

Moral Community of *Weisheng*: Contesting Hygiene in Republican China

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Abstract *Weisheng*, literally “guarding life,” serves as the Chinese translation for the English term “hygiene.” Nevertheless, the respected author of a Chinese textbook on public health from 1934 stated in his preface: “*Weisheng* is about ‘maintaining health’ and not at all about ‘guarding life.’” When read against the rise of *weisheng* in Ruth Rogaski’s sense of “hygienic modernity” in China during the Republican period, this statement reveals a local and alternative conception of *weisheng*, linked more closely to traditional Chinese notions of “nurturing life” than to modern practices related to “germ warfare”. Public health advocates, as well as many modern historians, saw little value in this popular discourse and mostly disregarded it. This paper takes this alternative discourse of *weisheng* seriously, tracing its emergence, articulating its specific features, and exploring its historical significance as an alternative to the notion of hygienic modernity. The central discovery of this article is that Chinese critiques of modern hygiene—personal hygiene, to be specific—did not focus on the actual techniques for preserving health but on their moral implications, i.e., their effects in the context of the dual construction of self-identity and moral community. Drawing on this discovery, this paper explains the curious reasons why political leaders of the Republican period

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devoted so much energy to the seemingly trivial practices of personal hygiene while leaving untouched the construction of a national system of public health. As the contestation over hygiene became closely connected with larger debates about individualism, nationalism, and modernity, critiques of, resistance to, and local visions of hygiene revealed the development of localized modernities in China, characterized by alternatives in hygiene, self-hood, bodily sensibility, and moral community.

衛生的道德社群

民國時期關於衛生的爭議與歷史意義

關鍵字：衛生、個人衛生、道德社群、習慣

民國時期存在一組和西方衛生的大相逕庭的衛生論述與實作，但在當時中國公共衛生的提倡者看來，這組「衛生」論述不啻是對衛生這個西方概念的誤解、濫用、甚至綁架，徒然延誤了公共衛生此一新事業在中國的開展，因而沒有任何正面的價值與歷史重要性。本文企圖正視這個歷史現象，初步勾勒這組衛生論述的具體內容，描繪它和西方衛生間的爭議、批評與互相界定的過程，並探索它出現於二十世紀上半葉之中國的歷史過程和可能的意義。

本文的一個主要發現，就是當時對於西方衛生的批評的重點並不在於它是否提供了有效的保健工具，而更在於它所蘊含的倫理關係。經由現代個人衛生所型塑的身體習慣，人們開始不由自主地體現出新的倫理價值、自我認同、與社會關係。各種中式衛生與批評的論旨，就在於使得人們在逐漸擁抱衛生現代性的同時，仍能保有並發展他們所珍惜的、不同於西方主流的自我認同與道德的社群。由這個洞察出發，本文也將解釋何以民國時期的政治領袖，一方面常對國家急需的公共衛生存而不論，另一方面又極其關注近乎瑣碎的個人衛生習慣。由於關於衛生的爭議緊密地扣連著當時關於個人主義、民族主義與家庭改造等重大價值爭議，衛生史與身體史為橫掃傳統社會的政治、文化變遷，留下了最深沈、具體、而切身的軌跡，等待學者這樣地去探索。

Keywords Hygiene · Personal hygiene · Moral community · Habit

1 Introduction: Translating Hygiene

According to Ruth Rogaski's groundbreaking research, the concept of hygiene, translated as 衛生 *weisheng* in Chinese (*eisei* in Japanese pronunciation and literally meaning “guarding life”), serves as an important key to understanding the history of modern East Asia. “‘Hygienic modernity’ [Rogaski's translation for *weisheng*] became a central strategy in the Japanese imperial expansion into Korea, Manchuria, Taiwan, and China....[I]t became an organizing principle in governance, a site of contestation over the relationship between the people and the state, and ultimately an indicator of the power of Japan vis-à-vis the rest of Asia” (Rogaski 2004: 137). In Rogaski's eyes, the notion of hygiene had been unknown in East Asian society before the second half of the nineteenth century. On the other

hand, though, the ideas and practices that later came to be referred to as *weisheng* far exceeded the extent of the original Western notion of “hygiene.” Therefore, she advocates translating *weisheng* as “hygienic modernity,” to emphasize the fact that this East Asian notion of hygiene, originally constructed by Japan and then adapted all over East Asia, indeed served as a historical landmark in the modernization of East Asian society.

According to the Taiwanese medical historian Liu Shiyong, it was in the process of translation that Japanese scholars created the modern discourse on hygiene as it emerged in Japan around the end of the Edo period to the first years of the Meiji period. This discourse then exerted great influence on the policies and practices of hygiene in the colonial government of Taiwan (Liu 2001: 43). Around 1870, when Nagayo Sensai 長與專齋 (1838–1902) chose the term *eisei* as his translation for the English “hygiene,” he stressed that “this does not simply refer to the protection of health alone, ... but instead points to the particular type of governmental structures that are in charge of protecting the general health of the state's citizens... This type of health-protecting enterprise had never been given a name in East Asia before and was moreover a completely new undertaking.” Liu Shiyong subsequently points out: “The question of health was transformed from the condition of an individual's physiological functions to becoming an important mission of state governance. Health was no longer limited to the sphere of each person's individual benefit, but was now in the interest of society and the public as a whole. And for this reason, the need of state intervention had increased” (Liu 2001: 47).

Following Nagayo Sensai's example, the Chinese translated “hygiene” as *weisheng*. Moreover, when the Ministry of Internal Affairs of the Republic of China established a Department of Hygiene, the entire organization of this office was modeled after its Japanese counterpart (Zhu 1933: 31). Therefore, Republican China initially adopted both the ideology and institutions associated with hygiene from Japan. Twenty years later, though, Chen Fangzhi 陳方之 (1884–1969), a scholar of public health who had graduated from the medical school of Japan's Imperial University, attacked the translation of “hygiene” as *weisheng* by the Japanese scholars in his work *Weisheng xue yu weisheng xingzheng* (The Study and Administration of Hygiene):

The Japanese people have rashly translated the word “hygiene” as *weisheng xue* [lit.: the study of *guarding life*], which is the origin of the modern Chinese compound *weisheng* ... To translate “hygiene” into the Chinese language, they should have either used *jiankang xue* [“study of health”] or *baojian xue* [“study of preserving health”]. Although the compound *baojian* has not existed in the past, it would be the ideal choice because the content [of hygiene] is to guard health and not at all to guard life. The Japanese scholars of the early Meiji period were addicted to the elegance of sinological studies and therefore wanted to make modern scholarship conform to ancient classical Chinese, which is like “trimming the feet to fit the shoes.” While they may have avoided the ridicule of making up a new term, they assigned the wrong Chinese word to the English word instead. This term has passed through so many hands that it has become incomprehensible (Chen 1934: 2).

By the 1930s, Chen Fangzhi felt that the numerous ongoing discussions on *weisheng* in China diverged greatly from the original sense of the English notion of

“hygiene” and caused serious confusion among the public. He therefore advocated that “hygiene” should be newly defined as *gonggong weisheng* (that is, public health), in order to clearly differentiate this new enterprise from the diversity of personal *weisheng* practices current in China at that time. For Chen Fangzhi, the vast majority of these discussions on *weisheng* constituted careless misunderstandings and misuses, if not kidnapping, of the notion of “hygiene”; as an unfortunate result, they needlessly delayed the development of these new efforts in public health. He saw them as a critical mistake that was in urgent need of rectification, without any inherent positive value or historical significance. Because many historians of public health agree with Chen Fangzhi’s judgment, current historical studies of modern public health in Taiwan and China therefore often focus primarily on the establishment of medical administration by the state and the prevention and control of infectious diseases, but pay little attention to the various ideas and practices of *weisheng* that circulated among the population at large. On the one hand, we thus live in a society where folk medicine, alternative treatment methods, and folk prescriptions for SARS, for example, are widely adopted; on the other hand, though, we know extremely little about the modern history of these popular but not officially sanctioned practices and ideas of *weisheng*. To begin filling in these gaps, the present article looks at these historical phenomena with the serious attention they deserve. It therefore explores the course of events and possible historical significance of these discourses on *weisheng* as they emerged in early twentieth century China.

One major difficulty in the methodology of researching this history lies in the fact that these alternative and indigenous Chinese discourses on *weisheng*, since they failed to meet with the approval of scholars of public health, never received their own specific and exclusive name. Because they attempted to partake of the same name as the Western concept of hygiene, they embarked on an uncertain and treacherous path. Subsumed under the popular term *weisheng*, they may have succeeded in initiating local endeavors that had little in common with the Western notion of hygiene; on the other hand, though, it is more likely that they were pushed out to the fringes of Western-style hygiene, to the point of vanishing into invisibility, as a result of this terminological confusion. Furthermore, how can historians possibly ascertain whether a phenomenon that does not have its own name even really exists? And how should they refer to it?¹

To overcome this terminology-related predicament, this paper begins with what Thomas Gieryn refers to as “boundary work” in the discourse on *weisheng* during the Republican period: I describe conceptions and practices of *weisheng* that the historical actors clearly identified as unrelated to the Western concept of hygiene, as, for example, in the above-mentioned distinction by Chen Fangzhi between public health and personal hygiene. In this context, we must emphasize that it was by no means only biomedical physicians who were able to advance comparisons like this. A large number of practitioners of traditional Chinese medicine and ordinary people at that time engaged in comparative “boundary work” as well, proposing conceptions of *weisheng* that differed from those presumably imported from the

¹ This methodological difficulty carries historical significance and is an issue of great concern in the new field of post-colonial techno-science; see queryAnderson and Vincanne Adams (2008).

