliao diaoyan weiyuanhui, 1989), 66-9.

⁴⁴⁴ Li Zhian and Liuyuan, "Yidai mingzhongyi Qin Jiatai jiaoshou" [A famous TCM practitioner, Professor Qin Jiatai] 一代名中醫秦家泰教授, in *Lingui wenshi* [Culture and History of Lingui] 凌雲文史, ed. Zhengxie lingui xianwei (Guangxi: Guangxi Press, 1997): 91-3.

Wuzhou, TCM practitioners issued a journal known as the *Journal of the Provincial Institution for Medical Research* in Wuzhou. One of the journal's aims was to use the ideology of scientism to justify TCM practice,⁴⁴⁵ because the significant criticisms against TCM were that it was based on pure speculation and did not make sense in scientific research.⁴⁴⁶ The articles in this journal covered topics including the cases of effective prescriptions from medical classics, analysis of similarities between Chinese and biomedicine, as well as elaboration on a hygienic lifestyle. TCM practitioners also used the knowledge of modern anatomy and terms from biomedicine to explain how herbal medicine worked. For example, in an article introducing prepared licorice decoction, the author described how the small intestine digested food and provided nutrition to the bloodstream, which was based on the anatomic knowledge in biomedicine. He stated that the medicine increased the excretion of organs so that food could be digested more effectively, and the blood could be better nourished.⁴⁴⁷ The article eliminated the differences between TCM and modern medical understanding of how the body worked. The author created a sense that TCM could be understood through the lens of biomedicine by using knowledge and terms from biomedicine.

TCM practitioners defended their professionalism by scientising TCM. The ordinances issued by the central government reveal a mainstream understanding of professionalism that only those who acquired “scientific” knowledge could be qualified as professionals. According to this criterion, TCM practitioners who did not know “scientific” medicine were not medical professionals. By scientising TCM, these practitioners established a premise for themselves to create a professional identity. These articles also demonstrated that their authors knew both TCM and biomedicine well, which defied the idea that TCM practitioners did not have a command of scientific knowledge.

TCM practitioners also used a discourse of nationalism to establish a professional identity and an identity as citizens in the Journal. This strategy echoed a broader movement of TCM practitioners in the country to seek an alliance with the GMD government. In the late 1920s, TCM practitioners proposed to name traditional Chinese medicine as national medicine (國醫

⁴⁴⁵ “Bianhouhua” [Epilogue] 編後話, *Guangxi shengli Wuzhou quyiyao yanjiusuo huikan* [Journal of Guangxi Provincial Institution for Medical Research in Wuzhou] 廣西省立五週去醫藥研究所會刊 2 (1935): 155.

⁴⁴⁶ Lei, *Neither Donkey nor Horse*, 102.

⁴⁴⁷ Yang Shan, “Zhigancao tangfang lun” [A study on prepared licorice decoction] 炙甘草湯方論, *Guangxi shengli wuzhouqu yiyao yanjiusuo huikan* [Journal of Guangxi provincial institution for medical research in Wuzhou] 廣西省立梧州醫藥研究所彙刊 3 (1936): 122-23.

guoyi). Sean Lei has analysed that TCM practitioners associated TCM with cultural nationalism and with statism simultaneously by using this term.⁴⁴⁸ The Movement of National Medicine (國醫運動), as an endeavour of TCM practitioners to create an alliance with the state, largely failed in 1930.⁴⁴⁹ However, as the sources from Guangxi suggest, TCM practitioners continued using *guoyi* to appeal to nationalism in the mid-1930s. In 1935, on the first anniversary of the Institution in Wuzhou, the journal published several slogans to demonstrate the stance of TCM practitioners. The last two read “Long Live National Medicine” (國醫國藥萬歲)” and “Long Live the Republic of China” (中華民國萬歲). These slogans corresponded with the ideology promoted by the GMD government in the 1930s, which embraced scientism and cultural nationalism. In this way, TCM practitioners justified their practice and presented themselves as patriotic medical professionals. Patriotism was also a feature of ideal citizens promoted by the GMD government.⁴⁵⁰ As a result, TCM practitioners established an identity as ideal citizens by emphasising the cultural nationalist nature of the practice of TCM.

Although TCM practitioners formed an alliance with the government in Guangxi, they still participated in activities against state regulation and advocated for their benefit in and beyond the province. In 1935, the Provincial Association of Study on National Medicine in Guangxi (廣西全省國醫國藥研究會 Guangxi quansheng guoyi guoyao yanjiuhui) and the Association of Traditional Chinese Medicine in Wuzhou (梧州國醫公會 Wuzhou guoyi gonghui) proposed to the provincial government to cancel the business tax on TCM practitioners.⁴⁵¹ This appeal was published in the journal of the Institution in Wuzhou, targeting medical professionals and *Nanning minguo ribao* (南寧民國日報 Republican Daily, Nanning edition), which was circulated to a broader range of readers.⁴⁵² TCM practitioners also involved themselves in activities led by medical associations in other places. In 1935, the central government held a conference to discuss the proposal of acknowledging the legitimacy of TCM schools and providing institutional support to the practice of TCM. The result

⁴⁴⁸ Lei, *Neither Donkey nor Horse*, 110.

⁴⁴⁹ *Ibid.*, 97-121.

⁴⁵⁰ Yen, “Body Politics, Modernity and National Salvation.”

⁴⁵¹ “Yishi zhenbing xuyao yongjin” [Fees should be paid for medical services] 醫師診病需要佣金, *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, September 6, 1935, 2,

⁴⁵² “Yishi zhenbing xuyao yongjin”; Liao Zhongshi, “Wuzhou guoyi gonghui chengqing mianchou guoyi yingyeshui” [TCM practitioners in Wuzhou appealing for tax exemption] 梧州國醫公會呈請面抽國醫營業稅, *Guangxi shengli Wuzhou qiyiyao yanjiusuohuikan* [Journal of Guangxi provincial institution for medical research in Wuzhou] 廣西省立梧州區醫藥研究所彙刊 3 (1936): 38-41.

announcement was postponed, leading to a protest by TCM practitioners. A letter from the Association of TCM in Shanghai was published in the Journal of the Provincial Institution for Medical Research to appeal to all TCM practitioners to participate in the protest.⁴⁵³

By acting as members of medical associations, TCM practitioners in Guangxi established a professional identity and practised citizenship as they conceived. These associations collaborated with each other and negotiated with the state to benefit all TCM practitioners in the province. Joining these associations and participating in these activities formed a sense of belonging to the same community among TCM practitioners nationwide. For this reason, the board of editors published several articles to appeal to the central government to treat TCM practitioners equally, even when the Guangxi government supported the development of TCM.⁴⁵⁴ The TCM practitioners based in the Institution in Wuzhou also strengthened the ties between medical practitioners in different provinces. In 1935, the Institution sent an issue of the journal to the Association of Traditional Chinese Medicine in Kunming, Yunnan province. The next year, the Journal published a thank-you letter from the Association in Kunming which requested the new issues of the journal.⁴⁵⁵ The interaction between TCM associations reinforced a sense of community among practitioners and their identity as medical professionals. Like their predecessors in the late 1920s, TCM practitioners did all these things because they considered their actions as obligations as citizens and necessary for the creation of a professional identity.

4.4 Biomedical and TCM Practitioners' Public Image in Guangxi

Apart from the institutional development of TCM, the Guangxi government also collaborated with practitioners of different kinds of medicine, which contributed to medical practitioners'

⁴⁵³ “Shanghaishi guoyigonghui diliujie huiyuan dahui zhi ti’an” [A proposal at the sixth members’ conference of the association of TCM in Shanghai]上海市國醫公會第六屆會員大會之提案, *Guangxi shengli Wuzhou quyiyao yanjiusuohuikan* [Journal of Guangxi provincial institution for medical research in Wuzhou] 廣西省立梧州區醫藥研究所彙刊 2 (1935): 29-30.

⁴⁵⁴ Yang, “Zhigancao tangfang lun”; Zhu Shoupeng, “Du Wangjingwei zhi Sun Ke yifengxin de ganyan” [Reflection on the letter from Wang Jingwei to Sunke] 讀汪精衛之孫科一封信的感言, *Guangxi shengli Wuzhou quyiyao yanjiusuohuikan* [Journal of Guangxi provincial institution for medical research in Wuzhou] 2 (1935): 31-2.

⁴⁵⁵ “Duzhe xiaoxi” [News from readers] 讀者消息, *Guangxi shengli Wuzhou quyiyao yanjiusuohuikan* [Journal of Guangxi provincial institution for medical research in Wuzhou] 廣西省立梧州區醫藥研究所彙刊 3 (1936): 10.

professional image. Early in 1932, when cholera broke out in Guilin, the municipal government invited doctors to devise policies for epidemic control. Those who were invited included both biomedical practitioners and practitioners of TCM.⁴⁵⁶ Next year, the epidemic of cholera happened in Nanning. The government in Nanning ordered doctors who ran their own clinics to help provide vaccination services. It bought the vaccination and distributed it to the assigned medical practitioners. People collected vaccination tickets from the government to get an injection at vaccination stations where the assigned medical practitioners worked.⁴⁵⁷ The medical professionals selected by the government to provide vaccination services were all biomedical practitioners. However, it does not suggest that TCM practitioners were excluded from public health services. The government employed them to provide smallpox vaccinations.⁴⁵⁸ Collaboration with the government was a way for medical practitioners to demonstrate their professional skills because it implied recognition from the government of the professionalism of the practitioners.

Answering enquiries from readers in newspapers was another way for medical professionals to create a reputation in the public sphere. There were columns of medical knowledge in several newspapers in Guangxi. Medical practitioners worked as editors of these columns and answered readers' questions about diseases. Through the interaction with readers in the columns, medical practitioners demonstrated their expertise in medicine. Some newspapers with columns of medical knowledge were funded by the government and served as the mouthpiece of the provincial government. Not all medical practitioners could answer patients' questions in newspapers. For example, eight medical practitioners responded to questions in *Wuzhou minguo ribao* in 1933. Six of them were biomedical practitioners. Three of them worked in the state-run Wuzhou Provincial Hospital. One of the two TCM practitioners was Chen Wuzhai (陳務齋 1871-1946), who was rewarded by the government for his monograph on TCM.⁴⁵⁹ As a result, working with the newspapers was another indication that the state recognised these medical professionals' expertise in medicine. Again, they used the government's authority to prove their professionalism. Medical practitioners who worked as

⁴⁵⁶ “Guilin you lai fangyi mang” [Guilin busy with epidemic prevention] 桂林又來防疫忙, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, October 9, 1932, 3.

⁴⁵⁷ “Juxing fangyi zhushe [Vaccination against epidemics] 舉行防疫注射, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, June 3, 1933, 7.

⁴⁵⁸ “Gonganju juxing chunji zhongdou yundong” [Vaccination campaign launched by the police in spring] 公安局舉行春季種痘運動, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, April 22, 1933, 7.

⁴⁵⁹ *Wuzhou minguo ribao*, April 9, 4.

editors in newspapers other than the state-run ones could also benefit from answering readers' questions. They created a benevolent image for themselves by answering questions from readers for free, which granted them a good reputation in society.

A third way for medical practitioners to establish a professional identity in public was through advertisements. For those who ran their own clinics, advertisements were important channels to promote themselves, attract patients, and establish a reputation. When medical professionals were employed in pharmacies, they were also promoted in advertisements of the latter. Louise Edwards' study of advertising in Republican China suggests that advertisements promoted not only goods but also the ideal of citizens.⁴⁶⁰ The advertisements of clinics and pharmacies with the promotion of medical practitioners as the purpose delineated the essential merits of medical professionals in the minds of literate people.

Even before the Guangxi government followed suit with the central government to regulate medical practices, medical practitioners in Guangxi had already sought state recognition as proof of their professionalism. In January 1932, *Wuzhou minguo ribao* published advertisements from two clinics, run by Xian Jiaqi (冼家齊) and He Zhuo (何焯) respectively. Both of them noted their registration in the advertisements. He Zhuo was registered with the Ministry of Health of the central government, while doctors in Xian's clinic got the same license. He Zhuo even provided the license number so that readers could check it.⁴⁶¹ These doctors might have worked in other cities where they got their licenses before they came to Guangxi. Liang Zhiqun (梁治羣), another doctor who ran a clinic in Wuzhou, also stated that he was registered with the central government. He had been a doctor at Shilong Hospital (實隆醫院 Shilong yiyuan) for several years. Not only did biomedical practitioners demonstrate their license as proof of professionalism, but TCM practitioners also took the state recognition as a way to show their qualifications. Chen Wuzhai claimed he was registered with the municipal government in his advertising. He also stated that he was awarded an inscribed board from the provincial government, reading "shiquan zhuji" (十全著繼 great

⁴⁶⁰ Louise Edwards, *Citizens of Beauty: Drawing Democratic Dreams in Republican China* (Washington: University of Washington Press, 2020).

⁴⁶¹ "Yishi Xian Jiaqi, nüyishi Li Zhuoming, yishi Rong Shuzhi" [Doctor Xian Jiaqi, female doctor Li Zhuoming, doctor Rong Shuzhi] 醫師冼家齊、女醫師黎卓明、醫師容述之, *Wuzhou minguoribao* [Republican Daily, Wuzhou edition] 梧州民國日報, January 7, 1932, 3; "He Zhuo yishi" 何焯醫師 [Doctor He Zhuo], *Wuzhou minguoribao* [Republican Daily, Wuzhou edition] 梧州民國日報, January 7, 1932, 3.

contribution), for his outstanding contribution to the prevention of cholera.⁴⁶² The statement of qualification was not a requirement for advertisements because some medical practitioners did not write anything about it. Therefore, including information like this revealed the importance of government recognition in public opinion. Recognition could take different forms, not just the license issued by the government, as in the case of Chen Wuzhai. It also did not matter which government issued the license. What the doctors needed was simply that the government acted as a guarantor of their professionalism.

Recognition from prestigious people in local society—especially government officials—played a similarly important role in medical advertisements. In the early 1930s, biomedical practitioners who did not register with the government or get a license sometimes included several well-known people as referees in their advertisements. These people were not necessarily medical professionals. The advertising of Chen Junpei (陳君佩) and Li Zhaobi (李照碧), two doctors in Nanning, noted eight people as referees. Most of them were officers in the Nationalist military and government officials, including Huang Xuchu (黃旭初 1892-1975), the governor of Guangxi, and Li Zongren.⁴⁶³ Practitioners of TCM also used the same strategy to demonstrate their professionalism. For example, six people recommended Liu Huining (劉惠寧) in his advertisements, including Ma Junwu (馬君武 1881-1940), chancellor of Guangxi University. The rest were all government officials. Few of them had experience in medical practice.⁴⁶⁴ Even those doctors who demonstrated a license from the government also wrote in advertisements the prestigious figures who recommended them to create a professional reputation. These famous people served as a representation of the state. In early twentieth-century Guangxi, because the system to assess medical professional qualification was underdeveloped, state recognition became significant to demonstrate their professionalism. The recommendation from government officials also implied a personnel connection between the referees and the medical practitioners, which became a guarantee of the latter's qualification.

⁴⁶² “Mingyi Chen Wuzhai” [Famous doctor Chen Wuzhai] 名醫陳務齋, *Wuzhou mingyuribao* [Republican Daily, Wuzhou edition] 梧州民國日報, February 3, 1932, 2.

⁴⁶³ “Jieshao nannü xiyi” [Introduce male and female doctors] 介紹男女西醫, *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, July 2, 1931, 6.

⁴⁶⁴ “Jieshao Liu Huining” [Introduce Liu Huining] 介紹劉惠寧, *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, June 19, 1932, 1.

In addition to the recognition from the state, biomedical practitioners also mentioned the equipment and techniques they used in the clinic to demonstrate their quality. Chen Junpei stated in his advertisement that the instruments in his clinic were bought from abroad, implying that the latest medical techniques were used for treatment in the clinic.⁴⁶⁵ While Chen did not elaborate on the instruments in his clinics, some doctors clarified which techniques they used for diagnosis and treatment. Xian Jiaqi's advertisement claimed that his clinics had operating theatres and delivery rooms. Doctors in his clinic tested patients' blood for diagnosis and treated people with the most advanced techniques, such as phototherapy and electrotherapy.⁴⁶⁶ Other medical practitioners also noted that they used equipment such as microscopes and UV light in their clinics.⁴⁶⁷

All these descriptions of equipment and techniques demonstrated the modernity of these clinics providing biomedical services. For example, using X-rays for physical checks was a new technology introduced to China in the early twentieth century and soon became fashionable in popular culture. In the 1930s, magazines and newspapers published pictures resembling figures under X-rays as illustrations of the “reality” which cannot be seen by the naked eye.⁴⁶⁸ Even in the 1940s, photos of doctors practising an X-ray machine in journals introducing biomedicine were displayed to show how advanced biomedicine was.⁴⁶⁹ These machines in the photos symbolised modernity for literate people in the 1930s. On the other hand, X-ray machines were expensive. A study on the spread of X-ray techniques in Shanghai suggests that among 151 hospitals, only 15 were equipped with X-ray machines.⁴⁷⁰ By stating that the clinic was equipped with an X-ray machine, medical practitioners in Guangxi showed that competitive and modern medical services were provided in their clinics and simultaneously created a modern identity for themselves. Other techniques, such as using UV light for treatment and microscopes for diagnosis, also had the same implication. Moreover,

⁴⁶⁵ “Jieshao nannü xiyi” 6.

⁴⁶⁶ “Yishi Xian Jiaqi, nüyishi Li Zhuoming, yishi Rong Shuzhi,” 3.

⁴⁶⁷ “Yishi He Bingyue” [Doctor He Bingyue] 醫師何炳岳, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, September 1, 1932, 8; “Deyi Liang Zhiqun yishi” [Doctor Liang Zhiqun, German medicine] 德醫梁治羣, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, September 1, 1932, 6.

⁴⁶⁸ Lei, *Mastery of Words and Swords*, 293-5.

⁴⁶⁹ “Kexie x shexianji: yong kexie x shexianji chuli bingzhong buke lichuang de bingren” [Portable X-ray machine: treating patients who cannot leave the bed with a portable X-ray machine] 可攜 x 射線機: 用可攜 x 射線機處理病重不可離床的病人, *Kexue Huabao* [Pictorial of Science] 科學畫報 6, no. 11 (1940): 673.

⁴⁷⁰ Yu Jingjing, “Yixue neiwai: Xguang zai minguo shehui de yingyong ji yingxiang yanjiu (1912-1949)” [Beyond medicine: a study on the use of X-ray and its influence in Republican China (1912-1949)] 醫學內外: x 光在民國社會的應用及影響研究 (MA diss., Central China Normal University, 2021), 31.

medical practitioners also demonstrated their own professional qualities by showing their ability to use the latest technology.

While doctors practising modern medicine turned to the latest techniques to demonstrate their technical skills, practitioners of TCM compared biomedicine and TCM to articulate their competitiveness. In an advertisement for acupuncture, the author stated that acupuncture was an important branch of TCM and was even more complicated and effective than biomedical treatment.⁴⁷¹ Unlike biomedical practitioners who provided details of the technologies they used for diagnosis and treatment, the author did not make any explanation for his opinion. He simply used the established fame of biomedicine as a scientific and competent type of medicine to show the effectiveness of acupuncture. In this way, as a skilful practitioner of acupuncture, the medical practitioner also implied his proficiency in treatment. In addition to comparing TCM with Western medicine, TCM practitioners also claimed their medical practices were scientific to guarantee the quality of their services and to establish themselves as professional people. Tang Yitian (唐亦田), a TCM practitioner who opened his clinic in Wuzhou, stated that he had made a systematic and scientific study on TCM and would apply the result to his medical services. He also advertised that modern equipment was available in his clinic, and scientific treatments were provided to his clients.⁴⁷² The emphasis on the scientific nature of the treatment implies that in Tang's mind, science was what the legitimacy of TCM and his professional identity were based on. This idea was also in line with the effort of other TCM practitioners to scientise TCM since the late 1920s. The strategies taken by TCM practitioners in advertisements suggest the popularity of scientism. The idea that medical professionals should practice scientific medicine was not only promoted by the government but also accepted by the literate classes and internalised by TCM practitioners.

While today, sociologists consider expertise in a specific field essential to professionalism, medical practitioners and their patients believed that versatility was an advantage of medical professionals in the Republican era.⁴⁷³ Medical practitioners usually stated that services in different branches of medicine were provided in the clinic, even when the medical practitioner

⁴⁷¹ "Yijie xiaoxi" [Medical Messages] 醫界消息, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, August 7, 1933, 3.

⁴⁷² "Guoyi Tang Yitian kaiye qishi" [Notice of the opening of the clinic of TCM practitioner Tang Yitian] 國醫唐亦田開業啟事, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, January 23, 1933, 1.

⁴⁷³ William P. Alford and Kenneth Winston, "Introduction," in *Prospects for the Professions in China*, ed. William P. Alford et al. (New York: Routledge, 2011), 3.

ran the clinic alone. For example, Liang Zhiqun and He Bingyue (何炳岳) claimed they were general practitioners who provided medical services in surgery, dermatology, ENT, gynaecology and paediatrics. Liang also helped people with drug rehabilitation.⁴⁷⁴ This was a strategy to attract patients. The more kinds of diseases they could treat, the more patients might come to their clinics. Clinics where several doctors were in a more advantageous position because it was common that these doctors had different expertise and provided different services. For example, there were three doctors in Xian Jiaqi's clinic. One was a female doctor. Therefore, they offered surgery, gynaecology, paediatrics and maternal care services.⁴⁷⁵ Medical practitioners who ran their clinics alone did not want to let go of the chance to attract patients suffering from different diseases, so they advertised themselves as having expertise in different branches of medicine. Even though this statement could be misleading, it can be assumed that being versatile did not harm medical practitioners' professionalism in patients' minds. Otherwise, the former would not use this strategy.

What really mattered to patients was whether the treatment was effective. Medical practitioners demonstrated it in thank-you letters, another form of advertisement. These letters illustrated what the doctors specialised in and their attitudes toward patients. Some letters only briefly mentioned patients' experience in the clinic. For example, in a thank you letter published in 1933, the patient said that he suffered from a fever (熱病 rebasing) and expressed his gratitude to Li Yingjie (李英節) and Huang Zhenguang (黃振光), who treated him with care and cured the disease in a short time.⁴⁷⁶ Neither did he introduce what exact disease he had, nor did he provide any details on treatment. Some letters were more detailed. In the letter from Huang Gongjian (黃公建), secretary of the Finance Department in the Guangxi provincial government, the author stated that his daughter had a fever, coughed and vomited to emphasise how severe the disease was.⁴⁷⁷ This letter would be more helpful for demonstrating the medical practitioner's professional quality, though specific treatment was not mentioned. The medical practitioner also took advantage of the social influence of Huang to imply the quality of service in the clinic. Clinic's locations were always included in the letter of appreciation, suggesting it was an advertisement. Letters with few details kept being

⁴⁷⁴ "Doctor He Bingyue," 8; "Doctor Liang Zhiqun, German medicine," 6.

⁴⁷⁵ "Yishi Xian Jiaqi, nüyishi Li Zhuoming, yishi Rong Shuzhi," 3.

⁴⁷⁶ "Gongsong liangyi" [Appreciation of a good doctor] 恭頌良醫, *Wuzhou minguo ribao* [Republican Daily, Wuzhou edition] 梧州民國日報, January 8, 1933, 8.

⁴⁷⁷ "Mingxie liangyi Liu Huining" [Thanks letter for Liu Huining, a good doctor] 鳴謝良醫劉惠寧, *Nanning minguo ribao* [Republican Daily, Nanning edition] 南寧民國日報, September 18, 1933, 4.

published in newspapers in Wuzhou and Nanning. Therefore, it was an effective advertising method despite the lack of descriptions of how diseases were treated.

Letters with more details about diseases, treatment received, and the background of doctors reveal more about the criteria of ideal medical professionals. Educational background and work experience were essential indicators. In a letter published in 1932, the author stated that Dr Zheng, the physician who helped during labour, was a graduate of a medical school in Beijing and had worked as a military doctor, a professor at Jiaying University (嘉應大學 Jiaying daxue) in Guangdong and chief physician in the Municipal Hospital in Shantou.⁴⁷⁸ The career trajectory suggests that Zheng was well-educated and experienced. In addition to the career background of doctors, the treatment patients received was also robust evidence of medical practitioners' proficiency in medicine. A letter stated that Dr Shi Naide cut into the back of a pneumonic patient, and a lot of fluid oozed from the lung.⁴⁷⁹ It is difficult to know whether the writer, who was the father of a pneumonic patient, witnessed the surgery as he claimed. It is also possible that this letter was fabricated by the physician, though the writer stated his own name and the place where he worked to make it seem authentic. The writer of this letter cunningly called the physician as *deyi* Shi Naide (德醫施耐德).⁴⁸⁰ *Deyi* can be understood as either a physician trained in Germany or as a German physician. Shi Naide also resembled the Chinese translation of Schneider. While it was not clear whether this physician was German or not, his title suggested his educational background.⁴⁸¹

The equipment used for treatment was also mentioned in thank-you letters. A patient who visited He Bingyue to treat gastrointestinal disease and the depletion of qi in his kidney

⁴⁷⁸ “Chanke jiuxing, yijie jianjiang” [Saviour of midwifery, famous in medicine] 產科救星，醫界健將, *Wuzhou minguo ribao* [Republican Daily, Wuzhou edition] 梧州民國日報, September 30, 1932, 7.

⁴⁷⁹ “Mingxie deyi Shi Naide xiansheng zhiyu feilao” [A thankyou letter to German doctor Schneider for curing pulmonary tuberculosis] 鳴謝德醫施耐德先生治癒肺癆, *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, December 1, 1933, 2.

⁴⁸⁰ Ibid.

⁴⁸¹ In the Republican era, it was common for physicians to claim themselves as *deyi* when they received an education in Germany. For example, an advertisement in *Shenbao* titled “Deyi Tu Kaiyuan jiang huiguo” (德醫屠開元回國) stated that Tu Kaiyuan (屠開元) had gone to Germany to study medicine and was about to return to Shanghai. This advertisement was written by Tu's brother Tu Kaizheng (屠開徵), manager of a pharmacy in Shanghai, indicating that the brothers were both Chinese. On the other hand, *deyi* also referred to German physicians. In another advertisement titled “Deyi Bianshufu lai hua” (德醫卜梳夫), the writer stated that Bianshufu was a physician from Germany. “Deyi Tukaiyuan jiang huiguo” [Tu Kaiyuan, who studied German-style medicine, was about to return to China] 德醫屠開元回國, *Shenbao* 申報, April 17, 1931, 12; “Deyi Bianshufu lai hua” [German physician Bianshufu is coming to China] 德醫卜梳夫來華, *Minbao* 民報 [People's newspaper] April 6, 1934, 8.

appreciated the advanced methods of diagnosis in He's clinic. The doctor used a microscope to check the sample and treated the disease with equipment imported from the United States and Germany. The words describing the treatment were in bold type so that readers could immediately notice the advanced equipment used in the clinic, even if they did not read the whole letter, which implied the importance of this information and the purpose of the letter.⁴⁸² Whether or not these letters were fabricated by doctors, they rendered an ideal of medical professionals, which the practitioners thought could attract more patients. This ideal was represented as well-educated, experienced and able to use various new techniques for diagnosis and treatment.

These advertisements, popular in the early 1930s, faced censorship in 1936. The Guangxi government issued an ordinance on advertisements primarily to prevent fraud. The ordinance stated that medical professionals should only provide a license for practising medicine and specify the branch of medicine in which they had expertise. Other information, such as their occupations in the past, the treatment they provided and successful cases, were not allowed to be included in advertisements. The government also ordered the censorship of all advertisements before they were published. Thank you letters and articles introducing doctors should also meet the requirements in the ordinance.⁴⁸³ The requirements show that the government considered state recognition the most important proof of the professional quality of medical practitioners. Another reason why it allowed medical practitioners to demonstrate their licence and fields of expertise is that the government could censor the information about medical professionals in these aspects. Other qualities, such as a good attitude towards patients and techniques used for diagnosis and treatment, were difficult for the government to assess. To improve policy efficiency, the government banned all those contents that could not be verified. The regulation was partially followed in Guangxi immediately after it was issued. The number of articles introducing doctors reduced rapidly. However, thank-you letters to doctors were still published frequently in newspapers. A possible reason is that it was more challenging to decide whether they were advertisements or not. In these letters, authors still

⁴⁸² “Mingxie Weichang wanbing, shenti xuruo jiuxing he bing yue dayishi” [A thank-you letter to Doctor He Bingyue, saviour of patients having intestinal diseases and a weak physical constitution] 鳴謝胃腸腕病，身體虛弱救星何炳岳大醫師, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, January 18, 1933, 1.

⁴⁸³ “Bensheng dingfa guanli yiyao guanggao guize” [Provincial regulation of medical advertisements] 本省定發管理醫藥廣告規則, *Nanning minguo ribao* [Republican Daily, Nanning edition] 南寧民國日報, March 3, 1936, 2.

described symptoms and treatments, though much briefer than before.⁴⁸⁴ These letters served as successful cases of treatment to illustrate the proficiency of doctors. From 1938 onward, advertisements containing doctors' experience and educational background appeared again in newspapers, implying regulation slackening. However, the description of stylish equipment and skills was no longer included in the advertisements.⁴⁸⁵ The elimination of these contents indicated that the government's opinion played an important role in shaping the criteria of professionalism in areas where it had a firm control.

Medical services in private clinics were expensive. The consultation fee for doctors in De'an Pharmacy was one yuan. If the patient would like to consult for more than one illness, another two yuan would be added for each additional disease. If the doctor needed to visit the patient, the cost would be five yuan each time within the city. The cost of midwifery was even higher.⁴⁸⁶ These services were affordable to the better-off classes, such as doctors, who could earn 120 yuan per month even at the entry-level. However, the prices would be high for other people with lower incomes, such as nurses who only earn 25 yuan monthly at the entry-level.⁴⁸⁷ The consultation fee in state-run hospitals was lower, five *jiao* (half a yuan), with an additional two *jiao* as a registration fee.⁴⁸⁸

Discounts and low prices thus were also effective ways to attract patients and create a positive image for doctors. Chen Zijia (陳自佳) highlighted in his advertisement that the fee for treatment in his clinic was the lowest among all the clinics providing biomedical services in Wuzhou.⁴⁸⁹ Besides attracting patients, charging a lower fee also allowed doctors to represent themselves as benevolent people who cared about the general population's well-being more

⁴⁸⁴ For example, "Guoyi Cheng Liuping qishi" [An advertisement of Cheng Liuping, TCM practitioner] 國醫程柳平啟示, *Nanning minguo ribao* [Republican Daily, Nanning edition] 南寧民國日報, March 11, 1935, 9.

⁴⁸⁵ For example, "Jieshao liangyi" [Introducing an experienced medical practitioner] 介紹良醫, *Nanning minguo ribao* [Republican Daily, Nanning edition] 南寧民國日報, February 4, 1940, 2.

⁴⁸⁶ "De'an dayaofang guanggao" [An advertisement of De'an pharmacy] 德安大藥房廣告, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, January 1, 1932, 4.

⁴⁸⁷ "Shengfu erwuwuci huiyi tongguo yiyao weisheng ren renyong daiyu banfa" [The standard payment to the medical professionals passed at the 25th conference of the provincial government] 省府二五五次會議通告醫藥衛生人任用待遇辦法, *Nanning minguo ribao* [Republican Daily, Nanning edition] 南寧民國日報, November 30, 1936, 6.

⁴⁸⁸ "Guangxi Wuzhou yiyuan zanxing zhenbing guize" [Rules of medical practices in hospitals in Wuzhou, Guangxi] 廣西梧州醫院暫行診病規則, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, January 14, 1933, 4.

⁴⁸⁹ "Chen Zijia yishi" [Doctor Chen Zijia] 陳自佳醫師, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報 April 9, 1933, 9.

than their incomes. Providing discounts to some groups of people aimed at the same thing. De'an Pharmacy stated in its advertising that people with low incomes would be charged a lower fee for treatment, and the discount depended on their conditions.⁴⁹⁰ Liang Zhiqun also charged a lower fee if the patient was severely sick and poor. He even provided free medical services in the morning every Tuesday, Friday and Sunday as a benevolent activity.⁴⁹¹ It was common for doctors to reduce the charge of medical services in certain conditions and even provide free services to people experiencing poverty in Republican Guangxi.

