

Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China by Ruth Rogaski

Reviewed by Pete Sweeney for Professor Dong SIS59

“To die over an unhappy love affair is absolutely worthless. Drown yourself in the struggle for production and your wounds will be healed.” *China Youth News* advice column

Hygienic Modernity is a focused complement to Kenneth Pomeranz’s *The Great Divergence*. Where Pomeranz attacks the conceit that Europe occupied “commanding heights” in terms of capital market structures, governance etc. prior to its colonial expansion, Ruth Rogaski casts doubt on the efficacy of Western medicine and hygiene. Before the industrial revolution, Rogaski claims, European medicine—British medicine in particular—did not produce significant advantages in health or lifespan over China: “British physicians’ theories of disease and the therapeutics they used to cure them were not inherently superior, more complex, or more scientific than Chinese approaches to healing in the mid-nineteenth century.”

Instead, Rogaski asserts, Western medicine was used first and foremost as a tool of imperialism. While British doctors might not have been any better at curing people (and since British ships were unquestionably better at transporting disease than curing it for a period of time), they did endorse a statist social response to disease a.k.a. “biopower.” Britain used medicine “to further its interests and secure its goals.” The critical divergence between Britain and China, to Rogaski’s mind, is the role of the state and force in controlling disease by administrating hygienic practices of debatable objective value. However, Rogaski admits another significant actor in the colonial field, Meiji Japan, which implemented a Western-style hygiene regime in its own territory and in the territories it administrated in China . . . although one questions how much of a “Western” cultural adjustment this required of a regime already oriented towards fighting off all foreign influences (with the exception of foreign influences that helped fight off foreign influences).

Rogaski frequently cites Lydia Liu and takes a similar semiotic-based approach to the term *weisheng* (which she translates as “hygienic modernity”) and its implications. There is much utility in her discussion of the word’s etiology and usage; as a term with a long history of interaction with imperialism, it seems a good candidate for Liu’s “super-sign” status. Rogaski also seems to share what I consider Liu’s trenchant for casting history in breathlessly

conspiratorial light. Commenting on Japan's adoption of hygiene regimes, Rogaski makes an accusation:

One need not entirely agree with Warwick Anderson's assertion that Western medicine is, in all localities, essentially a colonizing force to see that from the perspective of medicine and public health, Japanese elites successfully avoided Western colonization in part by acquiring the ability to colonize themselves.

If we are to accept this usage, I am concerned that the term "colonize" becomes at best a code for internal class struggles and at worst meaningless. It is quite fair to be suspicious of the White Man's Burden view of medical outreach. Rogaski quotes a French imperialist: "la seule excuse de la colonization, c'est la medicine," but clearly she does not consider medicine an actual mitigating factor but rather a sham or pretence for oppression.

To impugn motives is easy and requires little evidence, but if Rogaski is correct, then even the most objectively beneficial contribution Britain made to its colonies—the development and distribution of vaccines against febrile disease, and mechanisms for controlling epidemic outbreaks based on vector theories of disease transmission (since validated by centuries of medical science)—even this contribution was cynically motivated. Although she does not follow this logic through to its ultimate conclusion, it could well support a backhanded endorsement of cynical motivation. It is hard to escape Rogaski's work without the tacit and unpleasant conclusion that nasty imperialists cured cholera because they wanted to rule the world. The applicability of the work to modern discourse is largely dependent on whether one accepts her position that *even today* the validity of the Western medical model is largely a matter of taste and cultural dominance.

That said, there is still utility in her description of the less-than-scientific reactions and counterreactions between the two cultures. Most fascinating to me is and has been the "perception gap" in terms of olfactory tastes. Rogaski points out that both the British and the Chinese were offended by each other's smell. There is, of course, a detectable difference in the odor of bodies caused by dietary differences and possibly genetics. At least one Japanese word (*batakusai*) describes westerners in terms of their disagreeable "rancid butter" odor. It would be interesting to establish to what degree Western reactions to Chinese hygiene were driven by observations of actual ill health as opposed to profound and subconscious reactions to the most subtle and powerful sense, the sense of smell. And then there is the curious intersection of Western and Chinese ideas about sexual activity and health. Certainly it appears that for every

difference there was a similarity, and that prior to the industrial revolution, Chinese medical ideas and Western ideas had more in common than a layman like myself might suspect.