West. When we subject these voices to careful analysis, however, this type of comparative “boundary work” frequently turns out to be riddled by problems like oversimplification and essentialism (as, for example, the fact that the Western notion of hygiene also included aspects of personal hygiene). Nevertheless, these discussions do indicate that different forms of *weisheng* were indeed taking shape and co-existed during the Republican period. As scholars, we can use them effectively to shed light on otherwise obscure phenomena of the past. From this perspective, the boundary between Western-style hygiene and other forms of *weisheng* was never a simple straight line but looked more like a polygon, shaped by numerous different concerns and analytical methods. Engaging in direct conflict, mutually enriching entanglement, and “boundary-drawing work” with Western hygiene, the concepts and practices of an alternative, hybrid form of Chinese hygiene gradually took shape. By way of describing this process from a variety of angles, I have found an effective tool by which to approach this alternative hygiene from the late Qing to the Republican period.

First, we have to address the question of what to call this “alternative hygiene.” To the individuals who promoted public health in China at that time, the hygiene that they advocated was, indeed, no different from Western hygiene, and they did not recognize a categorical difference between “Chinese hygiene” and “Western hygiene.” It is therefore, in fact, appropriate to refer to the various conceptions and practices of hygiene that were being introduced to China simply as “hygiene.” Since the Chinese people at that time considered this hygiene to be a kind of universal practice spreading all over the world, I have chosen the term “Chinese-style hygiene” to refer to the alternative and specifically Chinese forms of hygiene that had not been incorporated into (or that positioned themselves outside of) Western-style hygiene. Because this provisional name emphasizes the fact that these discourses had either been expelled from or were never incorporated into mainstream hygiene, the “Chinese-style hygiene” referenced in this paper of course does not include the various governmental institutions and information on hygiene that biomedical physicians promoted in China (Rogaski 2004; Yip 1996). Moreover, to remind the reader that this Chinese-style hygiene at times could be very different from, and even critical of, the various conceptions of Western hygiene, in the following historical discussions, I use the transliterated term *weisheng* to refer to various local visions of hygienic practice. By doing so, I hope to preserve the ambivalent meanings of *weisheng* as used by Chinese people at that time, to prepare for the surprises that arise in the writing and reading of its history. Last but not least, I must emphasize that the phenomena that this article investigates were indeed a historical entity, something that the historical actors themselves positioned outside of “Western hygiene” in their thinking. By calling this entity “Chinese-style hygiene/*weisheng*,” I most certainly am not implying that it was a feature of traditional Chinese culture with an eternal unchanging quality from the ancient past. To the contrary, much of the Chinese-style hygiene, or *weisheng*, was a brand-new creation, a product of the modern age.

The present article attempts to explore these historical phenomena from the following three angles.

Hygiene: In recent years, scholars have launched creative research projects on hygiene in East Asian society including Taiwan, China, Japan, Korea, and

Manchuria.² From the perspective of the Chinese-style *weisheng* described above, one important issue still remains to be addressed, namely, the possibility that the historical activities covered by the term *weisheng* in East Asian societies in the beginning of the twentieth century differed substantially from the meaning of the English term “hygiene”; for this reason, some aspects of the Chinese-style *weisheng* would have become invisible to scholars who un-reflectively followed the framework of a “modern history of hygiene.” This paper attempts to unearth the configurations of these obscure phenomena from the late Qing to the Republican period.

State: The conflict between the new and the old meanings of the term *weisheng* was originally perceived mostly in terms of the dichotomy between personal hygiene and the state's public health and medical administration system. Therefore, scholars have focused primarily on the development of the national healthcare system and state penetration; this type of research often places the state in an antagonistic position toward civil society. Nevertheless, it is a well-known fact that the Nationalist government was quite weak by nature and that the resources and power at its disposal were very limited. Is it not therefore only logical that its achievements in terms of “real hygiene” were less than impressive?³ And faced with the state's limited achievements in “real” hygiene, how are we to understand the profusion of hygiene-related discussions, products, and practices circulating in the society in those same years? Is it not possible that they in fact helped construct alternative links between the state, hygiene, and the individual? Focusing on the links created by hygienic practices, this paper documents a crucial debate over the dual construction of an individual's self-identity on the one hand, and a moral community of hygiene on the other.

Life: As Chen Fangzhi emphasized, “*weisheng* is about guarding health, and not at all about guarding life.” This contrast pointed to the existence of a Chinese-style *weisheng* that was indeed centered on “guarding life.” In that case, what was the specific content of this discourse? At precisely the moment when Western medicine further advanced its focus on the material body in its individual constituents because of the bacteriological revolution, why did the newly emerging alternative *weisheng* in China insist on emphasizing “guarding life” in a holistic sense instead? Or in other words, what kinds of experiences and fears led the Chinese people at that time to feel that their life needed guarding? What exactly were the main perils that threatened their lives? Or yet more pointedly, if this Chinese-style *weisheng* was not limited to the physical body alone, then how did it respond to and mold the new understanding, values, and experiences of “life” (body, mind, thoughts, emotions, desires, livelihood, and illness) at a time when Chinese and Western medicine encountered, confronted, and struggled against each other? The present article will provide some answers to these questions; the complete argument will be presented in a separate

² In addition to the other works cited in the footnotes to this article, this also includes numerous other recent studies as part of an integrated research project on the history of hygiene. These articles are collected in a forthcoming book *Hygiene and Modernity in Chinese East Asia*, edited by Angela Leung and Charlotte Furth, to be published by the Duke University Press. It is worth pointing out that, recently, Korean scholars have joined the study of hygiene and colonial medicine; they organized an International Symposium on Medicine and Modernity in East Asia in 2007.

³ Using Tianjin as an example, Ruth Rogaski has pointed out that the Nationalist Government in the 1930s excelled at “talking *weisheng*,” especially in the context of the New Life Movement, but put almost no efforts into “providing *weisheng*.” Rogaski 2004, pp. 236–240.

article “Why *Weisheng* is not About Guarding Life?” also to be published in *East Asian Science, Technology and Society*.

Following this introduction, the present paper is divided into seven sections: Section 2 investigates the existence of a variety of discourses on *weisheng* in China in the 1930s rivaling Western notions of hygiene. In the third section, I use the writings of Ding Fubao and Chen Guofu as examples to begin analyzing the configurations of this Chinese-style *weisheng*. I demonstrate that, while these men accepted the key role played by microbes in physical hygiene, they nevertheless spared no costs to emphasize the importance of “governing the heart” and of “mental hygiene,” even regarding these aspects as the special contribution of Chinese *weisheng*. In addition, they believed that Chinese *weisheng* with its maxim to “treat illness before it arises” would be able to loosen the expensive ties between the individual and medicine and was therefore particularly suitable for a China in which medical resources were extremely scarce. Section 4 focuses on analyzing a very intriguing article, “repudiating the doctrine of hygiene,” written by the tycoon of the modern textile industry, Nie Yuntai. This section demonstrates that what compelled Nie and other critics to contest modern hygiene—personal hygiene, to be specific—were not just the actual techniques for preserving health but their moral implications, i.e., their effects in the context of the dual construction of self-identity and moral community. Drawing on this discovery, section 5 explains the curious reasons why political leaders of the Republican period, including Sun Yatsen, Chiang Kai-shek, and Chen Guofu, devoted so much energy to the seemingly trivial practices of personal hygiene while leaving untouched the construction of a national system of public health. To conclude, as the contestation over hygiene became closely connected with larger debates about individualism, nationalism, and modernity, critiques of, resistance to, and local visions of hygiene revealed the development of local modernities in China, characterized by alternatives in hygienic practices, selfhood, bodily sensibility, and moral community.

2 Contesting Hygiene

Published in 1908, the novel *Story of Hygiene: A Mirror of the Medical World* (*Weisheng xiaoshuo*: *Yijie Jing* 衛生小說 : 醫界鏡) begins like this: “Westerners have said that we Chinese do not understand the principles of hygiene. Fortunately, our customs and habits have always mandated that we thoroughly cook all foods, whereby we have protected our race for thousands of years. Otherwise we would have been wiped out long ago. Nevertheless, there are numerous aspects of hygiene that we still do not understand. I have written this novel because 400 millions of my fellow citizens day after day come into contact with **microbes** that are harmful to people and, not knowing the rules for avoiding them, fall ill” (Rulin Yiyin 1908: 1).

This paragraph looks like any standard opening remarks, but represents a truly novel way of thinking in China at that time. According to Rogaski's research, the first person to translate Western hygiene-related writings into Chinese was John Fryer (1839–1928), who, at one point, held a position in the Jiangnan arsenal. Fryer translated a number of books with the word hygiene in the title, including *Discussion of Chemistry and Hygiene* (1880) and *Preliminary Studies in Hygiene* (1860). In

spite of the fact that Fryer in the course of translation strongly emphasized the significance of scientific knowledge (especially chemistry), the actual practices of hygiene promoted in his translations were very similar to traditional Chinese practices of health cultivation, focusing on regulating the individual's daily life (Rogaski 2004: 108–115). He not only failed to mention the bacteriological revolution that was spreading like wildfire in the West, but also never even hinted at the fact that the Chinese people might have severe deficiencies with regards to their hygienic habits. By contrast, 12 years after Fryer's *Preliminary Studies in Hygiene*, the introduction to the *Story of Hygiene* manages to show the intimate connection between these two points in a single comment: “In the waning years of the late Qing dynasty, the Chinese people were already aware of the fact that they were ignorant about the principles of hygiene since they were in close contact with microbes without even knowing it.”