The provision of free medicine to people experiencing poverty expanded the role of medical professionals in the public sphere. There was a tradition for the literati class to do philanthropic work in premodern China. From the Ming dynasty, the literati class were involved in charity work to complement the state's poverty and disaster relief responsibility. Those who led the work were usually the marginalised scholars who did not get a position in the government institution. They exchanged their social status and reputation for their arduous work in charity.⁴⁹² Since the late Qing, merchants also played an increasingly active role in philanthropic work, which allowed them to establish the same status as the literati class in the local society. They saw themselves increasingly as social engineers who modernised local society.⁴⁹³ This trend continued in the Republican era. Philanthropic work increasingly became a way to expand the public role, which revealed an understanding of the relationship between modern citizens and the state. Medical professionals involved themselves in philanthropic work by providing affordable medicine to poor people. Individual medical practitioners stepped into a field where the government lacked power. The GMD government planned to establish a healthcare system that included hospitals in cities and health centres in rural areas to provide affordable medicine to the general population. This aim, however, was far from being realised in the 1930s and the 1940s. Medical practitioners' work partially complemented the government's efforts in healthcare services.

Medical practitioners involved themselves in philanthropic work to improve national health because they considered it their obligation. There was a tradition of comparing politicians to

⁴⁹⁰ "De'an dayaofang guanggao" 4.

⁴⁹¹ "Deyi Liang Zhiqun yinshi," 6.

⁴⁹² Joanna Handlin Smith, *The Art of Doing Good: Charity in Late Ming China* (Berkeley: University of California Press, 2009).

⁴⁹³ Angela K. C. Leung, "Charity, Medicine and Religion: The Quest for Modernity in Canton (ca. 1870-1937)," in *Modern Chinese Religion II: 1850-2015*, ed. Vincent Goossaert et.al. (Leiden: Brill, 2015): 580-612.

medical practitioners in premodern China, as the idiom “shangyi yiguo” (上醫醫國) shows. This idiom is a simile suggesting that good politicians could find and solve problems in the country correctly, just like medical practitioners could diagnose and treat diseases. This simile gained new meaning in the Republican era. When the government and intellectuals connected individual health to national survival, medical practitioners also found their work was vital to the country’s future. By providing medical services to the general population, medical practitioners created a connection between themselves and the state. This idea was revealed in Hu Xiaowu’s (胡蕭梧) article titled “Yisheng duiyu zhongzu guojia shehui you moda zeren lun” (醫生對於種族、國家、社會有莫大責任論 Medical practitioners should be responsible for the nation, the country and society), which was published in *Guoyi zazhi* (國醫雜誌 Journal of Chinese medicine) in 1934.⁴⁹⁴ Medical practitioners asserted their responsibility to society and the country by providing free consultations in newspapers and discounted medical services to poor people. In this sense, these activities resulted from patriotism, resonating with the same important merits as ideal citizens. Through these activities, medical practitioners practised citizenship as they conceived and reinforced their identity as citizens.

The understanding of the public role of medical professionals had become a criterion of professionalism recognised by the Guangxi government in the 1940s. In 1942, Liu Baimin (劉百閔), an official in the Guangxi provincial government, made a speech during the anniversary week of memorising Sun Yat-sen at the Provincial Medical College in Guangxi (廣西省立醫學院 *guangxi shengli yixueyuan*). In this speech, Liu stated that politicians and medical professionals worked to benefit the people. He claimed that medical practitioners who charged a high fee should be prohibited from practising medicine and urged students not to do so after graduation.⁴⁹⁵ His speech demonstrates the government’s idea about the professional ethics of medical practitioners. The government were willing to accept professional ethics based on the obligations of citizens. It also used the same ethics to regulate

⁴⁹⁴ Hu Xiaowu, “Yisheng duiyu zhongzu guojia shehui you modazeren lun” [Doctors should be responsible for the nation, the country and the society] 醫生對於種族國家社會有莫大責任論, *Guoyi zazhi* [Journal on Chinese medicine] 國醫雜誌 1 (1934): 17-8.

⁴⁹⁵ “Liu Baimin jiang yixue yu zhengzhi” [Liu Baimin’s speech on medicine and politics] 劉百閔講醫學與政治, *Guangxi shengli yixueyuan zhoukan* [Journal of the provincial medical college in Gunagxi] 廣西省立醫學院週刊 35 (1942): 0-1.

the activities of medical practitioners in the medical market to shun the responsibility to provide affordable medicine to the general population.

4.5 Doctors in the Medical Marketplace and Popular Culture

In areas beyond Guangxi, patients and commentators questioned the professional image of medical practitioners in advertisements. Early in 1930, *Yixue zhoukanji* (醫學週刊集 Medicine weekly) published an article that mocked the rhetoric in medical advertisements. The author, who took Huixing (彗星 comet) as a pen name, suspected that medical practitioners cheated readers when the former introduced their educational and occupational background. Those who claimed to be educated abroad did not make clear what they studied. Those who received a degree from a medical school did not clarify which school it was. Some called themselves physicians practicing German-style medicine (德醫 *deyi*), but could not speak German. Some claimed to have worked in certain hospitals but were not found in the name list of former employees. Apart from the background of medical practitioners, medical practitioners' statements about their field of study were also problematic. Doctors claimed that they knew multiple branches of medicine. The author criticised the statements in advertisements as exaggerations rather than authentic descriptions of doctors' proficiency. Huixing also warned readers that the letters from patients in newspapers were advertisements and advised them not to believe the contents. He equated the letters with the banners popular in the premodern era. The contents of banners were exaggerated to attract patients, and so were the letters. After listing the strategies used for advertising, Huixing blamed medical practitioners who published these advertisements, and accused them of being morally degraded.⁴⁹⁶ His response suggested that at least the educated were sceptical about the image of medical professionals in advertisements. However, Huixing's criticism did not deny the essential qualities of professionalism, such as educational background, good medical knowledge and skills, and an attitude towards patients. Instead, his article indicates that he agreed with the criteria yet doubted whether medical practitioners lived up to them. Even though Huixing's criticism was made in 1930, the same strategies were widely used nationwide, suggesting their effectiveness. Therefore, there was a consensus about the

⁴⁹⁶ Huixing, "Zhaoyao jing" [Monster-revealing mirror] 照妖鏡, *Yixue zhoukanji* [Medicine weekly] 醫學週刊集 3 (1930): 217-8.

qualities that medical professionals should have in the minds of professional people and non-specialists in the 1930s.

Apart from the misleading information in advertisements, medical professionals' morality was also suspected for other reasons, such as the high charge of medical services. As an article published in 1930 shows, hospitals and clinics charged a fee for every step in the medical encounter. The consultation fee was the first thing to be paid by patients. Patients who were late for consultation should pay an additional cost. If patients asked medical practitioners to visit their homes, the former would pay for commuting. If medical practitioners were asked to pay a home visit at a time other than the visiting hours, the patient should make additional payment. Apart from these expenditures, patients must also pay for commissions, medicine, and other services, such as injections.⁴⁹⁷ This article was published in a journal based in Anhui province, yet the rules of charge were not specific to the location. The prices provided by De'an Pharmacy, based in Wuzhou, Guangxi province, proved the statement's authenticity. The doctors in the pharmacy charged one yuan for commission and two yuan for consultation. A home visit was five yuan within the city. Visits at night cost more. Hospitalisation and maternity services were charged additionally.⁴⁹⁸ The government-run hospital charged less, about two *jiao* for commission and five *jiao* (half a yuan) for consultancy.⁴⁹⁹ By contrast, the price of rice in Wuzhou was five to nine yuan per *dan* (about 50 kilograms) around the same time.⁵⁰⁰ Many clinics did not provide information on the exact price of services in advertisements, suggesting that there was no standardised charge for medical services. It can be assumed that the charges from government-run hospitals were generally lower than those in clinics. Commentators thus criticised the fact that the price of medical services was too high for people with low incomes to afford.⁵⁰¹ This condition contrasted medical practitioners' own articulation of their social responsibility.

Commentators even suspected some doctors deliberately charged a high consultancy fee so that clients would have confidence in their professionalism and the quality of service. An

⁴⁹⁷ "Lun yisheng de jiazi" [Doctors' poor attitude] 論醫生的架子, *Minzhong xunkan* [Journal of the people] 民眾旬刊 1, no. 5 (1930): 1-2.

⁴⁹⁸ "De'an dayaofang guanggao," 4.

⁴⁹⁹ "Guangxi Wuzhou yiyuan zanzheng zhenbing guize," 4.

⁵⁰⁰ "Nongye xiaoxi: Wuzhou gumi zhixiao diejia" [Agricultural information: The price of rice drops in Wuzhou] 農業消息: 梧州谷米滯銷跌價, *Nongsheng* [Voice of agriculture] 農聲, 161 (1932): 71-2.

⁵⁰¹ "Yisheng yu shehui" [Doctors and the society] 醫生與社會, *Xinwen bao* [The news] 新聞報, October 16, 1929, 21.

article published in *Minzhong xunkan* (民众旬刊 Journal of the people) in 1930 pointed out the problem in the pricing of medical services. The author told readers not to assume medical practitioners' qualifications through the fees they charged.⁵⁰² In 1937, another article in *Yiyao daobao* (醫藥導報 The medico-pharmaceutical guide) complained of the same problem. The author also observed that patients regarded the price as an indication of the quality of medical service. He considered this opinion to be the reason why doctors charged a high fee for their services. Moreover, according to this author, medical practitioners who gained more income through an unreasonable charge of consultation fees became rich and won a higher social status, which in turn served as proof of their better services. He urged patients to change their misunderstandings so that they could compel medical practitioners to reduce the average charge for medical services.⁵⁰³ Despite the debates on the cost of medical services, political authorities never really intervened in the pricing. Take Guangxi as an example. The government appealed to graduates of medical schools to reduce consultation fees, but did not make any regulations on the price. The charge of medical services was controlled by medical practitioners themselves, who opened clinics for benefits. As a result, the literate classes attributed the high charges of medical services to medical practitioners being greedy.

The chaotic process of picking up medicine and the arbitrary use of medicine were also reasons why the literate classes criticised medical practitioners. It was common for medical practitioners and pharmacies to collaborate with each other in the 1930s. Pharmacies provided space for medical practitioners to see patients and advertised for the latter, while medical practitioners asked their patients to pick up medicine from the designated pharmacy. De'an Pharmacy was an example. Commentators criticised the collaboration as an abusive use of power in exchange for economic benefits. As a satire in *Shehui zhoubao* (社會週報 Society weekly) stated, patients could only buy medicine in designated pharmacies where drugs were expensive because doctors wrote prescriptions in a specific way that only the staff of designated pharmacies understood. Doctors took a percentage from the pharmacy's revenue, which could be as much as seventy to eighty yuan per month.⁵⁰⁴ Another commentator scolded the arbitrary pricing of medicine. The commentator found that some TCM practitioners delegated specific pharmacies to produce and sell pills, yet neither the

⁵⁰² "Lun yisheng de jiazi," 2.

⁵⁰³ Fan Shouyuan, "Jiandi zhenjin yu yisheng shenfen" [Reduce medical cost and the identity of doctors] 減低診金與醫生身分, *Yiyao daobao* [The medico-pharmaceutical guide] 醫藥導報 2, no. 10 (1937): 40-2.

⁵⁰⁴ Fan Gongyi, "Wuhuabamen de yisheng" [All kinds of doctors] 五花八門的醫生, *Shehui zhoubao* [Society weekly] 社會週報 1, no. 7 (1934): 134-5.

ingredients nor the price of each ingredient was open to customers. He suspected that pharmacies and TCM practitioners made a lucrative profit by selling these pills. The same commentator also criticised medical practitioners for deliberately making patients consult several times and prescribing large amounts of medicine to charge higher fees.⁵⁰⁵ All these phenomena in the medical market resulted from a lack of regulation from either the state or professional unions. However, commentators never discussed whether the state should intervene or how medical associations could help solve the problems. Instead, they only attributed all the chaos in the medical market to medical practitioners' immorality.

In the Republican era, when biomedical service developed rapidly with support from the state, conflicts emerged in a new mode of medical encounters, leading to suspicion against biomedical practitioners' professional ethics. In a traditional medical encounter, asking patients about their sickness was an important step for diagnosis. By contrast, biomedical practitioners who diagnosed illness through laboratory tests only spent a short time talking with patients. This mode of medical encounter was alien to Chinese patients, who then considered the short consultation time to be a result of medical practitioners' impatience and avarice. People who were not used to the new mode of medical encounter believed that doctors did so either to see more patients in a day or to compel patients to consult more times. Both aimed at making more money. Patients also doubted whether medical practitioners could make accurate diagnoses and provide proper treatment in such a short time.⁵⁰⁶ With a high charge for medical services and a brief period for diagnosis, it is understandable that patients and commentators increasingly suspect medical practitioners' moral conduct.

Reports about medical malpractice in newspapers and journals worsened the reputation of medical practitioners more. In 1934, *Guangji yikan* reported a case in which a medical practitioner who did not have a license for practising medicine prescribed four doses of spermin (司保命 sibaoming, a brand of medicine made with hormone), which killed a young girl.⁵⁰⁷ This case happened five years after the state intervention in regulating medical

⁵⁰⁵ Liu Changzhi, "Yisheng shangyehua" [Commercialisation of medical practices] 醫生商業化, *Zhonghua jiankang zazhi* [Chinese journal of health] 中華健康雜誌 3, no.2 (1941), 29-30.

⁵⁰⁶ Xianggong, "Yisheng shoushou zhenjin de jiantao" [Reflection on doctor's fees] 醫生收受診金的檢討, *Renyan zhoukan* [Weekly Journal of people's voice] 人言週刊 1, no.15 (1934): 301-2.

⁵⁰⁷ "Weiling zhizhao yisheng Ye Wujun lianda sizhen andu cibaoming" [Doctot Ye Wujun who did not have a license gave for doses of spermin] 未領執照醫生葉武俊連打四針安度賜保命, *Guangji yikan* [Guangji medical journal] 廣濟醫刊 11, no. 10 (1934): 102-3.

practices. Literate people were worried about the qualifications of medical practitioners as a result. Medical malpractice cases implied that the regulation was slackened, and the quality of medical services could not be guaranteed.

TCM and biomedical practitioners sometimes were criticised for different reasons. TCM practitioners' qualifications for practising medicine were scrutinised more by the literate classes. In 1939, three comics were published in *Jiankang jiating* (健康家庭 Healthy families) to mock unqualified medical practitioners treating patients and selling medicine. The comic on the top right depicts a dentist doing an operation. In the back is a flag with a slogan reading "extracting teeth without pain (無痛拔牙 wutong baya)." It reminded readers of advertisements for clinics which exaggerated the effect of treatment. This dentist even does not work in a clinic. Instead, he is extracting the patient's teeth on a trolley in the street. The painful look on the patient's face suggests that the dentist cheated the patient.⁵⁰⁸ The comic on the top left is a man making medicine for eye diseases with ingredients unclear to readers. The poster on the back writes, "medicine for eyes, made through alchemy," implying it a product of Taoist medicine. Religious treatments were condemned as quackery in public discussions. Therefore, the author of the comic considered the man to be selling fake medicine to make a profit.⁵⁰⁹ In the third comic on the bottom right, a man holds a pilose antler, a precious ingredient in TCM. Behind him is a trolley with bottles and a gourd, a traditional medicine container. A board leaned against the trolley, writing "Zhengxintang dieda yaogao" (正心堂跌打药膏 medicine for injuries from Zhengxintang pharmacy). The banner in the back shows that he is selling herbal medicine.⁵¹⁰ These two comics echoed the criticism against pharmacies selling medicine with unknown ingredients. All these people were doing their business on the street, suggesting that people without qualifications could also practice medicine. As it was difficult for the general population to determine whether medical practitioners were qualified based on their appearance, the prevalence of fraud in the medical market corrupted even the reputation of qualified medical practitioners.

⁵⁰⁸ Zhang Baiwen, "Bukexue de dazhong yixue" [Popular medicine is not scientific] 不科學的大眾醫學, *Jiankang jiating* [Health families] 健康家庭 1 (1939): 8.

⁵⁰⁹ Zhang, "Bukexue de dazhong yixue."

⁵¹⁰ Ibid.



Picture 10: Zhang Baiwen, “Bukexue de dazhong yixue,” [Popular medicine is not scientific] 不科學的大眾醫學, *Jiankang jiating* [Health families] 健康家庭 1 (1939): 8.

On the other hand, the literate classes scolded biomedical practitioners' preference for a Western lifestyle and dress code. Biomedical practitioners wore white gowns to show their professional identity. In a photo of helping a wounded citizen in *Sheying huabao* (摄影画报 Photography pictorial), one of the two men who were dealing with the wound wore a white

gown, suggesting his profession.⁵¹¹ The other man who wore a suit might also be a medical practitioner because he was doing the same work. Wearing a suit was common among biomedical practitioners as well. It suggested they received education in a modern school and lived a Western-style life. Medical practitioners in a lower stratum of the career ladder also wore suits in their work, even when they could not afford a good one.⁵¹² While white gowns suggested professionalism, which was promoted by the state and medical elites,⁵¹³ wearing a suit and leather shoes became a symbol of vanity in popular culture. A patient mocked that physicians in the hospital were all well-dressed in nice suits and shoes. They clumped along the corridor, making patients unable to rest well. A comic titled “A Narcissistic Physician” in 1940 echoed the criticism. The comic illustrated a medical practitioner who dressed up and smoked before he went to see the patient when he was asked to make a home visit. The poor patient passed away because of his lateness. The medical practitioner wore a suit, a nice hat and a long coat in the comic. He also held a stick in his hand, making him seem like a gentleman from the better-off class. His assistant, however, was wearing a gown with a cross on the arm, suggesting that he was a medical professional. The contrast shaped the medical practitioner as a superficial man who only cared about his modern identity yet ignored his responsibility as a physician. The consequence of his behaviour implied his immorality.⁵¹⁴ As Jun Lei suggests, members from the lower stratum of the literate classes viewed wearing suits as a problematic and effeminate imitating Western modernity in the 1930s.⁵¹⁵ Considering the cultural implication of wearing suits, commentators who made criticisms against biomedical practitioners’ dressing style suspected both the latter’s professionalism and patriotism. In this regard, the criteria of professionalism for medical practitioners were not independent of an understanding of citizenship in the minds of the literate classes.

⁵¹¹ “Zhanhou jiu hu qingxing” [Saving lives after bombarding] 戰後救護情形, *Sheying huabao* [Photography pictorial] 攝影畫報 10, no.2 (1934):14.

⁵¹² Tiexian, “Yige ziming mofan yisheng de zishu” [Oral account from a self-claimed ideal doctor] 一個自命模範醫生的自述, *Yishi gonglun* [Public opinions on medicine] 醫師公論 22 (1934): 20.

⁵¹³ Barnes, *Intimate Communities*, 132.

⁵¹⁴ Zhao Naisheng, “Aimei yisheng” [A narcissistic doctor] 愛美醫生, *Liyan huakan* [Liyan pictorial] 立言畫刊 89 (1940): 28.

⁵¹⁵ Lei, *Mastery of Words and Swords*, 269.



Picture 11: Zhao Naisheng, “Aimeiyisheng” [A narcissistic doctor], *Liyan huakan* [Liyan pictorial] 89 (1940): 28.

Facing all the criticisms against their professional ethics, medical practitioners defended themselves by attempting to demonstrate the merits of ideal citizens. They argued that they achieved wealth and social status by working hard. A physician explained that medical practitioners had a difficult time when they started their own businesses after graduation because they had yet to accumulate fame. They sometimes stayed in the clinic all day without anyone coming for a consultation. It could take a few months or even half a year for medical practitioners to attract some patients and gain a reputation.⁵¹⁶ During this period, it was uneasy to make both ends meet. Once they made a name for themselves, medical practitioners worked day and night to earn a good reputation. As a result, the abundant income was the payback for their hard work.⁵¹⁷ The entrepreneurial spirit demonstrated in the physician’s description of medical practitioners’ career trajectory resonated with the ideal of citizens who worked hard to earn themselves a better life and benefit the country. By articulating an

⁵¹⁶ Duoguang, “Yisheng shenghuo” [A doctor’s Life] 醫生生活, *Liaozhai* [A room for chatting] 聊齋 16/17 (1934): 11-2.

⁵¹⁷ Ibid.

entrepreneurial spirit for themselves, medical practitioners not only defended their professionalism but also emphasised their identity as ideal citizens.

While medical practitioners created a benevolent image to earn a better reputation, they denied their responsibility to provide affordable medicine. They argued that the government should take responsibility for making medical services more affordable to the general population, especially impoverished people. In an article discussing quackery in the medical market, the author, who was a student at a medical school, urged the government to build more hospitals providing medical services at a low charge or for free all over the country. He believed this action would be much more effective in curbing quackery and improving national health than medical professionals' philanthropic activities, such as lowering consultation charges.⁵¹⁸ It is not surprising that the student held this opinion. In 1935, one year before this article was published in *Yishi gonglun*, a speaker who made a speech to graduates of a medical school attributed the difficulty in accessing affordable medical services to poverty. He stated that the government had a tight fund for the public health system and, thus, could not build up more hospitals to reduce the charges for medical services. The general population were also not able to afford expensive medical services. Therefore, he continued, medical professionals should compromise.⁵¹⁹ The speaker did not clarify what the compromise was. It is likely that he considered medical professionals had already compromised when they provided discounted or free medicine to poor people in specific conditions. Through the speech, the speaker shunned the debates about whether the price of medical services was too high and even developed a benevolent and patriotic image for medical practitioners.

Criticisms against medical practitioners were barely found in the newspapers and journals supported by the Guangxi government. Only one medical malpractice case was reported in three newspapers published in different cities, including Nanning and Wuzhou, the three biggest cities in the province. On October 18, 1932, *Wuzhou Minguo Ribao* published a statement about a medical malpractice case from the Wuzhou Provincial Hospital. In this case,

⁵¹⁸ Zheng Guosui, "Cong jianghu yisheng de zhaqi er xiangdao dazhong de yiyao" [Quackers' frauds and popular medicine] 從江湖醫生的詐欺爾想到大眾的醫藥, *Yishi gonglun* [Public opinions on medicine] 醫師公論 3, no.12 (1936): 27-8.

⁵¹⁹ Meng Zhen, "Yisheng he kanhu de zhiye yu daode de yongqi" [Doctors and nurses' professional ethics and morality] 醫生和看護的職業與道德的勇氣, *Duli pinglun* [Independent review] 獨立評論 157 (1935): 5.

a man called Pang Changming (龐昌明) died after being injected with medicine five times. The hospital did not provide any details. It stated that people from different agencies visited the hospital to investigate the case, and the result was yet to be revealed. It also urged people not to spread rumours about the case.⁵²⁰ The details about the case were reported about two weeks later in *Nanning minguo ribao*, which was also an article from the Hospital. It stated that Pang passed away on September 30 in the Wuzhou Provincial Hospital after being injected with medicine. The patient was said to suffer from malaria, implying that he might have died from the disease, not medical malpractice. This article did not state who should be responsible for the death of the patient either.⁵²¹ Both articles took a pro-hospital attitude as they were written by the Hospital. Even though more than 40 people investigated the case, including renowned medical practitioners in Wuzhou, no discussions about medical malpractices were published in the newspapers and journals funded by the government. In this case, the voidness of public opinion in these publications did not suggest a lack of attention to it. As the article in *Wuzhou Minguo Ribao* shows, people talked about the case. They suspected medical practitioners' professionalism in the Hospital, yet these voices were denounced as rumours and were not published in the two newspapers at all.

The newspapers' attitudes towards the case suggest that the state played an important role in creating a positive professional image for medical practitioners in the public sphere. The reason for the lack of criticism against medical practitioners might be that the two newspapers were funded by the government. Therefore, they would not publish articles against doctors in state-run hospitals. The attitude of the press was the same as that of the government. While the government sent several groups of people to investigate the case and even allowed Pang's wife to participate in the investigation, it never made a clear conclusion on the case. Similarly, *Nanning minguo ribao* seemingly took a neutral attitude to the case because it detailed what happened before Pang's death. However, it actually helped the hospital wash off the suspicion of medical malpractice by spending word on the malaria epidemic and its death rate.⁵²²

Another reason is that these newspapers cooperated with medical practitioners. Both medical practitioners working in state-run hospitals and running their own clinics worked as editors of the medical column of the two newspapers. It was possible that they were familiar with other

⁵²⁰ "Guangxi shengli wuzhou yiyuan qishi" [A statement from the Wuzhou Provincial Hospital] 廣西省立梧州醫院啟示, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, October 18, 1932, 1.

⁵²¹ "Pang Changming nüejì bingsi an" [The case of Pang Changming died from malaria] 龐昌明瘧疾病死案, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, October 30, 1932.

⁵²² Ibid.

members of the editorial board. Therefore, articles criticising these medical practitioners would not be published. Moreover, medical practitioners paid to make advertisements in these newspapers. It was also likely that editors chose not to publish criticism against these medical practitioners to keep them as customers. Medical practitioners making advertisements in the two newspapers also collaborated with the government. For example, in Pang's case, a member of the investigation team was a medical practitioner called Huang Mian (黃冕), who worked as an editor and made advertisements in *Wuzhou minguo ribao*.⁵²³ As the newspaper was state-run, it was unlikely to criticise medical practitioners working with the government. Considering all these factors and possibilities, medical practitioners who formed alliances with the government were more likely to create a positive image in public discussion, especially in regions where the government was powerful and had control over publications.

4.6 Conclusion

The state intervention in medical practices compelled medical practitioners to reflect on the criteria of professional qualities in the late 1920s. After the central government issued the ordinance, many medical practitioners, especially those who practised TCM, found it difficult to continue their business in the medical market. Commentators and medical practitioners discussed the requirements for achieving qualification and provided suggestions to the government. Medical associations also negotiated with the government to make it easier for practitioners to meet the requirements. While the effect of these efforts was marginal, medical practitioners formed a view of the professional ideal and a sense of belonging to the community of medical professionals through all these activities.

The Guangxi government regulated the medical practices as the central government ordered, yet its strategies were more friendly to TCM practitioners. In 1933, the Guangxi government established medical institutes to regulate TCM. Unlike the Institute in the central government, which had no real political impact, the institutions in Guangxi helped TCM thrive. These institutions provided training programmes to TCM practitioners, which helped the latter to get a licence for medical practices. It also collaborated with the governments in counties to train medical practitioners. The collaboration improved the quality of medical services in counties

⁵²³ “Pang Changming nueji bingsi an.”

and granted the graduates a promising future. Apart from establishing institutions, the government also collaborate with medical practitioners of different kinds of medicine in disease prevention. It employed medical professionals to provide vaccination services during epidemics. The latter also worked as editors of medical columns in state-run newspapers.

TCM practitioners relied much on the state to professionalise their work. The journal published by the Institute in Wuzhou became a platform for TCM practitioners to communicate how to scientise TCM. In the Republican era, only people who dominated a body of knowledge that the ruling class considered scientific could be recognised as professionals by the government. Therefore, scientising TCM was a premise for TCM practitioners to claim themselves as medical professionals. Their professional identity was established through the discussions about medical knowledge and their own experiences in treatment in the Journal, which demonstrated their dominance of a body of knowledge. The identity was then reinforced through interactions with medical associations in other provinces.

The formation of TCM practitioners' professional identity was intertwined with their citizenship. TCM practitioners took advantage of the ideal of citizens to justify their practice of TCM. They articulated it as a patriotic practice. This claim resonated with patriotism promoted by the GMD government, which focused on adoring specific aspects of traditional culture. By justifying their work as patriotic, TCM practitioners also emphasised their identity as citizens within their own professional community. The reliance on the ideology promoted by the government to create a professional identity did not suggest that TCM practitioners were passive objects of the state. Through the activities of medical associations, TCM practitioners resisted the state when their own interests were at risk due to state intervention. The resistance was also a practice of citizenship. Their negotiation with the state, especially those actions in the public sphere, such as publishing articles in newspapers, made them active citizens in society. Therefore, the creation of a professional identity and understanding of citizenship reinforced each other. When TCM practitioners formed a professional identity through the state-funded journal, they promoted the ideal of citizens envisioned by the government, demonstrated themselves as ideal citizens and practised the citizenship conceived by themselves.

Besides collaborating with the state to professionalise medical practice, biomedical and TCM practitioners also demonstrate a professional image to the general population. The features of the professional image and the strategies to create it suggest that medical practitioners recognised the state's authority and accepted the ideologies promoted by the government. First, they considered the state recognition proof of their professionalism. It could be either the licence issued by the government or a personal connection with government officials. Medical professionals also established a social status by implying that they personally knew government officials. Second, the image promoted by medical practitioners was similar to the ideal of citizens. Underlying the claim that they used the latest techniques for diagnosis and treatment was the ideology of scientism prevailing in the 1930s. Medical practitioners knew that this strategy would take effect because of the ideology. They also internalise the ideology. While biomedical practitioners highlighted new techniques, TCM practitioners compared their treatment with biomedical ones. Besides using scientism to promote a professional image, medical practitioners expanded their public role as responsible and patriotic citizens by providing medical consultancy in newspapers and discounted medical care services. Medical professionals created a benevolent image for themselves and practised citizenship through these activities. Benevolence and citizens' obligations became part of the professional ethics promoted by the government in the 1940s. In the same period, the Guangxi government even tried to use citizens' obligations to discipline medical practitioners' activities in the medical market. In this sense, the criteria of ideal medical professionals and ideal citizens corresponded and reinforced each other again.

While there were few criticisms against medical professionals within Guangxi, there were debates about the professionalism of medical practitioners beyond the province. As these discussions show, literate people had a consensus on the criteria of the ideal medical professionals, yet they suspected medical practitioners' morality in real life. Unlike the benevolent image promoted in newspapers, medical practitioners were criticised as greedy by commentators and patients. People from the literate classes also mocked biomedical practitioners' dressing style as a blind imitation of Western-style modernity, which symbolised the latter's vanity. Reports of medical malpractices even worsened the suspicion of medical practitioners' professional qualities, especially their morality. Facing the criticisms, medical practitioners turned to the merits of ideal citizens to defend themselves. They claimed the lucrative income was a reward for their hard work. This image of medical professionals corresponded with the ideal of citizens, emphasising being hardworking. While medical

practitioners in Guangxi demonstrated themselves as responsible citizens and professionals by providing discounted or free medical services, their counterparts in other places denied offering affordable medicine to poor people as their responsibility. The latter's opinion was also agreed by the former, as the charge of medical fees in Guangxi was high. Medical practitioners articulated the action as a compromise of medical practitioners, which implied that they cared about the country and its people's health. In this way, they defended their image as responsible professionals and citizens without compromising their own benefits in practice.

The lack of criticism against medical professionals in Guangxi was not a result of the better performance of these people but of an alliance between the government and medical practitioners and the state control over the press. In Guangxi, there was no discussion about the morality of medical practitioners. It did not suggest that people accepted the professional image that medical practitioners touted for themselves. The regulation of medical advertisements implies suspicions over the authenticity of the statements in those advertisements. The reports of medical malpractice in a state-run hospital also suggest the existence of conflicts between patients and medical professionals. However, these reports took a pro-hospital attitude because they were published in state-funded newspapers. The newspapers did not publish criticisms against medical professionals who worked in state-run hospitals, which suspended the spread of criticisms against medical practitioners. The alliance between medical professionals and the state continued beyond state-run hospitals. The government relied on the former in disease prevention and investigation of medical malpractices. The advertisements of medical professionals in government-funded newspapers brought revenues to the latter. Government-funded newspapers thus protected the public image of these medical professionals. In areas beyond Guangxi, criticisms against medical professionals were also published in journals published by various associations. However, in Guangxi, most journals were published by state-run institutions. Therefore, criticisms against medical professionals who collaborated with the government were also not found in those journals. Without a vein for the spread of criticisms of medical professionals, the public image of this professional cohort became much better than that in other places in China. The case of Guangxi suggests the power dynamic between the state and society differed in different locations in the country. Medical professionals who formed an alliance with the latter achieved a better public image and social status in a province where the state was more powerful.

