

*Leprosy in China: A History.* By Angela Ki-che Leung. New York: Columbia University Press, 2009. 373 pp. Index, bibliography, ill.

Angela Leung's new book adds a very important case study that historicizes the recent "modernist" works on the history of public health in China by Ruth Rogaski,<sup>1</sup> Carol Benedict,<sup>2</sup> and Kerrie Macpherson.<sup>3</sup> Unlike the above three works, which all focus on "modernity" and have rightly been well-received, Leung presents a highly original, postcolonial history of leprosy in China, which was known in antiquity as *lillai*, wind-induced skin ailments, or *mafeng*, "numb skin." These symptoms were subsequently combined during the Song dynasty into a single etiology of skin ailments, i.e., *dafengllai*.

Leung's pioneering account successfully provincializes the European narrative of leprosy and public health by presenting: 1) the longer historical memory of "leprosy" in China since antiquity; 2) the important public health changes that occurred during the Song dynasty (960-1280); and 3) how the skin illnesses we call leprosy were reconceptualized during the Ming and Qing dynasties. Leung then concludes her manuscript with two final chapters that successfully parallel but revise the accounts in Rogaski, Benedict, and Macpherson. Leung describes Chinese political efforts since the nineteenth century to develop not simply a "modern" and "Western" medical regime but a "hybrid," Sino-Western public health system to deal with the disease. The book reveals overall the centrality of China in the history of the leprosy, and it shows how leprosy played out as a global threat, which provides lessons for dealing with AIDS, SARS, and bird viruses today.

Leung grounds her account of Chinese views of the skin ailments that we have called "leprosy" within the long-term history of public health in China of over a millennium. By carefully presenting Chinese definitions of and policies toward wind induced or vermin caused skin diseases, Leung depicts the history of leprosy in China as a public health success story that enabled the Republic of China and the People's Republic to tame the disease "on their own terms" in the twentieth century—unlike colonial India under British tutelage.

In previous accounts, the foreign observation of leprosy in China has been tied to the parallel perception of China as a backward people and civilization. By undoing this uncritical narrative, Leung shows us how our "modern" notions of Chinese racial defects, physical inferiority, and the vice of its contagions before 1950 were misguided. Leung thus places our modern notions of leprosy in the global context of imperialism and racism in the nineteenth century. She also

<sup>1</sup> *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China* (Univ. of California Press, 2004).

<sup>2</sup> *Bubonic Plague in Nineteenth-Century China* (Stanford Univ. Press, 1996).

<sup>3</sup> *A Wilderness of Marshes: The Origins of Public Health in Shanghai, 1843-1893* (Oxford Univ. Press, 1987).

shows us how many of these misguided views actually had similar precedents in China's own medical efforts to tame the disease domestically.

Leung thus rejects the usual "failure narrative" of traditional Chinese medicine that is found in Benedict and Macpherson and less so even in Rogaski's more nuanced account. Leung shows how half a million sufferers in China early in the twentieth century faced the same fate as their fellow-sufferers worldwide. Until the first bacterium causing leprosy was identified in 1873, its spread remained unclear in both China and Europe, even with the success of modern treatments. The modern epidemiology of leprosy in China ironically reveals that the dual problems of regional contagion and the tactics of quarantine had been as "tried and true" methods in imperial China since the Song dynasty as they had been in early modern Europe.

Along the way, Leung's account of leprosy in China traces the history of skin diseases over several centuries by showing how diagnoses and treatments were mediated by religion and medicine. Her second chapter delineates how both Buddhism and Daoism since the Song dynasty offered sufferers the possibility of religious redemption, while Confucians after 1600 stressed good works as the moral cure for the debilitating disease. For the first time, we learn how the etiology of such debilitating skin diseases shifted from a wind pathogen in the Northern Song to an externally defined contagious disorder addressed by popular healers thereafter.

Buddhist and Daoist healers placed the blame on the transgressions of the sufferer. Because their illnesses were caused by moral transgressions, its cure required redemption through faith, religious bodily techniques, and spiritual healing. Priests and monks further incorporated notions of *chong* vermin arising from decaying dead bodies, which were transmitted by the wind and by *gu* magic. Daoist liturgists used magic incantations to heal the disease that they associated with the climate and the ecological aspects of the south. Leung also interrogates Chinese sources after the seventeenth century, which offered a medical assessment that surprisingly overlapped with early modern European models of leprosy by stressing the transmission of the disease via bodily contact and thus requiring the segregation of sufferers in leper colonies.