The significance of hygiene and microbes is obviously linked to the spread of infectious diseases. As the *Story of Hygiene* pointed out, “In the present year, the population inside and outside the city of Hangzhou has confronted the dreadful disaster of epidemics. The reason for this is that the streets are filthy and vile toxic air is breeding microbes everywhere. As soon as it rains, these microbes are washed into rivers and wells via the irrigation ditches. When people then consume this water and are thereby exposed to large amounts of filth and toxins, epidemics arise. The standard rules of hygiene are hence particularly relevant for epidemics.” (Rulin Yiyin 1908: 54). It was only after the bacteriological revolution that scientists in the West began to emphasize the importance of boiling water before using it as drinking water. Westerners therefore took note that the Chinese people knew absolutely nothing about microbes but still had long followed the hygienic custom of boiling their drinking water (Tomes 1988: 60).

In the above-mentioned novel, the well-doer Zhang explains the six aspects of his “essentials of *weisheng*”: (1) avoiding lack of cleanliness, (2) exposure to sunlight, (3) diligent ventilation, (4) diligent bathing, (5) regular exercise, and (6) choice of food (Rulin Yiyin 1908: 54–57). Among these, two items are directly related to what the author refers to as “epidemic bugs”: “Avoiding lack of cleanliness” is important because “the path taken by epidemic bugs is invariably hidden in such filth, dirt, and dust.” “Exposure to sunlight” because “all types of pathogenic bacteria, microbes, and such things are wiped out as soon as they are exposed to sunlight.” The remaining four aspects focus on taking care of the physical body, in a way that equates the body with a machine (Fig. 1). Lastly, looking at the input and output of the machine, Zhang's “essentials” also emphasize quantitative information, namely, the amount of available oxygen (3, “diligent ventilation”) and the speed with which the various foods are digested (6, “choice of food”).

The six items in these “essentials of *weisheng*” are thus built to a large extent upon the notions of epidemic bugs and the body as a machine. By contrast, we find almost no traces of traditional hygiene and health cultivation practices. Nevertheless, in one very important aspect, these six essentials of *weisheng* still differed greatly from Western-style hygiene: In spite of the fact that this plan targeted epidemic diseases, it failed to mention any kind of public health measures, and its methods were exclusively directed at individual habits of daily life. Well-doer Zhang in the novel was able to understand that epidemic diseases required a novel type of *weisheng* and that the prevention of epidemics required people to take excellent care

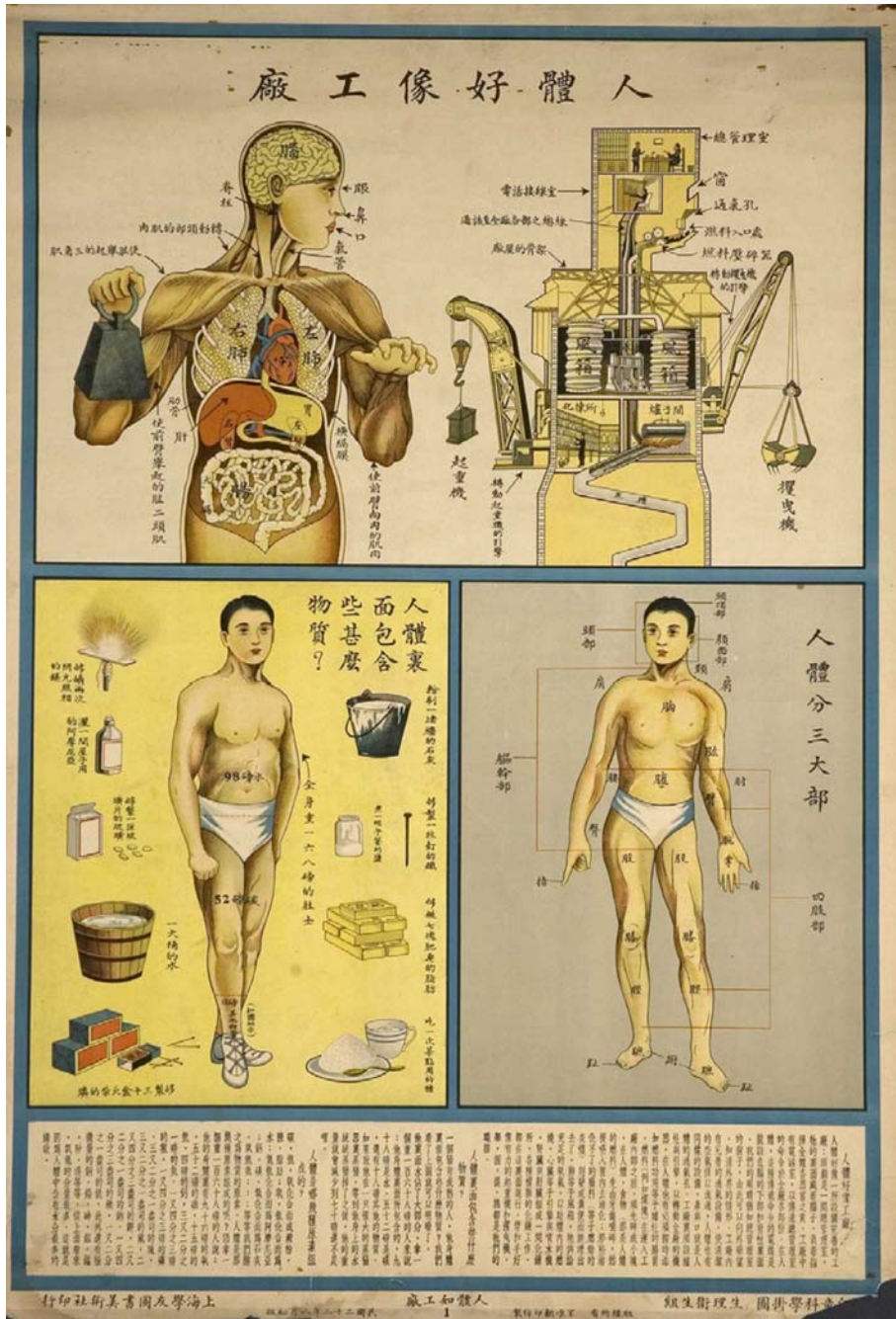


Fig. 1 Human body as machine (Shanghai, 1933)

of the machine that was their body, in order to prevent the invasion of epidemic bugs, but his discussion was still limited to personal hygiene. Left un-discussed was the crucial question of how the governmental authorities could get involved in this novel endeavor.

By contrast, the aspect of modern Western hygiene that had most impressed early Japanese thinkers like Nagayo Sensai was exactly this point, namely the organized manner in which government became involved in people's health maintenance. According to Nagayo Sensai's own account, it was only after he had taken part in the famous Iwakura Mission 岩倉使節團 to visit Europe (especially to Germany) in 1871, that he fully understood the true meaning of hygiene. In fact, he described it as a "special type of governmental structure in charge of citizens' healthcare." "This kind of enterprise in healthcare had never been given a name in East Asia and was moreover a completely new undertaking." Only after recognizing the key role played by governmental administration did Nagayo Sensai coin the new term *weisheng* to emphasize the fact that *weisheng* was a task of defense at the national level.

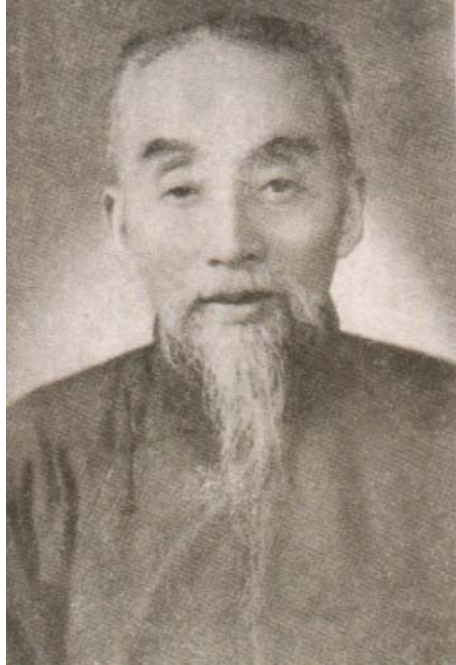
By the time of the late Qing to early Republican periods in China, *weisheng* had already become a rather popular new term, and a lot of people frankly acknowledged that the Chinese people were shamefully deficient in their practices of hygiene. Nevertheless, many of these Chinese discussions hardly mentioned the governmental healthcare system at all, in sharp contrast to the purpose of Nagayo Sensai's translation of hygiene as *weisheng*. No wonder that Chen Fangzhi in 1930 severely criticized Nagayo Sensai's choice of *weisheng*, a term that he had unearthed from the ancient philosophical text *Zhuangzi*, as an unsuitable translation of "hygiene." In Chen's eyes, because of this inadequate translation, the Chinese people had failed to understand that "hygiene" was in fact a novel undertaking that had not previously existed in Chinese culture.

To stress the difference between this modern hygiene and traditional Chinese methods, Chen Fangzhi emphasized the contrast between public health and personal hygiene. In other words, Chen Fangzhi recognized the existence of a Chinese discourse on *weisheng* that was related to the Western notion of hygiene but at the same differed greatly from it. After equating Chinese *weisheng* with personal hygiene, Chen Fangzhi never bothered to mention its existence again.