Chapter 5. Nurses (the 1930s and 1940s)

5.1 Introduction

In her book *Women and China's Revolutions*, Gail Hershatter writes that the New Woman was supposed to “pursue a career in business, education, medicine, journalism, or the arts” after being educated in a new-style school.⁵²⁴ The New Woman was a symbol promoted by intellectuals since the New Cultural Movement. She was an independent, educated woman who pursued a self-selected marriage and was devoted to nation-building.⁵²⁵ Features of the New Woman changed throughout the Republican era. In the 1930s, the New Woman was increasingly presented in public discussions as an educated woman who could be a good mother, knowing how to take care of family members scientifically.⁵²⁶ The commercial and political culture both exerted an impact on this symbol at the time.⁵²⁷ Female nurses who had received an education in a nursing school and learnt how to take care of patients in a scientific way were the epitomes of the New Woman. This chapter studies how the ideal of female citizens played a role in the professionalisation of nursing. It establishes that the professionalisation of nursing and the discourse of citizenship evolving around gender roles intersected with each other in the 1930s and the 1940s.

Historians have studied the professionalisation and feminisation of nursing both from an up-down and a bottom-up perspective. Sonya Grympa attributes the professionalisation of nursing in China to foreign countries' aid, state support, and elite nurses' own career success during the Second Sino-Japanese War.⁵²⁸ Nicole Barnes reveals a different picture. While she also considers the war a significant opportunity for the professionalisation and feminisation of nursing, she argues that ordinary female nurses' better performance in everyday work in military hospitals and door-to-door services was critical to nursing being dominated by

⁵²⁴ Hershatter, *Women and China's Revolutions*, 143.

⁵²⁵ Ibid.; Barbara Mittler, “In Spite of Gentility: Woman and Men in *Linglong* (Elegance), a 1930s women's magazine,” in *The Quest for Gentility in China: Negotiations Beyond Gender and Class*, eds. Daria Berg and Chloe Starr (New York: Routledge, 2007), 208.

⁵²⁶ Mittler, “In Spite of Gentility”; Edwards, “Policing the Modern Woman in Republican China.”

⁵²⁷ Edwards, “Policing the Modern Woman in Republican China”; Hershatter, *Women and China's Revolutions*, 143-8.

⁵²⁸ Sonya Grympa and Cheng Zhen, “The Development of Modern Nursing in China,” in *Medical Transitions in Twentieth Century*, ed. Bridie Andrews and Mary Brown Bullock (Bloomington, IN: Indiana University Press, 2014), 297-316.

women.⁵²⁹ She also demonstrates the difficulties female nurses met due to their gender, both in their work in the rear of battlefields and their promotion in government institutions.⁵³⁰ Both historians reveal an aspect of how the professionalisation of nursing intertwined with the creation of citizenship. While Grympa suggests that female nurses formed an identity as citizens through their work in government institutions, Barnes shows that female nurses created an imagined community among themselves and the patients they cared for during the war.⁵³¹

However, the professional identities of female nurses still need to be analysed because identity is not just about self-identification. It should also be recognised by other community members and even beyond the community.⁵³² The general population's views about female nurses were also crucial to the latter's identity. Barnes has contributed to this aspect. She studies the general population's comments on public health nurses.⁵³³ Public health nurses paid home visits to disseminate hygienic knowledge and provided services for disease prevention, such as vaccination.⁵³⁴ Barnes noted that the general population preferred female public health nurses because they showed a better attitude than male public health nurses.⁵³⁵ Like Barnes's conclusion about public health nurses, Xiao Linlin's study on nurses in Shanghai also suggests that female nurses promoted a positive image as a professional cohort.⁵³⁶ However, if wounded soldiers doubted female nurses' professional quality, as Barnes suggests, it would not have been possible for other patients to always be satisfied with the services provided by female nurses. The mutual impact of female nurses' self-identification and their public images in the 1930s and the 1940s also needs to be studied.

Historians have conducted abundant studies on gender discourse in the professionalisation of nursing.⁵³⁷ Just how the popular symbols of female citizens shaped their public image and strategies for professionalisation requires more scrutinisation. When Liang Qichao introduced

⁵²⁹ Barnes, *Intimate Communities*, 52-90.

⁵³⁰ *Ibid.*

⁵³¹ *Ibid.*; Sonya Grympa, *Nursing Shifts in Sichuan* (Indiana: Indiana University Press, 2014), 93.

⁵³² Goffman, *Stigma*.

⁵³³ Barnes, *Intimate Communities*, 21-51.

⁵³⁴ Hu Yong, "Minguo shiqi de gonggong weisheng hushi zhidu" [Public health nurses in the Republican era] 民國時期的公共衛生護士制度, *Dongfang luntan* [Eastern symposium] 東方論壇 1 (2018): 62-8.

⁵³⁵ Barnes, *Intimate Communities*, 21-51.

⁵³⁶ Xiao Linlin, "Shanghai hushi qunti yanjiu (1927-1937)" [Nurses as a professional cohort in Shanghai (1927-1937)] 上海護士群體研究 (1927-1937) (MA thesis, Shanghai Normal University, 2022).

⁵³⁷

citizenship to his Chinese audiences, he described an ideal female citizen as a good mother who could educate children into modern citizens.⁵³⁸ In his opinion, the role of female citizens was an expansion of women's gender roles at home. The obligations of female citizens were not static. While in the 1910s and the early 1920s, the New Woman who pursued self-choice marriage was the epitome of modern female citizens, the same characteristic was criticised by both the government and leftist intellectuals in the late 1920s and the 1930s.⁵³⁹ During the Nanning decade, the New Woman became a famous icon in advertisements, symbolising modernity. The commercialised New Woman, known as the Modern Girl, who preferred Western modernity, became the target of the GMD government during the New Life Movement, however. In public discussion, the Modern Girl was described as a woman who pursued a lavish lifestyle and intended to climb the social ladder through marriage.⁵⁴⁰ To counter the Modern Girl, the government and intellectuals promoted a new New Woman, which again emphasised their roles at home as mothers and wives in the mid-1930s.⁵⁴¹ The changes in the ideal of female citizens would have impacted public opinion about female nurses' identities. The latter's strategies to articulate their identities would also have been framed by the popular ideas about female citizens.

How nursing was professionalised in rural areas is also an important aspect to be studied. Grympa demonstrates that the state facilitated the development of nursing by educating elite nurses in the PUMC (北京協和醫學院 Peking Union Medical College), a medical college funded and run by the Chinese government and the Rockefeller Foundation.⁵⁴² Yet the influence of the PUMC was limited in the areas away from Beijing, where it was based. Historians also show that the GMD government relied on the Nursing Association of China (NAC) to regulate nursing because it was one of the most influential professional associations of nursing in Republican China.⁵⁴³ However, NAC was an association based in Gulin (牯嶺) in its early years and in Nanjing in the 1930s. Both of the two cities were in Eastern China. Its influence in other parts of the country has been understudied. This chapter examines the

⁵³⁸ Schneider, *Keeping the Nation's House*.

⁵³⁹ Edwards, "Policing the Modern Woman in Republican China."

⁵⁴⁰ Yen, "Body Politics, Modernity and National Salvation."

⁵⁴¹ Sarah E. Stevens, "Figuring Modernity: The New Woman and the Modern Girl in Republican China," *The National Women's Studies Association Journal* 15, no. 3 (2003); Hershatter, *Women and China's Revolutions*, 146-7.

⁵⁴² Grympa, *Nursing Shifts in Sichuan*.

⁵⁴³ Chen Xing, "Tizhi jiangou yu linian chuanbo: Zhonghua huli xuehui yanjiu, 1909-1949" [System construction and spread: The study on Nurses' Association of China, 1909-1949] 體制建構與理念傳播: 中華護理學會研究, 1909-1949 (MA diss., Hebei University, 2014); Grympa, *Nursing Shifts in Sichuan*.

regulation of nursing education in Guangxi, a province hundreds of miles away from both Gulin and Nanjing. It provides a localised case about the state intervention in the professionalisation of nursing.

This chapter first studies the development of nursing in Guangxi. The first section examines the education of nurses in missionary-run nursing schools. It also discusses how the NAC, a professional association overseen by the central government, impacted nursing education in Guangxi. This section demonstrates the professional ideal envisioned by the medical missionaries in the 1930s. The second section analyses how the Guangxi government developed nursing education as part of the broader initiative to create citizens. It discusses the professional ideal promoted by the Guangxi government, which forms a comparison with the one made by missionaries. The focus of the following sections moves beyond Guangxi. The third section studies how nursing became an occupation for women in the 1930s and why gender became prominent in public discussions about the profession beyond Guangxi. The fourth section examines the public image of nurses in journals and newspapers. The two newspapers I have used as primary sources in Guangxi were both mouthpieces of the provincial government. The journals from the province I have access to online were all published by state-run institutions. As most nurses in the province worked in government-run hospitals and clinics, these presses would have avoided criticisms against these nurses. A study of female nurses' public image reveals how the popular symbols of female citizens worked as a frame to shape public opinion about female nurses' professionalism. The fifth section discusses how nurses articulated their professional identity. It answers why the discourse of ideal female citizens impeded the professionalisation of nursing. The last section discusses how female nurses' endeavours to create authority and social status during and after the war. It also examines two cases in Shanghai and Guangxi respectively to analyse to what extent nurses' endeavours took effect.

5.2 Training Nurses: Missionaries and the NAC

Before the 1930s, missionary hospitals in Guangxi were one of the primary institutions offering nursing education to the local Chinese population.⁵⁴⁴ In 1909, Stout Memorial

⁵⁴⁴ Arthur Lin, *The History of Christian Missions in Guangxi, China* (Eugene, OR: Pickwick Publication, 2020), 42-57.

Hospital in Wuzhou, a hospital run by the Southern Baptist Convention, started to train pupil nurses to serve in the hospital. It was the first nursing training programme in Guangxi. Leonora Scarlett, matron of the hospital, was responsible for training three students. The pupils received three years of training before graduation. Once they graduated from the programme, they could choose to stay in Stout Memorial Hospital or find a job outside the hospital.⁵⁴⁵ The training of nurses in Stout Memorial Hospital depended on the personnel in the hospital. After another three students were admitted in 1911, the hospital stopped enrolling new pupils because Scarlett returned to the United States. The admission of new pupils started again in 1920 when the hospital moved to a new place in Wuzhou.⁵⁴⁶ Another hospital that provided nursing education to the local Chinese was The Way of Life Hospital, run by the Church Missionary Society in Guilin. The first recorded graduate finished her training in 1926. After graduation, she was allocated to the clinic in Daozhou (道州), a town in Hunan province. The clinic was a branch of the Way of Life Hospital. Seven other students were in training during the same period.⁵⁴⁷ These missionary-run, small-scale programmes marked the beginning of nursing education in Guangxi. They established a network of Chinese and missionary nurses who operated in this province and other places where missionary societies were active.

Alongside the missionaries' efforts to train Chinese nurses in Guangxi, an occupational association was established in Eastern China with the goal of professionalising nursing. In 1909, eight missionary nurses based in Guling (牯嶺), Jiangxi province, decided to standardise nursing education to improve the quality of nurses' services. They established The Association for Nurses and Associate Nurses, later becoming the NAC. The Association held two consecutive meetings attended by participants from North, Central, and East China.⁵⁴⁸ South and West China remained untouched by the Association at this moment. In the following years, the Association translated several English textbooks and wrote a few Chinese textbooks for educational purposes.⁵⁴⁹ It also established a standard for nursing training programmes where pupil nurses should undergo medical courses prior to their practical ward training.⁵⁵⁰ To ensure the quality of graduates, the NAC launched examinations. Those who

⁵⁴⁵ Guangxi Wuzhoushi gongren yiyuan, *Wuzhoushi gongren yiyuan zhi* [Gazetteer of the workers' hospital in Wuzhou] 梧州市工人醫院志 (Hong Kong: Xianggang tianma tushu youxian gongsi, 2004), 214.

⁵⁴⁶ Ibid.

⁵⁴⁷ Charlotte Bacon and CH. N. Birm, "The Way of Life Hospital," Aug 1926, 33, cmz/m/c 2/1, Cadbury Library.

⁵⁴⁸ E. Hope Bell, "N.A.C. Historical Summary," *Quarterly Journal for Chinese Nurses* 8, no. 3 (1927): 15.

⁵⁴⁹ Ibid., 16.

⁵⁵⁰ Ibid.

passed the examination could receive a certificate for their qualification and be registered with the NAC. The first examination was held in 1915, with seven candidates taking it. Three of them received a certificate. All of them were based in missionary hospitals in central and east central China. By 1927, the examinations had been conducted in fifteen provinces overseen by five examination secretaries.⁵⁵¹ The fifteen provinces were divided into five groups according to location: north, south, west, central and east central area. From 1915 to 1927, 1566 nurses got certificates, among which 469 got honours.⁵⁵²

In the 1930s, the NAC was led by Chinese members and developed a strong alliance with the central government, while the influence of missionaries diminished. In 1930, Liu Ruiheng (劉瑞恆), the Minister of the Public Health Administration, made a speech at the tenth national conference of the NAC. During the meeting, he advised the committee to move the headquarters to Nanjing to facilitate communication between the Public Health Administration and the NAC. Following Liu's speech, the NAC handed over the power of regulating nursing to the Administration. In 1932, the NAC was registered with the government and became an organisation under the supervision of the state.⁵⁵³ Chinese nurses were elected as head of the NAC. Senior members worked with the GMD government. In 1934, Pan Jingzhi (潘景芝 1901-1968), Shi Xien (施錫恩 ?-?), Liu Ganqing (劉幹卿 1900-1972), Chen Zhu Bihui (陳朱碧輝 1901-?) and Hu Dunwu (胡惇五 1898-1974), all of whom were members of NAC, were selected by the central government as members of the Nursing Education Committee in the central government (中央護士教育委員會 Zhongyang hushi jiaoyu weiyuanhui), a Committee of the Education Administration (教育部). They were responsible for developing the nursing education system.⁵⁵⁴ These nurses also visited nursing schools nationwide to check if the latter used the syllabus devised by the Committee from 1936 to 1939.⁵⁵⁵ Missionary nurses were not employed by the central government.

⁵⁵¹ Ibid, 17.

⁵⁵² Ibid.

⁵⁵³ Chen, "Tizhi jiangou yu linian chuanbo," 54.

⁵⁵⁴ Ibid., 56-7.

⁵⁵⁵ Hu dunwu, "Shicha Henan Hubei Jiang xi sansheng gaoji hushi zhiyexuexiao ji 17 xiao baogao" [A report of 17 senior nursing schools in Henan, Hubei, Jiangxi] 視察河南湖北江西三省高級護士職業學校計 17 校報告, 1936, Wu-14896, No. 2 Archive, Nanjing; "Ju benbu hushi jiaoyu zhuanmen weiyuanhui weiyuan Liu Ganqin shicha sheng hushi xuexiao baogao" [A report of nursing schools in the province from Liu Ganqin, a member of the nursing education committee] 據本埠忽視教育專門委員會委員劉幹卿視察護士學校報告, 1937, Wu-14896, No. 2 Archive, Nanjing; "An ju benbu hushi jiaoyu zhuanmem weiyuanhui mishu chenzhu bihui chensong shicha gaisheng hushi zhiye xuexiao baogao" [A report of nursing schools in the province from Chenzhu Bihui, secretary of the nursing education committee] 按據本埠護士教育專門委員會秘書陳朱碧輝呈送視察該省護士職業學校報告, 1940, Wu-14896, No. 2 Archive, Nanjing.

Despite the marginalisation of missionaries in the NAC, the Association regulated missionary-run nursing schools. The Stout Memorial Nursing School had maintained a loose contact with the NAC since the late 1920s. In 1927, the missionaries in the Stout Memorial Hospital revised its nursing training programme to meet the criteria of a senior nursing school set up by the NAC, even though it did not register with the Association.⁵⁵⁶ In 1935, the school registered with the NAC. Members of the Association went to Guangxi to oversee nursing examinations annually. The results of tests were reported to the central government, which then delegated the NAC to issue the certificate to those who passed the tests.⁵⁵⁷ In this way, the Stout Memorial Hospital's nursing school was under the central government's regulation. Although students in the hospital's nursing school had to take the NAC's examinations, the Association did not regulate the courses offered in these schools. Neither the NAC nor the Nursing Education Committee send any members to check the courses in the Stout Memorial Hospital's nursing school from 1936 to 1940.⁵⁵⁸ The school educated nursing pupils according to missionary nurses' vision of the profession, while the central government still recognised the graduates' professional qualifications.

The syllabus from missionary-run nursing schools reveals the professional ideal envisioned by missionary nurses. Pupil nurses received a three-year-and-nine-month training. The school valued the skills gained by working with patients. It required pupil nurses to work in the clinic, regardless of their grades. After a six-month preparatory course and a two-and-a-half-year course on the core knowledge, pupils had a nine-month hospital clerkship.⁵⁵⁹ The programme provided sufficient time for pupil nurses to develop their skills through hands-on experience. Apart from working in the clinic, pupils spent fifteen to twenty hours a week on lectures on various topics, such as anatomy, histology, embryology, and pharmacology, which laid a foundation for them to study other modules. Modules for senior pupils included nursing, hygiene and nutrition. In addition, pupil nurses also had lectures on surgery, gynaecology, paediatrics and epidemiology, which furthered their knowledge about medicine.⁵⁶⁰ In the Republican era, drug instructions and prescriptions were written in

⁵⁵⁶ Guangxi Wuzhoushi gongren yiyuan, *Wuzhoushi gongren yiyuan zhi*, 214.

⁵⁵⁷ Ibid.

⁵⁵⁸ Hu, "Shicha Henan Hubei Jaing xi sansheng gaoji hushi zhiyexuexiao ji 17 xiao baokao"; "Ju benbu hushi jiaoyu zhuanmun weiyuanhui weiyuan Liu Ganqin shicha sheng hushi xuexiao baogao"; An ju benbu hushi jiaoyu zhuanmem weiyuanhui mishu chenzhu bihui chensong shicha gaisheng hushi zhiye xuexiao baogao."

⁵⁵⁹ Guangxi Wuzhoushi gongren yiyuan, *Wuzhoushi gongren yiyuan zhi*, 216.

⁵⁶⁰ Ibid.

English, so pupils also learnt English in class.⁵⁶¹ According to the syllabus, the professional ideal of nursing can be summarised as being able to take care of patients in a scientific way and collaborate with medical practitioners smoothly.

While nursing was a women's profession in Britain and America, where the missionaries in Guangxi were from, missionary nurses did not consider gender a requirement for prospective pupils. The Stout Memorial Hospital admitted a male pupil and two female pupils in 1909. In 1911, it enrolled another male pupil.⁵⁶² The Way of Life Hospital also trained pupils of different sexes to be nurses.⁵⁶³ In the Way of Life Hospital, Mrs Bacon, head of the hospital, trained an assistant known as Mr Tang to treat and take care of male patients.⁵⁶⁴ From missionary nurses' point of view, while their sex made it easier to access female patients in China and spread the Gospel, it became a barrier to getting in touch with male patients due to gender segregation in China. Therefore, missionary nurses had to train nurses of both sexes to reach more Chinese. Although in Guangxi, the number of male pupils getting trained in missionary hospitals was low, it was not a result of sex being a barrier to pursuing a career as a nurse.⁵⁶⁵

5.3 State Intervention of Nursing in Guangxi: With Gender at its Core

The Guangxi provincial government expanded its nursing training in the mid-1930s. In 1926, a year after the Wuzhou Provincial Hospital was established, this state-run hospital started a nursing training program to address the shortage of qualified nurses in the province. The programme lasted for ten years. Seventy pupil nurses graduated from it.⁵⁶⁶ In 1936, the provincial government decided to expand the scale of the programme. It ordered county

⁵⁶¹ Ibid.

⁵⁶² Ibid, 214.

⁵⁶³ "May 1926," 33, cmz/m/c 2/1, Cadbury Library.

⁵⁶⁴ Bacon and CH. N. Birm. "The Way of Life Hospital."

⁵⁶⁵ In the early 1920s, some missionary hospitals in other provinces trained more male nurses than female nurses. The ratio of female and male pupils taught in a missionary nursing school was more likely to be random in the first two decades of the twentieth century. *Shanghaishi difangzhi bianzuan weiyuanhui, Shanghai shiji zhuanzhi Renji yiyuan zhi* [Shanghai Municipal Gazetteers: Renji Hospital] *上海市級專志仁濟醫院志* (Shanghai: Shanghai Scientific and Technological Literature Press, 2019), 187.

⁵⁶⁶ Guangxi Wuzhou weishengqu shengli yiyuan fushe zhuchan hushi xuexiao xiaokan [Journal of the nursing and midwifery school of Wuzhou Provincial Hospital in Guangxi] *廣西梧州衛生區省立醫院附設助產護士學校校刊* (Guangxi: Guangxi Wuzhou weishengqu shengli yiyuan fushe zhuchan hushi xuexiao jiaodao chu, 1939), 2.

governments to select pupils who met the entry requirement of the nursing training programme and send them to the school for training. The provincial government planned to allocate these nurses to health centres in counties after graduation.⁵⁶⁷ In addition to the nursing school of the Wuzhou Provincial Hospital, the provincial government also established nursing schools in other cities by collaborating with state-run hospitals. By the end of the 1930s, there were state-run nursing schools in the province, based in Guilin, Wuzhou, Tianbao and Baise.⁵⁶⁸

The provincial government used several strategies to encourage pupils to apply to the state-run nursing schools. The schools waived the fees for accommodation, meals, and textbooks for local pupils in the province when they started to expand admission in 1936. The tuition fee was 7.5 yuan per semester.⁵⁶⁹ It was not a high charge. As a comparison, the tuition fee of a private school providing TCM training was 45 yuan every semester in the same year.⁵⁷⁰ In 1940, the provincial government took a further step to attract more prospective pupils. It waived the tuition fee for all accepted applicants. While some of them needed to pay for meals and uniforms, others were not required to pay anything. The latter also had a scholarship of 120 yuan per year.⁵⁷¹ These strategies suggest the government's determination to train nurses to serve in state-run hospitals and health centres. The scale of nursing training expanded due to the government's efforts. By the end of 1949, there were 680 graduates altogether from nursing schools in Wuzhou alone.⁵⁷²

In state-run nursing schools, pupils received medical and nursing skills training and attended lectures to develop a professional identity. Like their counterparts in missionary nursing schools, pupil nurses in state-run nursing schools should take modules on the core knowledge

⁵⁶⁷ Ibid, 2.

⁵⁶⁸ “Shengligueiyuan fushe zhuchanhushi xuexiao bennian qiuji zhaoshou xinsheng” [Autumn Enrolment of students in the midwifery and nursery schools affiliated to provincial hospitals] 省立各醫院附設助產護士學校本年秋季招收新生, *Guangxi jiaoyu tongxun* [Guangxi educational communication] 廣西教育通訊 2, no. 9-10 (1940): 48.

⁵⁶⁹ “Guangxi shengli yiyuan benke, zhuanxiuke ji fushe hushizhuchanban zhaosheng guanggao” [Admission advertisement of Guangxi provincial medical college, medical school and project of nursing and midwifery training] 廣西省立醫院本科、專修科及附設護士助產班招生廣告, *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, August 23, 1935, 7.

⁵⁷⁰ “Hanxing guoyi xuexiao zhaosheng” [Call for application to the Hanxing TCM school] 漢興國醫學校招生, *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, February 17, 1936, 2.

⁵⁷¹ “Shengligueiyuan fushe zhuchanhushi xuexiao bennian qiuji zhaoshou xinsheng.”

⁵⁷² Yang Chaoming, “Xiyi ” [Biomedical practitioners]西醫, *Guangxi yiliao weishengzhi shiliao tongxun* [Collection of primary sources on medicine and public health in Guangxi] 廣西醫療衛生志史料通訊 15 (1995): 39, accessed in the Library of Guangxi Zhuang Autonomous Province.

of medicine and nursing.⁵⁷³ The state-run nursing schools also provided a module on psychology, even though the discipline was underdeveloped at the time.⁵⁷⁴ The government was likely to consider psychological knowledge helpful for nurses in their communication with patients. Pupil nurses in state-run hospitals worked about fifty-one hours in the clinic and spent around fifteen hours on lectures every week.⁵⁷⁵ Apart from the modules about medicine and nursing, pupil nurses were also required to take thirty hours of lectures about ethics and the history of nursing in their first year of study. These lectures helped pupil nurses form a fundamental idea about their career after graduation. The two modules provided an opportunity to develop an identification with the profession among pupil nurses. Third-year pupils should take a ten-hour module called *hushi zhiye wenti* (護士職業問題 on the career as a nurse).⁵⁷⁶ It is difficult to tell the content of the module from its title, yet it can be assumed that the module was about the experiences as a nurse and the importance of the work. This module also helped students develop a sense of professional identity, which contributed to the professionalisation of nursing.

Cultivating patriotic professionals who identified themselves with the GMD's ideology was another purpose of the Guangxi government by providing nursing training. Prospective pupils took a test on their understanding of the ideology promoted by the GMD in the entrance examinations. Only those who passed the test would be admitted as pupil nurses.⁵⁷⁷ In their first year, pupils should take a forty-hour module on *gongmin* (公民 citizenship).⁵⁷⁸ According to the Journal of the Nursing School of the Wuzhou Provincial Hospital, this module aimed at “disciplining how pupil nurses think and act” (訓導學生之思想行為 *xundao cuesheng zhi sixiang xingwei*).⁵⁷⁹ The government disseminated its own ideas about citizenship and its ideology through this course.

Pupil nurses established an identity as citizens and developed a feeling of attachment to the country during their education in the school. A pupil wrote to the school journal that nursing

⁵⁷³ “Fagui: Gaoji hushi zhiye xuexiao zanxing tongze” [Regulations: temporary rules for senior nursing schools] 法規：高級護士職業學校暫行通則, *Guangxi weisheng xunkan* [Journal of hygiene in Guangxi] 廣西衛生旬刊 3, no. 6 (1935):15-7.

⁵⁷⁴ See chapter 3 of this dissertation.

⁵⁷⁵ “Fagui: Gaoji hushi zhiye xuexiao zanxing tongze,” 15-7.

⁵⁷⁶ Ibid.

⁵⁷⁷ “Guangxi shengli yiyuan benke, zhuanxiuke ji fushe hushizhuchanban zhaosheng guanggao,” 7.

⁵⁷⁸ “Fagui: Gaoji hushi zhiye xuexiao zanxing tongze,” 14

⁵⁷⁹ Guangxi Wuzhou weishengqu shengli yiyuan fushe zhuchan hushi xuexiao xiaokan,

and midwifery were crucial to the nation's future.⁵⁸⁰ She called herself *nü qingnian* (女青年 a young woman), a title implying modernity and citizenship in the Republican era. She emphasised that female citizens should choose a profession that benefits the nation's well-being.⁵⁸¹ This young woman believed that taking a medical profession, such as nursing and midwifery, was how she realised her obligations as a citizen.⁵⁸² This idea about professional identity and citizenship was in line with the government's vision of patriotic professionals.

Like missionaries, the Guangxi government did not set a barrier for men to access nursing training. However, gender discourse played a role in the training of nurses in state-run programmes. In 1933, when the Fourth Legion (第四軍團) called for applicants for nursing training in Guangxi, it stated that both men and women could apply to the programme. In 1935, the Guangxi Provincial Medical School's advertisement for its nursing program stated that only women would be considered.⁵⁸³ In 1937, when the Guangxi government recruited pupils for its short-term nursing training programme, only men could apply.⁵⁸⁴ From the early 1930s to the mid-1930s, the Guangxi government increasingly considered nursing in civil hospitals to be a woman's job, while men were more suitable to work in the military hospital at the rear of the battlefield. From the government's perspective, gender was critical in deciding where the nurses it trained worked and whom they took care of. In 1935, the Guangxi government issued a regulation on the rubric of nursing training in state-run nursing schools. According to the regulation, male and female pupil nurses took the same courses, except that the former were required to take a course on STD, while the latter learnt gynaecology.⁵⁸⁵ This division indicates that gender segregation was still necessary in specific cases involving sex and giving birth.

Even though the Guangxi government did not prohibit men from receiving nursing education, it ultimately considered nursing an expansion of women's gender roles at home. This opinion

⁵⁸⁰ Ibid.

⁵⁸¹ Ibid.

⁵⁸² Ibid.

⁵⁸³ "Guangxi shengli yiyuan benke, zhuanxiuke ji fushe hushizhuchanban zhaosheng guanggao."

⁵⁸⁴ "Zongbu banshe hushiban" [The programme of nursing training at the headquarters] 總部辦設護士班, *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, April 18, 1933, 6; "Guangxi junyi xuexiao kanhu suxunkianban zhaosheng guanggao" [An advertisement of the short-term programme of nursing training in the Guangxi medical school of the military hospital] 廣西軍醫學校看護速訓練班招生廣告, *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, September 8, 1937, 1.

⁵⁸⁵ "Fagui: Gaoji hushi zhiye xuexiao zanzheng tongze,"

is embodied in the order that women who had other occupations should also receive nursing training to prepare for war. In 1936, the government in Liuzhou, a county in northern Guangxi, started a short-term nursing training programme. It ordered all female employees over sixteen in government institutions to take the programme. A similar programme was organised in Nanning as well.⁵⁸⁶ The government claimed that the province lacked nurses, so female citizens should take care of wounded civilians when the war burst out.⁵⁸⁷ This announcement indicated that nursing was women's work and their way to practice citizenship during the war. In 1937, the government even ordered female students in middle schools, high schools and universities to take nursing training in military schools in Nanning. These young women would take up nurses' work if the war extended to Guangxi.⁵⁸⁸ Since school was an essential field for education and the practice of citizenship, the Guangxi government turned learning nursing into an obligation of female citizens by making nursing training compulsory for female students.⁵⁸⁹ These expediencies to prepare for the coming war impeded the professionalisation of nursing, however. Training laymen to be nurses through short-term courses undermined nurses' authority over the knowledge and skills of nursing. This opinion that laymen could take up nursing through short-term training could have been accepted by students and others who knew the orders, which would worsen nurses' professional status.

5.4 The Feminisation of Nursing: From Male Nurses' Perspective

The distinction between nurses' and doctors' roles became clearer in the 1930s with the state intervention in the regulation of nursing and medical practices. Before the GMD government regulated medical practices in the late 1920s, there was no proper way to assess doctors' professional qualifications. Male nurses found an opening to practice medicine upon graduation from nursing school. Some of them worked as military doctors, and some ran their own clinics.⁵⁹⁰ The regulation put into force by the Nationalist Government in the late 1920s

⁵⁸⁶ Liuzhou gejie funü kaiban hushi xunlianban" [Women in Liuzhou carrying out nursery trainings] 柳州各界婦女開辦護士訓練班, *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, June 20, 1936, 6.

⁵⁸⁷ Ibid.

⁵⁸⁸ Changshan Zhou et. al., *Guangxi tongshi* [History of Guangxi] 廣西通史 (Guilin: Guangxi Normal University Press, 2018), 4006, 4027-8.

⁵⁸⁹ Culp, *Articulating Citizenship*.

⁵⁹⁰ Tian Weifan, "Guanyu nanhushi chulu zhi shangque" [Discussion on the future of male nurses] 關於男護士出路之商榷, *Yishi gonglun* [Public opinions on medicine] 醫事公論 2, no. 19 (1935): 9; Xie Bingshi, "Zhongguo hushi jiang wang nali qu" [What is the future of the male nurses in China] 中國忽視將往那裡去, *Yishi gonglun* [Public opinions on medicine] 醫事公論 2, no. 18 (1935): 19.

proved effective in stopping unqualified people, such as male nurses, from practising medicine. As scholarship on the professionalisation of the medical industry has shown, regulating doctors evoked debates on quackery between practitioners of different kinds of medicine. Through debates in the press, both the medical profession and the general population gained a better understanding of what it meant to be a qualified doctor.⁵⁹¹ The general population gradually realised that educational background mattered in terms of doctors' professional qualifications. In 1936, the Shanghai press reported on a man with a nursing education who practised as a doctor mistakenly administered a lethal injection.⁵⁹² This highlight on the man's educational background suggests that the scope of education had become vital to the public's understanding of the professional qualification needed for a medical practitioner.