Rogaski does provide a lucid narrative describing the (possibly clichéd) ideological schism between East and Western ideas about medicine that persist today. Her quotation of the culturally dynamic Zheng Guanying certainly still resonates: “The principles of Western medicine come from a materialist civilization. Western medicine is quite precise when discussing things related to form, but sketchy and imprecise when it comes to things without form.” There is no doubt to my mind that Chinese ideas about health, moderation, and inner calm retain their utility, despite the fact that they are not based on mechanistic principles, and I am glad that the mainstream medical community has likewise dropped its once-hysterical objections to treatments based on Chinese models. It is likewise clear that discarding the concept of the individual and dealing with the body as a machine attached to a brain has its limits, even from a Western scientific perspective. Certainly a placebo effect is still an effect. And obviously Western materialism is not without its medical costs in terms of syndromes and psychological disorders. Zheng’s career and attitudes, while not those of an idealist, certainly seem to strike the laudable balance that Chinese tradition advised, and that across the board. A consummate *bricoleur*, Zheng took what he needed from the West and left the rest.

Nevertheless, Rogaski’s more adamant “rebels” against the Western medical imperialism are of dubious provenance. She grants Ding Zilang a page or two to argue that the Western theory of germs is incorrect. To what end? Qigong may be good for your health, but it does not kill coliform bacteria. There appears to be a straw man here, that your average modern reader believes that European medicine had it all figured out by the beginning of the 19th century, and that we can therefore sneeze on Chinese traditional medicine. Nevertheless Rogaski provides a service by reminding us of the ridiculous hubris that led Western medicine to advise Chinese women to bathe in Lysol.

But to go from that to imply the demonstrable effectiveness of Western epidemiology is on par with the traditional Chinese medicine is a stretch, no? Yet Rogaski mourns the passing of Chinese medical practices that she herself posits are at the same level as European phrenology: “Marked as part of ‘Chinese tradition’, [traditional Chinese medical practices] retain an aura of cultural legitimacy, but in order to become publicly legitimate forms of knowledge about health, they must be submitted to the universalizing logic of science.” To me this seems eminently logical. Western medicine still has folk tradition and strange practices, but we don’t consider

them scientific forms of knowledge. I do not have to throw out the baby with the bathwater to conclude that germs are objectively real and dangerous without discarding all traditional medical practice as useless superstition. Nor do I incline to consider the opinions of a traditional Chinese doctor (who had the most to lose from widening acceptance of the germ theory of disease) as some sort of idealistic indigenous resistance.

Likewise she applauds the “Dark Drifters,” water and waste porters “distinguished by their swaggering walk and flamboyant dress . . . they maintained their reputation as fearless fighters by swaggering about . . . staging violent rumbles in the streets.” Rogaski clearly admires this swagger: “In the minds of many of Tianjin’s foreign residents, these brawny, proud water carriers fell far short of the ideals of hygienic modernity—and colonial servility.” To my mind these men are of a category with American gangster rappers, presenting the style of power without its substance: easily romanticized as political resisters who nevertheless served the system at the base level. Does Rogaski really believe that the demonstrably and insupportably arrogant European colonialists were intimidated by the people who carried their waste in buckets? She also posits that the Dark Drifters served as a “human link” between rich and poor. This is true but it’s difficult to know what to make of it. In the context, it seems that Rogaski considers this a positive form of contact, but it may seem more positive in the context of the modern American world where one can spend a lifetime isolated in one’s house. Could we construe the physical proximity of a Southern slave owner to his slaves as a positive “human link” between rich and poor?

While Rogaski’s discussion of the Japanese approach to *weisheng* is fascinating and informative, to my mind she appears to come close to apologizing for Japanese imperialism. She refers to the Japanese colonists as “millions of . . . ‘proletarian colonizers’ who occupied some of the same economic and social niches as the colonized.” Which means that they could displace poor Chinese workers . . . and that they were also similar, in terms of class background, to the European soldiers, sailors, and adventurers. It is my impression that the imperialist project tended to attract those who had the least to lose by leaving home. But I very much doubt that class solidarity counted much for the Chinese in the context of Treaty-Port Tianjin. Rogaski also appears to credit the Japanese for being less racist than the Europeans:

For a certain period of time in the history of the Japanese empire, official policy looked forward to and encouraged the assimilation of the Taiwanese and the Koreans: the policy of “becoming Japanese” was held up as a terminal goal for the progress of indigenous peoples.

Rogaski is referring largely to the Japanese policies allowing for intermarriage between Japanese and other Asians. Given its stated goal, this class of “assimilation” still qualifies as genocide by the UN definition, but why mention this at all, given the ultimate behavior of the Japanese towards Chinese civilians? Granted Rogaski refers to this policy as a “benefit” in quotes, but her picture of Japanese imperialism is altogether too benign. It reminds me, in many ways, of the apologists for the Arab slave trade. It seems inexplicable, in the context that she presents, that (according to R.J. Rummel) the Japanese would kill nearly 4 million Chinese civilians for explicitly “democidal” purposes.