3 Chinese-Style Hygiene

The prolific translator Ding Fubao 丁福保 (1873–1950, Fig. 2) is a key figure in the history of *weisheng* in China because he incorporated different indigenous elements like Chinese medicine, *yang sheng* ("nurturing life," i.e., Chinese health cultivation practices), and Buddhism into the concept of hygiene, which he helped introduce into China. As a master of medical translation in the late Qing and early Republican period (Ma et al. 1993: 450–455), Ding translated and authored an abundance of books with "hygiene" in the title, such as *Questions and Answers on Hygiene* (*weishengxue dawen*), *A Primer of Hygiene* (*mengxue weisheng jiaokeshu*), *Guide to Hygiene* (*weisheng zhinan*), and *Explaining Empirical Hygiene* (*shiyuan weishengxue jiangben*), even selling products from the *Ding Family Hygiene Pharmacy* (*Dingshi*

Fig. 2 Ding Fubao 丁福保
(1873 - 1950)



jiating weisheng yaoku) through mail orders. In the preface to his book *Questions and Answers on Hygiene*, which was published in 1902, Ding Fubao asked the rhetorical question, “What do we mean by the study of *weisheng*?” and answered himself, “The method of protecting and nurturing the body is what we call the study of *weisheng*” (Ding 1902: 1). Making his meaning very clear, he prominently exposed the importance of the body in this context. When analyzing the “guiding principles of *weisheng*,” however, he pointed out:

Regarding the functions of the viscera and bowels and channels and network vessels, you should know these cursorily; the recommendations and taboos regarding food and drink and your daily life, though, you must study [in depth]. Humans are engaged in an all-day fight against microbes, which is a most remarkable struggle for life. If you use your mind too much, the brain will develop more quickly, but the muscles and tendons will not be able to withstand hard work. Therefore, physical exercise and “governing the mind” should both be valued equally. As the *Suwen* (“Plain Questions”) states, “The Sage does not treat existing disease but treats disease before it arises; he does not govern what is already disordered, but governs what is not yet disordered. This is what this means” (Ding 1902: 1).

With conciseness and force, these sentences convey Ding Fubao's basic position on *weisheng*. At the same time, the three factors that he mentions here, namely, “microbes,” “governing the mind,” and “treating disease before it arises,” also directly comprised both the basic understanding and the focus of debates around hygiene in the Republican period.

3.1 Microbes (*weishengwu*) 微生物

From the structure of the book as a whole, we can see that a new mentality of *wei* (“guarding”, i.e., defense) had arisen, based on the new knowledge that there is “all-day fight between humans and microbes.” The people of China needed this new knowledge before they could possibly comprehend that their lives were in danger even though they were not aware of any symptoms. It was in light of this new knowledge that *wei* (“guarding”) became necessary. In Ding Fubao's eyes, however, the Chinese people were not only lacking the latest information on microbes. To make matters worse, because of Chinese traditional medicine, their minds were full of errors. The *Questions and Answers on Hygiene* quotes the following allegation, made by the American physician Dauphin William Osgood: “The deficiencies and mistakes found in discussions of the skeleton, internal organs, and the circulation system in Chinese medical literature are too many to enumerate” (Ding 1902: 18). Hence, Ding proceeded to propose four reasons for his judgment that Western medicine was superior to Chinese medicine.⁴ From Ding's point of view, if people were unfamiliar with the most current information in modern medicine, they would not be careful to protect themselves against microbes, which were invisible to the human eye. Likewise, if they were ignorant of the fact that the human body needed a certain amount of oxygen for respiration, they would be less likely to pay attention to the importance of maintaining good ventilation indoors.

Therefore, hygiene was a sort of new consciousness formed on the basis of modern scientific knowledge from the West, with special emphasis on information about microbes and epidemic diseases. In this specific point, the *Questions and Answers on Hygiene* from 1902 and the *Story of Hygiene*, which was published 6 years later, were quite similar. In fact, from the late Qing period to the 1930s, Chinese doctors received their fill of attacks because of the inadequacy of their knowledge regarding epidemic prevention (*fang yi*). During the 1910 outbreak of the plague in Manchuria, Chinese doctors who participated in epidemic prevention not only transmitted the plague to 250 patients who came to seek treatment, they themselves suffered a mortality rate of more than 50%, while the mortality rate among Western physicians was only 2% (Benedict 1993, 70–71). As a result, when the government subsequently formulated the “Regulations for Chinese Medical Practitioners,” it emphasized the need for Chinese medical practitioners to receive training on contagious diseases and disinfection (Anonymous 1928, 72). In 1929, Yu Yan 余巖 (1879–1954) issued his famous proposal to “abolish the old medicine in order to sweep away all hindrances to medicine and public health”; this proposal unintentionally caused the rise of the National Medicine movement and initiated a decade-long struggle between practitioners of Western medicine and practitioners of traditional Chinese medicine (Lei 2002). As one of his four main reasons why the government should abolish Chinese medicine, he cited the fact that Chinese medicine was ignorant of the germ theory (Chen 1985: 267). After this controversy, the Institute of National Medicine (*guoyiguan* 國醫館) announced in 1933

⁴ (1) The ancient Chinese books are full of fantastic and absurd content. (2) When patients in China die, the physician is unable to examine the corpse by autopsy. (3) Because Chinese people view medicine as a lowly craft, intelligent talented people disdain it as a profession. (4) Medical practice is in China generally just a way to make a living, so practitioners are unable to travel all over for research (Ding 1902, p. 80).

in its “Outline of the Standards for National Medicine and Herbs” that *weisheng* was included among the basic disciplines of Chinese medicine. This document stated that *weisheng* as a medical discipline “can take the quintessence of our country’s indigenous *weisheng* and develop it to its fullest potential, while at the same time incorporating modern hygiene practices and epidemic prevention methods” (Deng 1999: 161). In the following year (1934), the “Rules for Examination and Certification in Chinese Medicine” by Jiangsu Province furthermore stipulated that, among 14 subjects of choice, *weisheng* was one of the four mandatory subjects (Anonymous 1934: 868–70). These examples show that, after the debate between Chinese and Western medicine in the 1930s, even advocates of Chinese medicine agreed that they had to take hygiene very seriously because of its role in epidemic prevention if they wanted Chinese medicine to be used as part of the national healthcare system.

3.2 Governing the Mind (*zhi xin* 治心)⁵

Like the *Story of Hygiene*, the *Questions and Answers on Hygiene* “pursued methods of caring for the body.” Furthermore, its view of the body was influenced just as profoundly by Western mechanistic discourse. Regarding the relationship between body and mind, Ding Fubao certainly did not live in a traditional world where body and mind formed a simple integral whole. He regarded the body as a machine and also acknowledged the separate existence of body and mind and the superiority of the body in its material aspects as the logical conclusion of Descartes’ mind–body dualism. Nevertheless, Ding did not cling obstinately to this dichotomy. To the contrary, he stressed emphatically that a connection with countless links did in fact exist between body and mind, as separate as they were. He stated that the use of the mind directly affected the body and that “if you use your mind too much, the brain will develop more quickly, but the muscles and tendons will not be able to withstand hard work” (Ding 1902: 1). In his book, he answered his own rhetorical questions, “who discovered the phenomenon that thoughts and the body are related?” and “is it correct to say that the mind can create illness?” in this way: “Saying that the mind can create illness is extremely correct” (Ding 1902: 46). On the one hand, these two questions demonstrated that his thinking was certainly based on the Modernist framework of the mind–body dichotomy. On the other hand, though, he did not hesitate a bit to answer his question affirmatively. This stance allowed him to confidently stipulate the crucial role of “governing the mind” in maintaining one’s physical health. In the book *Methods for the Prevention of Tuberculosis* (*Feilaobing yufang fa* 肺癆病預防法), Ding Fubao again included a separate chapter on the “Ancient Meaning of *Weisheng*” This chapter contains lengthy excerpts from the ancient *weisheng* texts, dividing them into the categories of general theories, cultivating the mind, moderating desires, food and drink, and gymnastics. These categories show that the object of Ding’s *weisheng* was never the material body detached from the mind and desires.

To the contrary, Ding Fubao’s *weisheng* emphasized the notion of “governing the mind” (*zhi xin*) and included the teachings on *weisheng* from China’s ancient past. At

⁵ For ease of reading and greater clarity, I have translated the Chinese *xin* throughout this paragraph with the English “mind,” but the reader should be aware that the original meaning of *xin* is “heart.” A later section will discuss the rationale for this, given by Ding Fubao himself.

the time of Ding's writing, this *xin* (lit. “heart”) that was the object of *zhi xin* was right in the midst of an intense transformation. The fact that, in biomedicine, the brain had assumed the function of governing thought, which had traditionally been ascribed to the heart in Chinese medicine, was one of the highly controversial topics in Chinese and Western theories of the body. Ding Fubao immediately emphasized in the chapter “On Governing the Mind”: “To tentatively follow the old theories, [I use] the word *xin*. In fact, though, the thoughts are issued forth from the brain” (Ding 1902: 46). To emphasize the close link between the body and the mind, Ding Fubao invested a great amount of curiosity and discussion on the brain, which had recently taken over the role traditionally played by the heart.⁶ In conclusion, Ding Fubao's notion of *weisheng* emphasized knowledge of microbes and criticized the profusion of errors in anatomical knowledge that were found in Chinese medicine. But while he accepted the Western framework of body–mind dichotomy, he still stressed the many ways in which the mind influenced the body. Thereby he affirmed the value of the “ancient meaning of *weisheng*” in China and of the practice of “governing the mind.” Lastly, he also attempted to find physical mechanisms in the rising science on the brain and nerves that could support this knowledge from Chinese medicine. Ding Fubao's *weisheng* was therefore neither Chinese nor Western, but was a newly crafted combination of the two medical systems. And his approach of looking for the “material foundation” of Chinese medical concepts in the emerging scientific developments turned out to be a strategy used over and over again in the later history of Chinese medicine in the twentieth century.