This change in public opinion and medical practice was also observed in Guilin. In the 1920s, Chinese assistants could practice medicine in missionary hospitals in Guilin, even though they had not received an education in a medical school.⁵⁹³ There were loose definitions of the role of nurse or doctor, and distinctions between the two remained murky. In the mid-1930s, the assistants were required to complete a program on medicine at the university, even though they had served in missionary-run hospitals for years.⁵⁹⁴ The distinction between different medical roles became even clearer in regions that lacked medical resources and had less exposure to foreign influence. By at least the mid-1930s, it became more difficult for male nurses to take on doctors' work.

Despite the growing consensus that there should be a strict division between nurses and doctors, articles in medical journals showed sympathy for the male nurses who worked as doctors. In 1935, an article in *Yishi gonglun* (醫事公論 Public opinions on medicine) reported that male nurses acted as doctors due to the dire prospects they faced in nursing. In the article, Tian Weifan (田維范) said more women were recruited as nurses in response to patient demand, making it more difficult for male nurses to find jobs in civilian hospitals. Tian reasoned that women were gentler by nature and more suitable for caretaking roles, and he

⁵⁹¹ Lei, *Neither Donkey nor Horse*.

⁵⁹² Hua Xinren, "Nanhushimen dangqian yanzhong de wenti: Dule maopai yishi dazhen sharen xinwen hou" [A major problem concerning male nurses: After reading the news on a fake doctor administering a lethal injection] 男護士們當前嚴重的問題：讀了冒牌醫師打針殺人新聞後, *Yishi gonglun* [Public opinions on medicine] 醫事公論 4, no. 43 (1936): 23.

⁵⁹³ Charlotte Bacon, "Changing Opportunities in Kwangsi," August 1935, 37, cmz/m/c 2/1 Cadbury Research Library, University of Birmingham.

⁵⁹⁴ Bacon, "Changing Opportunities in Kwangsi," 37.

claimed that this was the consensus of the general population.⁵⁹⁵ Tian's account of the popular view of nursing indicated that the contact between female nurses and male patients was not something people opposed. Women working as nurses in hospitals, however, were subject to an added level of scrutiny based on ascribed gender roles and morality.

Apart from hospitals' growing preference for female nurses, low pay also drove away men, who found it difficult to work as a nurse and still be the breadwinner for the family.⁵⁹⁶ Xiao Linlin's study on nursing in Shanghai demonstrates that nurses' incomes varied from 8 yuan to 80 yuan per month in 1935, with only the matron earning 80 yuan, and nurses under twenty-five years old earned no more than 30 yuan. The younger a nurse was, the less they earned.⁵⁹⁷ The income for a nurse was much lower than that of doctors running their own clinics, who could earn from 300 to 3,000 yuan per month.⁵⁹⁸ The wage of a nurse was also lower than that of male workers in other industries. For example, in 1936, a male working in a Shanghai-based Japanese-owned textile mill could earn 55 yuan a month.⁵⁹⁹ A report in early 1937 reveals that the average monthly wage of workers in the printing industry reached 55 yuan. According to Gu Yongzhong (顧用中) who drew up the report, this wage was insufficient to maintain the daily life of a family of six.⁶⁰⁰ Male nurses faced the same difficulty. Referring again to the male nurse who had accidentally killed a patient by lethal injection, commentator Hua Xinren (花新人) stated that the man had confessed that he ran a clinic because he could not make ends meet on a nurse's salary.⁶⁰¹ Hua, who contributed several articles on nursing, did not comment on whether the salary was enough for a female nurse to support herself. It was common for women from poorer backgrounds to earn extra money to support their families in Republican China.⁶⁰² They were not expected to be the breadwinner, and thus were less likely to be criticised by family members for their modest wages. But because male nurses did not earn a living wage, Hua concluded that they had no choice but to make their living some other way.⁶⁰³

⁵⁹⁵ Tian, "Guanyu nanhushi chulu zhi shangque," 8.

⁵⁹⁶ Hua, "Nanhushimen dangqian yanzhong de wenti," 23–5.

⁵⁹⁷ Xiao, "Shanghai hushi qunti yanjiu (1927-1937), 73.

⁵⁹⁸ Xu Silin, "Minguoshiqi Shanghai nüxiji yanjiu" [Female doctors in Republican Shanghai] 民國時期上海女西醫研究 (MA thesis, Jinan University, 2020), 71.

⁵⁹⁹ Zhang Chi, "Jindai Qingdao fangzhi gongren yanjiu (1914-1937)" 近代青島紡織工人研究 [A study on textile workers in Qingdao (1914-1937)] (MA thesis, Qingdao University, 2022), 46.

⁶⁰⁰ Gu Yongzhong, "Shanghai bagong de yiban zhuangkuang (fu tubiao)" [The living condition of printing workers in Shanghai (with charts)] 上海罷工的一般狀況 (附圖表), *Xinwen jizhe* [Reporters] 新聞記者 1, no. 2: 12–6.

⁶⁰¹ Hua, "Nanhushimen dangqian yanzhong de wenti," 23–5.

⁶⁰² Weikung Cheng, *City of Working Women: Life, Space and Social Control in Early Twentieth-Century Beijing* (Berkeley: University of California, Berkeley, 2011).

⁶⁰³ Hua, "Nanhushimen dangqian yanzhong de wenti," 24.

After examining the dilemma faced by male nurses, analysts proposed several solutions to solve the problems faced by men in a nursing career. First, they suggested that male nurses be provided with more educational opportunities. Generally, young men received three or four years of occupational education in nursing school after graduating middle school and were sufficiently qualified to attend college, but they still lacked the high school credentials required to enter a medical college.⁶⁰⁴ These authors argued that this requirement of high school completion discriminated against male nurses.⁶⁰⁵ Tian Weifan claimed that some male nurses, who had been admitted to medical college in Shanghai through personal connections, but who had not finished high school, performed outstandingly. One of Tian's friends had taken the admission examination for Sichuan Union Medical College by showing a counterfeit high school graduation certificate. Nevertheless, he passed the exam.⁶⁰⁶ These examples were used to point out that male nurses had acquired enough knowledge and skills in nursing schools to further their studies in a medical college. Therefore, the commentators suggested, male nurses should be allowed to apply to medical colleges without having to finish high school.

Alternatively, commentators recommended that the state establish medical schools for public health practitioners (公醫學校 *gongyi xuexiao*), and open their doors to male nurses.⁶⁰⁷ A public health practitioner was a new position set up by the state in 1934 in county-based medical institutions. These practitioners were responsible for local issues such as the prevention of contagious diseases, research on endemic diseases, inoculation, and health care in schools. According to the document issued by the central government, only doctors who worked in clinics were qualified for this work.⁶⁰⁸ People who received nursing training could only work as assistants to these practitioners. Commentators believed that male nurses should be able to become doctors in public health after more education aimed directly at this position. Although men and women received almost the same education in nursing schools, these authors did not mention that female nurses should also have access to medical schools or colleges. It appears that to them, nursing was a more suitable career for women and that men were the more obvious candidates for higher education.

⁶⁰⁴ “Guangxi shengli yiyuan benke, zhuanxiuke ji fushe hushizhuchanban zhaosheng guanggao.”

⁶⁰⁵ Xie, “Zhongguo hushi jiang wang nali qu,” 20; Tian, “Guanyu nanhushi chulu zhi shangque,” 10.

⁶⁰⁶ Tian, “Guanyu nanhushi chulu zhi shangque,” 9.

⁶⁰⁷ Xie, “Zhongguo hushi jiang wang nali qu,” 20; Tian, “Guanyu nanhushi chulu zhi shangque,” 9–10.

⁶⁰⁸ Zang Shiyi and Bao Kang, “Wei zhiding gongyi guize gongbu you” [For showcasing how to draft regulations on public health practitioners] 為制定公醫規則公布由, *Minzhengbu banyuekan* [Journal of Ministry of the Interior half-monthly] 民政部半月刊 1, no. 4 (1934): 4.

Suggestions for the future of nurse training reflected established gender conventions, including stereotypes of the nature of men and women and fixed domestic gender roles. One suggestion was to tailor training according to the different natures of men and women. Males were believed to work more efficiently in operating rooms. Thus related courses should be available only to them.⁶⁰⁹ This suggestion, made by Tian Weifan, was not well received; there is no evidence to indicate that the assumption of male efficiency was put into practice in nursing schools. Another solution was to increase nurses' salaries, allowing male nurses to work in hospitals without having to find other jobs to support their families.⁶¹⁰ The gender role of men as breadwinners in a family allowed them to strive for better remuneration and more job opportunities.

The employment of male nurses, however, was not as bleak as these authors imply. While the number of male nurses registered with the NAC was lower than that of female nurses in 1936, male nurses continued working and being trained in Guangxi during this period.⁶¹¹ In 1937, there were 21 male nurses registered with the police in Nanning, the capital of Guangxi province.⁶¹² In the same year, 185 military-trained male nurses graduated from state-run nursing schools.⁶¹³ As there was a surplus of military nurses, the provincial government decided to dispatch them to county-based police offices and hospitals to work in public health with duties including responsibility for the purification of drinking water, hygiene of public lavatories, and inspection of drainage, households, barbers, theatres, food stores, and markets.⁶¹⁴ For the government, male nurses' work was not confined to hospitals and the military. They were welcome in various roles in improving public health. Despite the pessimism voiced by these commentators, who were mainly based in coastal cities, male nurses, especially in areas such as Guangxi, were not limited to working in hospitals. Where the government had more control over the career path of nurses and competition for jobs was not as fierce, male nurses enjoyed a range of alternatives outside of low-income hospital jobs.

⁶⁰⁹ Tian, "Guanyu nanhushi chulu zhi shangque," 10.

⁶¹⁰ Hua, "Nanhushimen dangqian yanzhong de wenti," 25.

⁶¹¹ "New Members of the Nurses' Association of China," 262.

⁶¹² "Nianwunianfen benshi yiyao zhuangkuang" [The state of medicine in this city in 1937] 廿五年份本市醫藥狀況, *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, March 6, 1937, 7.

⁶¹³ Nurses who received training provided by government-run institutions in Guangxi were required to work within the province as the government designated for a fixed time.

⁶¹⁴ Liu Yuan, "Minguo shiqi Guangxi qingjie weisheng gongzuo gaikuang" [Summary on hygiene and public health in Guangxi during the Republican Era] 民國時期廣西清潔衛生工作概況, *Guangxi yiliao weishengzhi shiliao tongxun* [Collection of primary sources on medicine and public health in Guangxi] 廣西醫療衛生志史料通訊 12 (1992): 38.

5.5 Female Nurses in Civilian Hospitals: A Modern and Sexualised Image

Female nurses' high profile in public discussions resulted in part because male nurses sought alternative career paths, and women dominated nursing in civilian hospitals. But it also came about due to hospitals trying to attract patients in a competitive marketplace. Because both private and public hospitals relied wholly or partially on patient fees for their support, they used different strategies to attract patients. Some private hospitals advertised the presence of female nurses on staff to cater to the expectations of the general population.⁶¹⁵ As Barbara Mittler's study on Chinese advertising suggests, women appeared in advertising frequently in the Republican era and were "often used as objects of male desire."⁶¹⁶ Thus, it was for female nurses. Their close contact with male patients led to an erotic re-imagining of the job in popular culture. In 1937, an article in *Fengyue huabao* (風月畫報 Wind and moon magazine) stated in a mocking tone, that in a big hospital, the nurses were so sweet, pretty and modern that patients lingered in the hospital even after they had recovered.⁶¹⁷ Considering that the topics in this magazine generally concerned prostitutes and love affairs, this description of patients lingering because of a pretty nurse in effect compared hospitals to brothels and implied that nursing was erotic. An article in 1939 in *Zhongguo funü* (中國婦女 Chinese women) criticised some private hospitals for featuring female nurses in their advertising to attract patients.⁶¹⁸ This eroticised image of a female nurse was more frequently found in cities like Shanghai, where commercial culture flourished and hospitals competed for clients.⁶¹⁹ Women's femininity both facilitated their access to jobs at the hospital and put them under the erotic gaze of the public in a commercial society.

In public hospitals run by provincial governments, female nurses were represented as New Women to support the idea of the modernity of the hospitals. The trope of the New Woman was a cultural symbol that encompassed the ideal of the modern female citizen. Two features of female nurses were highlighted: their professionalism and their presence in the public sphere. The white gowns they wore signalled professionalism, attire that distinguished them

⁶¹⁵ Xie, "Zhongguo hushi jiang wang nali qu," 19.

⁶¹⁶ Barbara Mittler, "Gendered Advertising in China: What History do Images Tell," *European Journal of East Asian Studies* 6, no.1 (2007): 22–3.

⁶¹⁷ *Wind and moon* (風月 *fengyue*) connotes brothel or amorous women in Chinese. Liuhuo, "Rulangsihu nühushi" [Fierce and erotic female nurse] 如狼似虎女護士, *Fengyue huabao* [Wind and moon magazine] 風月畫報 10, no. 29 (1937): 1.

⁶¹⁸ Hezhen, "Guanyu hushi de jijuhua" [Some words on female nurses] 關於護士的幾句話, *Zhongguo funü* [Chinese women] 中國婦女 1, no. 10 (1939): 23.

⁶¹⁹ For example, *Fengyue huabao* was a Shanghai-based magazine. The hospital criticized by *Zhongguo funü* was also in Shanghai.

as specialists who “possessed the authority of medical knowledge,” acquired through a Western-style education.⁶²⁰ Receiving an education was an expectation required of the New Woman after the May Fourth Movement, and nurses, fresh out of nursing school, were ideal models of the New Woman in this sense. Second, female nurses were contrasted with the traditional woman confined to the “inner chamber.” Working in the public sphere, they had contact with people from all walks of life. Thus, hospitals that hired female nurses could utilise the New Woman image to popularise the modern medical services they provided. By 1934, photos from hospitals published in medical magazines were frequently of women working in wards, surgery rooms, and outpatient rooms, while men were rarely shown, though it was the male doctors who treated the patients and enjoyed higher status.⁶²¹ Identifying female nurses as the New Woman upheld the ideal of female citizenship: the women were modern because of their work. And the New Woman exhibited virtues of seriousness and frugality, in contrast to the Modern Girl who preferred foreign goods and indulged in vacuous entertainment. Governments at different levels, aiming to prevent moral degradation caused by the underbelly of modernity and crass commercialism, also welcomed female nurses’ identity as the New Woman. Photos from Wuzhou Provincial Hospital, for example, published in *Guangxi Weisheng xunkan* in 1934, adopted the image of the New Woman as an advertising strategy. In all the photos featuring medical staff, readers saw smartly dressed female nurses working in their white uniforms and sometimes wearing caps. Their professionalism is highlighted by the spotless rooms and their use of modern technology such as X-ray machines. Male doctors can be seen in only two photos, and there are no photos of male nurses.⁶²² Even in state-run hospitals, women were preferred when it came to advertising as they connoted modernity and the ideal of the female citizen.

Even though female nurses were often depicted as the New Woman, they did not entirely escape the suspicion that they were really the Modern Girl. The very femininity they displayed by virtue of their modern appearance made them suspect. Inpatient Xu Ruiling (徐蕊玲) complained that female nurses took time with their hairstyles and makeup and wore

⁶²⁰ Barnes, *Intimate Communities*, 132.

⁶²¹ “Benyuan zhi waikeshoushushi” [The operating room in the hospital] 本院之外科手術室, *Guangxi weisheng xunkan* [Guangxi hygiene periodical] 廣西衛生旬刊 2, no. 1 (1934): 32; “Benyuan zhi jianyan shi” [The testing room in the hospital] 本院之檢驗室, *Guangxi weisheng xunkan* [Guangxi hygiene periodical] 廣西衛生旬刊 2, no. 1 (1934): 32; “Benyuan zhi waikeshenshi” [The surgical clinic in the hospital] 本院之外科診室, *Guangxi weisheng xunkan* [Guangxi hygiene periodical] 廣西衛生旬刊 2, no. 1 (1934): 33; “Benyuan waikeshoushushi” [The surgical treatment room in the hospital] 本院外科處置室, *Guangxi weisheng xunkan* [Guangxi hygiene periodical] 廣西衛生旬刊 2, no. 1 (1934): 33.

⁶²² *Guangxi weisheng xunkan*, 33–34.

fashionable footwear because shoes were not a regulated part of the uniform. Xu said they wore the uniform simply to be “dressed like a nurse.”⁶²³ Xu’s description reminded readers of the Modern Girl in advertisements who dressed in stylish ways and consumed foreign goods. The charming appearance of female nurses in advertisements contrasted with the serious and professional figure of nurses that missionaries, the government, and the NAC had tried to create by standardising the uniform. The fashionable image implied that female nurses were slacking off in their work and that made the public uncomfortable. This concern about female nurses’ appearance was not only found in Shanghai. The Guangxi Military Hospital issued a regulation in April 1937 requiring female nurses and pupils to bind their hair during work and to forego having their hair curled. They were also not allowed to use make-up or wear stylish clothes, even when they were on their own time.⁶²⁴ These regulations on hairstyle, make-up and clothing during leisure time reveal that any resemblance to the Modern Girl displayed by a female nurse was a problem in the mind of the Guangxi Government.

For some commentators and patients, female nurses took on attributes of the Modern Girl because their appearance represented a display of their vanity. According to the writer Xu Ruiling, female nurses spoke English to her when discussing her symptoms. When Xu Ruiling answered them in Chinese, she felt they looked down on her as a country bumpkin. If Xu spoke in English, nurses either put on a poker face, told her to speak Chinese or ignored her.⁶²⁵ For Xu, speaking English meant the nurses appreciated the foreign language more than Chinese. It was too reminiscent of the preference for foreign goods over domestic ones, something that the Nationalist Government denounced. Though Xu’s criticism might have exaggerated the vanity of female nurses, it nevertheless revealed patients’ scepticism of modern traits shown by the nurses. Ultimately, the modernity of these female nurses was deemed superficial when they were unable to have a full English conversation with the patient. Their attempts at English echoed the idea of the Modern Girl as one who received only a smattering of education and who remained unaware of her own inability. She may have worked in an urban setting, led a modern lifestyle, and tried to climb the social ladder, but she remained bound by her lower standing in society.⁶²⁶ The supposed vanity of female nurses

⁶²³ Xu Ruiling, “Hushi xiaojie de fuwu jingshen” [The spirit of service among female nurses] 護士小姐的服務精神, *Funüjie* [The women] 婦女界 9 (1940): 13.

⁶²⁴ “Guangxi junyiyuan qudi hushi xishang fuhua” [Military Hospital in Guangxi banned nurses’ flashy lifestyle] 廣西軍醫院取締護士習尚浮華, *Jianshe yixue yuekan* [Medical monthly for a Health Society] 健社醫學月刊 2, no. 9 (1937): 94.

⁶²⁵ Xu, “Hushi xiaojie de fuwu jingshen,” 13.

⁶²⁶ Tze-lan D. Sang, “The Modern Girl in Modern Chinese Literature,” in *A Companion to Modern Chinese Literature*, ed. Yingjin Zhang (West Sussex: John Wiley & Sons, 2016), 411-23.

stood in contradiction to the virtues of frugality and patriotism advocated by the Nationalist Government, especially after the New Life Movement in 1934.

Some thought that the modern traits of female nurses posed a threat to feminine virtues promoted at the time. Xu and another writer, Yinuo (以諾), complained that nurses chatted at work about the activities they would do during their time off, such as going to the movies and swimming.⁶²⁷ These authors believed that discussing popular activities while at work damaged the professional image of female nurses.⁶²⁸ An even more serious problem described by the writers was the nurses' flirting with doctors during work and talking about dating.⁶²⁹ Female nurses were not prohibited from dating, but Xu's complaint reveals that talking about relationships was improper. Pursuing love freely was another trait of the New Woman, who had previously been consigned to arranged marriages. Women discussing dating and flirting with men, however, fell under the trope of the Modern Girl with her dreams of a better life through marriage and who did not take her work seriously. Without contemporaneous notes of the conversations between the nurses and the doctor, it is unclear whether the nurses flirted or simply chatted. No record exists to show whether they talked to a male doctor about subjects outside of the realm of their professions. Still, this type of behaviour was considered flirting, and society saw it as a threat to social norms about chastity. Female nurses who challenged the feminine virtues such as chastity and frugality, often upheld by intellectuals and political elites, became the target of their middle-class clients. These criticisms implied that an increasing number of women were in the workforce as nurses, and that caused anxiety among middle-class citizens worried about the old moral codes.

Along the same lines, middle-class patients also worried about the similarity between nursing and maids' work. In 1936, Chen Zhu Bihui, Dean of the Central Senior Nursing School in Nanjing and the first chairwoman of the Shanghai NAC, criticised those who held the notion that nurses served as maids of patients and attendants of doctors.⁶³⁰ She considered such views as biased, coming from those unfamiliar with the occupation of nursing. Before missionaries introduced nursing to China, there was no profession that took care of patients; they were either cared for by servants or their family members. Even though it was common

⁶²⁷ Yinuo published an article in *Nüduo* (女鐸 A woman's messenger) a magazine created by the Methodist Church in China to promote the liberation of women.

⁶²⁸ Xu, "Hushi xiaojie de fuwu jingshen," 13. Yinuo, "Bingren yinxiangzhong de nühushi" [Female nurses in the patient's mind] 病人印象中的女護士, *Nüduo* [A woman's messenger] 女鐸 29, no. 4 (1940): 29–30.

⁶²⁹ Xu, "Hushi xiaojie de fuwu jingshen," 13; Yinuo, "Bingren yinxiangzhong de nühushi," 29–30.

⁶³⁰ Chen Zhu Bihui, "Tantan woguo hushi zhiye" [On the profession of nursing in China] 談談我國護士職業, *Guangbo zhoubao* [Weekly journal of broadcasting] 廣播週報 70 (1936): 43.

to employ nurses in civilian hospitals by the mid-1930s, the populace generally did not recognise nurses' professionalism. From a patient's perspective, nurses made their beds, took their temperature, fetched medicine, and removed bedpans, none of which required medical knowledge.⁶³¹ To the wealthy, such work was done by maids, and they weren't ready to distinguish between nurses and maids, except to recognise that nurses worked in hospitals and were not the employees of the patient. This view discounted the diverse class backgrounds found among nurses. While nursing was deemed a working-class profession, not all female nurses in China were from a poor background or a working-class family. In fact, the training program provided by PUMC attracted pupils from the better-off classes.⁶³² Due to the similarities between nursing and maids' work, however, in the mind of the middle-class patient, female nurses, regardless of their backgrounds, were essentially maids in hospitals. Chinese nurses from the same class as their critics were more likely to be scapegoated and blamed by middle-class people who felt that well-established feminine virtues and moral codes were being challenged by a new culture and ideas. Class snobbery conflated with gender stereotypes, making female nurses prey to those who feared the collapse of conventional feminine virtues and moral codes.

Criticism against female nurses reinforced existing gender stereotypes, which were relatively invisible because they were so prevalent.⁶³³ Commentators and patients took it for granted that women should be gentle and take good care of patients. When nurses who occupied leading positions in government-run hospitals and organisations set up ethical rules for the profession, they automatically declared that the care of patients required nurses to be considerate and mild to patients. In the minds of the patients, however, male nurses stood apart and did not have to follow the same ethical norms. Reflections on the work of male nurses did not refer to their performance in a hospital, though many such musings mentioned that the male temper made them less suitable for nursing. Yinuo, a critic of both male and female nurses' performances, nevertheless only empathised with men's busy work schedule, saying it explained their poor attitudes towards patients.⁶³⁴ This kind of expectation for female and male nurses was based on perceived gender differences, thus strengthening the idea that women should display "inherent" feminine virtues of kindness and gentleness. Meanwhile, patients who complained about female nurses' mistakes attributed the errors to the

⁶³¹ Guo Renji, "Lun wuguoren ying juyou zunzhong nǚzi hushi zhiye zhi guannian" [On that our people should respect female nurses] 論吾國人應具有尊重女子護士職業之觀念, *Shehui yiyao* [Social medicine] 社會醫藥 3, no. 12 (1936): 3.

⁶³² Grympa, *Nursing Shifts in Sichuan*, 37

⁶³³ *Ibid.*, 26.

⁶³⁴ Yinuo, "Bingren yinxiangzhong de nūhushi," 30.

deficiencies of the female sex! When Yinuo noted female nurses' conversations about their dating lives, she explained that women were prone to romantic notions which was why they talked about it during work time. By contrast, men were seen as keen to earn money to support their families, without any spare time for pursuing love.⁶³⁵ The comparison between sentimental women and sensible men suggested that women's innate feminine traits were the root cause of their poor attitude in the workplace, stigmatising them as unsuitable for serious working environments. But just as criticism of "feminine" traits tarnished female nurses' professional image, it also provided them with a path forward to justify their role in the nursing profession.

5.6 Nursing as a Profession for Women: Professionalisation and Feminisation

Faced with these criticisms, female nurses emphasised the high moral standards in nursing that distinguished it from maids' work, and they rejected the idea that women were too emotional to focus on their work. Chen Zhu Bihui discussed the tolerance and sympathy practised by nurses, saying that because patients were more peevish than healthy people, nurses needed to empathise; nurses had to intimately understand the bad temper of patients. "Being empathetic," she explained, "means that 'you should not impose on others what you yourself do not desire' (己所不欲, 勿施於人 *jisuobuyu wushiyuren*)."⁶³⁶ This variant of the Golden Rule was cited from *The Analects of Confucius* (論語 *Lunyu*) and was well-known to virtuous men. By making these two points, Chen Zhu depicted nurses as having higher moral standards, whether they were born to it or educated in this path. Nurses worked because of their benevolence and thus were different from maids who passively obeyed the orders of their masters. Chen Zhu argued that patients should respect nurses rather than treat them in a master/servant relationship. This discussion also implied that being sentimental was an asset to a nurse; female nurses could offer more to their patients than their male counterparts.

Another way to establish a professional identity for female nurses was to showcase the skills and knowledge required for nursing. Chen Zhu informed her readers that a qualified nurse had to have a command of middle school knowledge before they received a medical school education.⁶³⁷ She then listed the compulsory courses required to complete nursing school.

⁶³⁵ Ibid., 30.

⁶³⁶ Chen Zhu Bihui, "Tantan woguo hushi zhiye (xu)" [On the profession of nursing in China (part two)] 談談我國護士職業 (續), *Guangbo zhoubao* [Weekly journal of broadcasting] 廣播週報 71 (1936): 39.

⁶³⁷ Ibid., 40.

Even as she introduced nursing training to the public and opened the discussion of a suitable plan for nurse trainees, her words inevitably suggested that the rigour of nursing was not for the average person.⁶³⁸ In fact, Chen Zhu's article became an example to show how well-educated a nurse could be. Her elegant writing style, use of proverbs, command of Latin, and understanding of why and how nursing should be developed demonstrated her own impressive educational background.⁶³⁹

Although femininity was a reason why female nurses were scrutinised by patients more strictly than men, nurses did not shun gender discourse during their work to speed up the professionalisation of their work. While female nurses' self-identification and practice in the workplace were inevitably shaped by public opinion about womanhood, they consciously avoided any weakness that was generally attributed to women.⁶⁴⁰ Instead, they picked the positive characteristics associated with womanhood and motherhood to establish their status on the wards. For example, nurses compared the relationship between themselves and their patients to the relationship between mother and child. Chen Zhu referred to the etymology of the term "nurse" to illustrate what relationship a nurse should have with her patients. In Latin "to nurse" means to take care of others. Chen Zhu, though not the first to make this analogy, said that nurses must take care of patients just as mothers rear their children. In 1925, an article in *Guangji yikan* (廣濟醫刊 Guangji medical journal) drew the same conclusion while discussing the responsibility of nurses. The article further claimed that since nurses resembled "mothers of patients in wards," the sick should be obedient to the nurses who held a position of higher status.⁶⁴¹ Nurses tolerated the bad tempers of patients, not because they were maids, but because they understood they were the ones with medical knowledge, and that gave them authority over patients' activities. Nurses decided what was allowed in the ward and they prevented patients from inappropriate actions. This discourse emphasised the power relationship between nurses and patients and did not touch on the actual activities involved in taking care of patients. This new nurse/patient relationship dynamic reflected an ideal envisioned by the medical professional where patients were fully obedient to doctors and nurses. According to Yin, however, such a dynamic was not achieved in the first half of the

⁶³⁸ Ibid.

⁶³⁹ Chen Zhu Bihui graduated from the Senior Nursing School of PUMC (協和高級護校 Xiehe gaoji huxiao) in 1925.

⁶⁴⁰ For women's self-identification in the work, see Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America* (Princeton, NJ: Princeton University Press, 1994), 26; Elizabeth Lunbeck, "'A New Generation of Women': Progressive Psychiatrists and the Hypersexual Women," *Feminist Studies* 13, no. 13 (1987): 513-43.

⁶⁴¹ Qi Ao, "Lun zenyang raokecheng hege de hushi" [On how to be a qualified nurse] 論怎樣饒可成合格的護士, *Guangji yikan* [Guangji medical journal] 廣濟醫刊 2, no. 1 (1925): 23.

twentieth century,⁶⁴² and it is likely that the nurses' power over patients remained largely on paper. In reality, they struggled to earn their patients' respect. This aspirational change in nurses' status began to distinguish the professional nurse from the servant and it also deflected any patient criticism because now the patient was often seen as a sulky child whose words could not be taken seriously.

By professionalising nursing, female nurses articulated themselves as ideal female citizens. In encouraging women to take up nursing, advocates underscored both the professionalism of nursing and how well nursing suited gender roles as modern citizens. Chen Zhu called nursing the best job for women. She stressed that women could gain an education and find a job, essential elements if women were to break out of the Confucian-conventions that confined their activities to the home. Women's education and economic independence were the basis for gender equality. Somewhat incongruously, Chen Zhu also concluded that women would excel in their traditional gender roles at home after marriage if they had worked as nurses.⁶⁴³

This opinion echoed the emphasis on domestic science as something female citizens should know well in the mid-1930s. Women were encouraged to study home economics at schools and colleges to prepare themselves to be wives who could manage a household with scientific skills. Intellectuals and politicians considered it important for women to successfully manage the domestic space because their work improved the health and well-being of the nation.⁶⁴⁴ This line of thinking viewed women who received training as nurses, as better equipped to take care of their family members in a scientific way. Thus, nursing programs provided women with transferrable skills for both a profession and their domestic role. Their work was important to the nation; they saved lives as nurses, and reared healthy citizens. Chen Zhu's analysis of the importance of female nurses revealed a paradoxical view of working women. A woman was expected to be economically independent, and her equality to men was demonstrated by her education and work. Yet, she was still bound by social norms to become a wife and mother. Her education and work experience became even more valuable when she could apply them to managing her household.

Paradoxically, female nurses' identity as modern citizens overshadowed their professional identity. In journals and magazines, the image of nurses emphasised increasingly their gender

⁶⁴² Yin, "Minguo shiqi de yishi qunti yanjiu," 212.

⁶⁴³ Chen Zhu, "Tantan woguo hushi zhiye," 43.

⁶⁴⁴ Schneider, *Keeping the Nation's House*.

role and patriotism, not their professional identity. In 1934, the female nurses from the Wuzhou Provincial Hospital were presented in *Guangxi weisheng xunkan* as women working in the ward wearing white gowns, implying their professional identities.⁶⁴⁵ By contrast, in 1938, *Zhonghau* (中華 China), a journal based in Shanghai, published a photo of nurses in Wuzhou Provincial Hospital, featuring women wearing cheongsam and making coats for soldiers.⁶⁴⁶ Readers could not tell whether these women were medical professionals through their outfits or what they were doing. Instead, patriotism and women's gender roles at home were highlighted in the photo. Only the title "Nurses in Whzhou Hospital making coats for soldiers at the frontline" suggests the women's career.⁶⁴⁷ As Hershatler observes about the Modern Woman in the mid-and late-1930s, the emphasis on women's gender roles as wives and mothers sometimes went so far as to eclipse that on their career roles.⁶⁴⁸ The transformation of female nurses' images in journals testifies to Hershatler's opinion. Female nurses professionalised their identity by complying with the criteria for ideal female citizens. But their emphasis on a stereotype of women encompassed in this ideal simultaneously obscured their professional identity.