Leung also highlights what is distinctive in the medical, social, and religious history of leprosy in China. In addition to presenting the perspective of "Chinese religions," Leung documents the post-1100 split between elite and popular healers, with the latter taking the lead in dealing with a disease that was increasingly associated with the poor and downcast in out-of-the-mainstream southern climes. Until then, leprosy had punished the wealthy and powerful. The sick male body was presented as a benign and comic figure until the twelfth century.

Victims before 1100 were often respectable if pitied sufferers. Since Confucius' remarks in the *Analects*, many victims were depicted as suffering literati who could mix freely with others in society but who preferred the hermit's life as the proper life-style of the scholar. Leung's book also presents another layer of the history of the disease by tracing its sexualization among lewd women in popular folklore

after the Song dynasty. Women allegedly released the leper's toxin through menstruation, but they could also pass it on to men through sexual intercourse. The female seduction of men to transmit the disease to others and to thereby heal themselves was a common trope of the disease. The connection between contagion and immorality became the dominant narrative in late imperial China, as elsewhere.

During the Ming-Qing transition, the construction of leprosy as a plague associated with minority peoples of the inferior south grew out of these earlier cultural overlaps between leprosy as an illness, the poor as its victims, and popular religion as its prophylactic. The creation of asylums in Ming-Qing resulted from family disgust of lepers, which led to social exclusion. Leprosy was the only chronic disease that required segregation in imperial China to prevent contagion. Moreover, links between the similar skin symptoms found in Chinese cases of Guangdong sores (syphilis) in the sixteenth century and those of leprosy enhanced the notion that these skin ailments were caused by careless sexual intercourse, physical contact, and hereditary relations. Both the sores and skin ailments revealed similar symptoms and were associated with the tropical miasmas in the south. Ming-Qing physicians saw the south as the specific breeding grounds for such disorders.

The value of Leung's history of leprosy lies not just in its account of the unique medical characteristics of leprosy but more especially in its recounting of the political, social, and cultural aspects that accompanied its transmissions. Chinese communities created asylums to maximize separation between the contagious sick and the healthy population. Ironically, this allowed inmates to govern themselves. Their incarceration was accepted by local population, who saw lepers as filthy, greedy, and malicious. Such repulsion was also mitigated by the need to protect patients in safe havens separate from the hostile society. State financed and organized asylums became an acceptable solution in more prosperous areas. Missionaries later added to this exclusion of lepers by placing them on boats in the early twentieth century. The "well" stressed maintaining a distance from lepers in space, separation by water, or destruction by fire as the means of taming leprosy. For example, compulsory segregation of lepers, although medically unneeded, remained the official policy in China after 1949.

In her final chapter, Leung describes how the idea of an early twentieth-century leprosy pandemic was largely fictive. The disease had been endemic for over a millennium in most parts of the world, because of successive human migrations and not at all because of its putative infectious nature. As Leung shows, contemporary museums of leprosy ironically reveal its long history on all of these levels. Leprosy thus provides us with a valuable historical lesson for present and future health crises, where the issues of moral stigma, segregation, and quarantine for both HIV and SARS are and will be debated in future cases similar to leprosy where the exact mechanism of transmission of leprosy for the bacillus remains unsolved. Despite all these problems in China, some of them medical, many of them social and political, the World Health Organization recognized the eradica-

tion of leprosy in China in 1982. The People's Republic has worked closely with international organizations such as the World Health Organization since the late 1980s to keep the disease eradicated.

This volume should be widely read by both general readers and China scholars, and by specialists in the history of medicine. Teachers of modern Chinese history and the history of medicine in China will find it a pioneering socio-cultural case history of an infamous disease. Graduate students interested in public health policy and how the latter is imbricated in socio-political and religious life will be drawn to the socio-historical analysis. The book is well-written to satisfy both the specialist and general reader. The author deftly guides the reader through each section and chapter with repeated reminders about where the account is headed, something that the general reader will welcome.

Chapters one through three are the heart of the story historically, while chapters four through five bring the story up to date in the twentieth century. Hence, premodern historians and scholars and students of modern history and the history of medicine will all find the volume valuable to read. A future paperback, if issued, would also make this volume an ideal text for undergraduates taking courses in the history of medicine or Chinese history.

Benjamin A. Elman, Princeton University