

*Launching Public Health in China, 1898-1983:  
A Common Problem in a Changing Society*

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These two interlinked panels examine the history of Chinese public health from the tail end of the Qing through the early reform era in the PRC. Panelists will specifically examine the problems associated with initiating general public health work in both urban and rural health campaigns; the challenges of popularizing scientific and medical concepts and behaviors among a population with strikingly different notions of what constitutes illness and wellbeing; the relationships between public health, political power, and early societal consolidation; and the mutual constitution of public health and concepts of modernity. Starting in the last decade of the Qing, first panel will examine Chinese state reactions and interactions to Japanese colonial medicine in Manchuria and will also explore the symbolic world created by health ads and their impact on normal urbanites in Tianjin. Moving to the Republican era, the panel will explore the formative public health work conducted by the Council on Health Education from 1915-1926. The second panel will begin with two discussions of early PRC health campaigns, the Shanghai anti-tuberculosis campaign from 1953-54 among factory workers, and the Great Leap Forward anti-schistosomiasis mass mobilization campaign focused on rural populations in South and Central China. It will conclude by exploring the structural roles barefoot doctors played from 1968-1983 in altering the village medical environment. These panels together address the limited previous work on the history of Chinese public health and chart some new directions in “launching” the history of Chinese public health.

**“The Conflict and Interaction between Colonial Medicine and State Medicine:  
On the Central Manchurian Railway and Port Cities (1901-1911)”**

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Ten years after seizing Taiwan and Korea as colonies, Japan exploited its new 1905 victory over Russia by resuming its expansion into South Manchuria. During this period, Japanese colonial medicine was implanted by force in

Manchuria and it also influenced the development of China's state medicine there. In terms of the transformation of public health in Manchuria, previous researchers paid more attention to the impact of Japan and Russia, rather than the way China reacted and handled the situation. In addition, comparative studies between colonial medicine and Chinese state medicine are rare. One reason for these deficiencies is that the regions studied, such as Taiwan, Hong Kong and Republican China, and studies in colonial medicine and Chinese state medicine, and the context of colonialism, imperial expansionism, rise of nationalism and construction of the modern nation-state in China, are all viewed in isolation.

Manchuria is relatively distinctive in that colonial medicine and Chinese state medicine developed almost simultaneously. These evolving tracks not only competed and conflicted, but also interacted and inter-related. Differing from the case of Taiwan, in Manchuria Japanese colonists emphasized medical education and elimination of so called "unsanitary" habits. Racial segregation and direct police rule were implemented in areas along the South Manchuria Railway to ensure the good health of large numbers of Japanese railway employees, government officials, and soldiers. To prevent Japan's interference in Manchurian affairs, modern Chinese state medicine started hastily and took Japan's program as a model. This model emphasized a state intervention in and authority over public health affairs, which was primarily enforced by the police. Acting in an invade/resist mode, the relationship between Japanese colonial medicine and Chinese state medicine in Manchuria was not simply conflictual but also involved a certain degree of homogeneity. Thus the Chinese government intentionally or unintentionally referred to, imitated, or even copied both the means by which the system existed and the operating procedures of Japanese colonial medicine. This was why the Manchurian public health system was first developed in political and economic centers and mainly served government employees showcasing state power and modernization achievements. It was not to improve overall medical and sanitary conditions or to actually ensure public health. In this sense, the hasty beginning of China's state medicine in Manchuria as a reaction to the Japanese invasion seems to be an unhelpful or even obstructive way to promote public health affairs.

**Selling Modern Hygiene in Late Qing Tianjin:  
Commercial ads on hygienic products in *Dagong bao*, 1902-1911**

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In her new book, *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China*, Ruth Rogaski suggests that many Chinese experiences of modernity were centered on the introduction and development of a *weisheng* (hygiene) concept in modern Chinese cities. Though excellent research, this book focuses mainly on how the *weisheng* concept was promoted by the Chinese urban reformers, which left one to wonder how ordinary Chinese perceived the same concept in their everyday lives. This is not a unique problem for studies of modern Chinese cities. Urban historians often found it is easier to understand political elites because they are the main characters in most of the remaining historical records. What Rogaski and some other Chinese urban historians have neglected is the experience of the ordinaries in a transforming city, an experience that could be easily traced if we place advertisements in the same category as many traditional historical documents, and start to look for popular attitudes and values in them.

This study, through an exhaustive textual analysis of the commercial advertisements on hygienic products in *Dagong bao*, a local newspaper in Tianjin, will address the following two questions: How did advertisers construct a symbolic world around *weisheng* products, and how did these new ideas about *weisheng* products affect the everyday life of the residents of Tianjin. At last, I will compare my study with Rogaski's book, hoping to find out how the advertisers and the ordinary consumers perceived the same *weisheng* concept differently from the urban reformers, if the differences did exist.