Picture 12: "Kangzhan zhong zhi Guangxi: Wuzhou yiyuan hushi, wei qianfang jianer fengzhi mianyi" [Patriotic nurses making cotton vests for the defenders] 抗戰中之廣西：梧州醫院護士，為前方健兒縫製棉衣, *Zhonghua* [China] 中華 63, no. 30 (1938): 30.

⁶⁴⁵ *Guangxi weisheng xunkan*, 33–34.

⁶⁴⁶ "Kangzhan zhong zhi Guangxi: Wuzhou yiyuan hushi, wei qianfang jianer fengzhi mianyi" [Patriotic nurses making cotton vests for the defenders] 抗戰中之廣西：梧州醫院護士，為前方健兒縫製棉衣, *Zhonghua* [China] 中華 63, no. 30 (1938): 30.

⁶⁴⁷ *Ibid.*

⁶⁴⁸ Hershatler, *Women and China's Revolutions*, 146–7.

5.7 Female Nurses' Citizenship and Professionalism during and after the Second Sino-Japanese War

Chris Nottingham has observed that nurses in nineteenth-century England were insecure professionals who may have been recognised by education and certification, but who were still not perceived as having an “authoritative social performance.”⁶⁴⁹ The same held true in China. Although people understood that nurses underwent years of formal training, they considered nurses the assistants of doctors. The hierarchy was most obvious when doctors ordered nurses to do things beyond their assigned duty and outside their professional sphere. *Nüzi yuekan* (女子月刊 Monthly journal of women), for example, published several paragraphs from a nurse's diary in 1937. In one excerpt, the nurse complained that she had had to mend a doctor's socks.⁶⁵⁰ It is possible this article is fictional. But it delivers enough truth on the lower status of nurses, that the public could well have read it as if it were real.

Nurses' resistance against the power hierarchy was intensified during and after the Second Sino-Japanese War. One of the tactics they used to avoid being viewed as less knowledgeable than doctors was to differentiate their responsibilities from those of doctors. Qi Yun (琪雲), a nurse who published two articles in *Minli zhoukan* (民力週刊 Weekly journal of people's power), wrote that nurses took care of patients as a complement to doctors' treatment. They were not subordinate to doctors but held an equally important role in a hospital.⁶⁵¹ In an interview in 1943, a nurse named Xiong Wenying (熊文英) talked about her experience taking care of a typhus patient. According to Xiong, the patient was in poor condition when admitted to the hospital. “People thought the patient was doomed” (大家都覺得他是沒有多大希望了). She helped him bathe and cleaned his back every day, she provided medicine, managed his meals, and carried out the doctor's recommendations. The patient got better and was able to walk after two months. The nurse understood that the patient's recovery was dependent on the medicine prescribed, but she also knew that without her care, the patient

⁶⁴⁹ Chris Nottingham, “The Rise of the Insecure Professionals,” *International Review of Social History* 52, no. 3 (2007): 450.

⁶⁵⁰ Baihe, “Kanhufu riji chao” [Paragraphs from the diary of a nurse] 看護婦日記抄, *Nüzi yuekan* [Monthly journal of women] 女子月刊 5, no. 7 (1937): 29–31.

⁶⁵¹ Qiyun, “Hushi zai funü zhiyejiede zhongyaoxing” [The importance of nursing among all professions for women] 護士在婦女職業界的重要性, *Minli zhoukan* [Weekly journal of people's power] 民力週刊 11 (1939): 17.

might have suffered complications, such as pneumonia.⁶⁵² Some nurses even went so far as to argue that they should be allowed to intervene in treatment. In 1947, Guan Baozhen (管葆真 1908-1993), a member of the board of the NAC, suggested that doctors should discuss the treatment of patients with nurses and even help nurses in their work.⁶⁵³ Her advice underlined the idea that doctors and nurses in hospitals should share the equal status of healthcare providers. Although this ideal scenario was never achieved, Guan Baozhen's words reveal an ambitious goal: expand the role of nurses and improve their status in the hospital.

While female nurses' self-identification as professionals became clearer during and after the war, the literate classes held different opinions about whether nursing was a profession. In 1947, the Shanghai municipal government issued an ordinance to shut down dancing halls and prohibit taxi dancers (舞女 wunü) from working in these places.⁶⁵⁴ The ordinance stirred a discussion about the future taxi dancers could take after the ordinance took effect. In the same year, an article in *Huguang* (滬光) suggested literate taxi dancers to work as nurses.⁶⁵⁵

Nursing was a job that did not require substantive knowledge and skills in a specific field in the mind of the author who made the suggestion. *Huguang* was a tabloid targeting petty urbanities. The suggestion thus reveals a stereotype of nurses popular among petty urbanities. Some government officials also held the same opinion about nursing. Wu Shaoshu (吳紹澍), Director General (局長) of Shanghai's Bureau of Social Affairs, stated that the government planned to train taxi dancers to be nurses in his interview with *Shenbao* in August 1947.⁶⁵⁶ But Wu himself opposed this plan. He believes taxi dancers who lived lavish lives would not be thrifty and responsible enough to be nurses.⁶⁵⁷ Wu's interview reveals two different views about nursing in the government. Some officials saw nursing as an occupation only requiring short-term training. Others considered high moral standards especially important to nursing. The latter's view was identical to female nurses' own opinions about their work. However, even those who opposed training taxi dancers to be nurses did not emphasise nurses'

⁶⁵² "Hushi zuotanhui" [Symposium for nurses] 護士座談會, *Funü zazhi* [Journal of women] 婦女雜誌 4, no. 5 (1943): 25.

⁶⁵³ Guan Baozhen, "Gei yishimen de yifeng gongkaixin" [A public letter to doctors] 給醫師們的一封信, *Zhongguo hushi jikan* [Quarterly journal for Chinese nurses] 中國護士季刊 1, no. 2 (1947): 3-4.

⁶⁵⁴ Taxi dancers were women dancers who danced with customers in dancing halls. Hershatter, *Women and China's Revolutions*, 150.

⁶⁵⁵ "Wunü chulu you shitiao" [Ten suggestions on the future of taxi dancers] 舞女出路有十條, *Huguang* [Light of Shanghai] 滬光 gexin 革新 18 (1947): 4.

⁶⁵⁶ "Wunü huin chufang qu, wujuzhang tushishuo, xiyu duodemi nanwang cheng kanhu" ['Taxi dancers should go back home,' Director General Wu said. They were accustomed to a lavish lifestyle, so they could not be nurses] 舞女回廚房去, 吳局長如是說, 習於奪得靡, 難望成看護, *Shenbao* 申報 August 195h, 1947, 4.

⁶⁵⁷ *Ibid.*

professional skills and authority over a specific field of `knowledge. Nursing was still an “insecure profession” defined by Nottingham.⁶⁵⁸ The authority advocated by female nurses for themselves was not widely recognised by the literate classes even in the late 1940s.

When the civil war worsened social conditions, female nurses’ public role was also at risk. In 1949, the civil war gained momentum in Guangxi. The provincial government suspended its financial support to Liuzhou Hospital (柳州醫院). The hospital was fully patronised by patients. With the flux of wounded soldiers and refugees in Guangxi, the work pressure in Liuzhou Hospital increased. However, according to the hospital’s policy, these people could receive free medicine, which exacerbated the financial condition of the hospital. Medical professionals’ salaries were also impacted. Some of them had to leave due to their low income. To make a living, matron Liu Qiaotao (刘巧桃) and other nurses asked the hospital to pay ten yuan to each person in May 1949. The board of management in the hospital rejected the requirement. In the same month, nurses in the hospital struck for their salaries. The board of management finally agreed to pay each nurse seven yuan. After the strike, Liu resigned, and a nurse called Huang Qinglian (黄清莲) was said to be missing.⁶⁵⁹ The two nurses were likely to be forced to leave the hospital. Whether they were punished due to the strike or not, this incident reveals the difficulties nurses faced in their careers and daily lives in the late 1940s.⁶⁶⁰ Their interests were not protected. When they acted to argue for their own interests, they were more likely to be punished than their male counterparts in an earlier period, such as medical practitioners who petitioned to waive the business tax.

5.8 Conclusion

Both missionaries and the Chinese government promoted the development of nursing education. In 1909, several missionaries based in Eastern China established the NAC to set up rules and instructions for nursing training, a prelude to the professionalisation of the occupation in this country. The association extended its power to several provinces soon after its establishment, yet the nursing schools in Guangxi were out of their reach. In the early

⁶⁵⁸ Nottingham, “The Rise of the Insecure Professionals.”

⁶⁵⁹ Guangxi liuzhoushi renmin yiyuan yuanzhi bianzuan bangongshi, *Liuzhoushi renmin yiyuan yuanzhi: 1926-1988* [Gazetteer of Liuzhou People’s Hospital 1926-1988] 柳州市人民醫院院志: 1926-1988 (Liuzhou: Guangxi liuzhoushi renmin yiyuan yuanzhi bianzuan bangongshi, 1988), 19.

⁶⁶⁰ According to the hospital’s gazetteer, the board of management smuggled medicine and sold it at a high price. They took the money privately. Medical professionals, on the other hand, earned a thin salary. Guangxi liuzhoushi renmin yiyuan yuanzhi bianzuan bangongshi, *Liuzhoushi renmin yiyuan yuanzhi*, 19.

1930s, the NAC became a Chinese-led association registered with the central government and a delegate of the latter to regulate nursing training. Since then, missionaries' influence has turned marginal. With the support of the state, the NAC's power expanded to more areas. Missionary-run nursing schools in Guangxi came under the NAC's supervision in 1935. The NAC only remained in loose contact with the schools in Guangxi, leaving the latter a space to educate pupil nurses in their own ways. After state intervention in the mid-1930s, the scale of nursing training in Guangxi expanded. The Guangxi government ordered the state-run hospitals to admit more nursing pupils every year. To attract applicants, the government waived various fees for nursing pupils in state-run nursing schools. The number of nurses who graduated from nursing schools in Guangxi rose after the state intervention.

Missionaries and the government shared the same opinion about the skills an ideal nurse should have. The latter also intended to cultivate citizens through nursing education. Pupil nurses in missionary-run schools took courses on medicine, nursing, and languages, among others, to prepare themselves to work in the clinic smoothly with physicians and patients. They practised in the ward for a long time to acquire skills through hands-on experiences. This training mode suggests that the professional ideal envisioned by missionary nurses emphasised the skills needed for the work. In state-run nursing schools, pupil nurses not only acquired medical knowledge to facilitate their work in the clinic. They also formed an understanding of their professional identity by taking modules about the history of nursing, professional ethics, and an outlook for their future career. Moreover, pupils in state-run nursing schools took a module about citizenship, which was not offered in missionary-run nursing schools. They formed a self-identification as patriotic citizens and associated their citizenship with their professional identity. The Guangxi government ultimately considered nursing to be women's work. It also considered taking care of wounded civilians as an obligation for female citizens during wartime, when there was a limited number of nurses in the province. The government ordered its female employees and female students to receive short-term nursing training, so they could take up nurses' work when the war burst out. These programmes blurred the line between professional nurses and laymen, making nursing a job anyone can take with only a little training.

Conventional opinions about gender roles made nursing a women's occupation in the 1930s in Guangxi and beyond. Commentators from different places in the country complained about

the decrease in the number of male nurses in civilian hospitals. They attributed it to the conventional idea about gender roles and gender differences. First, the general population believed women were born to be more capable of taking care of patients, so hospitals were more willing to hire female nurses. Second, nurses' low wages drove men away from hospitals because they could not feed their families with the income. Commentators also suggested various alternative career paths for male nurses. In areas where the government dominated nursing education, the future of male nurses' careers was not as dire as commentators anticipated. The Guangxi government trained male nurses and assigned them different kinds of work. Some of them were trained to serve in civilian hospitals, while some were in military hospitals at the rear of the battlefield. Even when there was a surplus of nurses in military hospitals, male nurses could work for the police in managing public health issues. Nevertheless, the government's opinion about the division of work between male and female nurses made the latter more prominent in the field of nursing in civilian hospitals.

Female nurses kept a high profile in public discussions in the 1930s and the early 1940s also because their images corresponded with the popular symbols of female citizens. Some hospitals promoted female nurses as the New Woman in order to advertise for the hospitals' modernity. Some presented female nurses in their advertisements to attract male patients. Both strategies exposed female nurses to the scrutinisation of the literate populous. Middle-class patients criticised female nurses as the Modern Girl, the pseudo-New Woman, because their dressing style and interaction with physicians violated gender norms for female citizens, such as chastity and frugality. Patients considered that women lacked professionalism due to their female characteristics. The criticisms resulted from the middle-class people's fear of the corruption of traditional gender moralities and their snobbery against the working class.

Female nurses used their education and popular opinions about gender roles to counter the criticisms caused by gender bias. They emphasised the knowledge and virtues required of a good nurse and took pains to distinguish nurses from maids and to deny that women were too sentimental to be good nurses. They also compare the nurse-patient relationship to that between mother and child to establish a favourable power dynamic. This hierarchy, however, could only work when patients recognised the authority of nurses, a scenario that was not achieved in the Republican era. Female nurses encouraged more women to choose nursing, declaring that it allowed them to become the New Woman with skills that could transfer to

being a good wife and mother. This symbol of New Woman, popular since 1935, emphasised women's gender roles at home much more than their careers. This strategy to justify women's taking nursing as an occupation compromised female nurses' professional identity. During and after the Second Sino-Japanese War, female nurses' self-identification as professional people became clearer. They articulated an equal status with doctors in the hospital, countering the notion that they were only the assistants of the latter. Their advocacy for authority was not widely accepted by the literate populous, which was revealed in the case of training taxi dancers to be nurses in Shanghai. Female nurses were also more likely to be punished when they advocated for their own interests, as the case in Liuzhou Hospital suggests.

The professionalisation of nursing reveals governmentality in a Foucauldian sense. Both the Guangxi government and female nurses internalised the prevailing ideal of female citizens promoted by the central government and intellectuals. Although the Guangxi government disputed with the central government from time to time, they shared an opinion about the ideal of citizens featuring patriotism and gender stereotypes. Female nurses held the same view about their own obligations as citizens and incorporated it into the articulation of their professional identity. The professionalism promoted by the Guangxi government and female nurses differed from that created by missionaries in the early twentieth century in that citizenship was fundamental to the former.

Conclusion

This dissertation studies how the discourse of citizenship shaped people's identities in Guangxi and beyond under public health regimes in the Republican era. It first analyses how the government promoted the ideal citizenry through disease prevention initiatives. Ethnicity tended to be implicit within the new discourse of citizenship, in contrast to the constructions of identities in the Qing dynasty.⁶⁶¹ In this way, the GMD government intended to develop a shared national identity for Han and non-Han ethnicities in the country. Then, I examine how different groups of people responded to the discourse of citizenship created under public health regimes. The literate classes generally accepted and internalised the ideologies underpinning the discourse of citizenship. Those who collaborated with the government and enjoyed a better social status tweaked the boundary of citizenship for their own interests. The petty urbanities followed suit. However, people with limited access to their social and cultural rights had to prove themselves ideal citizens before they could advocate for their own interests. By using the discourse of citizenship to articulate an identity and advocate for self-interest, the literate classes aligned their own goals with the ones of the government. The discourse of citizenship thus shows the attributes associated with Foucault's concept of governmentality. This dissertation argues that this discourse, which was essentially created under public health regimes, became an effective tool for governing the literate classes in the Republican era because the boundary of citizenship was flexible, which compelled the literate class to share the same goals with the government.

In the 1930s, the Chinese governments at different levels relied on science to create public health regimes. When the central government controlled Guizhou and Yunnan, it ordered biomedical practitioners to study the diseases caused by *zhangqi* in these areas. The GMD government in Nanjing was interested in *zhangqi* because the military suffered a loss due to the poisonous qi in the bordering areas of Guizhou and Guangxi. It also intended to exhibit its concern about the people there and its power in the two provinces by reconceptualising diseases through biomedical knowledge. The symbolic meaning of the research was more apparent when the researchers dispatched by the central government almost avoided studying the *zhangqi* in Guangxi, a province that did not entirely come under the control of the central government. After the research, the central government aided the provincial governments with

⁶⁶¹ Pamela Kyle Crossley, *Translucent Mirror: History and Identity in Qing Imperial Ideology* (Berkeley: University of California Press, 1999); Mark C. Elliott, *The Manchu Way: The Eight Banners and Ethnic Identity in Late Imperial China* (Stanford, CA: Stanford University Press, 2001).

medicine to cure malaria, the disease identified as a result of *zhangqi*. The Guangxi government, on the other hand, conducted the same research on its own and reached the same conclusion. The purpose of the research, as the Guangxi government stated, was to eliminate fear of *zhangqi* and attract more businesses to the province. Five years later, the Guangxi government ordered medical professionals to study the mosquitos which spread malaria, yet the impact of the result on policies was marginal. Doing research itself became the way in which the government rationalised its methods for disease prevention. The authority of the two governments and biomedicine reinforced each other when biomedical knowledge was produced to make policies for public health.

The national and provincial governments aligned their goals to create citizens by establishing public health regimes. *Zhangqi* was a concept related to ethnic minorities in peripheral areas of the Chinese empire in the premodern era. By reconceptualising *zhangqi* as malaria, the two governments drove the literate classes' attention from the otherness of non-Han ethnicities in the national community to the danger of microbes and insects. This shift facilitated the central government to create a shared identity for all ethnicities in the country. The Guangxi government also promoted this process by conducting the same research on *zhangqi*. In Guangxi, there had been a discourse about the danger of insects, which was the discourse of *gu*. The biological views about malaria and cholera, diseases related to insects, were different from the discourse of *gu* in that the former did not highlight the threat of non-Han ethnicities to the Han Chinese. Through the spread of new knowledge about diseases, the provincial government broke the myth that contacting non-Han ethnicities and staying in areas where non-Han ethnicities dominated would bring sickness to the Han people. Even though the Guangxi government's research of diseases caused by *zhangqi* was likely to be a response to the central government's action in Guizhou and Yunnan, the knowledge and the actions taken to prevent diseases reverberated with the central government's efforts to create a national identity.

The Guangxi government also promoted the lifestyle of the ideal citizenry through disease prevention, which was also identical to the one upheld by the central government. The Guangxi government worked with state-run hospitals and asylums to curb epidemics such as cholera and leprosy. It also collaborated with individual medical practitioners to provide free vaccinations. In rural areas, the Guangxi government asked medical squads to bring medicine

to villagers when malaria erupted. The efforts to prevent disease were also made in everyday life. The government organised citizens to clean streets and catch insects in summer and winter in order to prevent epidemics from the late 1930s and the 1940s. All these activities reinforced the idea that individual health was connected with national survival; thus, staying healthy was the responsibility of citizens. The ideology underlying the health activities resonated with the ideal citizenry promoted by the central government, such as the New Life ideal, which evolved around patriotism and health. This new concept of citizenship was spread not only in cities but also in rural areas through disease prevention initiatives of the Guangxi government.

This discourse of citizenship created under public health regimes shaped patients' identities. However, its impact varied among different groups of patients who suffered from diseases with distinct social and cultural implications. I take leprosy and neurasthenia as examples. Suffering leprosy implied moral degradation and barbarianism in the Chinese culture in the Ming and Qing dynasties. This view echoed the cultural construction of leprosy, which was popular in other countries in the twentieth century. Consequently, leprosy patients became a symbol of the deterioration of national health and the backwardness of the civilisation in China in the Republican era. Some medical practitioners and commentators took pains to eliminate the stigmas faced by leprosy patients. However, their ambiguous answer about whether this disease was contagious and the emphasis on the disfiguring impact of the disease on patients' physical appearance only exacerbated the fear of and discrimination against patients. Due to the social and cultural implications of leprosy, the patients were targeted by both the central and Guangxi governments when they promoted new ideals of citizenship. By criticising leprosy patients, political authorities made these people the Other in Chinese society. The "healthy" people could learn about what a citizen should be like by contrasting themselves with these patients.

Although being marginalised in society through a discourse of citizenship, leprosy patients still used the same discourse to articulate an identity for themselves. The patients described their own life trajectories to demonstrate their morality, which was one of the characteristics of ideal citizens emphasised by the government. They also claimed themselves as citizens and expressed their hatred against leprosy. In their articles to the literate population, the patients discursively remove the boundary between citizens and leprosy patients, whom the

government denounced as the Other. Even patients who did not consider themselves citizens had to refer to the characteristics of ideal citizens to advocate for a better public image. Jonas Li was an example. In his articles and photos, Li presented the patients as people who could receive education and work to earn their own lives. He also recorded a patient who had been cured and left the asylum with the hope of returning to a normal life. These photos and articles were published in journals targeting a wide range of audiences, such as patients themselves, missionaries, and people who were interested in leprosy. The images of leprosy patients in the photos and articles rebutted criticisms that the patients had moral taints and that they would lose their ability to work and become “parasites” in the country. These criticisms reminded people of Chiang Kai-shek’s elaboration on citizenship, which highlighted those who lived on social support and did not work as “parasites.” The patients were criticised ultimately because they failed to meet the criteria of ideal citizens. While Li did not necessarily regard himself as Chinese, he had to demonstrate that leprosy patients could live up to the requirements to advocate for patients against discrimination and marginalisation. The strategies taken by Li and other patients to eliminate stigmas reinforced the validity of the discourse of citizenship, which was the discursive tool to articulate the otherness of leprosy patients. Therefore, their endeavour was bound to fail.

By contrast, the literate classes saw being diagnosed with neurasthenia as a symbol of modernity and used the discourse of neurasthenia to demonstrate their identity as citizens. As a neuro-psychological disease conceptualised through biomedical knowledge, neurasthenia was introduced by Chinese medical practitioners who studied medicine abroad. They acquired knowledge about this nerve disorder from Germany, Japan, and America. In these countries, neurasthenia was understood as a mental illness resulting from a restless lifestyle in an industrialised society. Chinese physicians adopted and disseminated the aetiology and cultural meanings of neurasthenia, making it a disease symbolising modernity. Against this context, several political and military elites publicly claimed they were becoming neurasthenic due to their hard work. This image corresponded with the ideal citizens depicted by the government, who devoted themselves to the country, ignoring their own health. The performance of the elite class in public discussion adjusted the boundary of citizenship. They demonstrated in what situation being sick would be acceptable and even became a way to display the virtues that citizens should have.

The discourse of neurasthenia was also used to create gender ideals for modern society and to reduce the anxiety of being marginalised in society. Different groups in the literate classes had different ideas about ideal female citizens. While some emphasised the importance of the traditional gender roles at home to women's mental health and their obligations as citizens, others believed individual achievement was more critical. Despite the difference, both ideals bore characters of the ideal citizen promoted by the central government. On the other hand, male members used the discourse of neurasthenia to relieve their anxiety of losing masculinity. This sentiment was a response to the expansion of women's public roles, the reduction in leftist male intellectuals' political impact, and the precarity in daily lives, which made it difficult for men to assert their responsibility at home.

While the literate classes in bigger cities had abundant discussions about neurasthenia, medical practitioners in Guangxi showed limited interest in this disease. The literate people there acquired knowledge about the disease from advertisements made by pharmacies based in bigger cities like Shanghai. Therefore, the views about different types of neurasthenia were not different in Guangxi and other regions of the country. Discussions about neurasthenia in Guangxi were made in the question column in newspapers where patients asked medical practitioners about their sickness. These discussions focused mainly on sexual neurasthenia, a subtype of neurasthenia. In most cases, the patients who asked were men. By narrating the causes of getting sexually neurasthenic and the experiences of treatment, these men displayed their knowledge about different kinds of medicine, their willingness to try new types of medicine, and their regret of having an unhealthy lifestyle. They created a modern identity by demonstrating these features. The risk of losing masculinity due to the symptoms of sexual neurasthenia became less noticeable. Like their male counterparts in other regions of the country, the literate men in Guangxi relieved their anxiety of moral failure and being pushed to the edge in precarious daily life. Women, however, benefited less from the social construction of neurasthenia because physicians generally considered this mental illness more likely to happen to men who worked with the mind. In rural areas like Guangxi, female patients attracted even less attention. Women in this province might be less likely to know that they could get neurasthenic. As a result, they also did not talk about their experience of neurasthenia in newspapers and magazines.

Under public health regimes, the discourse of citizenship also worked with the efforts of professionalisation to form an effective mechanism for governing those who enjoyed social status in the 1930s and the 1940s. Due to the lack of medical resources, the Guangxi government collaborated with both biomedical and TCM practitioners to provide health care services. In order to ensure the quality of TCM practices, the government provided medical education to the people who would like to work as TCM practitioners or improve their skills. After graduation, these people got a high position in state-run medical institutions. Therefore, the collaboration between the government and TCM practitioners provided the latter an opportunity to get a better social status. The Guangxi government also helped the professionalisation of TCM practices by supporting the practitioners in researching, exchanging knowledge, and forming connections with other practitioners beyond regional boundaries. To reinforce the bond with the state, TCM practitioners expressed their loyalty to the GMD party, which was the fundamental requirement for citizens from the central government's perspective. They also stated their commitment to traditional culture, which was also advocated by the GMD government in making citizens. In this process, TCM practitioners not only strengthened their relationship with the local government, but also formed a connection with the central government and the state in a broader sense.

Medical practitioners also created a professional image and defined professionalism by collaborating with the government and identifying themselves with popular ideologies. In Guangxi, biomedical and TCM practitioners devised plans for disease prevention and carried out the plans in the name of the government. They answered enquiries from patients in government-funded newspapers. Through these activities, they demonstrated their authority and professional qualities to the public. These medical practitioners were not sponsored by the government, however. Therefore, they had to advertise themselves in newspapers to attract patients. Biomedical practitioners emphasised the techniques and equipment used in the clinic for diagnosis and treatment to indicate the modernity of the services. They also demonstrated their license and personal connection with political elites as proof of their professionalism. TCM practitioners compared their treatment with the biomedical one to explain the effect. Like biomedical practitioners, TCM practitioners also considered appreciation from the government as a way to show their professional qualities. For both biomedical and TCM practitioners, their professionalism came from the authority of science and should be recognised by the government. This view of professionalism echoed the zeal for science in the 1930s. It also suggests the significance of the government's authority in the formation of

professionalism among medical practitioners. Creating a benevolent image was the third strategy to earn a better reputation and meet the standard of a professional ideal. By providing free and discounted medicine to poor people, medical practitioners demonstrated their better moral conduct and professional rigor. They also positioned themselves as responsible citizens because they cared about the common good and contributed to the national well-being. The close ties between the Guangxi government and medical practitioners there also reduced the spread of criticisms against the latter. Even though medical professionals were frequently scorched in publications in other regions, similar articles and comics were barely found in publications of the government-run presses in Guangxi.

Medical practitioners also resisted the state when their interests conflicted. In the mid-1930s TCM practitioners protested against taxes on their businesses in newspapers by claiming that medical practices were philanthropy. Although the government did not respond, practitioners were not punished for their protest. When the government appealed to medical practitioners to reduce the price of medical services, medical practitioners rebutted it by stating that it was the government's duty to provide affordable medicine and refused to make a change. The high incomes, in the mind of medical practitioners, were the reward for their hard work. They believed that they had been benevolent enough to provide a limited amount of discounted medical services to poor people.

Not all occupations with strong ties to the government enjoyed the same social status and privileges. Nurses, for example, kept a lower social status in the 1930s and the 1940s, but female nurses became the epitome of female citizens in propaganda. Like medical practitioners, nurses formed a nationwide association, which had a close relationship with the state. The government collaborated with the Nursing Association of China to oversee nursing training and issue licenses. In Guangxi, nurses also had a close relationship with the provincial government. The government trained nurses to work in state-run medical institutions. However, neither nurses in Guangxi nor their counterparts in other regions enjoyed a high position in hospitals. They were either seen as assistants of doctors or as maids in hospitals. Despite their lower status, nursing became an occupation especially suitable for female citizens. Nurses received education and got salaries. Their skills were transferrable to managing a household. In other words, female nurses were better educated, economically independent women before marriage – an ideal of female citizens upheld since the May

Fourth Movement. They could also be good mothers and housewives who reared healthy young citizens for the country after marriage. The second ideal was boosted by the GMD government during the 1930s.

However, female nurses also faced criticism due to gender bias. Female nurses outnumbered male nurses in the 1930s and the 1940s. The literate classes and the government considered nursing as ultimately a woman's work. Therefore, not only the training of nursing was designed to make skilful housewives, but the Guangxi government even intended to provide nursing training to female students and government employees. This endeavour denied nurses authority over their professional knowledge and skills, making the occupation one that anyone could take after short-term training. Male nurses were also trained by the Guangxi government, but only for taking care of patients in the military. Moreover, male nurses had more job opportunities other than nursing. In articles discussing nursing published in other regions, commentators claimed that the general population preferred women to be nurses because it was women's nature to take care of others. Moreover, women working in the hospital also implied the modern nature of hospitals. As a result, hospitals were more willing to employ female nurses to attract patients. Nursing finally became an occupation dominated by women in the mid-1930s. There was no criticism in newspapers and journals issued by government-supported institutions in Guangxi. However, in other regions, commentators worried that women were not suitable for working places because of their sensible nature. They also suspected female nurses were indeed the Modern Girl who were too superficial to be responsible professionals and citizens. These criticisms were the results of class snobbery and gender stereotypes, which tainted the professional image of female nurses.

Female nurses used both the discourse of professionalism and citizenship to rebut the criticisms against them, yet the impact was limited. They demonstrated their professionalism through their educational background. They suggested that women's gender roles and feminine virtues made them suitable for working as nurses. Their views on their professional ideal and gender roles echoed the ideal of female citizens promoted by the government and cultural elites. Female nurses also believed that they realised their responsibilities as citizens by working as nurses. Their self-identification as citizens and professionals reinforced each other and was further strengthened after the Second Sino-Japanese War. In public opinion, female nurses' gender roles outweighed their professionalism, however. In the photo from the

Wuzhou Provincial Hospital published in 1938, female nurses' gender identity was emphasised, while their professional identity was only displayed in the title of the photo. The discussions on whether taxi dancers could be trained to be nurses in 1947 also suggested that gender was a prominent topic in the field of nursing, and that the literate classes did not acknowledge female nurses' authority. Female nurses in Guangxi faced even worse condition. While they saw themselves as citizens and tried to realise their obligations, their interests were neither protected by the hospitals nor by the local government. They were even punished when they took action to protect their own interests.

The cases of patients and medical professionals show that the government and political elites had more power to influence the boundaries of citizenship. People who did not live up to the criteria of ideal citizens risked being implicitly marginalised in society and even lost citizenship in specific cases, such as suffering from leprosy. People from the literate classes had to prove themselves to be ideal citizens before they advocated for their interests. Through the articulation of their citizenship or membership in society, leprosy patients established a sense of belonging to a larger community. The intertwined discourse of neurasthenia and citizenship allowed the literate classes to develop an identity to overcome the anxiety from the changes in social and gender norms. Medical practitioners and nurses were able to develop a professional identity by identifying themselves with the characteristics of the ideal citizenry. When the literate classes used the discourse of citizenship to articulate their identities, they aligned their aims with the ones of the government and increased the discursive power of citizenship. In this way, the discourse of citizenship became an effective tool for governance. Historians have also discussed the deficiency of the discourse as a strategy for governance. Because the poorer classes were articulated as outsiders of the society through the discourse of citizenship, the better-off classes who promoted this discourse alienated their poorer compatriots. This discourse of citizenship based on hygiene, patriotism, and morality thus was not effective in building up a national community among the poorer class.⁶⁶²

A comparison between Guangxi and other regions in China reveals the efficacy of the discourse of citizenship as a tool for governance under public health regimes. Both the central government and the Guangxi government created public health regimes. They shared a vision about the ideal citizenry and how to create it through medical discourses. By creating public

⁶⁶² Barnes, *Intimate Communities*, 4-5.

health regimes, the aims of the local government and the central government aligned, even though they confronted each other from time to time. The knowledge about diseases and how to stay healthy flowed within the country. People in different regions, such as in Guangxi and Shanghai, sometimes emphasised different aspects when they discussed experiences of diseases, as the case of neurasthenia shows. However, they shared the same opinions about the aetiology and cultural implications of diseases, as well as about a healthy lifestyle. The discourse of citizenship revolving around health regimes was internalised by the literate classes in different places. It became a tool for them to create identities to avoid moral criticisms or being marginalised implicitly. When the literate classes used the discourse of citizenship to create identities, they practised citizenship in a way that the GMD government designated.