3.3 “To Treat Illness Before it Arises” (*zhi wei bing* 治未病)

The key organizing principle throughout Ding's book is the maxim “to treat illness before it arises.” The distinction between the prevention and treatment of disease is precisely the demarcation point between the two parts of the *Questions and Answers on Hygiene*. It is not until the second to last chapter on “Superficial Principles for Curing Illness” that Ding arrives at this second aspect of medicine, i.e., the treatment of disease. Thus, we know that it was obviously not an important concern in the *Questions and Answers on Hygiene*. In this specific point, the practices and ideas on *weisheng* during the late Qing and early Republican periods continued to follow the original Chinese tradition of “nurturing life.” Xie Liheng (1880–1950) also emphasized this point in the chapter on “The Method of Nurturing Life” in his book *On the Origin and Development of Medicine in China* (*Zhongguo yixue yuanliu lun*). Regarding the practice of “nurturing life” in China, he pointed out that “it was originally intended as a warning to patients, rather than being aimed at those who regarded themselves as physicians” (Xie 1970: 51).

Given that hygiene was a tool for treating illness before it arises, the chronically ill Chen Guofu (1892–1951), a long-term political ally of Generalissimo Chiang

⁶ In fact, the interest in the brain and nerves was an important phenomenon of the late Qing medical culture in the interaction between China and the West. For the history of the term *naoqijin* 腦氣筋 (“nerves”), see Hugh Shapiro, “What Changes When Words Change: Nervousness in Modern China,” unpublished paper presented at the Workshop on Techno-science, Medicine, and Society (*Kexi, yiliao yu shehui gongzuofang* 科技、醫療與社會工作坊), June 17, 2002, at Tsinghua University.

Kai-shek (1887–1975) and strong supporter of traditional medicine, believed that hygiene could provide a solution for the “problem of medicine in China.” In the preface to his book *The Way of Hygiene* (*Weisheng zhi dao*), he stated in the very first sentence: “In the past, when China had adopted a closed-door policy, no problem of medicine existed here.” The rise of modern Western medical science in China, though, created a severe “problem of medicine in China,” the most pressing aspect of which was the “socioeconomic problem of a lack of resources for medical treatment” (Chen 1942: 1). In light of this national crisis, Chen suggested that *weisheng* should focus on helping people to avoid falling into a state of disease where they needed medical resources. Chen Guofu pointed out:

Because medications are too expensive, people who have fallen ill cannot afford them. Furthermore, they cannot afford to visit a doctor either. But of course we cannot just allow things to run their course and wait for the arrival of death. Thus a pressing need exists to think of ways to solve this problem. And the way to solve this problem is extremely easy: We just have to increase general awareness of *weisheng* so that everybody understands the way of *weisheng*. Then people will avoid falling ill in the first place, and the connection between medicine and people's lives will gradually become looser and looser. Regardless of whether the price of medicine is expensive or not, since this does not affect the daily lives of the majority of people, they will naturally be indifferent to the grave panic associated with medicine (Chen 1942: 2).

Seen in this sense, *weisheng* was no longer the special monopoly of physicians, but exactly the opposite: it became the antithesis of the medical profession, namely, an important tool for the individual's self-protection. Perhaps due to similar factors, numerous Japanese products at that time claimed to have *weisheng*-related functions (Johnston 1995), and the product catalog of Shanghai's Wuzhou Pharmacy was called “Guide to *Weisheng*” (Wuzhou Pharmacy, 五洲大藥房 1919). Ding Fubao also had a “Ding Family *Weisheng* Pharmacy” that targeted sales to individual consumers.

The Way of Hygiene not only caused the “connection between medicine and people's lives to gradually become looser and looser,” in Chen Guofu's imagination, it also allowed the Chinese state and its citizens to have a completely different relationship with hygiene from that of Japan. Chen Guofu's “Ten Principles of *Weisheng*” exclusively addressed matters of personal hygiene, and he furthermore advocated the selective advancement of indigenous habits of *weisheng*. Subsequently, Chen wrote a *Calendar of People's Daily Life* (*Guomin shenghuo li*), in which he enumerated in minute detail what the population should do for every one of the 365 days of the year. Among these instructions, we find a large amount of *weisheng*-related content. Chen tried to comprehensively utilize seasonal advice that had hygienic value with the intention of fashioning a “new way of life” for the people. As he stated directly, “This type of activities (that is, *weisheng* advice that matched traditional Chinese seasonal advice) is not only extremely economical but moreover already widely popular, and much better than the Japanese way of using the threat of police detention to force the population to clean and sweep on different days of the month” (Chen 1977: 19). Without the power of the Japanese police and faced with the problem of lacking medical resources, Chen Guofu had no choice but to utilize personal hygiene and indigenous customs related to *weisheng*. In view of this

situation, the “way of *weisheng*” that Chen Guofu recommended for individuals to orient themselves by was aimed not at counteracting the state's public health measures and the national healthcare system. Rather, he expected that personal hygiene was able to solve the problem of the nation's healthcare panic. In discussions on hygiene policy by the Nationalist government, Chen Guofu's voice of course did not represent the mainstream, but the facts that he pointed out were a problem that the Nationalist government could not avoid dealing with (Yip 1996). In the West, the modern state apparatus grew and developed hand in hand with public health, but the KMT government of 1930 still placed its hopes into utilizing mass movements to reform the personal hygiene habits of its population. Given the fact that the Nationalist government, having pledged to pursue modernization, had no choice but to rely heavily on personal hygiene, it is no wonder that Chen Fangzhi realized how widespread the notion of personal hygiene really was.

Looking at the actual practices of Ding Fubao and Chen Guofu's *weisheng*, their advice did not limit itself to the body alone, but also included regulating the “thoughts, emotions, and desires.” When Chen Guofu drew up the “Ten Principles of *weisheng*,” he included admonitions to “correct thinking, balance the seven emotions, and regulate the desires.” He further emphasized that “the ten principles explained above break with the convention of the past to only talk about physical hygiene. They are a kind of exploratory effort to place physical hygiene and mental hygiene on equal footing.”⁷ If we situate Ding Fubao's “governing the mind” and Chen Guofu's “mental hygiene” in the context of the Western history of hygiene, their emphasis on psychological factors certainly stands out. According to Andrew Wear's research, it is clearly incorrect that personal hygiene was unknown in the West. The tradition of Western hygiene can be traced back to Hippocrates and went through a great many changes in Western history. Before the rise of public health in the nineteenth century, European “hygiene” and Chinese “nurturing life” were in fact marked by a great number of similarities, both of them being methods for the individual to avoid falling ill. It is only after the rise of public health in the West that the content of “hygiene” underwent a major change. As Andrew Wear puts it, “Today, hygiene means cleanliness, and has a narrower scope” (Wear 1993: 1283).

While the range of concerns in Western hygiene certainly became narrower, it did not ignore personal hygiene either. As Nancy Thomas has pointed out, even after the explosion of interest in public health movements and the germ theory, the American people were still interested in practicing personal and domestic hygiene, adopting many innovations in their living environment, architecture, and utensils (Tomes 1988, 1990). In the Chinese discourse on hygiene in the early years of the twentieth century, an extremely similar discussion revolved around the debate on “letting the wind blow through the house” (*jushi tongfeng*, i.e., ventilation). Proponents of domestic hygiene believed that “in bedrooms, there must be enough air for each inhabitant to dilute the exhaled spent air.” Therefore, they emphasized opening windows wide for ventilation. Traditional Chinese culture, however, believed that “wind is the chief of the hundred diseases,” and that proper hygiene advocated

⁷ The “Ten Principles of Hygiene” include “bathing in sunlight, ventilation, caution in food and drink, emphasizing neatness, regular physical labor, good rest, a suitable environment, correct thought, balancing the seven emotions, and moderating cravings and desires.” See Chen (1942, p. 32).

“closing the windows to avoid wind” (Hu 1934: 61). So regardless of whether we look at it from the perspective of a historical comparison (prior to the nineteenth century vs. modernity) or a cross-cultural comparison (West vs. China), the contrast between public health and personal hygiene seems too rough and simplistic. Both before and after the rise of the germ theory, personal hygiene existed in the West, but its objectives certainly narrowed afterwards. In the words of Tomes, after the rise of the germ theory, personal hygiene in the West became “the gospel of germs,” focusing on personal and domestic germ-prevention and cleanliness. Psychological factors were consequently pushed to the periphery of its vision.

Compared to the neglect of this “gospel of germs” for psychology and the emotions, it is not surprising that Chen Guofu took pride in having established the concept of “mental hygiene” as his personal creation.⁸ Nevertheless, if we consider Chen Guofu's notion of regulating “thoughts, emotions, and desires” in the tradition of Chinese *yangsheng*, the “mental hygiene” that he promoted turns out to be the standard response of contemporaneous Chinese doctors to the age of hygiene. In the “method for nurturing life” (*yangsheng fa*) in his book *On the Origin and Development of Chinese Medicine*, Xie Liheng suggested: “In their methods for healthcare, the ancient sages primarily paid attention to psychology. The descriptions in the ‘Treatise of Heavenly Truth from Remote Antiquity’ (*shanggu tianzhenlun* 上古天真論) and three other *Suwen* 素問 chapters are the earliest ancestors of the methods for nurturing life. The later sages followed these and likewise gave priority to purifying the soul, with no regard at all for changes in the material world outside” (Xie 1970: 50).

Hence, we can see that Chen Guofu and Ding Fubao both followed the tradition of *yangsheng* in emphasizing psychology. For these modern writers, though, the specific effects of cultivating the mind unfolded in the material body. The most concrete example of this modern twist is Ding Fubao's emphasis on the health benefit of laughing. In his summary of the “Ten Essential Rules of *Weisheng*,” the ninth is cultivating the mind: “Among a person's normal emotional responses, hardship causes grieving while joy causes laughing. Everybody knows that sorrow is extremely harmful to people. What people don't know, though, is that happiness is most beneficial. Today, research by scholars in the natural sciences has shown that joyous laughter is able to supplement the brain, activate the tendons and muscles, ease the body's constructive and defensive functions, and disperse food stagnations. Joyous laughter can bring about many more [health benefits] than taking medications” (Ding, 1908: 2). For Ding Fubao, cultivating the mind and joyous laughter hence were valued not for the sake of their psychological benefits but for the tangible physical effects that they helped generate.