My first and foremost concern with Rogaski’s work is that it is, perhaps, a bit too blasé about the benefits of the European scientific revolution, and of its basis for success. This is a fault I believe she shares with Pomeranz. Both of them describe a successfully operating Chinese state prior to the colonial invasion. Nevertheless, the patient still died. Given the dearth of reliable records about the actual state of Chinese health under the care of traditional Chinese medicine, we should not rely on anecdotes to fill the gap. And Rogaski’s use of anecdote is contradictory. First, she discards all European impressions of China as dirty and sickly as racist manufacture. Racist, certainly, no doubt, horribly so. But racism did not manufacture typhoid or cholera, nor did racism cure it. It would be easy to conclude foreign impressions of Chinese hygiene were manufactured if we had contradictory testimony from the Japanese or the Chinese themselves, but Rogaski mostly provides us with the opposite. What we have instead is a situation in which the upper class Chinese (including Sun Yatsen) and the Japanese concurred with the Western assessment, if not its racist underpinnings. Rogaski’s appears to dismiss these reactions as either a class of internalized racism, collaboration/appeasement, or a tacit desire to develop a stronger state. She notes that the Qing government quickly seized on hygienic modernity as an issue and immediately “localized” it by appointing Chinese administrators. The question still in my mind is, were these health regimes in fact part of the colonialist project or simply incidental to it? Certainly we can condemn the sloppier aspects of quarantine without conflating the panic borne of centuries of European (and Asian) plague with either imperialism or collaboration with same?

Relativism is a wise and defensible approach when considering arbitrary cultural phenomenon or value systems, but surely we can tell the objective difference between the cholera vaccine and the various forms of mistaken remedies? I once contracted typhoid fever and spent a week suffering in ignorance. My doctor was an Ecuadorian housewife; my treatment was hot oregano

water. She believed I had lost my mind and started pouring buckets of water into my bed at night—in fact it was febrile sweat, gallons of it, as I sweated off some thirty pounds in the course of a week. I gained a wonderful first-hand appreciation of the limits of the placebo effect— in my fever I actually believed I had a mild case of the flu and was on my way to recovery, whereas I was on my way to death by dehydration before a doctor intervened with antibiotics.

In fact, it is unclear, from this work, whether Rogaski even accepts the premise of the Western scientific method; that there is an objective truth, that it can be known, that it can be demonstrated to anyone, anywhere. She largely discusses the concept of Chinese disease as a Western “manufacture”. Unfortunately, neither she nor Pomeranz have provided any conclusive evidence to support this. It is possible that Chinese lifespans were as long as Western ones prior to the Great Divergence he postulates. But Pomeranz’s data supporting this assertion is extrapolated from extremely small numbers of sources. Pomeranz admits this, but Rogaski does not point it out when referring to the “debate” over his argument.

Much traditional medicine, of whatever ethnic origin, is based on an individualist paradigm, and Rogaski quite usefully highlights this essential difference between ancient and modern medicine. If disease is caused by individual intemperance, then one gets sick through one’s own fault. Sometimes this is true. The problem is, this way of thinking can result in a culture that stigmatizes all sickness (or physical handicap) as the result of personal or inherited moral flaw. And this same logic is too easily applied in a classist manner; the poor are typically less healthy than the rich, and if we accept ancient models of medicine, the poor are to blame for it. This is a phenomenon that is all too common today. For example, the current trend in this country is to blame the poor for being fat, typified by the movie *Supersize Me*, which hypothesizes a nation of poor Americans who idiotically eat nothing but McDonalds for every meal. Where the Chinese elites consumed filtered tap water, American elites now consume health services like yoga, massage, and athletic gear . . . and traditional Chinese medical products like acupuncture and T’ai Chi. Certainly the modern Western medical paradigm is not entirely scientific and therefore not without its drawbacks. Since it so dominant, it is worthwhile to poke holes in its provenance and its undeniable, if irregular, supporting role in the imperialist project. Nevertheless I wish Rogaski had taken a more balanced approach. Instead she takes what I consider a profoundly sentimental view of traditional Chinese medicine that does not take into account the ease with which it became another “exotic” luxury consumed by the Western upper classes. To paraphrase

Frank Herbert, sentiment is swerving to avoid a dog in the street. Sentimentality is avoiding the dog and killing a pedestrian.