The comparison between the medical professions developed in Guangxi and other places in the country shows the significant role of the government in the professionalisation of different medical occupations in Guangxi. With the development of public health regimes, medical professionals, such as doctors and nurses, gained a reputation and social influence because they became the epitome of ideal citizens. Medical professionals used the same discourse of citizenship and popular ideologies to create a better public image for themselves to secure interests. To what extent their strategies took effect varied in places and in occupations. Medical practices were successfully professionalised in the 1930s and the 1940s. Medical practitioners won a better social status and reputation in Guangxi than in bigger cities like Shanghai because they had a close tie with the local government. By contrast, nurses struggled to professionalise their work. The gender discourse played an important role in the professionalisation of nursing because more women took the occupation than men did. While the gender discourse helped women to access the occupation more easily, their professional image was corrupted by gender stereotypes. A comparison between female nurses' experiences in Guangxi and Shanghai in the late 1940s suggests that the government had an impact on female nurses' life trajectory and social reputation. In Guangxi, criticisms against female nurses were less prevalent in government-run newspapers. However, when the power of the Guangxi government waned, their interests and even safety as citizens and government employees were also at risk. Without support from other groups, their efforts to protect their own interests brought only punishment.

Bibliography

- Abbott, Andrew. *The System of Professions: An Essay on the Division of Expert Labour*. Chicago: University of Chicago Press, 1988.
- Alford, William P. and Kenneth Winston. "Introduction." In *Prospects for the Professions in China*, edited by Alford, William P., William Kirby and Kenneth Winston. New York: Routledge, 2011.
- , *Prospects for the Professions in China*. New York: Routledge, 2011.
- Andrews, Jonathan and Clark Lawlor. "Introduction 'An Exclusive Privilege ... to Complain': Framing Fashionable Diseases in the Long Eighteenth Century." *Literature and Medicine* 35, no. 2 (2017): 239-69.
- "An ju benbu hushi jiaoyu zhuanmem weiyuanhui mishu chenzhu bihui chensong shicha gaisheng hushi zhiye xuexiao baogao" [A report of nursing schools in the province from Chenzhu Bihui, secretary of the nursing education committee] 按據本埠護士教育專門委員會秘書陳朱碧輝呈送視察該省護士職業學校報告, 1940. Wu-14896, No. 2 Archive, Nanjing.
- Bacon, Charlotte and CH. N. Birm. "The Way of Life Hospital." Aug 1926, 33 cmz/m/c 2/1, Cadbury Library.
- Bacon, Charlotte. "Changing Opportunities in Kwangsi," August 1935, 37. cmz/m/c 2/1 Cadbury Research Library, University of Birmingham.
- Baihe. "Kanhufu riji chao" [Paragraphs from the diary of a nurse] 看護婦日記抄, *Nüzi yuekan* [Monthly journal of women] 女子月刊 5, no. 7 (1937): 29-31.
- Barlow, Tani E. *The Question of Women in Chinese Feminism*. Durham: Duke University Press, 2004.
- Barnes, Nicole Elizabeth. *Intimate Communities: Wartime Healthcare and the Birth of Modern China, 1937-1945*. Oakland, CA: University of California Press, 2018.
- Baum, Emily. "Healthy Minds, Compliant Citizens: The Politics of 'Mental Hygiene' in Republican China, 1928-37." *Twentieth-Century China* 43, no.3 (2017): 215-33.
- , *The Invention of Madness: State, Society, and the Insane in Modern China*. Chicago: The University of Chicago Press, 2018.

- Beijie. “Mafengren yu mafeng” [Leprosy Patients and leprosy] 痲瘋人與痲瘋, *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 9, no.3 (1935): 7-13.
- Bell, E. Hope. “N.A.C. Historical Summary.” *Quarterly Journal for Chinese Nurses* 8, no. 3 (1927): 15.
- “Benhui xinzhì mafeng moxing jì jiāoyù guàtú” [Newly made models and pictures of leprosy for educational purpose] 本會新制痲瘋模型及教育掛圖. *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 5, no. 2 (1931): 36.
- “Bensheng dingfa guanli yiyào guānggāo guīzè” [Provincial regulation of medical advertisements] 本省定發管理醫藥廣告規則, *Nanning minguo ribao* [Republican Daily, Nanning edition] 南寧民國日報. March 3, 1936, 2.
- “Benyaun zhi jianyanshi” [The testing room in the hospital] 本院之檢驗室. *Guangxi weisheng xunkan* [Guangxi hygiene periodical] 廣西衛生旬刊 2, no. 1 (1934): 32.
- “Benyuan waike chuzhishi” [The surgical treatment room in the hospital] 本院外科處置室. *Guangxi weisheng xunkan* [Guangxi hygiene periodical] 廣西衛生旬刊 2, no. 1 (1934): 33
- “Benyuan zhi waike shoushushi” [The operating room in the hospital] 本院之外科手術室. *Guangxi weisheng xunkan* [Guangxi hygiene periodical] 廣西衛生旬刊 2, no. 1 (1934): 32.
- “Benyuan zhi waike zhenshi” [The surgical clinic in the hospital] 本院之外科診室. *Guangxi weisheng xunkan* [Guangxi hygiene periodical] 廣西衛生旬刊 2, no. 1 (1934): 33.
- “Bianhouhua” [Epilogue] 編後話. *Guangxi shengli Wuzhou quyiyao yanjiusuo huikan* [Journal of Guangxi Provincial Institution for Medical Research in Wuzhou] 廣西省立五週去醫藥研究所會刊 2 (1935): 155.
- Bowu. “Touhunyanhua” [Dizziness] 頭昏眼花. *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, October 26, 1932, 4.
- Bu, Liping. “Public Health and Modernisation: The First Campaigns in China, 1915 – 1916.” *Social History of Medicine* 22, no. 2 (2009): 305-19.
- . *Public Health and the Modernization of China 1864-2015*. Routledge: New York, 2017.

- Burchell, Graham, Colin Gordon, and Peter Miller. *The Foucault Effect: Studies in Governmentality*. Chicago: University of Chicago Press, 1991.
- Burns, Susan L. *Kingdom of the Sick: A History of Leprosy and Japan*. Honolulu: University of Hawai'i Press, 2019.
- “Chanke jiuxing, yijie jianjiang” [Saviour of midwifery, famous in medicine] 產科救星，醫界健將. *Wuzhou minguo ribao* [Republican Daily, Wuzhou edition] 梧州民國日報, September 30, 1932, 7.
- Chao, Yuanling. “The Ideal Physician in Late Imperial China: The Questions of *Sanshi*.” *East Asian Science, Technology and Medicine* 17 (2000): 66-93.
- Chen, Gongpei and Chen Dezhou. “Qinxian qihou yu jibing” [Weather and diseases in Qinxian] 欽縣氣候與疾病, *Qinxian Xianzhi, Yudizhi* [Gazetteer of Qin county, geography] 欽縣縣制，輿地志, 1947. Accessed in Needham Research Institute.
- Chen, Hongming. “1935 nian Jiang Jieshi dui xinan de jingying” [Chang Kaishek’s activities in south-east China in 1935] 1935年蔣介石對西南的經營. *Lantai shijie* [The world of files] 蘭台世界 19 (2014): 155-6.
- Chen, Janet Y. *Guilty of Indigence: The Urban Poor in China, 1900-1953*. Princeton: Princeton University Press, 2012.
- Chen, Rujin and Hua Bensong. *Baise tingzhi* [Gazetteer of Baise] 百色廳志 3, 1883. Reprinted in 1887. Accessed in Needham Research Institute.
- Chen, Xing. “Tizhi jiangou yu linian chuanbo: Zhonghua huli xuehui yanjiu, 1909–1949” [System construction and spread: The study on Nurses’ Association of China, 1909–1949] 體制建構與理念傳播：中華護理學會研究，1909-1949. MA diss., Hebei University, 2014.
- Chen, Zhu Bihui. “Tantan woguo hushi zhiye (xu)” [On the profession of nursing in China (part two)] 談談我國護士職業 (續). *Guangbo zhoubao* [Weekly journal of broadcasting] 廣播週報 71 (1936): 39.
- Chen, Zhu Bihui. “Tantan woguo hushi zhiye” [On the profession of nursing in China] 談談我國護士職業. *Guangbo zhoubao* [Weekly journal of broadcasting] 廣播週報 70 (1936): 42-4.

- “Chen Zijia yishi” [Doctor Chen Zijia] 陳自佳醫師. *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報 April 9, 1933, 9.
- Cheng, Congjie. “Regionalism and Nationalism in Southeast Asia: Guangxi Province and the Making of the Chinese Nation State, 1924-1949”. PhD. Dissertation: University of Leicester, 2022.
- Cheng, Weikung. *City of Working Women: Life, Space and Social Control in Early Twentieth-Century Beijing*. Berkeley: University of California, Berkeley, 2011.
- Chiang, Kai-shek. “Essentials of the New Life Movement Speech 1934.” In *Sources of Chinese Tradition: From 1600 through the Twentieth Century vol 2*, edited by W. M. Theodore de Bary and Richard Lufano. New York: Columbia University Press, 2000.
- Chiang, Kai-shek. “Xinshenghuo yundong zhi zhongxi zhunze” [Rules for the New Life Movement] 新生活運動之中西準則. *Zhongguo geming* [Revolutions in China] 中國革命 3, no. 10 (1934): 37-40.
- Cochrane, Robert G. “How to Rid a Country of Leprosy.” *Leprosy Quarterly* 1, no. 4 (1927): 1-8.
- “Zenyang chanchu yiguo de mafeng” [How to rid a country of leprosy] 怎樣剷除一國的痲瘋, trans. Ma Zhenbai, *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 1, no. 3 (1927): 12-9.
- Cribb, Alan and Sharon Gewirtze. *Professionalism*. Cambridge: Polity Press, 2015.
- Crossley, Pamela Kyle. *Translucent Mirror: History and Identity in Qing Imperial Ideology*. Berkeley: University of California Press, 1999.
- Culp, Robert. “Rethinking Governmentality: Training, Cultivation and Cultural Citizenship in Nationalist China.” *The Journal of Asian Studies* 65, no. 3 (2006): 529-44.
- *Articulating Citizenship: Civic Education and Student Politics in Southeastern China, 1912-1940*. Cambridge Ma.: Harvard University Asia Centre, 2007.
- “Dai Guangxi shengzhengfu zhengqiu mafeng zhuanmen rencai” [Calling for medical professionals to treat leprosy for the Guangxi provincial government] 代廣西省政府徵求痲瘋專門人才. *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 10, no. 2 (36): 44.

- Dai, Jiyun. “Duiyu weijing yizhuanyuanxiaobiye de yisheng de wojian,” [My opinion of doctors who did not graduate from a medical school] 對於未經醫專院校畢業的醫生的我見. *Guangji yikan* [Guangji medical journal] 廣濟醫刊 7, no.9 (1930): 24-6.
- Dai, Yonghe. “Yi rendao miejue mafeng” [Eliminating leprosy in a humane way] 以人道滅絕痲瘋. *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 1, no. 4 (1927): 8.
- Dai, Zhaoyong. “Cong fanglao yundong shuodao chanlai wenti” [Preventing and eliminating leprosy] 從防癆運動說到鐘賴問題. *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 9, no.2 (1935): 1-5.
- “De’an dayaofang guanggao” [An advertisement of De’an pharmacy] 德安大藥房廣告. *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, January 1, 1932, 4.
- “Deyi Bianshufu lai hua” [German physician Bianshufu is coming to China] 德醫卜梳夫來華. *Minbao* 民報 [People’s newspaper] April 6, 1934, 8.
- “Deyi Liang Zhiqun yishi” [Doctor Liang Zhiqun, German medicine] 德醫梁治羣. *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, September 1, 1932, 6.
- “Deyi Tukaiyuan jiang huiguo” [Tu Kaiyuan, who studied German-style medicine, was about to return to China] 德醫屠開元回國. *Shenbao* 申報, April 17, 1931, 12.
- “Dian Tianyang xianfu deng chi chenchoubeiyuan yongbiao fu gaixian liuxing nüejì gexiangcun sheli linshi zhenliao” [A telegram to the Tianyang government: Chen Yongbiao will go to Tianyang to set up temporary health centers in villages with the malaria epidemic] 電田陽縣府等飭陳籌備員永標赴該縣流行瘧疾各鄉村設立臨時診療所由. *Guangxi shengzhengfu gongbao* [Guangxi provincial government gazetteer] 廣西省政府公報 90 (1935): 49.
- “Dianchi Liuzhou shengyiyuan choubelichu xun paiyi fu Tianxian jiuzhi nüejì you” [Telegram to Liuzhou provincial hospital: Preparation of sending doctors to Tian’e county for malaria prevention] 電敕柳州省醫院籌備處訊派醫赴天峨縣救治瘧疾由. *Guangxi shengzhengfu gongbao* [Guangxi provincial government gazetteer] 廣西省政府公報 101 (1935): 58.
- “Diaocha Guizhousheng zhangqi” [The research of *zhangqi* in Guizhou province] 調查貴州省瘴氣. *Gonggong weisheng yuekan* [Public health monthly] 公共衛生月刊 1, no. 3 (1935): 138.

- Dikotter, Frank. "Culture, 'Race' and Nation: The Formation of National Identity in Twentieth-Century China." *Journal of International Affairs* 49, no. 2 (1996): 590-605.
- Dirlik, Arif. "The Ideological Foundations of the New Life Movement: A study in Counterrevolution." *The Journal of Asian Studies* 34, no. 4 (1975): 945-80.
- Dong, Qiang and Wu Lei. "Jindai yizai weijixia de zhengzhi xietong zhili yanjiu: Yi 1932 changsanjiao kouan chengshi huoluan yizai wei zhongxin" [A study of collaborative governance mechanism amid epidemics in the modern era: Cholera in port cities in Yangtze River Delta in 1932] 近代疫災危機下的政治協同治理研究：以 1932 長三角口岸城市霍亂疫災為中心. *Zhongguo disanbumen yanjiu* [Studies on the tertiary industry in China] 中國第三部門研究 21 (2021): 58-9.
- Du, Dunke. "Minguo qikan de kepushijian ji shehui yingxiang: yi 'mafengjikan' weili" [The practice of disseminating knowledge and social impact of journals in the Republican era: a study of *Leprosy Quarterly*] 民國期刊的科普實踐及社會影響：以《麻瘋季刊》為例. *Dongnan chuanbo* [Southeast communication studies] 東南傳播 8 (2018): 152-4.
- Duoguang. "Yisheng shenghuo" [A doctor's Life] 醫生生活. *Liaozhai* [A room for chatting] 聊齋 16/17 (1934): 11-2.
- "Duzhe xiaoxi" [News from readers] 讀者消息. *Guangxi shengli Wuzhou quyiyao yanjiusuo huikan* [Journal of Guangxi provincial institution for medical research in Wuzhou] 廣西省立梧州區醫藥研究所彙刊 3 (1936): 10.
- Edwards, Louise. "Policing the Modern Woman in Republican China." *Modern China* 26, no.2 (2000): 115-147.
- . *Citizens of Beauty: Drawing Democratic Dreams in Republican China* (Washington: Univeristy of Washington Press, 2020).
- Elliott, Mark C. *The Manchu Way: The Eight Banners and Ethnic Identity in Late Imperial China*. Stanford, CA: Stanford University Press, 2001.
- Fan, Chenglin. "You qiwu dao guangnian: xianweijing zai minguo de shiyong yu chuanbo" [From things to ideas: the use and dissemination of microscope in the Republican era] 由器物到觀

念：顯微鏡在民國的使用與傳播. *Zhongguo keji shi zazhi* [The Chinese Journal for the history of Science and Technology] 中國科技史雜誌 43, no.1 (2022): 36-45.

Fan, Gongyi. “Wuhuabamen de yisheng” [All kinds of doctors] 五花八門的醫生. *Shehui zhoubao* [Society weekly] 社會週報 1, no. 7 (1934): 134-5.

Fan, Shouyuan. “Jiandi zhenjin yu yisheng shenfen” [Reduce medical cost and the identity of doctors] 減低診金與醫生身分. *Yiyao daobao* [The medico-pharmaceutical guide] 醫藥導報 2, no. 10 (1937): 40-2.

“Fagui: Gaoji hushi zhiye xuexiao zanxing tongze” [Regulations: temporary rules for senior nursing schools] 法規：高級護士職業學校暫行通則. *Guangxi weisheng xunkan* [Journal of hygiene in Guangxi] 廣西衛生旬刊 3, no, 6 (1935):15-7.

“Faling jieshi” [Explanation of laws] 法令解釋. *Guangxi shengzhengfu gongbao* [Guangxi provincial government gazetteer] 廣西省政府公報 14 (1937): 11.

Fang, Jilin, “Shenjing shuairuo gaishu” [A brief introduction of neurasthenia] 神經衰弱概述. *Guangxi weisheng xunkan* [Journal of hygiene in Guangxi] 廣西衛生旬刊 2, no. 30 (1935): 4-8.

“Fangzhi Baiseshi huoluanyi baogaoshu (shisanxu)” [Report of prevention of cholera in Baise (thirteen)] 防止百色市霍亂疫報告書 (十三續). *Guangxi shengzhengfu gongbao* [Guangxi provincial government gazetteer] 廣西省政府公報 136 (1938): 11-5.

“Fangzhi Baiseshi huoluanyi baogaoshu (shisixu)” [A report of the prevention of Cholera in Baise (no. 14)] 防治百色霍亂疫報告書 (十四續). *Guangxi shengzhengfu gongbao* [Gazetteer of the Guangxi provincial government] 廣西省政府公報 138 (1938):12-5.

Fenby, Jonathan. *Chiang Kai Shek -- China's Generalissimo and the Nation He Lost*. New York: Carrol & Graf Publishers, 2003.

“Feng Yuxiang zai jingyang zhong” [Feng Yuxiang having a rest] 馮玉祥在靜養中. *Shenbao* 申報, March 5, 1929, 9.

Ferlanti, Federica. “The New Life Movement in Jiangxi Province.” *Modern Asian Studies* 44, no. 5 (2010): 961-1000.

- Foucault, Michel. *Security. Territory, Population: Lectures at the Collège de France 1977–1978*. Edited by Michel Senellart. Translated by Graham Burchell. New York: Palgrave Macmillan, 2007.
- Fraser, Nancy. *Justice Interruptus: Critical Reflections on the “Postsocialist” Condition*. New York: Routledge, 1997.
- Freidson, Eliot. *The Sociology of the Professions: Lawyers, Doctors and Others*. London: Macmillan Press, 1983.
- Goffman, Ervin. *Stigma: Notes on the Management of Spoiled Identity*. New York: Simon & Schester Inc., 1986.
- Goldman, Merle and Elizabeth J. Perry. *Changing Meanings of Citizenship in Modern China*. Cambridge, Mass.: Harvard University Press, 2002.
- Introduction: Political Citizenship in Modern China. In *Changing Meanings of Citizenship*, edited by Merle Goldman and Elizabeth J. Perry. Cambridge, Ma.: Harvard University Press, 2002).
- “Gonganju juxing chunji zhongdou yundong” [Vaccination campaign launched by the police in spring] 公安局舉行春季種痘運動. *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, April 22, 1933, 7.
- “Gongdu xuanlu: Wei daixing zhengqiu mafeng zhuanmen rencai zhi Guangxi shengzhengfu han” [A selection of government document: A response to the enquiry from the Guangxi government for specialists of leprosy] 公牘：為代行徵求痲瘋專門人才之廣西省政府函. *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 11, no.1 (1937): 54-5.
- “Gongsong liangyi” [Appreciation of a good doctor] 恭頌良醫. *Wuzhou minguo ribao* [Republican Daily, Wuzhou edition] 梧州民國日報, January 8, 1933, 8.
- Goodman, Bryna. “Democratic Calisthenics: The Culture of Urban Associations in the New Republic.” In *Changing Meanings of Citizenship in Modern China*, edited by Merle Goldman and Elizabeth J. Perry. Cambridge, Mass.: Harvard University Press, 2002.

- Grympa, Sonya and Cheng Zhen. "The Development of Modern Nursing in China." In *Medical Transitions in Twentieth Century*, edited by Bridie Andrews and Mary Brown Bullock. Bloomington, IN: Indiana University Press, 2014.
- Grympa, Sonya. *Nursing Shifts in Sichuan*. Indiana: Indiana University Press, 2014.
- Gu, Yongzhong. "Shanghai bagong de yiban zhuangkuang (fu tubiao)" [The living condition of printing workers in Shanghai (with charts)] 上海罷工的一般狀況 (附圖表). *Xinwen jizhe* [Reporters] 新聞記者 1, no. 2: 12-6.
- Guan, Baozhen. "Gei yishimen de yifeng gongkaixin" [A public letter to doctors] 給醫師們的一封信. *Zhongguo hushi jikan* [Quarterly journal for Chinese nurses] 中國護士季刊 1, no. 2 (1947): 3-4.
- "Guangxi junyi xuexiao kanhu suxunkianban zhaosheng guanggao" [An advertisement of the short-term programme of nursing training in the Guangxi medical school of the military hospital] 廣西軍醫學校看護速訓練班招生廣告. *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, September 8, 1937, 1.
- "Guangxi junyiyuan qudi hushi xishang fuhua" [Military Hospital in Guangxi banned nurses' flashy lifestyle] 廣西軍醫院取締護士習尚浮華. *Jianshe yixue yuekan* [Medical monthly for a Health Society] 健社醫學月刊 2, no. 9 (1937): 94.
- Guangxi liuzhoushi renmin yiyuan yuanzhi bianzuan bangongshi. *Liuzhoushi renmin yiyuan yuanzhi: 1926-1988* [Gazetteer of Liuzhou People's Hospital 1926-1988] 柳州市人民醫院院志: 1926-1988. Liuzhou: Guangxi liuzhoushi renmin yiyuan yuanzhi bianzuan bangongshi, 1988.
- "Guangxi Nanning Liangqingxiang mafengcun zuzhi guicheng" [Regulations on the organisation of Liangqing village, Nanning, Guangxi province] 廣西南寧良慶鄉痲瘋村組織規程. *Xingzhengyuan/ neizheng/ yiliaoweisheng/ yiliaojigou zuzhi zhangcheng* [Executive Yuan/ internal affairs/ medicine and public health/ regulations on the organisation of medical institutions] 行政院/ 內政/ 醫療衛生/ 醫療機構組織章程. 1944.4.2, -1946.11.26, 014-011103-0101. The Academia Historica.
- "Guangxi shengli wuzhou yiyuan qishi" [A statement from the Wuzhou Provincial Hospital] 廣西省立梧州醫院啟示. *Wuzhou minguo ribao* [Republican daily Wuzhou edition] 梧州民國日報, October 18, 1932, 1.

“Guangxi shengli yixueyuan benke, zhuanxiuke yiji fushu hushi zhuchanban zhaosheng guanggao” [Calling for application to course on nursing and midwifery, professional training and undergraduate courses of Guangxi Provincial Medical University] 廣西省立醫學院本科、專修科以及附屬護士助產班招生廣告. *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, August 23, 1935, 7.

“Guangxi shengli yiyuan benke, zhuanxiuke ji fushe hushizhuchanban zhaosheng guanggao” [Admission advertisement of Guangxi provincial medical college, medical school and project of nursing and midwifery training] 廣西省立醫院本科、專修科及附設護士助產班招生廣告. *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, August 23, 1935, 7.

“Guangxi shengzhengfu sanshisinia de zhengji bijiao biao” [The comparison of the results of governance of 1945 and 1944] 廣西省政府三十四年的政績比較表. Wu-609, 22-3. No. 2 Archive, Nanjing.

Guangxi Wuzhou weishengqu shengli yiyuan fushe zhuchan hushi xuexiao xiaokan [Journal of the nursing and midwifery school of Wuzhou Provincial Hospital in Guangxi] 廣西梧州衛生區省立醫院附設助產護士學校校刊. *Guangxi: Guangxi Wuzhou weishengqu shengli yiyuan fushe zhuchan hushi xuexiao jiaodao chu*, 1939.

“Guangxi Wuzhou yiyuan zanxing zhenbing guize” [Rules of medical practices in hospitals in Wuzhou, Guangxi] 廣西梧州醫院暫行診病規則. *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, January 14, 1933, 4.

Guangxi Wuzhoushi gongren yiyuan. *Wuzhoushi gongren yiyuan zhi* [Gazetteer of the workers' hospital in Wuzhou] 梧州市工人醫院志. Hong Kong: Xianggang tianma tushu youxian gongsi, 2004.

“Guangxi zai jihuazhong zhi sida mafengyuan” [Four leprosy asylums in plan in Guangxi] 廣西在計畫中之四大痲瘋院. *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 13, no. 2 (1939): 28.

“Guangxi zilaishui, dianli tezhong gongsi” [Waterworks and power plants in Guangxi] 廣西自來水、電力特種公司. *Gongshang diaocha tongxun* [Communication on survey about industry and business] 工商調查通訊 443 (1944): 3-4.

- “Guangxisheng pumie wenying banfa” [A plan on elimination of mosquitos and flies in Guangxi] 廣西省撲滅蚊蠅辦法. *Guangxi shengzhengfu gongbao* [Guangxi provincial government gazetteer] 廣西省政府公報 2091 (1945): 1-2.
- “Guangxisheng zhongdeng xuexiao weisheng zanxing shishi gangyao” [Outline of activities about hygiene in middle schools in Guangxi] 廣西省中等學校衛生暫行實施綱要. 1940. L048-001-0365-0026-003. Guangxi Zhuang Autonomous Province Archive.
- “Gui yuanzhang huayue tan Longzhou yiyuan yiwu qingkuang” [Dean Gui Huayue introducing the condition in Longzhou hospital] 桂院長華岳談龍舟醫院醫務情況. *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, February 5, 1937, 7.
- “Guilin you lai fangyi mang” [Guilin busy with epidemic prevention] 桂林又來防疫忙. *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, October 9, 1932, 3.
- Guo, Renji. “Lun wuguoren ying juyou zunzhong nüzi hushi zhiye zhi guannian” [On that our people should respect female nurses] 論吾國人應具有尊重女子護士職業之觀念. *Shehui yiyao* [Social medicine] 社會醫藥 3, no. 12 (1936): 3-4.
- . “Ruhe fasheng shenjingshuairuozheng ji qi yufang” [The aetiology and prevention of neurasthenia] 如何發生神經衰弱症及其預防. *Shanghai zhoubao* [Shanghai weekly] 上海週報 1, no. 22 (1933): 437.
- . “Xingshenjingshuairuo (ji shenkui) de benxiang bingzhuang he zhiliao” [Sexual neurasthenia (depletion of the qi in kidney): symptoms and treatment] 性神經衰弱(即腎虧). *Changshou* [Longevity] 長壽 4, no. 10 (1935): 187.
- Guo, Zhonghua and Sujian Guo. *Theorizing Chinese Citizenship*. Lanham, Maryland: Lexington Books, 2015.
- . “The Emergence of the Citizen Concept in Modern China: 1899-1919.” In *Theorizing Chinese Citizenship*, edited by Zhonghua Guo and Sujian Guo. Lanham, Maryland: Lexington Books, 2015.
- “Guomin zhengfu weisheng bu ling: Di yier hao: yishizhanxing tiaoli” [An order from the ministry of health of the Nationalist government: no.12: Temporary regulation for doctors] 國民政府衛

生部令：第一二號：醫師暫行條例. *Xingzhengyuan gongbao* [Gazetteer of executive yuan] 行政院公報 19 (1929): 61.

“Guonei xiaoxi” [Domestic news] 國內消息. *Zhonghua yixue zazhi* [Chinese medical journal] 中華醫學雜誌 21, no. 10 (1935): 1175.

“Guoyi Cheng Liuping qishi” [An advertisement of Cheng Liuping, TCM practitioner] 國醫程柳平啟示. *Nanning minguo ribao* [Republican Daily, Nanning edition] 南寧民國日報, March 11, 1935, 9.

“Guoyi Tang Yitian kaiye qishi” [Notice of the opening of the clinic of TCM practitioner Tang Yitian] 國醫唐亦田開業啟事. *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, January 23, 1933, 1.

“Guoyi Zhang Hanfu menzhen qianyu xingninglu 47 hao” [Zhang Hanfu, practitioner of TCM moved the clinic to no.47 Xingning Road] 國醫張漢符門診遷寓興寧路. *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, March 24, 1932, 7.

Ham, Daniel. “The Management of Malaria and Leprosy in Hong Kong and the International Settlement of Shanghai, 1880s - 1940s.” PhD diss., University of Cambridge, 2013.

Han, Shende. “Mafeng zai zhongguo fenbu zhi gaikuang” [Leprosy in China] 痲瘋在中國分佈之概況. *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 4, no. 4 (1930): 19-20.

“Hangshifu gengwei jiaoyukezhang” [A new minister of education section has been appointed to Hangzhou municipal government] 杭市府更位教育科長. *Shenbao* 申報, September 6, 1929, 12.

Hangzhou yishi yaoshi xiehui. “Quanzi di ershijiu hao yian: niqing weishengbu qudi yisheng banfa an” [Quan no. 29 proposal: Planning to require the Ministry of Health to ban doctors’ practices] 全字第二十九號議案：擬請衛生部取締醫生辦法案. *Yishi huikan* [Journal of medical issues] 醫事彙刊 2 (1930): 123.

“Hanxing guoyi xuexiao zhaosheng” [Call for application to the Hanxing TCM school] 漢興國醫學校招生. *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, February 17, 1936, 2.

- “Hanxing yiyao jiangxisuo zhaosheng” [Call for application, Hanxing medical research society] 漢興醫藥講習所招生. *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, August 8, 1939, 1.
- Hao, Xinzong, “Jindai zhongyi feicunzhizheng yanjiu” [A study on the debate about whether to abolish TCM in modern China] 近代中醫廢存之爭研究. PhD diss., East China Normal University, 2005.
- Harrison, Henrietta. *The Making of the Republican Citizens: Political Ceremonies and Symbols in China, 1911-1929*. New York: Oxford University Press, 2000.
- “He Zhuo yishi” 何焯醫師 [Doctor He Zhuo]. *Wuzhou minguoribao* [Republican Daily, Wuzhou edition] 梧州民國日報, January 7, 1932, 3.
- He, Mengyao and Liu Yandong. *Cenxi xianzhi* [Gazetteer of Cenxi county] 岑溪廳志, 1744. Republished in 1934. Accessed in Needham Research Institute.
- Heimburger, L. F. “Mafengbing zhi fenbu ji chuanran” [Mapping leprosy and its contagion] 癩瘋病之分佈及傳染. Translated by You Xiuzhi. *Mafeng jikan* [Leprosy quarterly] 癩瘋季刊 4, no. 3 (1930): 17-21.
- “The Treatment and Phragmosis of Leprosy.” *Leprosy Quarterly* 7, no. 3 (1933): 37-43.
- Hershatter, Gail. *Women and China's Revolutions*. Lanham, MD: Rowman & Littlefield, 2019.
- Hezhen. “Guanyu hushi de jijuhua” [Some words on female nurses] 關於護士的幾句話. *Zhongguo funü* [Chinese women] 中國婦女 1, no. 10 (1939): 23.
- Hu, Chuanyi. “Shenjingshuairuo ziliaofa” [Self-treatment of neurasthenia] 神經衰弱自療法. *Weishengbao* [Newspaper of hygiene] 衛生報 59 (1929): 9.
- Hu, dunwu. “Shicha Henan Hubei Jiang xi sansheng gaoji hushi zhiyexuexiao ji 17 xiao baogao” [A report of 17 senior nursing schools in Henan, Hubei, Jiangxi] 視察河南湖北江西三省高級護士職業學校計 17 校報告. 1936, Wu-14896, No. 2 Archive, Nanjing.
- Hu, Xiaowu, “Yisheng duiyu zhongzu guojia shehui you modazeren lun” [Doctors should be responsible for the nation, the country and the society] 醫生對於種族國家社會有莫大責任論. *Guoyi zazhi* [Journal on Chinese medicine] 國醫雜誌 1 (1934): 17-8.

