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Paris, CNRS Editions, 2002, XV + 239 p.

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## NOTE DE L'ÉDITEUR

Translated from the French original by Michael Black

- 1 This book written by Florence Bretelle-Establet and based on her thesis, is an innovative work which explores the health situation in three provinces of South China—Yunnan, Guangxi and Guangdong—at the end of the Empire and at the beginning of the Republic. The author has exploited particularly rich source materials: the health correspondence of French military doctors who were sent to southern China from 1898, as well as the local Chinese chronicles (*difangzhi*), in order to show the various attitudes of the authorities and of Chinese society towards disease, up to 1928, when the Ministry of Health in the Chiang Kai-shek government was created.
- 2 The health correspondence, a source which has been little used up to now, emanated from ardent followers of Louis Pasteur whose task was to keep watch over matters of health at the doors of the Indochinese colony, in liaison with consular agents, while showing France's presence in those territories. These doctors regularly produced highly detailed reports, and articles which were published in specialised journals of colonial medicine. The French authorities had been particularly alerted by recurrent epidemics, such as that of the plague in Canton and Hong Kong in 1894 (which left between 70,000 and 100,000 dead), the effects of which they dreaded in Indochina. The French presence in China had been made possible by the convention of June 20th 1895, which opened the town of Simao, in Yunnan, with residence rights for French citizens, as in the open ports, and authorised France to expand the railway lines of Tonkin into

Chinese territory; furthermore the convention gave preference to French engineers, connected with the mines in Yunnan, Guangxi and Guangdong. Her other sources, the local Chinese chronicles, provide a lot of information on charitable organisations, biographies of local doctors, plagues and epidemics.

- 3 In her first chapter, the author describes the decline, even the disappearance, of the “ideal of government responsibility for public health” in the nineteenth century: the traditional charitable establishments (for example the *puji tang*) were generally destroyed or abandoned, to be rebuilt sometimes only by the initiative of local notables. The French doctors who arrived in 1898 were very surprised by the lack of official measures in matters of health, accustomed as they were to a much more interventionist government policy—in the image of the health and social security system created in France in 1849. What they felt to be negligence was all the more a source of anxiety in that the health climate in South China at the end of the Qing dynasty was “worrying” (Chapter 2). The epidemiology shows, at the least, a great diversity: plague, smallpox, cholera and malaria which spread with the massive land-clearing and irrigation projects, in natural conditions highly favourable to that disease.
- 4 In the face of this high morbidity, the medical and ritual responses were many, and it is one of Florence Bretelle-Establet’s virtues that she sheds light on a number of questions which had remained quite unclear until now, particularly concerning the status of the “specialist in medicine” in modern China. Basing herself on 422 biographies of doctors taken from local monographs, a corpus which was submitted to factor analysis, the author puts forward a sort of typology of these characters. The latter do not make up a well-defined social body, since one meets mandarins who practise medicine on top of their principal function as well as practitioners who have no other occupation. While, according to their evidence, the French doctors were struck by the lack of professionalism, it seems possible nevertheless to detect a trend towards medical specialisation from 1850 on, or at least “a more professional subjective vision of medical practice: the exercise of medicine became, if not in reality, at least in the imagination, a fully-fledged profession” (p. 83).
- 5 Florence Bretelle-Establet also ponders the possible discrepancy between the concept of disease within the local southern medical culture and the vulgate set out in the reference books, from which, for example, were taken the questions in the examination for entrance to the Imperial Academy of Medicine (*Taiyiyuan*). Ecological conditions and pathocenosis easily explain the influence of the “trend of feverish epidemic illnesses” (*wenbing xue*), which appeared from contact with the epidemics of the end of the Ming dynasty, and which expanded rapidly in the nineteenth century. More research is needed on this subject, but the translations (p. 109) of two dissertations by Deng Daliang, a doctor from Guangxi, on the syndrome of hypotonia (*weibing*) dating from 1896, and on illnesses with nodules, from 1905, provide some food for thought. The importance of apotropaic rituals aimed at fighting diseases also appears clearly in the reports of French doctors or French Consuls. During the 1894 plague epidemic, in Canton, “the mandarins hired the services of several brotherhoods of bonzes in order to offer sacrifices to the Genie of the plague and to assuage his anger” (p. 131).
- 6 In the final chapter, the author shows the changes which were at work at the end of the Empire and the beginning of the Republic, in the contact with Western health practices, which aroused both enthusiasm and resistance. Many missionary hospitals were founded at that time, although geographically very unevenly distributed (many more

in Guangdong than in Guangxi and in Yunnan). On the French side, the consultancy at the Kunming hospital had obvious success, and a number of medical schools contributed to the training of graduates who were to play a major part in the definition of a public health policy. On the side of Chinese civil society, philanthropic establishments, and assistance organisations (*tongshan tang*), mushroomed in Guangdong, and the role of charitable institutions, financed by merchants, came to the fore during the epidemics or in their prevention (smallpox vaccination), as well as in obstetrics. Finally a health policy was created: “the idea that the state must participate in the fight against disease and in the establishment in certain places, first of all in the army, of modern health services vested in a public authority, are the great innovations of the early years of the 20<sup>th</sup> century” (p. 193).

- 7 Florence Bretelle-Establet’s book points to areas of further research. As it is, it draws a detailed picture of the trends in health policy detectable all during the intermediary period between the Empire and the Republic. Overall, the translations are apposite, but I cannot resist pointing out one small error on p. 110: the White Tiger decoction (*baihu tang*, which comes from *Shanghan lun*) does not contain any part of that noble beast. It is made of four ingredients: gypsum, liquorice, a variety of rice, and the rhizome of *Anemarrhena asphodeloides*. On a less anecdotal level, the absence of an index is regrettable, and quite incomprehensible for a book published by a scientific publisher.