Whenever Ding Fubao promoted this perspective, he stressed that “the health benefits of laughter” were new, previously unknown information. In contrast to the traditional Chinese medical notion that “the seven emotions cause illness” and the pathology of a “laughing disorder” (Li, 2004),⁹ this move by Ding Fubao amounted

⁸ It was surely not the case that Chen Guofu established the concept of mental hygiene. To say the least, Clifford Whittingham Beers (1876–1943) founded the National Committee for Mental Hygiene in the United States in 1909. Besides, the Chinese Association for Mental Hygiene was established in Nanjing in 1936, although “it did not received passionate and enduring supports from the society,” suggested by one of its leader. See Wang (2008).

⁹ I would like to express my gratitude to Jender Lee for sharing an unpublished manuscript of this article at the earlier time.

to an attempt to fundamentally elevate the general attitude of the Chinese people toward joy. On the basis of this scientific knowledge, he went on to complain that “nowadays people are too staid and serious; they often prohibit children from laughing in joy” (Ding 1902: 48). As revealed in this incidence, the debate on the appropriate modes of childrearing was no longer shaped by the moral concerns of cultivating the personality, but by the new knowledge of health and hygiene. At this point, we can discern two apparently contradictory but, in fact, complementary phenomena. On the one hand, Chinese *weisheng* did not limit itself to preserving the health of the body but included the notion of regulating “thoughts, emotions, and desires.” For this reason, a large amount of traditional philosophy of life, Daoist thinking, and practices of self-cultivation was incorporated into the concept of *weisheng*. The most revealing example of this approach is a book published in 1925 by Yang Suixi called *Required Readings in Hygiene (Weisheng bi du)*, in the preface of which he clearly acknowledges: “Confucians speak of *xiu shen* 修身 (cultivating the body) and not of *yang sheng* 養生 (nurturing life). Daoists speak of *yang sheng* and not of *wei sheng* 衛生 (guarding life). Physicians speak of *wei sheng* and not of *xiu shen*.” But in reality, he stressed, these three shared the same origin and furthermore supported each other. Although they all taught similar lessons, “if people are instructed in the language of the Confucians, they will be tied down by this conventional talk about morality and mostly resist it, but if they are instructed in the language of medicine, they will respond with fear for their lives and therefore mostly be happy to follow it. ... For this reason, the concerned gentleman often avails himself of medicine to help the people” (Yang 1925: 6). No wonder that, at a time when the value of the body and of health had just been elevated substantially due to the influence of Western medical hygiene, so much “conventional talk about morality” re-fashioned itself as medical instructions with concrete health benefits.¹⁰ On the other hand, though, those aspects of philosophy and self-cultivation that had been absorbed into hygiene ran the risk of losing their independent value and, thus, were reduced to the status of tools in the service of physical health.

4 Matter, Emotions, and Identity in Hygiene

Up to this point, the Chinese-style hygiene that I have been describing appears to have delighted in absorbing the new information from the West. There was, however, one point on which the two medical systems of China and the West were truly incongruent during the Republican period, namely, their different interpretation of “matter” (*wuzhi*). In the eyes of the Chinese, the special characteristic of Western hygiene was precisely the profound understanding of “material” factors. In his preface to the *Study and Administration of Hygiene*, Hu Shi (1891–1962), arguably the most famous intellectual during the Republican period, pointed out that the key point in the “new view of human life behind the new hygiene policies” advocated by

¹⁰ In Yang Suixi's preface, he points out that his *Required Readings in Hygiene* was, in fact, “stolen from Zhang Guanying's 鄭觀應 book on *weisheng*, and after considering benefit and harm, published for the world.” (p. 7) The *Required Readings in Hygiene* thus comes directly from Zheng's *Zhong wai weisheng yaozhi* 中外衛生要旨 (Key Points in Chinese and Western Hygiene) published in 1890. See Rogaski (2004, pp. 204–216). I would like to thank Ruth Rogaski for sending me a copy of Zheng's book.

people like Chen Fangzhi was the notion that “survival or death from disease was not determined by fate but by material causes” (Chen 1934: 1). Even people with a preference for traditional medicine agreed that Western hygiene was superior in the material realm. The Chinese physician Wu Xihuang, for example, pointed out in the preface of his *Lecture Notes on the Study of Weisheng*: “The modern teachings imported from the West are restricted to the unessential aspect of material form. Therefore, we do not call them *daosheng* 道生 (‘way of life’) but call them *weisheng*” (Wu 1985: 1).

In light of this difference in the appreciation of material factors, a fascinating new standpoint was expressed in an article with the provocative title “Repudiating the Doctrine of Hygiene” (*Tuifan weisheng xueshuo*). Its author, Nie Yuntai (1880–1953, Fig. 3), was a tycoon in China's modern textile industry and the grandson of Zeng Guofan 曾國藩 (1811–1972), an eminent Chinese official and Confucian scholar who helped suppress the devastating Taiping Rebellion (1850–1864). Nie was among a handful of new-style entrepreneurs; he had held the position of factory director in China's largest private cotton mill (Hengfeng Cotton Mill) and, in 1920, become president of the Shanghai General Chamber of Commerce, the largest modern business association in China. Mr. Nie never left the country to study abroad, but because his father had long been employed at the Jiangnan Arsenal, he had been able to study English with the wife of John Fryer, had taught himself mechanics under the guidance of the foreign engineers at the arsenal, and even

Fig. 3 Nie Yuntai 聶雲台 (1880–1953). A liberal entrepreneur and a tycoon in China's modern textile industry



translated *Hertz' Study of Radio Waves* (*Heshi wuxiandian xue*). In many senses, Nie could be considered a representative figure of Chinese modernity.

In 1924, Nie converted from Christianity to Buddhism. According to his own account, Nie had long been a person who “worshipped science and spurned the old theories.” At one point, he recovered from an illness with the help of Western hygiene and, from then on, “bathed in sunshine, bathed in fresh air, bathed daily in fresh water, consumed a diet with strict proportions of starches, fats, and proteins, always slept with a window open, and practiced gymnastics and recreation. In acting like this, I was always sincere and strict” (Nie 1931: 1). But after being deeply committed to Western hygiene for a long time, he realized “the drawbacks of science in overemphasizing matter and overlooking the spirit, and that those who do not understand psychology are ill equipped to speak of physiology” (Nie 1931: 1). Nie Yuntai by no means denied that Western hygiene could help in preventing disease. What he called into question was the huge price tag associated with the pursuit of Western-style hygiene, and whether these costs were truly worth it in comparison to the expected benefits.

Nie Yuntai developed five closely related arguments against Western-style hygiene. First, he stated on the basis of his personal experience and the story of Max Joseph von Pettenkofer (1818–1901), who did not get infected even though he purposely drank a cup of water contaminated with cholera bacteria, “Whenever we speak of hygiene, we should not attach too much importance to it. Matter is not really that important to hygiene. Therefore, if you attach too much importance to material factors, adverse effects will result” (Nie 1931: 1). “Secondly, if the key to hygiene indeed lay in material factors, we should have really considered the material and economic conditions that were necessary for the pursuit of hygiene. But once we pondered these, we could clearly see that it was impossible under the present conditions in China to make available the supposedly universal equipment of hygiene to every Chinese family. While modern hygiene is supposed to be a set of practices that benefits everyone, in the foreseeable future there is no way to make these practices universally affordable for the entire population of China”.¹¹ By prioritizing the material conditions essential for the pursuit of hygiene, Nie demonstrated that the so-called “universality” and “necessity” of hygiene amounted to blaming the victims for being unable to afford the necessities of the modern hygienic lifestyle.

As soon as the political economy of hygiene was confronted, the obsessive pursuit of the material conditions necessary for hygiene revealed a self-centered person who did not mind distancing himself from his fellow citizens.¹² Even worse, insisting on pursuing hygiene in an environment where the socio-economic conditions could hardly sustain it, this person would by necessity end up being

¹¹ To quote Nie Yuntai literally, “Now the ignorant masses generally speaking don't know a thing about hygiene. In addition, the various new types of equipment like bathrooms with toilets are not something in their reach. If such equipment is necessary for *weisheng*, then I may have the power to safeguard my life, but what about the life and health of the majority of the population? If I am callous and unconcerned, and only my own life is safeguarded, the effect can certainly not be what I expected.” Nie 1931, p. 3.

¹² “Whenever people who had studied abroad were contaminated with the bad habits of the Western countries, their mouths filled with words stating that everything in China was inferior in terms of the people, and their minds filled with blame that the everything in the home was inferior in terms of methods. And what they saw as least compromisable was sanitary equipment. Sanitary Equipment, *Modern Convenience*.” Nie 1931, p. 3.

antisocial, and this type of antisocial behavior was in itself enough to cause disease. To illustrate this point, Nie gave an example at the end of his article:

I recently heard that a certain gentleman is very concerned with cleanliness. He won't share meals with other people. If he attends a banquet, he will not eat anything that others have already touched with their chopsticks. Therefore he cannot dine with other people unless it is a Western-style banquet. People say that he suffers particularly often from health problems because he over-emphasizes nurturing the body and neglects nurturing the heart. (Nie 1931: 4)

It is worth mentioning here that, while this gentleman sounds shamelessly egocentric, his behavior was very much in line with suggestions popularized by some health experts. Addressing this difficult dilemma of having to take dishes from the common plate but thereby risking infection with tuberculosis, Ge Chenghui (1891–1970), a pioneering female doctor who had graduated from Yale Medical School, suggested:

The only method of self-defense is to shamelessly take a spoonful of food from each dish and never take another dip into the common plate once anyone else has touched it. We have no choice but to adopt his method of self-defense. If we do it skillfully, and only moments before other people take their bites, very often other people will not take notice of our lack of table manners. (Ge 1953, 100)

Since this strategy was effective only for the person who collected his or her food before everyone else, it is an understatement to call this behavior a method of self-defense. It was really a very self-centered, antisocial behavior. Dr. Ge was fully aware of this moral implication; still, what she wished for was that no other guest would notice.