- Hu, Yong. “Minguo shiqi de gonggong weisheng hushi zhidu” [Public health nurses in the Republican era] 民國時期的公共衛生護士制度. *Dongfang luntan* [Eastern symposium] 東方論壇 1 (2018): 62-8.
- Hua, Xinren. “Nanhushimen dangqian yanzhong de wenti: Dule maopai yishi dazhen sharen xinwen hou” [A major problem concerning male nurses: After reading the news on a fake doctor administering a lethal injection] 男護士們當前嚴重的問題：讀了冒牌醫師打針殺人新聞後. *Yishi gonglun* [Public opinions on medicine] 醫事公論 4, no. 43 (1936): 23.
- Huang, Jitang and Li Zhongqiao, “Shouyin, yijing” [Masturbation and spermatorrhea] 手淫，遺精. *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, November 10, 1932, 4.
- Huang, Kowu. *Yan buxie buxiao: Jindai zhongguo nanxing shijiezhong de xinüe, qingyu yu shenti* [Jokes as pornographies: Jokes, desires and the body of modern Chinese men] 言不褻不笑：近代中國男性世界中的戲謔、情慾與身體. Taipei: Lianjing chubanshe, 2016.
- Huang, Kowu. *Wenzi qigong: Liang Qichao yu zhongguo xueshu sixiang de xiandaihua* [Liang Qichao and modernisation of intellectuals’ thoughts] 文字奇功：梁啟超與中國學術思想的現代化. Guangxi: Guangxi shifanda xue chubanshe, 2024.
- Huang, Sheng. “Mafeng bingren de kukuang” [The bitterness of having leprosy] 痲瘋病人的苦況. *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 7, no. 4 (1933): 33-36.
- Huang, Zimin and Liang Zhiqun. “Wen baidai ji qita” [An enquiry about excretion of vagina and other problems] 問白帶及其他. *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, December 2, 1932, 4.
- Huixing. “Zhaoyao jing” [Monster-revealing mirror] 照妖鏡, *Yixue zhoukanji* [Medicine weekly] 醫學週刊集 3 (1930): 217-8.
- “Hushi zuotanhui” [Symposium for nurses] 護士座談會. *Funü zazhi* [Journal of women] 婦女雜誌 4, no. 5 (1943): 24-7.

- Jiang Deyou, Mao Xueying, Chen Tianxi, Han Jieru, Qiao Yu. “Nüejì Zhengzhou yuanliu kao” [A history of the symptoms and treatment of *nüejì*] 瘧疾證治源流考. *Beijing zhongyiyao* [Beijing Journal of Traditional Chinese Medicine] 北京中醫藥 39, no. 8 (2020): 842-5.
- Jiang, Hengyuan and Pan Weinan. “Jinggao quanguo qingnian” [To all the young people] 敬告全國青年. *Jiuguo tongxun* [Communication of saving the country] 救國通訊 39 (1933): 701.
- Jiangfeng, He. “Caizheng kunju xia guixi de Shengcun Luoji (1931-36)” [The strategy for living taken by the New Guangxi Clique facing the financial difficulty] 財政困局下桂系的生存邏輯 (1931-36). *Lishi yanjiu* [Study of History] 歷史研究 3 (2023): 91-114.
- “Jieshao liangyi” [Introducing an experienced medical practitioner] 介紹良醫. *Nanning minguo ribao* [Republican Daily, Nanning edition] 南寧民國日報, February 4, 1940, 2.
- “Jieshao Liu Huining” [Introduce Liu Huining] 介紹劉惠寧. *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, June 19, 1932, 1.
- “Jieshao nannü xiyi” [Introduce male and female doctors] 介紹男女西醫. *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, July 2, 1931, 6.
- Jiji. “Shenjingshuairuo de genben zhiliaofa” [Treatment of neurasthenia] 神經衰弱的根本治療法. *Jiankang shenghuo* [Healthy life] 健康生活 3, no. 3 (1935): 159-62.
- Jilai, Cui. “Gaituguiliu yu qingdai Guangxi tusi shehui” [Gaituguiliu and the society ruled by tusi in the Qing dynasty] 改土歸流與清代廣西吐司社會. MA thesis: Shaanxi Normal University, 2015.
- Jin, Zhifu. “Nüzi de shenjing shuairuo” [Neurasthenia among women] 女子的神經衰弱. *Qingnian jiankan banyuekan* [Health of the youth half monthly] 青年健康半月刊 1, no. 8 (1935): 15-8.
- “Jishengwu chenlieguan duiyu nüejì yuanchong chenlie zhi bufen” [Exhibition of parasites in a museum of parasites] 寄生物陳列館對於瘧疾原蟲陳列之部分. *Yiyu* [Medical Education] 醫育 1, no.5 (1936): 14.
- Johnson, Terence James. *Professions and Power*. London: Macmillan, 1972.

“Ju benbu hushi jiaoyu zhuanmen weiyuanhui weiyuan Liu Ganqin shicha sheng hushi xuexiao baogao” [A report of nursing schools in the province from Liu Ganqin, a member of the nursing education committee] 據本埠忽視教育專門委員會委員劉幹卿視察護士學校報告, 1937. Wu-14896, No. 2 Archive, Nanjing.

“Ju weishengshu cheng weishengshiyanshu jizheng jian jishengchongxuexi zhuren yaoyongzheng chengqing gengzheng zhangqi mingci yimian yiwu minjia fangzhi guannian bing shicheng yaoyongzheng zhuzuo erzhong zhuangcheng jianhe deng qing xiangying jiantong zhuzuo ziqing” [Requests from Yao Yongzheng, dean of the department of parasitology and officer of the department of hygienic field study, to change the name of *zhangqi* to avoid fault opinions of disease prevention, and to censor two works from Yao Yongzheng] 據衛生署呈衛生試驗署技正兼寄生蟲學系主任姚永政呈請更正瘴氣名詞以免貽誤民家防治觀念並試呈姚永政著作二種轉呈檢核等請響應檢同著作咨請. 1938, Wu 126 (2), 148-9, No. 2 Archive, Nanjing.

Judge, Joan. “Citizens or Mothers of Citizens? Gender and the Meaning of Modern Chinese Citizenship.” In *Changing Meanings of Citizenship in Modern China*, edited by Merle Goldman and Elizabeth J. Perry. Cambridge, Mass.: Harvard University Press, 2002.

Judong, Qin. “Ershi shiji sanshi niandai xinguxi Guangxi zizhi de xianshi fansi” [Reflection on the autonomy of the New Guangxi Clique in the 1930s] 二十世紀三十年代新桂系廣西自治的現實反思. *Xibu xuekan* [Journal of Western China] 西部學刊 121 (2020): 135-9.

Junqueira, Luis Fernando Bernardi. “The Power within: Mass Media, Scientific Entertainment, and the Introduction of Psychical Research into China, 1900-1920.” *Journal of the History of the Behavioral Science* 59 (2023): 193-216.

“Juxing fangyi zhushu [Vaccination against epidemics] 舉行防疫注射. *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, June 3, 1933, 7.

“Kangzhan zhong zhi Guangxi: Wuzhou yiyuan hushi, wei qianfang jianer fengzhi mianyi” [Patriotic nurses making cotton vests for the defenders] 抗戰中之廣西：梧州醫院護士，為前方健兒縫製棉衣. *Zhonghua* [China] 中華 63, no. 30 (1938): 30.

Kellogg, John Harvey. *Neurasthenia, or Nervous Exhaustion*. Battle Creek, MI: Good Health Publishing, 1915.

“Kepa zhi huoluan” [Terrifying Cholera] 可怕之霍亂. *Zhongguo weisheng zazhi* [Journal of hygiene in China] 中國衛生雜誌 28 (1932): 2.

“Kexie x shexianji: yong kexie x shexianji chuli bingzhong buke lichuang de bingren” [Portable X-ray machine: treating patients who cannot leave the bed with a portable X-ray machine] 可攜 x 射線機: 用可攜 x 射線機處理病重不可離床的病人. *Kexue Huabao* [Pictorial of Science] 科學畫報 6, no. 11 (1940): 673.

Kjaer, Anne Mette. *Key Concepts: Governance*. Cambridge: Polity Press, 2004.

Koehn, Daryl. *The Ground of Professional Ethics*. London and New York: Routledge, 1994.

Lai, Douyan. “Zhonghua mafeng liaoyangyuan zhi shiming: ershisan nian sanyue ershiba ri zhonghua mafeng jiujiuhui dibajie nianhui shi yanjiang” [The mission of zhonghua leprosy asylum: A speech on the eighth annual conference of the Chinese Mission to Lepers on March twenty-eighth, 1934] 中華痲瘋療養院之使命: 二十三年三月二十八日中華痲瘋救濟會第八屆年會時演講. *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 8, no. 1&2 (1934): 3-6.

Lan, Wu. “Yangdi guanxi shijiaoxia mingqing shiqi Guangxi quyuan kaifa yu jianshe de jichu he tiaojian tanxi” [The background of constructing Guangxi in the Ming and Qing dynasties: a perspective of the relationship between the local community and the central government] 央地關係視角下明清時期廣西區域開發與建設的基礎和條件探析. *Quyuan lishi yu wenhua yanjiu* [Regional history and cultural study] 區域歷史與文化研究 5

Larson, Magali Sarfatti. *The Rise of Professionalism: A Sociological Analysis*. Berkeley, Los Angeles and London: University of California Press, 1977.

Lary, Diana. *The Kwangsi Clique in Chinese Politics 1925–1937*. Cambridge: Cambridge University Press, 2009).

Laum, Jimmy. “Wanted: A Change of Attitude towards Leprosy.” *Leprosy Quarterly* 9, no. 4 (1935): 340-6.

Lawson, Joseph. *A Frontier Made Lawless: Violence in Upland Southwest China, 1800-1956*. Cambridge: Cambridge University Press, 2017.

Lee, Theresa Man Ling. “Liang Qichao and the Meaning of Citizenship: Then and Now.” *History of Political Thought* 28, no. 2 (2007): 305-27.

- Lei, Jun. *Mastery of Words and Swords: Negotiating Intellectual Masculinities in Modern China, 1890s-1930s*. Hong Kong: Hong Kong University Press, 2022
- Lei, Sean Hsiang-lin. "Habituating Individuality: The Framing of Tuberculosis and Its Material Solutions in Republican China." *Bulletin of the History of Medicine*, 84, no. 2 (2010): 248-79.
- "Moral Community of *Weisheng*: Contesting Hygiene in Republican China." *East Asian Science, Technology and Society: An International Journal* 3 (2009): 475-504.
- "Sovereignty and the Microscope: Constituting Notifiable Infectious Disease and Containing the Manchurian Plague (1910-11)." In *Health and Hygiene in Chinese East Asia: Policies and Publics in the Long Twentieth Century*, edited by Angela Ki Che Leung and Charlette Furth. Durham: Duke University Press, 2010.
- *Neither Donkey nor Horse: Medicine in the Struggle over China's Modernity*. Chicago and London: University of Chicago Press, 2014.
- Leibold, James. "Competing Narratives of Racial Unity in Republican China: From the Yellow Emperor to Peking Man." *Modern China* 32, no. 2 (2006): 181-220.
- Leung, Angela K.C. *Leprosy in China: A History*. New York: Columbia University Press.
- "Charity, Medicine and Religion: The Quest for Modernity in Canton (ca. 1870-1937)." In *Modern Chinese Religion II: 1850-2015*, edited by Vincent Goossaert et.al. Leiden: Brill, 2015.
- "Medical Instruction and Popularization in Ming-Qing China." *Late Imperial China* 24, no.1 (2003): 130-52.
- Levich, Eugene William. *The Kwangsi Way in Kuomintang China, 1931-1939*. Armonk, NY: M. E. Sharpe, 1993.
- Li juzhang yinbing cizhi" [Administrator Li resigned due to sickness] 李局長因病辭職. *Shenbao* 申報, October 15, 1928, 14.
- Li, Diaoyuan. *Nanyue biji* [Notes on southern Yue] 南越筆記 vol. 12. Shanghai: Shanghai yinshu guan, 1936).

- Li, Jonas. “Beihai mafengyuan” [Pakhoi leprosy asylum] 北海痲瘋院. *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 1, no. 1 (1927): 33-34.
- . “How Pakhoi Lepers Keep Christmas.” *The Mission Hospital*, 1929, 5. cmz/m/c 2/1, Cadbury Library.
- . “Leprosy from a Leper’s Own Experience.” *The Mission Hospital*, 1928, 3. cmz/m/c 2/1, Cadbury Library.
- . “Starting Life Afresh,” *The Mission Hospital*, 1930, 5. cmz/m/c 2/1, Cadbury Library.
- Li, Tao. “Woguo nüejī kao” [History of malaria in China] 我國瘧疾考. *Zhonghua yixue zazhi* [Chinese Medical Journal] 中華醫學雜誌 18, no. 3 (1932): 415-9.
- Li, Wenjing and Heinz-Peter Schmiedebach. “German Wine in an American Bottle: The Spread of Modern Psychiatry in China, 1898-1949.” *History of Psychiatry* 26, no. 3 (2015): 348-58.
- Li, Zewu. “Jiefangqianhou Nanning de zhongyi huodong” [Activities of TCM practitioners in Nanning around 1949] 解放前後南寧的中醫活動. In *Nanning wenshi ziliao* 19 [Cultural and Historical sources in Nanning 19] 南寧文史資料, edited by Zhongguo renmin zhengzhi xieshang huiyi nanningshi weiyuanhui wenshi xuexi weiyuanhui. Nanning: Zhongguo renmin zhengzhi xieshang huiyi nanningshi weiyuanhui wenshi xuexi weiyuanhui, 1996.
- Li, Zhian and Liuyuan. “Yidai mingzhongyi Qin Jiatai jiaoshou” [A famous TCM practitioner, Professor Qin Jiatai] 一代名中醫秦家泰教授. In *Lingui wenshi* [Culture and History of Lingui] 凌雲文史, edited by Zhengxie lingui xianwei. Guangxi: Guangxi Press, 1997.
- Li, Zhongqiao. “Yijing, zaoxie, mianhuang, chunbai” [Spermatorrhea, premature ejaculation, pale face and lips] 遺精、早洩、面黃、唇白. *Wuzhou minguo ribao* [Republican daily, Wuzhou Edition], November 29, 1932, 4.
- Liao, Zhongshi. “Wuzhou guoyi gonghui chengqing mianchou guoyi yingyeshui” [TCM practitioners in Wuzhou appealing for tax exemption] 梧州國醫公會呈請面抽國醫營業稅. *Guangxi shengli Wuzhou quyiyao yanjiusuo huikan* [Journal of Guangxi provincial institution for medical research in Wuzhou] 廣西省立梧州區醫藥研究所彙刊 3 (1936): 38-41.
- Lin, Arthur. *The History of Christian Missions in Guangxi, China*. Eugene, OR: Pickwick Publication, 2020.

- Lin, Zhenqun. “Guangxi zhongyi xue yuan fazhan gaikuang” [Development of TCM college in Guangxi] 廣西中醫學院發展概況. In *Nanning wenshi ziliao* 19 [Cultural and Historical sources in Nanning 19] 南寧衛生資料, edited by Zhongguo renmin zhengzhi xieshang huiyi nanningshi weiyuanhui wenshi xuexi weiyuanhui. Nanning: Zhongguo renmin zhengzhi xieshang huiyi nanningshi weiyuanhui wenshi xuexi weiyuanhui, 1996.
- “Liu Baimin jiang yixue yu zhengzhi” [Liu Baimin’s speech on medicine and politics] 劉百閔講醫學與政治. *Guangxi shengli yixueyuan zhoukan* [Journal of the provincial medical college in Guangxi] 廣西省立醫學院週刊 35 (1942): 0-1.
- Liu, Changzhi. “Yisheng shangyehua” [Commercialisation of medical practices] 醫生商業化. *Zhonghua jiankang zazhi* [Chinese journal of health] 中華健康雜誌 3, no.2 (1941), 29-30.
- Liu, Manzhu. “Du’anxian fangzhi nüejì jingguo” [The experience of treating and preventing malaria in Du’an] 都安縣防治瘧疾經過. *Guangxi jianshe yixue yuekan* [Guangxi infrastructure monthly] 廣西建設醫學月刊 3, no.8 (1938): 727-35.
- Liu, Minghai. “Feizhi zhongyi an’yu Shanghai zhongyijie de tucunkangzheng” [The proposal to abolish TCM and the struggle of the TCM practitioners in Shanghai] 廢止中醫案與上海中醫界的圖存抗爭. MA thesis.: Fudan University, 2011.
- Liu, Mingyue. “Minguo shiqi de zhongxiyi quanshi zhizheng: zhongyangguoyiguan yanjiu” [Confrontation between Chinese and modern medicine in modern China: A study on institute of national medicine] 民國時期的中西醫權勢之爭. MA thesis: Hebei University, 2017.
- Liu, Shaohang. “Zai zhengfu yu jiaohui zhijian: Minguo Yunnan de mafengbing fangzhi,” [Between the government and the missionary society: Prevention and treatment of leprosy in Republican Yunnan] 在政府與教會之間：民國雲南的痲瘋病防治. *Minguo yanjiu* [Journal of the Republican era] 民國研究 35 (2019): 127-41.
- Liu, Shiyang. “The Theory and Practice of Malariology in Colonial Taiwan.” In *Disease, Colonialism, and the State: Malaria in Modern East Asian History*, edited by Ka-che Yip. Hong Kong: Hong Kong University Press, 2009.
- Liu, Yuan. “Minguo shiqi Guangxi qingjie weisheng gongzuo gaikuang” [Summary on hygiene and public health in Guangxi during the Republican Era] 民國時期廣西清潔衛生工作概況.

Guangxi yiliao weishengzhi shiliao tongxun [Collection of primary sources on medicine and public health in Guangxi] 廣西醫療衛生志史料通訊 12 (1992): 38.

Liuhuo. “Rulangsihu nühushi” [Fierce and erotic female nurse] 如狼似虎女護士. *Fengyue huabao* [Wind and moon magazine] 風月畫報 10, no. 29 (1937): 1.

Liuzhou gejie funü kaiban hushi xunlianban” [Women in Liuzhou carrying out nursery trainings] 柳州各界婦女開辦護士訓練班. *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, June 20, 1936, 6.

“Lun yisheng de jiazi” [Doctors’ poor attitude] 論醫生的架子. *Minzhong xunkan* [Journal of the people] 民眾旬刊 1, no. 5 (1930): 1-2.

Lunbeck, Elizabeth. “‘A New Generation of Women’: Progressive Psychiatrists and the Hypersexual Women.” *Feminist Studies* 13, no. 13 (1987): 513-43.

----- *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America*. Princeton, NJ: Princeton University Press, 1994.

Luo, Cunze. “Lingyun xianyiyuan jianshi” [The history of Lingyun county Hospital] 凌雲縣醫院簡史. In *Linyun wenshi ziliao* [Lingyin cultural and historical sources] 凌雲文史資料, edited by Lingyunxian zhengxie wenshi ziliao diaoyan weiyuanhui. Lingyun: Lingyunxian zhengxie wenshi ziliao diaoyan weiyuanhui, 1989.

Luo, Wen. “Zhonghua mafeng jiujihui yanjiu (1926-1943)” [A study of the Chinese Mission to Lepers (1926-1943)] 中華痲瘋就集會研究. MA thesis., Hebei University, 2020.

“Mafengnü” [Female leprosy patients] 痲瘋女. *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, September 8, 1932, 7.

Ma, Cuicui, Zhao Tianen, Zhang Jianzhong, Ma Zhenyu, Zhang Yusen. “Zhongguo dianjizhong ‘mafeng’ yici de yanbian yu diangu [Changes in the meaning of ‘mafeng’ and related stories in Chinese classics] 中國典籍中“痲瘋”一詞的演變與典故, *Zhongguo keji shuyü* [Chinese terms of science] 中國科技術語 5 (2013): 56-60.

Ma, Jinping. “Remolding the Chinese Mind: Mental Hygiene Promotion in Republican Shanghai.” PhD thesis: University of Waewick, 2019.

- Mao, Wei. “Xiaoshide ‘heiwushu’? Qingdai sifa zhong zhi gudu anjian tanjiu: jiyu *xiyuanlu* wenben de kaocha yu zhankai” [Disappeared “witchcraft”? Cases of practising gu in the judicial records in the Qing dynasty: A study of the texts of *Witness to a Prosecution*] 消失的‘黑巫師’? 清代司法中之蠱毒案件探究: 基於《洗冤錄》的考察與展開. *Anhui Shixue* [Anhui history] 安徽史學 1 (2022): 31-8.
- Mao, Xian. “Huoluan qianshuo” [On cholera] 霍亂淺說. *Yiyaoxue* [Medicine and pharmacology] 醫藥學 6, no. 8 (1929): 53-4.
- . “Ningming Wangshixuanjun wen zhangqi” [Wangshixuan from ningming asking about zhangqi] 甯明王師旋問瘴氣. *Guangxi weisheng xunkan* [Journal of hygiene in Guangxi] 廣西衛生旬刊 2, no. 14 (1934): 22.
- Brazelton, Mary Augusta. *Mass Vaccination: Citizens’ Bodies and State Power in Modern China*. Ithaca: Cornell University Press, 2019.
- Maxwell, James. “Mafeng zhi yufang” [Prevention of leprosy] 痲瘋之預防. Translated by Wang Shenghao. *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 17, no. 2 (1943): 4.
- Mbembe, Achille and Steve Corcoran. *Necropolitics*. Durham NC: Duke University Press, 2019.
- Mei and Liang Zhiqun. “Baidai ji qita” [Leucorrhea and other questions] 白帶及其他. *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報 February 4, 1933, 4.
- Meng, Zhen, “Yisheng he kanhu de zhiye yu daode de yongqi” [Doctors and nurses’ professional ethics and morality] 醫生和看護的職業與道德的勇氣. *Duli pinglun* [Independent review] 獨立評論 157 (1935): 5.
- “Mingxie deyi Shi Naide xiansheng zhiyu feilao” [A thankyou letter to German doctor Schneider for curing pulmonary tuberculosis] 鳴謝德醫施耐德先生治癒肺癆. *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, December 1, 1933. 2.
- “Mingxie liangyi Liu Huining” [Thanks letter for Liu Huining, a good doctor] 鳴謝良醫劉惠寧. *Nanning minguo ribao* [Republican Daily, Nanning edition] 南寧民國日報, September 18, 1933, 4.

- “Mingxie Weichang wanbing, shenti xuruo jiuxing he bing yue dayishi” [A thankyou letter to Doctor He Bingyue, saviour of patients having intestinal diseases and a weak physical constitution] 鳴謝胃腸病，身體虛弱救星何炳岳大醫師. *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, January 18, 1933, 1.
- “Mingyi Chen Wuzhai” [Famous doctor Chen Wuzhai] 名醫陳務齋. *Wuzhou minguoribao* [Republican Daily, Wuzhou edition] 梧州民國日報, February 3, 1932, 2.
- Mitter, Rana. “Imperialism, Transnationalism, and the Reconstruction of Post-war China: UNRRA in China, 1944-7.” *Past and Present* 8 (2013): 64-5.
- Mittler, Barbara. “Gendered Advertising in China: What History do Images Tell.” *European Journal of East Asian Studies* 6, no.1 (2007): 22–3.
- . “In Spite of Gentility: Woman and Men in *Linglong* (Elegance), a 1930s women’s magazine.” In *The Question for Gentility in China: Negotiations Beyond Gender and Class*, edited by Daria Berg and Chloe Starr, New York: Routledge, 2007.
- Mou, Zhonghang and Wang Caiping. “Zhongguo lishishang de zhangqi kaoshi” [Textual Research and explanations of miasma in Chinese history] 中國歷史上的瘴氣考釋. *Shida dili yanjiu baogao* [Geographical research] 師大地理研究報告 38 (2003): 13-26.
- “Nanning fu jianshe mafengyuan yishi” [Building a leprosy asylum in Nanning] 南寧府建設痲瘋院一事. *Shengjiao zazhi* [Church journal] 聖教雜誌 2, no. 2 (1913): 61-3.
- “Nianqinian siyue minzi di silingliusanhao daidian tongchi anqi juxing xiaji dasaochu ji pumie yingwen yundong” [No. 4063 domestic telegram in 1938: An order about holding the cleaning activity in summer and elimination of flies and mosquitos as scheduled] 廿七年四月民字第四零六三號代電通飭按期舉行夏季大掃除及撲滅蠅蚊運動. *Guangxi shengzhengfu gongbao* [Guangxi provincial government gazetteer] 廣西省政府公報 127 (1938): 2.
- “Nianwunianfen benshi yiyao zhuangkuang” [The state of medicine in this city in 1937] 廿五年份本市醫藥狀況. *Nanning minguo ribao* [Nanning republican daily] 南寧民國日報, March 6, 1937, 7.

- “Nongye xiaoxi: Wuzhou gumi zhixiao diejia” [Agricultural information: The price of rice drops in Wuzhou] 農業消息：梧州谷米滯銷跌價. *Nongsheng* [Voice of agriculture] 農聲, 161 (1932): 71-2.
- Nottingham, Chris. “The Rise of the Insecure Professionals,” *International Review of Social History* 52, no. 3 (2007): 445-75.
- “Nüejì” [Malaria] 瘧疾. *Guangxi weisheng xunkan* [Journal of hygiene in Guangxi] 廣西衛生旬刊 1, no. 30 (1934): 19-20.
- “Nüzizhongxue jiankang weisheng jiaoyu weiyuanhui gongzuo jinxing jihua dagang” [Outline of committee of education about health and hygiene in the women’s school] 女子中學健康衛生教育委員會工作進行計劃大綱. 1940. L048-001-036500066-001. Guangxi Zhuang Autonomous Province Archive.
- Osiel, Mark. “Lawyers as Monopolists, Aristocrats, and Entrepreneurs.” *Harvard Law Review* 103, no.8 (1990): 2009–66.
- Packard, Randall M. *The Making of a Tropical Disease: A Short History of Malaria*. Baltimore: Johns Hopkins University Press, 2007.
- “Pang Changming nüejì bingsi an” [The case of Pang Changming died from malaria] 龐昌明瘧疾病死案. *Wuzhou minguo ribao* [Republican daily Wuzhou edition] 梧州民國日報, October 30, 1932.
- Perkin, Harold. *The Rise of Professional Society*. London: Routledge, 1988.
- Perry, Elizabeth J. “From Paris to the Paris of the East and Back: Workers as Citizens in Modern Shanghai.” In *Changing Meanings of Citizenship in Modern China*, edited by Merle Goldman and Elizabeth J. Perry. Cambridge, Mass.: Harvard University Press, 2002.
- Pi, Guoli. “Cong ‘bushen’ dao ‘heerhmen’ liaofa: Minguo shiqi de xinshi kangbing jishu yu richang shenghuo” [From “Kidney-nourishing” to “Hormone” Therapy: Anti-disease Strategies and History of Daily Life in the Early Days of the Republic of China] 從“補腎”到“荷爾蒙”療法：民國時期的新式抗病技術與日常生活. *Yiliao shehuishi yanjiu* [A study of social history of medicine] 醫療社會史研究 2, no. 1(2011): 32-77.

- Poon, Shuk-Wah. "Cholera, Public Health, and the Politics of Water in Republican Guangzhou." *Modern Asian Studies* 47 no. 2 (2013): 436-66.
- Prakash, Gyan. "Postcolonial Criticism and Indian Historiography." *Social Text* 31-2 (1992): 8-19.
- Qi, Ao. "Lun zenyang raokecheng hege de hushi" [On how to be a qualified nurse] 論怎樣饒可成合格的護士. *Guangji yikan* [Guangji medical journal] 廣濟醫刊 2, no. 1 (1925): 23.
- "Qiangui bianjie zhangqi zhi diaocha yu yanjiu" [A research of *zhangqi* in the bordering area of Guizhou and Guangxi] 黔桂邊界瘴氣之調查與研究. *Zhongguo guomindang zhidaoxia zhengzhi chengji tongji* [Outcomes of policies of the Nationalist government in China] 中國國民黨指導下政治成績統計 12 (1935): 1-4.
- Qiyun. "Hushi zai funü zhiyejiede zhongyaoxing" [The importance of nursing among all professions for women] 護士在婦女職業界的重要性. *Minli zhoukan* [Weekly journal of people's power] 民力週刊 11 (1939): 17-8.
- Rogaski, Ruth *Hygienic Modernity: Meanings of Health and Disease in Treaty-port China*. Berkeley: University of California Press, 2004.
- Rong, Guang and Liang Zhiqun, "Wen daohan yu yijing"[Asking about night sweat and spermatorrhea] 問盜汗與遺精. *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, November 1, 1932, 4.
- Rong, Zeng. *Minguo tongzhiguan yu jindai fangzhi zhuanxing* [Bureau of gazetteers and the transformation of gazetteers in the Republican era] 民國通志館與近代方志轉型 (Beijing: Shehui kexue wenxian chubanshe, 2018), 140-232.
- Rosenberg, Charles E. "Disease in History: Frames and Framers." *The Milbank Quarterly* 67 (1989): 1-15.
- Ross, Zachary, Amanda Glesmann and Katherine Williams. *Women on the Verge: The Culture of Neurasthenia in Nineteenth-century America*. Sanford: The Iris& B. Gerald Cantor Centre for Visual Arts at Stanford University, 2004.
- Ruan, Qiyu. "Duiyu qudi weijing yizhuanxiao de yisheng de wojian" [My opinion of banning the practice of doctors who did not graduate from a medical school] 對於取締未經醫專校的醫生的我見. *Guangji yikan* [Guangji medical journal] 廣濟醫刊 6, no.12 (1929): 14-5.

- Sang, Tze-lan D. "The Modern Girl in Modern Chinese Literature." In *A Companion to Modern Chinese Literature*, edited by Yingjin Zhang. West Sussex: John Wiley & Sons, 2016.
- Schneider, Helen M. *Keeping the Nation's House: Domestic Management and the Making of Modern China*. Vancouver: UBC Press, 2008.
- Schuster, David. *Neurasthenic Nation: America's Search for Health, Happiness and Comfort, 1869-1920*. Rutgers University Press: New Brunswick, N.J, 2011.
- Shanghaishi difangzhi bianzuan weiyuanhui, *Shanghai shiji zhuanzhi Renji yiyuan zhi* [Shanghai Municipal Gazetteers: Renji Hospital] 上海市級專志仁濟醫院志. Shanghai: Shanghai Scientific and Technological Literature Press, 2019.
- "Shanghaishi guoyigonghui diliujie huiyuan dahui zhi ti'an" [A proposal at the sixth members' conference of the association of TCM in Shanghai] 上海市國醫公會第六屆會員大會之提案. *Guangxi shengli Wuzhou quyiyao yanjiusuohuikan* [Journal of Guangxi provincial institution for medical research in Wuzhou] 廣西省立梧州區醫藥研究所彙刊 2 (1935): 29-30.
- Shapiro, Hugh. "The Puzzle of Spermatorrhea in Republican China." *Position* 6, no. 3 (1998).
- Shen, Yubin. "Malaria and Global Networks of Tropical Medicine in Modern China, 1919-50." PhD diss., Georgetown University, 2017.
- Shen, Zhaoxi. "Buxing de zhaoan" [An unfortunate issue in Zhaoan] 不幸的詔安. *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 2, no. 1 (1927): 15-20.
- "Shengfu erwuwuci huiyi tongguo yiyao weisheng ren renyong daiyu banfa" [The standard payment to the medical professionals passed at the 25th conference of the provincial government] 省府二五五次會議通告醫藥衛生人任用待遇辦法. *Nanning minguo ribao* [Republican Daily, Nanning edition] 南寧民國日報, November 30, 1936, 6.
- "Shengli yiyuan liuyishi tan Sanjiangxian bingwu mafengzheng" [Dr. Liu from the provincial hospital claiming Sanjiang county free from leprosy] 省立醫院劉醫師談三江縣並無痲瘋症. *Nanning minguo ribao* [Republican daily Nanning edition] 南寧民國日報, April 6, 1938, 4.
- "Shengligeyiyuan fushe zhuchanhushi xuexiao bennian qiuji zhaoshou xinsheng" [Autumn Enrolment of students in the midwifery and nursery schools affiliated to provincial hospitals]

省立各醫院附設助產護士學校本年秋季招收新生. *Guangxi jiaoyu tongxun* [Guangxi educational communication] 廣西教育通訊 2, no. 9-10 (1940): 48.