### **Starting a Public Health Education Movement in China: "The Council on Health Education," 1915-1926**

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In 1915-1916, major public health education campaigns were launched by the Joint Council on Public Health Education. The YMCA, China Medical Missionary Association, and the National Medical Association of Chinese physicians in western medicine were the key sponsors of the Joint Council, which was later re-organized as the Council on Health Education. The Council played a key role in launching public health education campaigns in China, mostly in urban centers during 1915-1926. Lantern slides, films, and exhibit materials constituted the health exhibits during the week-long public health

campaigns, while health lectures drew thousands of attendants from all walks of life. Besides the campaigns, the Council also prepared and distributed health literature such as bulletins, leaflets, posters, lecture charts, and booklets across the provinces. The Council worked with the government, businesses, schools, and civic organizations to generate support and interest in the public health education campaigns, health essay contests, anti-tuberculosis and anti-cholera campaigns, better baby weeks, vision conservation, smallpox vaccination, and health examination in schools. Drawing on archival sources in both English and Chinese languages, this paper discusses the Council's work in developing and promoting public health education in China. It also analyzes how the dissemination of health knowledge was invariably tied with the larger issues of modernization and the concept of social progress.

### **Taming Tuberculosis: Normalization of Education, Treatment, and Monitoring during the First Five Year Plan**

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The first few years of the Mao Era saw a precipitous decline in tuberculosis mortality rates. This study uses a theoretical framework built upon Foucault's bio-power and Nan Lin's derivation of social structure from social capital to examine the role of government-issued public health campaign materials in taming infectious disease. The study considers a series of 30 posters disseminated by the Shanghai Anti-Tuberculosis Association during a 1953-54 campaign in urban factories. The Chinese Anti-Tuberculosis Association, of which the Shanghai Anti Tuberculosis Association is a branch, was founded in Shanghai in 1933. From its inception, it had very close ties to the Chinese government. The ties between SATA and the Chinese government became even closer during the early Mao Era, when the state viewed people's health as a sign of national strength. The essay will argue that SATA's campaign posters aimed to normalize health behaviors through three strategies: education, treatment, and monitoring. The study looks at the extent to which normalization was achieved as evidenced through decreased disease incidence.

### **Chasing Snails: Anti-Schistosomiasis Campaigns in the People's Republic of China**

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The late 1950s schistosomiasis health campaign has long been touted by China as one of its most successful attempts at eliminating an endemic disease, even becoming a model for addressing current diseases such as SARS and Bird Flu. While it was later acknowledged that the campaign had some problems, they were generally blamed on insufficient scientific knowledge. This project assesses this claim by examining how the campaign was actually organized in two case studies: a rural county in Jiangxi Province and a Shanghai suburb. Through such bottom-level analysis one can uncover the plethora of difficulties, many of them non-scientific, which impeded campaign success.

One of the most overt aspects of this campaign was its enthusiastic scientific orientation. This happened despite occurring during the Great Leap Forward, a period often described as irrational when scientific experts and medical professionals' status was at a nadir. This paper will explore the many ways science infused the campaign through "scientific planning" and standardization of campaign techniques, careful mapping and quantification of results, and experimentation at the bottom level. Through an examination of this campaign we can not only learn the history of how health campaigns are conducted in China and the impact a specific disease has on the social ecology of a region, but also address the wider issue of how the procedures and assumptions about modern science and Western public health were introduced and enacted among a rural population who had never encountered anything like them before.

### Marginalizing Chinese Medicine in Chinese Villages: Barefoot Doctors and Western Medicine, 1968-1983

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#### Abstract

Barefoot doctors (*chijiao yisheng*) were health workers in Chinese villages under the people's commune system from 1968 to 1983. From their inception, it was claimed that the principles of barefoot doctor program were "one needle and a bunch of grass" (acupuncture, Chinese and herbal medicine) and "three

indigenous and four-self" (the former means indigenous medicines, doctors, and prescription, while the latter indicates self-collecting, self-planting, self-making, and self-use). And the reputed low cost and easy availability of indigenous medicine also gave Chinese rural health care international fame.

Research on the (social) history of medicine in China has been fascinated by the tension between Chinese and western medicine since their first encounter in the early nineteenth century, focusing on Chinese medicine's response as an indigenous form of medicine towards western medicine, and its acquisition of state legitimacy. For this, scholarship has argued that barefoot doctor program indicated the revival of Chinese medicine (in a broad sense) and combination with western medicine in Chinese villages. However, scholarly work that highlights Chinese medicine has taken the existence of western medicine in Chinese villages as a starting point in its analysis. Certain historical questions remain unanswered, and can have some influence on how we think about social and philosophical questions relating to rural medicine. Under what circumstances was western medicine introduced into Chinese villages? How was western medicine contested or combined with extant Chinese medicine in the daily practice of doctors? And how did this change over time? How did this contestation transform the medical knowledge, pharmaceutical structures, and healing styles of the medical world of Chinese villages? What role did villagers themselves play in deciding which medicines to use, or which practices to patronize?

Contextualizing the barefoot doctors in the dynamic process of confluence of Chinese and western medicine in Chinese villages, this paper challenges the standard interpretation of barefoot doctors based on local archives and interview materials through the perspective of social history of medicine. It argues that the barefoot doctors transformed the medical knowledge structure of the villages, moving it towards a western-medicine orientation through the convergence of Chinese and western medicine. Meanwhile, the barefoot doctors' medical stations and medical kits extended the medicine sales network into the countryside, allowing western medicines to march into the villages on an unprecedented scale. There, it encountered Chinese and herbal medicine, which were promoted by the government. In the village medical arena, western medicine aggressively marginalized Chinese medicine due to the barefoot doctors' healing styles and the villagers' comparative medical beliefs.