Keenly aware of the strangeness of this behavior, people considered this to be the reason why the above-mentioned gentleman suffered from poor health. The implication of this episode is clear: "Obsession with cleanliness" was not only an antisocial habit, but in terms of its actual effect, it did not "guard life" either. Therefore, the obsessive pursuit of hygiene could very easily not be worth the effort. To take air quality as another example, when a person became obsessed with fresh air, "if they are ever in a place without an adequate supply of fresh air, they will invariably worry and fret, which creates illness" (Nie 1931: 1).

To summarize, Nie Yuntai's arguments against hygiene consisted of five points: First, while material factors did have a beneficial role in hygiene, they were not a truly decisive, indispensable factor. Second, under the economic conditions in China at that time, it was impossible to universalize the living environment which was necessary for implementing the supposedly universal concepts of hygiene. For this reason, hygiene should not be considered a universal value, without consideration of the price that one had to pay to pursue it consistently. Third, if every person were to obsess about pursuing these types of material conditions, it would bring to the fore each person's selfish disregard for the common welfare. Fourth, if one obsessively pursued hygiene to the point of disregarding the material constraints, this endeavor caused tension between the individual and others and thereby harmed social relations. Fifth, once this obsessive pursuit was made impossible by whatever factor, the resulting psychological anxiety became a pathogenic force itself. To repudiate

the materialistic focus in the Western doctrine of hygiene, Nie Yuntai's arguments in one stroke linked together the six subjects of matter, economics, ethics, society, psychology, and disease. In light of these arguments, each individual's adoption of different styles of "hygiene" was not at all simply a matter of choosing different tools to protect the body's health. To the contrary, the choice of a particular style of hygiene reflected the individual's economic status, social relations, ethical conscience, and personal identity.

From Nie's perspective, given the economic conditions in China at that time, people who obsessively pursued the materialistic hygiene of the West were far from being the awakened, modern civilized people envisioned by the proponents of this hygiene. Much to the contrary, the pursuit of this type of hygiene was a vile habit that caused people to despise their fellow citizens and harm themselves. Put even more strongly, this indiscriminate pursuit of hygiene was itself a disease cause and disease state, namely, a "morbid addiction to cleanliness," *jiēpi*. Nie Yuntai describes how he awakened from the obsessive pursuit of hygiene:

In the past, I used to also suffer from this morbid addiction to cleanliness and any number of vile habits. In recent years I have started considering issues like world economics and people's livelihood, together with each individual's happiness, desires, and life. Blending all of these factors together, I have studied them over and over and realized that my own enjoyment is always inseparably tied to the happiness of others. Therefore in all my actions and desires I must take the masses into consideration. I love cleanliness and I love nutritious foods. It is said that these are absolutely necessary in order to guard life. Now if the majority of people are unable to afford this level of cleanliness and nutrition, do I alone enjoy cleanliness and nutrition to guard myself? What about the life of all others who lack the resources to do this? If we take these factors into consideration, then we can gradually change all sorts of self-centered vile habits. (Nie 1931: 3)

Brimming with sympathy and compassion, Nie presented a paradox: The reason why he opposed Western-style hygiene was ultimately for the sake of society and the masses. Take for example a person faced with the situation of having spilled food on the table. The person has two options in terms of "*weisheng*": He can either "not pick it up and resume eating, out of fear that it will be detrimental to hygiene as well as harm his manners." Alternatively, he can "cherish this food in spite of the fact that it has been soiled. This means that he is able to live simply and frugally while thinking of the benefit for the masses." The connection between hygiene and society thus was not necessarily only expressed in a country's public health measures. As revealed in Nie's confession, even the acts that appeared to be an individual's most personal choices were connected to a most sociological imagination about how a person related to his or her fellow citizens and the community at large. It was for the purpose of preserving these valuable connections that Nie and others criticized Western hygiene and developed alternative possibilities.

Nie Yuntai certainly did not oppose hygiene as a whole, even if his article was titled "Repudiating the Doctrine of Hygiene." He purposely added quotation marks around the term *weisheng* to emphasize the fact that what he opposed was a specific version of hygiene. On the surface, it appears that what he opposed was hygiene that

was centered on “matter,” but when we carefully read the whole article, we realize that what he truly opposed was a hygiene that obsessively pursued goals that were unattainable in the local socioeconomic environment. This type of imposition was unacceptable because it was bound to stand for the alienation of the self from the local society and for an unwillingness to identify with, to the point of loathing, the overwhelming majority of one's fellow citizens who had no choice but to live an “unhygienic” lifestyle. In order to join his fellow citizens whom he identified with, and to “guard” (*wei*) their “lives” (*sheng*) together, Nie Yuntai promoted a hygiene that did not depend on material equipment (he removed his Western-style bathtub and washed his whole body with water from the washbasin) and stopped being overly particular about nutrition. The hygiene he advocated allowed him to have a calm conscience because it consisted of measures that “could be implemented everywhere, including in places of poverty and simple homes.” When hygiene became a major site of identity, one's choice in personal hygiene invariably also became a moral choice for the community that one wished to identify with. Nie and others repudiated modern hygiene not because it was ineffective in preserving health, but because it was harmful to the moral community that they cherished and identified with. In the apparently personal realm of hygiene, the most social relationship between the individual and the community unfolded, a relationship that was based on compassion and identity.

5 Moral Communities of Personal Hygiene

Nie was right. Recent scholarship has shown that measures of personal hygiene do in fact carry serious moral implications for their followers, capable of molding their self-identity, interpersonal relations, and membership in the community. The medical sociologist David Armstrong has analyzed the symbiotic development between the fabrication of identities and four hygienic regimens over the last two centuries, namely, systems of quarantine, nineteenth-century sanitary science, personal hygiene in the first half of the twentieth century, and the new public health that emerged after 1970 (Armstrong 1993). In addition to being tools for protecting health, the hygienic measures associated with these four regimens also shaped the spatial structuring of social life, causing different modes of power to operate and different self-identities to take shape. For example, quarantining for infectious diseases intensified the divisions of geographical borders. By exercising the sovereignty of exclusion, states were able to consolidate the collective identity within the territory under their control.

Focusing on the “anatomical body,” sanitary science rigorously monitors all substances that enter and exit the body, like food, air, dust, drinking water, feces, urine, sweat, semen, etc. Therefore, it also pays close attention to all openings and pathways into and out of the body, as well as major interfaces with the outside world like the skin, mouth, nose, and the excretory and reproductive organs. After the rise of personal hygiene, the focal point was no longer the flow of substances between single bodies and the “environment,” but the exchange of substances between bodies, such as the infectious sputum of tuberculosis or the fluids of venereal diseases. When personal hygiene directed people to develop a scrupulous gaze to look out for these dangerous

“social contacts,” people started embodying a new sensitivity towards the distance, contact, and exchange between bodies. To sum up, the body that had become sensitized by personal hygiene was in congruence with the individualistic conception of the body, one that was bounded by the envelope of the skin and watchful of “dangerous contacts” with other bodies. Seen in this context, individualism is more than a political theory and a legal status; it also involves a system of bodily sensibilities and related habitual ways of conducting ones' daily routine.

In China in the 1930s, there was no shortage of concern over these two kinds of exchange of substances (between the body and the environment vs. between bodies). A typical example is Zhang Yichang's article “The Unhygienic Habits of the Chinese People” (*Guoren bu weisheng de xitai*). Not only did he acknowledge that the Chinese people lacked hygiene, he even listed in detail 11 types of unhygienic habits: (1) sharing meals. “Often, when a single person suffers from tuberculosis, the whole family becomes weak. Although the path of infection is not necessarily limited to coming from spoons and chopsticks, sharing meals is certainly one major cause. This is the harm from sharing meals” (Zhang 1934: 156); (2) sharing tea cups; (3) smoking; (4) spitting; (5) running snivel; (6) picking teeth; (7) scratching the crotch; (8) not bathing all year round; (9) not brushing teeth; (10) not washing the genitals; and (11) picking the nose. From a contemporary perspective, we are bound to feel that these are rather natural and appropriate suggestions. But in the nineteenth century, even in North America people were still in the habit of sharing toothbrushes and feeding infants with food that they had pre-chewed in their own mouths, not thinking that there was anything improper about “exchanging saliva.” The transformation of these sorts of previously “normal” behaviors into “vile habits” had in fact been a very recent phenomenon (Tomes 1988: 3).