“Shenjing shuairuo de zhifa” [Treatment of neurasthenia] 神經衰弱的治法. *Xiandai jiating* [Modern family] 現代家庭 3, no. 7 (1940): 30-1.

“Shenjingshuairuo de changshi” [Knowledge about neurasthenia] 神經衰弱的常識. *Nüzi yuekan* [Women monthly] 女子月刊 1, no. 4 (1933): 139-141.

“Shenme Jiaozuo shenjing shuairuo” [What is neurasthenia] 什麼叫做神經衰弱. *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報 December 28, 1932, 4.

Shi, Jian. “Riguangyu yu shenjing shuairuo” [Sunbath and neurasthenia] 日光浴與神經衰弱. *Wuzhou minguo ribao* [Republican Daily, Wuzhou edition] 梧州民國日報, August 5, 1933, 10.

Shi, Yixuan. “Xianjieduan zhi guilinshi fangzhi huoluan gongzuo” [Current stage of cholera prevention in Guilin] 現階段之桂林市防治霍亂工作. *Guangxi weisheng tongxun* [Communication of hygiene in Guangxi] 廣西衛生通訊 3, no. 6 (1942): 9-12.

“Shicha Wuzhou shangbu chouban zilaishui weiyuanhui baogaoshu” [Report on visiting the committee of constructing waterworks in Wuzhou] 視察梧州商埠籌辦自來水委員會報告書. *Guangxi jianshe yuekan* [Guangxi infrastructure monthly] 廣西建設月刊 3 (1933): 247-51.

Shu, Qiao. “Huimou jindai Shanghai huoluan daliuxing” [Contemplating cholera epidemics in Shanghai] 回眸近代上海霍亂大流行. *Dangan yu shixue* [Archives and historical studies] 檔案與史學 3 (2004): 50-1.

Smith, Hilary A. *Forgotten Disease: Illnesses Transformed in Chinese Medicine*. Stanford: Stanford University Press, 2017.

Smith, Joanna Handlin. *The Art of Doing Good: Charity in Late Ming China*. Berkeley: University of California Press, 2009.

Song, Chengzhang ed. *Shanghai fengdian zhuanmen yiyuan* [Shanghai hospital for madness] 上海瘋癲專門醫院. Shanghai: Fengdian zhuanmen yiyuan, 1932. Shanghai Municipal Library.

- Song, Guobao. “Shiyi liuxing yu yixue changshi” [Epidemics and Medical Knowledge] 時疫流行與醫學常識. *Xinyi yu shehui huikan* [New Medicine and Sociology] 新醫與社會會刊 1 (1928): 360-2.
- Stevens, Sarah E. “Figuring Modernity: The New Woman and the Modern Girl in Republican China.” *The National Women's Studies Association Journal* 15, no. 3 (2003): 82-103.
- Sun, Yatsen. *Sanmin zhuyi* [The three people’s principles] 三民主義. Shanghai: Zhongyang tushuju 1927.
- Sun, Yucheng. “Shenjing shuairuo zhi xiuyang” [Prevention of neurasthenia] 神經衰弱之休養. *Xinwen bao* [The news] 新聞報 July 25, 1935.
- Tan, Yicheng. “Yao fang huoluan, shanghan, chili, kuai mie cangying” [Elimination of flies for preventing cholera, typhoid and dysentery] 要防霍亂、傷寒、赤痢，快滅蒼蠅. *Guangxi weisheng xunkan* [Journal of hygiene in Guangxi] 2 no. 36 (1935): 4-10.
- Tang, Xiangyu. “20 shiji 30-40 niandai Guangxi gongyehua wenti shulun” [An analysis of the industrialisation of Guangxi in the 1930s and the 1940s] 20 世紀 30-40 年代廣西工業化問題疏論. PhD diss., Huazhong Normal University, 2017.
- The Mission Hospital*, 1923, 1. cmz/m/c 2/, Cadbury Library.
- Tian, Weifan. “Guanyu nanhushi chulu zhi shangque” [Discussion on the future of male nurses] 關於男護士出路之商榷, *Yishi gonglun* [Public opinions on medicine] 醫事公論 2, no. 19 (1935): 9.
- Tiande. “Hewei shenjingshuairuo” [What is neurasthenia] 何為神經衰弱. *Zhongxi yixue bao* [Journal of Chinese and Western medicine] 中西醫學報 10. no.3 (1929): 63-7.
- Tiexian. “Yige ziming mofan yisheng de zishu” [Oral account from a self-claimed ideal doctor] 一個自命模範醫生的自述. *Yishi gonglun* [Public opinions on medicine] 醫師公論 22 (1934): 20.
- Tu, Qihua. “Shenjingshuairuozheng de zhengzhuang, yufang, zhiliao (zhong)” [The symptoms, prevention and treatment of neurasthenia (two)] 神經衰弱症的症狀、預防、治療（中）. *Shibao* 時報, July 3, 1936, 2

- Van de Ven, Hans. *China at War: Triumph and Tragedy in the Emergence of the New China*. London: Profile Books Ltd, 2017.
- Vu, Linh D. *Governing the Dead: Martyrs, Memorials and Necrocitizenship in Modern China*. Ithaca, NY: Cornell University Press, 2021.
- Wang, Di. *The Teahouse: Small Business, Everyday Culture, and Public Politics in Chengdu, 1900-50* Stanford: Stanford University Press, 2008.
- Wang, Ke. *Minzuzhuyi yu jindai zhongri guanxi* [Nationalism and Sino-Japanese relationship in the modern era] 民族主義與近代中日關係. Hong Kong: The Chinese University of Hong Kong, 2016.
- Wang, Wenji. “Hotbeds of Psychopathology”: Psy Sciences and the Critique of the Family in Republican China.” *East Asian Science, Technology and Society: An International Journal* 16 (2022): 387-407.
- , “Neurasthenia and the Rise of Psy Disciplines in Republican China.” *East Asian Science, Technology and Society: An International Journal* 10 (2016): 141-60.
- , “Xinli de ‘xiaceng gongzuo’: Xifeng yu 1930-1940 niandai dazhong xinli weishen lunshu” [West Wind Monthly and the popular mental hygiene discourse in Republican China] 心理的“下層工作”:《西風與 1930-1940 年代大眾心理衛生論述》. *Taiwanese Journal for Studies of Science, Technology and Medicine* 13 (2011): 15-88;
- Wang, Yaqi. “Zhonghua mafeng jiujiuhui yanjiu (1926-1943)” [A study of the Chinese Mission to Lepers (1926-1943)]. MA thesis: Central China Normal University, 2020.
- Wang, Zuoyue. “Saving China through Science: The Science Society of China, Scientific, Nationalism and Civil Society in Republican China.” *Science and Civil Society* 17 (2002): 291-322.
- Wei, Du and Wang Junchen. *Xunzhoufu zhi* [Gazetteer of Xunzhou] 浚州府志 vol.4, 1874. Accessed in Needham Research Institute.
- Wei, Guangying and Ran Peiyong. *Hexianzhi* [Gazetteer of He county] 賀縣志 vol.10, 1934. Accessed in Needham Research Institute.

- “Weiling zhizhao yisheng Ye Wujun lianda sizhen andu cibaoming” [Doctot Ye Wujun who did not have a license gave for doses of spermin] 未領執照醫生葉武俊連打四針安度賜保命. *Guangji yikan* [Guangji medical journal] 廣濟醫刊 11, no. 10 (1934): 102-3.
- Wen, Kuya. “Anti-malaria Policy and its Consequences in Colonial Taiwan.” In *Disease, Colonialism and the State: Malaria in Modern East Asian History*, edited by Kache Yip. Hong Kong: Hong Kong University Press, 2009.
- Wen, Taihua. “Pumie mafeng de jiben fangfa” [The methods to eliminate leprosy] 撲滅麻瘋的基本辦法. *Mafeng jikan* [Leprosy quarterly] 麻瘋季刊 9, no.4 (1935): 8-15.
- Wen, Zhang. “Diyu pianjian he zuqun qishi: Zhongguo gudai zhangqi yu zhangbing de wenhuaxue jiedu” [Discrimination against indigenou people and ethnicities: Cultural analysis on zhangqi and zhangbing in ancient and premodern China] 地域偏見和族群歧視：中國古代瘴氣與瘴病的文化學解讀, *Minzu yanjiu* [Ethnological studies] 民族研究 3 (2005): 68-77.
- “Wu Zhihui zai Taiyuan wobing” [Wu Zhihui got sick in Taiyuan] 吳稚暉在太原臥病. *Shenbao* 申報, December 19, 1929, 9.
- “Wu Zhou Peng huiwen jun wen nüejì jì xiāngpíbing” [Peng Huiwen from Wuzhou asking about malaria and elephantiasis] 梧州彭惠文君問瘧疾及象皮病. *Guangxi weisheng xunkan* [Journal of hygiene in Guangxi] 廣西衛生旬刊 2, no. 5 (1934): 20-1.
- Wu, Manqing. “Shanghai funü de shenjingshuairuo bing” [Neurasthenia among women in Shanghai] 上海婦女的神經衰弱病. *Shanghai funü* [Shanghai women] 1, no. 3 (1938): 32.
- Wu, Zhijian. “Zhongguo de mafeng wenti yu benhui jinhou zhi jihua” [Leprosy in China and the plan of the association] 中國的麻瘋問題與本會今後之計畫. *Mafeng jikan* [Leprosy Quarterly] 麻瘋季刊 1, no. 2 (1927): 1-6.
- “Wunü chulu you shitiao” [Ten suggestions on the future of taxi dancers] 舞女出路有十條. *Huguang* [Light of Shanghai] 滬光 gexin 革新 18 (1947): 4.
- “Wunü hui chufang qu, wujuzhang tushishuo, xiyu duodemi nanwang cheng kanhu” [‘Taxi dancers should go back home,’ Director General Wu said. They were accustomed to a lavish lifestyle, so they could not be nurses] 舞女回廚房去，吳局長如是說，習於奪得靡，難望成看護. *Shenbao* 申報 August 195h, 1947, 4.

- Wuzhoushi zilaishui jihua ji yusuan” [Plan and budget on tap water in Wuzhou] 梧州市自來水計畫及預算. *Guangxi jianshe yuekan* [Guangxi infrastructure monthly] 廣西建設月刊 1, no. 7 (1928): 26-9.
- Xia, Shenchu. “Xingshenjingshuairuo” [Sexual neurasthenia] 性神經衰弱. *Xinwenbao benbu fukan* [News Press, Shanghai Supplement] 新聞報本埠副刊, June 23, 1928, 1.
- Xian, Chenghai. “Bianyuan he nedi de jiaorong: Lun yuanchao dui Guangxi de jinglüe he kaifa” [Interaction between the peripheral and the central plain: strategies for developing Guangxi in the Yuan dynasty] 邊緣和內地的交融：論元朝對廣西的經略和開發. *Xibu Menggu luntan* [Journal of the Western Mongolian Studies] 西部蒙古論壇 4 (2023): 39-49.
- Xianggong. “Yisheng shoushou zhenjin de jiantao” [Reflection on doctor’s fees] 醫生收受診金的檢討. *Renyan zhoukan* [Weekly Journal of people’s voice] 人言週刊 1, no.15 (1934): 301-2.
- “Xiangxian dongji saochu yundong chubei” [Preparation for cleaning up activities in winter] 象縣冬季掃除運動儲備. 1940, L048-001-0370-0051-001. Guangxi Zhuang Autonomous Province Archive.
- Xiao, Fan. “Han Song jian wenxian suojian gudai Zhongguo nanfang de dili huanjing yu difangbing jiqi yingxiang” [Environment, endemics and their influences in ancient South China as seen from the sources of the Han to Song period] 漢宋間文獻所見古代中國南方的地理環境與地方病及其影響. *Zhongyangyanjiuyuan lishi yuyansuo jikan* [A collection of studies from Zhongyangyanjiuyuan lishiyansu] 中央研究院歷史語言所集刊 63 (1993): 67-171.
- Xiao, Linlin. “Shanghai hushi qunti yanjiu (1927-1937)” [Nurses as a professional cohort in Shanghai (1927-1937)] 上海護士群體研究 (1927-1937). MA thesis, Shanghai Normal University, 2022.
- Xie, Bingshi. “Zhongguo hushi jiang wang nali qu” [What is the future of the male nurses in China]
- Xin, Minghua. “Fangzhi baixishi huoluanyi baogaoshu” [A report of the cholera epidemic in Baise] 防治百色市霍亂疫報告書. *Guangxi shengzhengfu gongbao* [Guangxi Provincial Gazetteer] 廣西省政府公報 128 (1938): 9-12.
- “Xing shenjingshuairuo zhi tiaoyang tan” [A discussion of preventing sexual neurasthenia] 性神經衰弱之調養談. *Yiyao qingbao* [Medical information] 醫藥情報 2 (1936): 6-7.

- “Xinshenghuo xuzhi” [A guideline for the new life] 新生活須知. *Zhongyang ribao* [Central newspaper] 中央日報 May 15, 1934, 7
- “Xinshenghuo yundong xia de weisheng” [Hygiene in the New Life Movement] 新生活運動下的衛生. *Xinshenghuo weisheng* [A new life and hygiene] 新生活衛生 12 (1934): 7-10.
- “Xiuding zhongxi yiyao zhuce guize” [Edition of Rules of Registration of modern Medicine and TCM] 修訂中西醫藥註冊規則. *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, May 3, 1933, 7.
- Xu, Ruiling. “Hushi xiaojie de fuwu jingshen” [The spirit of service among female nurses] 護士小姐的服務精神. *Funijie* [The women] 婦女界 9 (1940): 12-4.
- Xu, Silin. “Minguoshiqi Shanghai nüxiyi yanjiu” [Female doctors in Republican Shanghai] 民國時期上海女西醫研究. MA thesis, Jinan University, 2020.
- Xu, Songshi. *Yuejiang liuyu renmin shi* [A history of people living on the banks of Zhu River] 粵江流域人民史. Shanghai: Zhonghua shuju, 1939.
- Xu, Xiaoqun. *Chinese Professionals and the Republican State: The Rise of Professional Associations in Shanghai, 1912–1937*. Cambridge: Cambridge University Press, 2000.
- “Xunling gequ mintuanju geshi qingjie weiyuanhui yufang huoluan banfa yang zunzhao you” [An order to people’s associations in each region and committee of cleaning the environment to prevent cholera] 訓令各區民團局各市清潔委員會預防霍亂頒發仰遵照由. *Lipu xianzhengfu xingzheng yuekan* [New policies from Lipu county government monthly] 荔浦縣政府行政月刊 3 (1932): 21.
- Yan, Shoumin. “Shenjingshuairuo (xu)” [Neurasthenia (two)] 神經衰弱(續). *Yishi yuekan* [Medicine monthly] 醫師月刊 2 (1923): 19-24.
- . “Shenjingshuairuo” [Neurasthenia] 神經衰弱. *Yishi yuekan* [Medicine monthly] 醫師月刊 1 (1923): 11-7.
- Yang, Beicen. *Tongzheng xianzhi* [Gazetteer of Tongzheng county] 同正縣誌, 1932. Accessed in Needham Research Institute.

- Yang, Bin. "The *Zhang* on Chinese Southern Frontiers: Disease Constructions, Environmental Changes and Imperial Colonisation." *Bulletin of the History of Medicine*, 84, no. 2 (2010):163-192.
- Yang, Chaoming. "Xiyi" [Biomedical practitioners]西醫. *Guangxi yiliao weishengzhi shiliao tongxun* [Collection of primary sources on medicine and public health in Guangxi] 廣西醫療衛生志史料通訊 15 (1995): 39. Accessed in the Library of Guangxi Zhuang Autonomous Province.
- Yang, Jui-sung. "From Discourse of Weakness to Discourse of Empowerment: The Topos of the 'Sick Man of East Asia' in Modern China." In *Discourses of Weakness in Modern China: Historical Diagnoses of the "Sick Man of East Asia,"* edited by Iwo Amelung. Chicago: The University of Chicago Press, 2021.
- Yang, Shan. "Zhigancao tangfang lun" [A study on prepared licorice decoction] 炙甘草湯方論. *Guangxi shengli wuzhouqu yiyao yanjiusuo huikan* [Journal of Guangxi provincial institution for medical research in Wuzhou] 廣西省立梧州醫藥研究所彙刊 3 (1936): 122-23.
- Yanhong. "Qingnian shimaobing de shenjingshuairuo" [Neurasthenia, a fashionable disease among young people] 青年時毛病的神經衰弱. *Yiguang huikan* [Journal of the hope of medicine] 醫光匯刊 1 (1930): 100-7.
- Yeh, Wenhsin. *Shanghai Splendour: Economic Sentiments and the Making of Modern China, 1843-1949* (Berkeley: University of California Press, 2007).
- . *The Alienated Academy: Culture and Politics in Republican China: 1919-1937* (Cambridge Ma., Harvard University Asia Center, 1990); Elizabeth Perry, "Managing Student Protest in Republican China: Yenching and St. John's Compared," *Frontiers of History in China* 8, no. 1 (2013): 3-31.
- Yen, Hsiao-peï. "Body Politics, Modernity and National Salvation: The Modern Girl and the New Life Movement." *Asian Studies Review* 29 (2005): 165-86.
- Yi. "Shenjingshuairuo" [Neurasthenia] 神經衰弱. *Qingnian jiankang banyuekan* [Health of the youth half monthly] 青年健康半月刊 1, no. 11 (1935): 4.

- “Yijie xiaoxi” [Medical Messages] 醫界消息. *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, August 7, 1933, 3.
- “Yijingbing yu jinsuo gujingwan” [spermatorrhea and ‘gold lock’ pill for preserving semen] 遺精病與金鎖固精丸. *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, December 24, 1933, 10.
- Yin, Qian. “Minguo shiqi de yishi qunti yanjiu 1912-1937: Yi Shanghai wei zhongxin” [A study on doctors in the Republican era (1912-37) in Shanghai] 民國時期的醫師群體研究 1912-1937: 以上海為中心. PhD dissertation: Huazhong Normal University, 2008.
- Yinuo. “Bingren yinxiangzhong de nühushi” [Female nurses in the patient’s mind] 病人印象中的女護士. *Nüduo* [A woman's messenger] 女鐸 29, no. 4 (1940): 29–30.
- “Yisheng yu shehui” [Doctors and the society] 醫生與社會. *Xinwen bao* [The news] 新聞報, October 16, 1929, 21.
- “Yishi He Bingyue” [Doctor He Bingyue] 醫師何炳岳. *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, September 1, 1932, 8.
- “Yishi Xian Jiaqi, nüyishi Li Zhuoming, yishi Rong Shuzhi” [Doctor Xian Jiaqi, female doctor Li Zhuoming, doctor Rong Shuzhi] 醫師冼家齊、女醫師黎卓明、醫師容述之. *Wuzhou minguo ribao* [Republican Daily, Wuzhou edition] 梧州民國日報, January 7, 1932, 3.
- “Yishi zhenbing xuyao yongjin” [Fees should be paid for medical services] 醫師診病需要佣金. *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, September 6, 1935, 2.
- “Yongchunxian diaocha mafeng bingren” [An investigation of a leprosy patient in Yongchun county] 永春縣調查痲瘋病人. *Nanning minguo ribao* [Republican daily, Nanning edition] 南寧民國日報, December 12, 1936, 6.
- You, Xuezhou. “Qingnian zhi shenjing shuairuo” [Neurasthenia among the young people] 青年之神經衰弱. *Dazhong yixue yuekan* [Monthly journal of medicine] 大眾醫學月刊 1, no. 9/10 (1934): 60-2.

- Yu, Chienming. *Yundongchang neiwai: jindai Huadong diqu de nüzi tiyu, 1895-1937* [In and outside the stadium: Women's sports in Eastern China in the Republican era, 1895-1937] 運動場內外: 近代華東地區的女子體育. Taipei: Zhongyanyuanjinshisuo, 2009.
- Yu, Dingkun. "Zhongyangguoyiguan yu jindai zhongyi jiaoyu" [Institute of National Medicine and TCM education in Modern China] 中央國醫館與近代中醫教育. *Chengdu zhongyiyao daxue xuebao (jiaoyu kexue ban)* [Journal of Chengdu University of TCM (Education Science Edition)] 成都中醫藥大學學報 (教育科學版) 20, no. 3 (2018): 3-4.
- Yu, Gengzhe. "Xuguzhidi: yixiang wenhua qishi fuhao de qianzhan liuyi," [A place of poisonous creatures: The history of a sign of cultural bias] 蓄蟲之地: 異鄉文化歧視符號的遷轉流移. *Zhongguo shehui kexue* [Social science in China] 中國社會科學 2 (2006): 191-204.
- Yu, Jingjing. "Yixue neiwai: Xguang zai minguo shehui de yingyong ji yingxiang yanjiu (1912-1949)" [Beyond medicine: a study on the use of X-ray and its influence in Republican China (1912-1949)] 醫學內外: x光在民國社會的應用及影響研究. MA diss., Central China Normal University, 2021.
- Zang, Shiyi and Bao Kang. "Wei zhiding gongyi guize gongbu you" [For showcasing how to draft regulations on public health practitioners] 為制定公醫規則公布由. *Minzhengbu banyuekan* [Journal of Ministry of the Interior half-monthly] 民政部半月刊 1, no. 4 (1934): 4.
- Zansi, Margherita. "Frugal Modernity: Livelihood and Consumption in Republican China." *The Journal of Asian Studies* 74, no. 2 (2015):391-409.
- Zarrow, Peter. *China in War and Revolution, 1895-1949*. New York: Routledge, 2005.
- "Zhangqi zhi kexue zhengming." [The result of a scientific study of zhangqi] 瘴氣之科學證明. *Zhongxi yiyao* [Journal of the Medical Research Society of China] 中西醫藥 1, no. 3 (1935): 298.
- Zhang, Baiwen. "Bukexue de dazhong yixue" [Popular medicine is not scientific] 不科學的大眾醫學. *Jiankang jiating* [Health families] 健康家庭 1 (1939): 8.
- Zhang, Chi. "Jindai Qingdao fangzhi gongren yanjiu (1914-1937)" 近代青島紡織工人研究 [A study on textile workers in Qingdao (1914-1937)]. MA thesis, Qingdao University, 2022.

- Zhang, Debo. “Zhangnüebing zhi yanjiu” [Study on malaria caused by *zhangqi*] 瘴瘧病之研究. *Yiduo* [Bell of medicine] 醫鐸 1, no. 1 (1936): 47-52.
- Zhang, Dewei. “20 shiji 30 niandai xingxi xi jianguo zhengquan xingxiang yanjiu” [The construction of the image of the New Guangxi Clique in the 1930s] 20 世紀 30 年代新桂系建構政權形象研究. MA thesis: Guangxi Normal University, 2020..
- Zhang, Jianhong. “Nüejì” [Malaria] 瘧疾. *Zhongguoyixueyuan biye jiniankan* [Memorial journal of the graduates of medical college of China] 中國醫學院畢業紀念刊 6 (1935): 172-84.
- Zhang, Kejing. “Shenjing shuairuo” [Neurastheni] 神經衰弱. *Zhongguo yixueyuan biye jiniankan* [Graduates collection of the Chinese medical school] 中國醫學院畢業紀念刊 7 (1936): 377-88.
- Zhang, Ning. “Nao wei yishenzhizhu: cong ‘ailuobunaozhi’ kan jindai zhongguo shentiguan de bianhua” [Brain as the centre of the body: changes in views of health, ‘ailuo brain tonic’ as a case] 腦為一身之主：從“艾羅補腦汁”看近代中國身體關的變化. *Zhongyanganjiuyuan jindaishi yanjiusuo jikan* [Journal of Academia Sinica] 中央研究院近代史研究所集刊 74 (2011): 1-40.
- Zhang, Xingbei. “Huoluan yu jixing changweiyan zhi jianyi qubie” [A brief on the differences between cholera and infectious diarrhoea] 霍亂與急性腸胃炎之簡易區別. *Wuzhou minguo ribao* [Wuzhou Republican daily] 梧州民國日報 September 2, 1933, 10.
- “Zhanhou jiu hu qingxing” [Saving lives after bombarding] 戰後救護情形. *Sheying huabao* [Photography pictorial] 攝影畫報 10, no.2 (1934):14.
- Zhao Naisheng, “Aimei yisheng” [A narcissistic doctor] 愛美醫生. *Liyang huakan* [Liyang pictorial] 立言畫刊 89 (1940): 28.
- Zhao, Ziqiu. “Huanle mafeng jiu gaside me” [Should a leprosy patient be sentenced to death] 患了痲瘋就該死的麼. *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊, 84 (1934): 28-31.
- Zheng, Guosui. “Cong jianghu yisheng de zhaqi er xiangdao dazhong de yiyao” [Quackers’ frauds and popular medicine] 從江湖醫生的詐欺爾想到大眾的醫藥. *Yishi gonglun* [Public opinions on medicine] 醫師公論 3, no.12 (1936): 27-8.

- Zheng, Xueyan and Zhao Xin. “Cong zhongyi jiaoyu taolun ji kan mingguo zhongyi jiaoyu hefahua de jiannan lichen” [Difficulties in legalisation of TCM education in modern China: a study on *Discussions on TCM Education*] 從《中醫教育討論集》看民國中醫教育合法化的艱難歷程. *Yixue yu zhexue* [Medicine and philosophy] 醫學與哲學 39, no. 4A (2018): 87.
- Zheng, Zhuling. “Jibing, zhengzhi yu yiliao: Sun Zhongshan aizheng zhenliao guocheng yanjiu” [Disease, Politics and Medicine: Treatments of Sun Yatsen’s cancer] 疾病，政治與醫療：孫中山癌症診療過程研究. MA thesis: Shanghai Normal University, 2018.
- Zhenzhi. “Wei Guangxi mafengren huyu” [Advocation for leprosy patients in Guangxi] 為廣西痲瘋人呼籲. *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 10, no. 1 (1936): 44-8.
- “Zhiling Guilin shengyiyuan jubao fengchi paiyuan qianwang Longsheng jiuzhi nüeji jingguo qingxing yingzhun beian you” [Order to the Guilin provincial hospital to send personnel to control malaria in Longsheng] 指令桂林省醫院據報奉飭派員前往龍勝救治瘧疾經過情形應準備案由. *Guangxi shengzhengfu gongbao* [Guangxi provincial government gazetteer] 廣西省政府公報 100 (1935): 24.
- Zhong, Deming “Yisheng qudi shuo” [Banning doctors’ practices] 醫生取締說. *Guangji yikan* [Guangji medical journal] 廣濟醫刊 6, no .9 (1929): 14-7.
- Zhong, Ying. “Yige mafeng bingren zhi shenyin” [The complaint from a leprosy patient] 一個痲瘋病人之呻吟. *Mafeng jikan* [Leprosy quarterly] 痲瘋季刊 1 no.1 (1927): 6-7.
- Zhongguo guomindang zhidaoxia zhi zhengzhi chengji tongji* [Reports on achievement under the reign of Chinese Nationalist Party] 中國國民黨指導下之政治成績統計 11 (1934).
- Zhongguo guomindang zhidaoxia zhi zhengzhi chengji tongji* [Reports on achievement under the reign of Chinese Nationalist Party] 中國國民黨指導下之政治成績統計 11 (1933).
- Zhongguo guomindang zhidaoxia zhi zhengzhi chengji tongji* [Reports on achievement under the Reign of Chinese Nationalist Party] 中國國民黨指導下之政治成績統計 2 (1935).
- Zhongguo guomindang zhidaoxia zhi zhengzhi chengji tongji* [Outcomes of policies of the Nationalist government in China] 中國國民黨指導下之政治成績統計 5 (1933).

- Zhongguo guomindang zhidaoxia zhi zhengzhi chengji tongji* [Reports of achievement under the Reign of Chinese Nationalist Party] 中國國民黨指導下之政治成績統計 6 (1933).
- Zhongguo guomindang zhidaoxia zhi zhengzhi chengji tongji* [Reports on achievement under the reign of Chinese Nationalist Party] 中國國民黨指導下之政治成績統計 7 (1933).
- Zhou, Changshan, Liu Xiangxue, Bin changchu. *Guangxi tongshi* [History of Guangxi] 廣西通史 (Guilin: Guangxi Normal University Press, 2018), 4006, 4027-8.
- Zhou, Mingxiang. “Liangfeng fangnüeshiyanqu nüejì yu nüewen zhi diaocha” [Research on malaria and malaria mosquitos in Liangfeng malaria prevention pilot area] 良豐防瘧試驗區瘧疾與瘧蚊之調查. *Guangxi weisheng tongxun* [Communication of hygiene in Guangxi] 廣西衛生通訊 3, no. 12 (1942): 1-10.
- Zhou, Xiqi. “Fangzhi Baise shi huoluanyi baogaoshu (baxu)” [A report on cholera epidemic in Baise (eight)] 防治百色市霍亂疫報告書 (八續). *Guangxi shengzhengfu gongbao* [Guangxi provincial government gazetteer] 廣西省政府公報 131 (1938): 4-11.
- “Fangzhi Baise shi huoluanyi baogaoshu” [A report on the cholera epidemic in Baise] 防治百色市霍亂疫報告書. *Guangxi shengzhengfu gongbao* [Guangxi provincial government gazetteer] 廣西省政府公報 122 (1938): 13-5.
- “Fangzhi Baiseshi Huoluanyi baogaoshu (erxu)” [Report on prevention of cholera in Baise (two)] 防治百色市霍亂疫報告書 (二續). *Guangxi shengzhengfu gongbao* [Guangxi provincial government gazetteer] 廣西省政府公報 124 (1938): 15-6.
- “Fangzhi Baiseshi huoluanyi baogaoshu (xu shangqi)” [Report of prevention of cholera in Baise (following last report)] 防治白色市霍亂疫報告書 (續上期). *Guangxi shengzhengfu gongbao* [Guangxi provincial government gazetteer] 廣西省政府公報 123 (1938): 11.
- “Guangyu Guangxi nüejì zhi baogao” [Report of malaria in Guangxi] 關於廣西瘧疾之報告. *Xinyiyao zazhi* [Journal of new medicine] 新醫藥雜誌 3, no.11 (1935): 80.
- Zhu, Baiping. “zenyang jiuji shenjingshuairuo de nianqing funü” 怎樣救濟神經衰弱的年輕婦女 [How to save neurasthenic young women]. *Xiandai jiating* [Modern family] 現代家庭 8 (1937): 50-5.

- Zhu, Pingchao. *Wartime Culture in Guilin, 1938-1944: A City at War*. Lanham Maryland: Lexington Books, 2015.
- Zhu, Shoupeng. “Du Wangjingwei zhi Sun Ke yifengxin de ganyan” [Reflection on the letter from Wang Jingwei to Sunke] 讀汪精衛之孫科一封信的感言. *Guangxi shengli Wuzhou quyiyao yanjiusuohuikan* [Journal of Guangxi provincial institution for medical research in Wuzhou] 2 (1935): 31-2.
- Zhu, Xiangrong. “Tan yizhong shehuibing: nüeji” [On a social disease: malaria] 談一種社會病：瘧疾. *Guangji yikan* [Guangji medical journal] 廣濟醫刊 7 no.6 (1930): 64-7.
- Zhu, Xianyi. “Nüejixiaoshi” [A brief history of malaria] 瘧疾小史. *Yixue zhoukaji* [Medicine Weekly] 醫學週刊 4 (1931): 120-5.
- Zhuang, Weizhong. “Bingren he yisheng de duoshao wenti” [The problem of the number of patients and doctors] 病人和醫生的多少問題. *Yiyao pinglun* [Medical commentary] 醫藥評論 87 (1932): 14-5.
- “Zongbu banshe hushiban” [The programme of nursing training at the headquarters] 總部辦設護士班. *Wuzhou minguo ribao* [Republican daily, Wuzhou edition] 梧州民國日報, April 18, 1933, 6.