Along with other health advocates, Zhang described in graphic and disturbing detail the bad habits of his fellow citizens because his objective was to cause Chinese people to loathe their own unhygienic behavior. In order to portray saliva as an unclean substance, a doctor of Western medicine vehemently attacked the old expression “when spat in the face, let it dry on its own.” He emphasized: “There is a lot of filth that comes from the throat, mouth, and tongue. Let us consider this carefully for a moment. The level of its uncleanness is about the same as that of urine and feces. But the feeling with which the average person loathes saliva is nowhere near the intensity with which they loathe urine and feces.” (Jiang 1934:151). Why was it so important to make the Chinese people feel the same loathing towards saliva and phlegm as towards urine and feces? This concern originated of course in the new information on infection via germs, due to the fact that “tuberculosis and pneumonia are transmitted entirely by fluids that have come from sick people's throat, mouth, and tongue.” Because of this, saliva and phlegm were in fact more perilous than urine and feces. To put it simply, in order to implement the new scientific information about tuberculosis prevention, the Chinese people needed to develop a new sense of the body and the same amount of loathing for saliva and phlegm as for urine and feces. As an incidental result, this meant that they had to change the instinctive ways in which people physically interacted with each other, ultimately constructing “individuals” who did not share meals or tea cups, not even with their family members and loved ones. The practice of personal hygiene hence brought about a new type of “individual” who was endowed with new bodily sensibilities and new social relationships.

As I argue elsewhere,¹³ there was a salient but little noticed parallel between the personal hygiene promoted by the anti-tuberculosis movement and modern individualism, exemplified by the family reform movement during the Republican period. Both of these groups of reformers shared a common mission, namely to rescue the youth from the traditional Chinese family, which was considered the most serious source of tuberculosis contagion by the first group or “the source of all evils,” i.e., the patriarchal system that destroyed one’s individuality by the second group. To many Chinese youth, the most shocking message from these two groups of advocates must have been that one should focus on saving oneself, at least for the time being. In his famous contribution to individualism, Hu Shi (1891–1962), a leader of the New Culture Movement and key contributor to Chinese liberalism, quoted part of Norwegian playwright Henrik Ibsen’s letter to a friend: “What I hope for from you is a pure kind of egotism. If you should want to be of benefit to society there is no better way than to fashion yourself into a useful tool. There are times when I feel that the whole world is like a mass of colliding ships, and the most important thing is to save oneself” (Glosser 2003: 37).

Nie’s central criticism of Western hygiene was grounded precisely in its moral implication. Although the last of his five arguments indeed concerned the effects on health, Nie’s criticism focused on the individualistic implication of Western hygiene, as it manifested in China. Instead of being a practice that brought health benefits to both oneself and the larger society, Western personal hygiene, in Nie’s view, would lead one to embrace an egocentric mode of behavior that implied a complete disregard of others. What Nie found most unacceptable was the ethical principle shared by Chinese individualism and Western personal hygiene that encouraged the Chinese youth to “first save yourself from the sinking ship” and “to practicing self-defense (Dr. Ge’s advice)” in a Chinese banquet. In both cases, one did not bother with the question of how to save the people who shared the same meal or boarded the same ship. Nie rejected the hygienic/ethical principle to save oneself first, because he considered it more important to identify with one’s fellow citizens and protect everybody’s lives together.

To contest the moral implications of personal hygiene, Nie provided a counterargument to modern hygiene and pathologized those who were obsessed with it. Instead of waking up to realize one’s lack of hygiene, as many of his contemporaries did, Nie confessed that he came to realize his own “morbid preoccupation with cleanliness” (*jiēpi* 潔癖). As this term was used in pre-modern China, *jiēpi* denoted mostly idiosyncratic characters, such as the eccentric Buddhist poet Wang Wei (710–761) and the Yuan dynasty painter Ni Yunlin (1301–1374). Their characterization as *jiēpi* signaled a critical distance that they kept from the mundane world for the sake of artistic and spiritual aspiration. Judging from his own self-description, Nie’s interests in hygiene—nutrition, ventilation, sunlight, and proper bathing, etc.—were far from being an idiosyncratic obsession. What Nie described was an otherwise ordinary person who happened to pursue Western hygiene whole-heartedly. Instead of an idiosyncratic character, what *jiēpi* meant for Nie was the formation of a new

¹³ For the anti-tuberculosis movement, see Sean Hsiang-lin LEI 2007; for the relationship between individualism and family reform movement, see Susan L. Glosser, 2003.

type of person. For Nie, this new kind of individual, including himself, suffered the pathology of *jiēpi* because their concern for hygiene revealed an egocentric, antisocial personality. Or to be more precise, such individuals were not antisocial in a general sense, but in the specific sense of being willing to sacrifice their relationship with the other members of their Chinese community since they, for example, only attended Western-style banquets. Instead of embracing Western hygiene for its universal health values, Nie turned it into *jiēpi*, a pathological state because of its undesirable moral implications. The popularity of this term signaled a wide-spread resistance to Western hygiene; it testified that much contestation over Western hygiene was really over its detrimental effect in the dual construction of self-identity and moral community.

It is crucial to point out that the resulting egocentric individualism feared by Nie and his compatriots was by no means the only possible moral implication of modern hygiene. Otherwise, it would be difficult to understand a prominent phenomenon in the political history of modern China, namely, why so many political leaders of the Republican period advocated so adamantly the almost trivial practice of personal hygiene. We must consider here first that, in many instances, the aspect of hygiene that concerned them most was not the large-scale construction of a medical administration by the state, but these kinds of aversions and realizations that were associated with personal hygienic habits. Let us consider the example of Dr. Sun Yat-sen (1866–1925), the political leader who helped to overthrow the Qing dynasty in 1911 and establish the Republic of China. Although he had received formal training in Western medicine in Hong Kong, he never mentioned any plan for developing institutions in charge of public health in his “Three Principles of the People” (*san min zhu yi*). When Western-trained doctors endeavored to promote public health after the Nationalists unified China and began a state-building project in the late 1920s, they still encountered the problem that the Nationalist government gave priority to building railroads and seaports because they were Sun's priorities for national reconstruction (Kirby 2000). This was in stark contrast to the approach adopted by Sun's contemporary Gotō Shinpei (1857–1929), a German-trained medical doctor and the Japanese governor-general of Taiwan, whose colonizing strategy consisted of using medicine to rule Taiwan (Fan 1998; Liu forthcoming).¹⁴

In spite of this sharp contrast, Sun nevertheless was concerned with China's lack of hygiene. In his public lectures, Sun Yat-sen repeatedly mentioned various unhygienic habits of the Chinese people like spitting everywhere, breaking wind, belching in public, not brushing teeth, and growing long fingernails. These bad habits caused Westerners to assume that the Chinese people were unable to “govern” their own bodies, which illustrated that they were also unable to “govern” their own country (Fitzgerald 1996: 9–12). To make matters worse, the major hygiene problems that society focused on at that time were often also the same ones that were used by orientalists to represent the “character of the Chinese people,” such as opium addiction, spitting, and foot-binding (Wang 2003; Ko

¹⁴ In addition, Xu Hongbin's Master's Thesis points out that Gotō Shinpei managed Taiwan's opium problem by transforming it into a medical problem (Xu 2002). For a general account of Japanese colonial medicine in Taiwan, see Liu (unpublished manuscript).

2007). The meanings of these racist symbols far exceeded those of medicine and health. The focus by the Chinese government and the population on this kind of “personal hygiene” was, in truth, a collective resistance against the Orientalist image of “John Chinaman.”¹⁵ Personal hygiene hence became a key ingredient in the nationalist project of constructing a “new people” and a “new life.” This is part of the reason why, when Chiang Kai-shek launched the New Life Movement in 1934 in preparation for the immediate threat of Japanese invasion, this movement devoted so much energy on the apparently trivial details of personal hygiene, such as spitting and communal eating. By joining the reform of each individual's personal habits, the Chinese people thereby joined a collective resistance against the stigmatized image of the Chinese nation. Instead of promoting individualism, this mass movement of personal hygiene effectively connected people to each other and to the state.

In terms of connecting individuals to the state, this collective resistance is only half of the story. The other half concerns a shift in the group identity of the Chinese people. It is a well-known fact that public health helps to create a direct link between the nation and the individual citizen because it protects people from the threat of epidemic diseases and brings about collectively shared health benefits. As a result, it helps to consolidate the national identity of all the people living within the territory controlled by the state. Independent of this connection based on health risks and benefits, modern personal hygiene can provide an alternative connection. Loathing the exchange of bodily fluids certainly helps in preventing the spread of tuberculosis, but it also creates two apparently contradictory attitudes towards the people around you. On the one hand, these practices of personal hygiene, such as the advice against sharing meals, causes people to distance themselves from their friends, family members, and loved ones with whom they share food face-to-face; on the other hand, though, it encourages a concern for the faceless strangers and therefore makes people refrain from spitting on the street. Theoretically speaking, therefore, there is no reason that modern personal hygiene had to be an individualistic endeavor, as described by Nie Yuntai in its manifestation in Republican China. While measures of personal hygiene do make peoples' bodies more atomized and isolated from each other, they, at the same time, connect them more closely by way of common interests and public ethics (or *gongde* 公德 in Chinese). In fact, it was precisely because of the fact that personal hygiene represented this type of ethical concern for other people and the larger community outside of one's immediate social network that the New Life Movement found it be a useful tool to shift the loyalty and moral commitments of the Chinese people from the traditional family and clan to the larger unit of the Chinese nation (Lei 2009). To conclude, while the Kuomintang state was incapable of advancing the construction of a large-scale system of public health, the popular discourse on personal hygiene still pointed at an individual reform program that was helpful in the context of nation building. Consequently, Sun Yat-sen, Chen Guofu, and Chiang Kai-shek all participated in and contemplated ways to use this discourse and these bodily sensibilities of

¹⁵ See John Fitzgerald's outstanding book (Fitzgerald 1996), or his short essay “Chinese, Dogs and the State that Stands on Two Legs,” (Fitzgerald 1997).

personal hygiene. In this sense, the contestation over seemingly trivial details of personal hygiene was closely connected to larger debates about individualism, nationalism, and the shape of Chinese modernity. Therefore, Chen Fangzhi was not entirely right, because *weisheng*, is, after all, concerned with much more than preserving health.

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Original Postscripts

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